JABATAN KESIHATAN NEGERI MELAKA

'DOCTORS WITH DIFFERENT HATS... BUT TOGETHER WE CARE'

16th MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE

12th - 15th July 2012

Avillion Legacy Hotel, Melaka

CONTENTS

MESSAGE

Y.BHG. DATO' SRI DR HASAN BIN ABDUL RAHMAN
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH MALAYSIA

As you are aware from your first hand experience, practicing medicine in this 21st century faces many challenges. The medical personals' tasks today have become much more challenging and demanding. Health challanges are a matter of concern in all doctors of all disciplines despite subtle variances in the specific issues. Increasingly, we are seeing more and more cross-discipline collaborations in the interest of healthcare improvements, such as sharing of proven treatment guidelines and references standards.

To cope effectively with these challenges, doctors especially in primary care healthcare (PHC) need to stay current and well informed on the update of management of these chronic diseases. It is also imperative that doctors to carry out their tasks based on evidence based management. Gone are the days when medical practice can be based solely on the management of yesteryears.

In response to rising costs, the tendency is to shift from more expensive institutional care to less expensive ambulatory care. The main strategy should be to focus on primary healthcare (PHC), with secondary and tertiary care playing supportive roles through effective national referral system. Thus strengthening the communication among doctors in primary healthcare (PHC) and the secondary or tertiary centres is one of the important issues to be highlighted in this conference. For all intent and purposes, we should work together synergistically as there will circumstances when the complexity of condition warrants a referral for expert opinion and for the purpose of more frequent monitoring of chronic diseases patients, doctors in hospital can delegate the duty to the doctors in the primary health care (PHC). The shift of inpatient care to ambulatory care within the hospital setting will mean that hospitals should focus on the more acutely ill as inpatients, and will require a higher percentage of high dependency and intensive care beds.

I believe that the concerted efforts and cooperation between all doctors of all difference disciplines in the healthcare system in which they operate, will benefit from more national and regional approach to solving problems and securing a sustainable healthcare model. Hence this would be a perfect opportunity for all of you to share your own challenges, views and ideas among us. I wish all of you of happy and meaningful discussion on the multidisciplinary approach of disease management.

Y.BHG. DATO' SRI DR HASAN BIN ABDUL RAHMAN
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH MALAYSIA

MESSAGE

DATUK DR DUL HADI BIN MAT JUNID
DEPUTY DIRECTOR OF HEALTH (MEDICAL)
ON BEHALF OF MELAKA STATE HEALTH DIRECTOR

First and foremost, I would like to extend a very warm welcome to all participants to this 16th Family Medicine Scientific Conference held at Avillion Legacy Hotel Melaka. Praise to Allah that for the first time in 2012, Melaka is able to host the Family Medicine Scientific Conference with the theme "Doctors With Different Hats…But Together We Care".

This theme reflects the important of having multidisplinary team management for patients with chronic diseases. A collaborative management approach within the primary care facilities and with other disciplines in secondary and tertiary care level is a must to achieve optimal management for patients with chronic diseases. As we are aware, it is a fact that there is significant increase in number of people with chronic diseases in our country.

The topics chosen in this meeting are variety and focusing on holistic and comprehensive approach in primary care management. It is also our intention that this conference will enable the participants to strengthen their knowledge in chronic disease management. This conference will also provide a wonderful platform for the development and dissemination of new knowledge.

Once again, welcome all of you to Melaka the 'Historical City' and please take this opportunity to visit many of our historical places and exciting tourism spots in the state.

DATUK DR DUL HADI MAT JUNID
DEPUTY DIRECTOR OF HEALTH (MEDICAL)
ON BEHALF OF MELAKA STATE HEALTH DIRECTOR

MESSAGE

DR MASTURA HJ ISMAIL
PRESIDENT
FAMILY MEDICINE SPECIALISTS ASSOCIATION OF MALAYSIA

A warm welcome to all participants to this 16th Family Medicine Scientific Conference held at the Avillion Legacy Hotel Malacca from 13-15th July 2012. I wish to congratulate the organizing committee, our invited speakers and participants involved in the 16th Malaysian Family Medicine Scientific Conference 2012 for carrying out this important education programme. A word of appreciation also goes to Manipal Medical University and Malacca State Health Department.

This year conference theme is 'Doctors with Different Hats…But Together We Care' is aptly chosen in view of the role of primary care physician. The roles of primary care physician in Malaysia continue to evolve. The primary care physicians serve as a 'gatekeeper' is to manage and co-ordinate patients' care. He/she can make judicious decisions about the best and most appropriate use of medical services, and thereby contribute to containing costs while improving the quality of care.

Primary care physicians also should:

i) tackle the persistent inequity in health in Malaysia
ii) deal with the growing epidemics in noncommunicable diseases and containing communicable diseases; and
iii) address the social and economic determinants that are at the root of so many of these problems.

All this needs to happen in a rapidly changing Malaysian and global context. These are not easy tasks at the best of times and are even more demanding given the many challenges we face today. Achieving better health for all requires us to work innovatively through partnerships with other sectors. This endeavour requires leadership across the whole of government. The task ahead will not be easy, but we can work together.

On behalf of the FMSA, it is great pleasure for me to extend greetings to everyone participating in this conference. Appreciation and gratitude also to Melaka Manipal University, Melaka State Health Department and all sponsors for their valuable support and paving the way without which this conference would not be possible.

DR MASTURA HJ ISMAIL
THE PRESIDENT OF FAMILY MEDICINE SPECIALIST ASSOCIATION OF MALAYSIA

MESSAGE

DR JUNAIDAH ABDUL RAHMAN

ORGANISING CHAIRPERSON

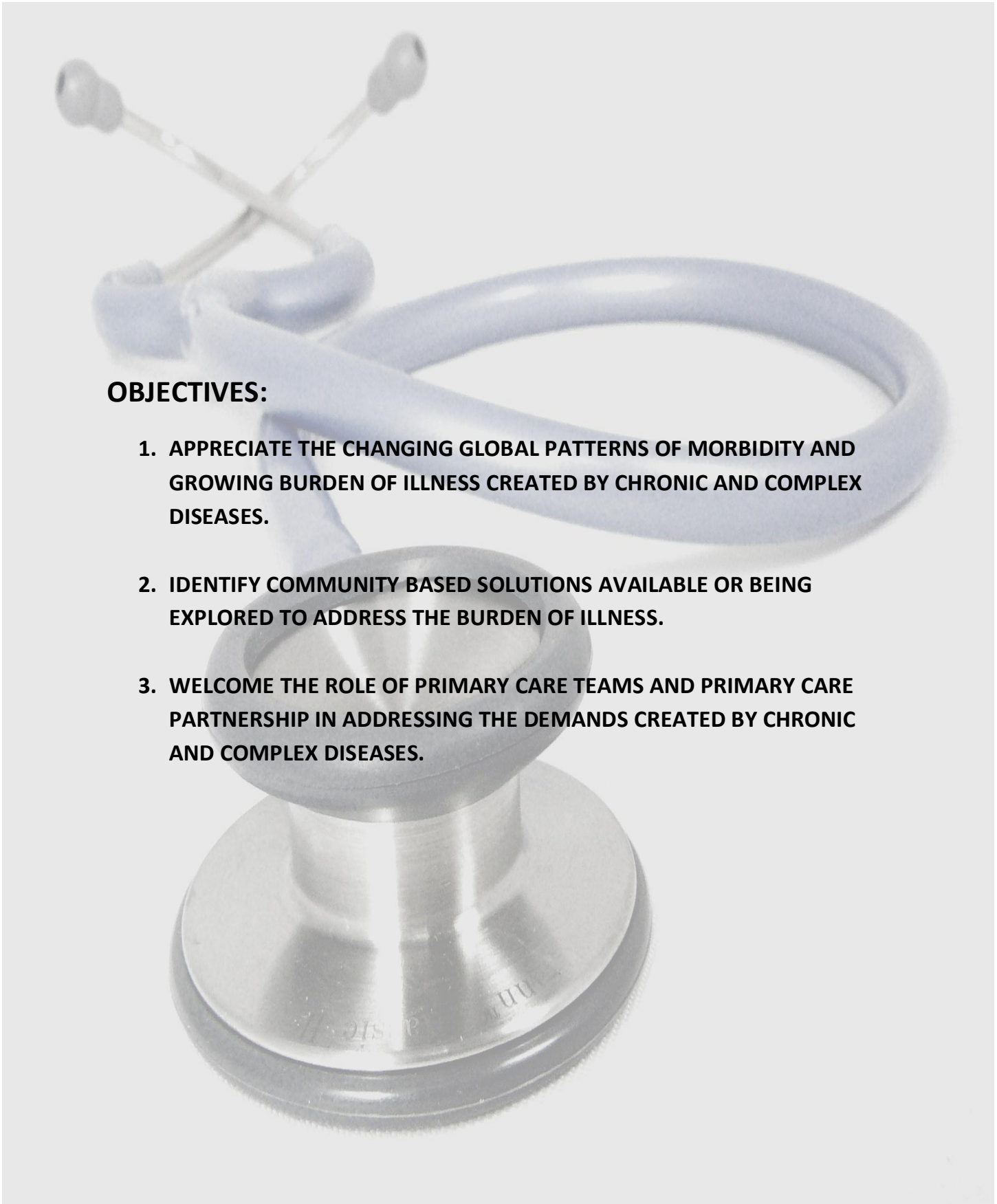
16TH MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE

On behalf of the organising committee, it is a great pleasure that I would like to extend my warmest greetings and welcome to the 16th Malaysian Family Medicine Scientific Conference 2012 in Melaka. The theme of the conference this year is "doctors with different hats……but together we care". This title is particularly apt in overcoming the challenges faced by all the health care providers from various disciplines to deliver comprehensive health care and so it is indeed pertinent for primary care providers to be equipped with evidence based knowledges.

Our scientific committee has drawn up a stimulating program for the conference with plenary, symposium, workshop, oral and poster presentations covering multi disciplinary topics. The organising committee has worked hard and brought in speakers from universities, private and public sectors to share their experience with us. There will also be 3 interesting preconference workshops. The topics are on radiology/cardiology basic investigations in primary care, vertigo management in primary care and management of acute eye problems in primary care. We will also benefit from the booths exhibition displaying medical devices and pharmaceutical products.

The organising committee would like to thank our Director General of Health Malaysia, Yg Bhg Dato' Sri Dr Hasan Bin Abdul Rahman for officiating our Scientific Conference. His presence has made this congress a very special event. I would also like to take this opportunity to congratulate and to thank every member of the organising committee from their excellent team work. I am sure is going to be an excellent and informative conference. I would like to convey my gratitude to all the contributors and presenters for their time to convey their knowledge. For the delegates, I wish and hope this conference will give you a fruitful experiences and knowledge; and enjoy your stay in Melaka.

DR JUNAIDAH ABDUL RAHMAN
ORGANISING CHAIRPERSON
16TH MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE



OBJECTIVES:

1. **APPRECIATE THE CHANGING GLOBAL PATTERNS OF MORBIDITY AND GROWING BURDEN OF ILLNESS CREATED BY CHRONIC AND COMPLEX DISEASES.**

2. **IDENTIFY COMMUNITY BASED SOLUTIONS AVAILABLE OR BEING EXPLORED TO ADDRESS THE BURDEN OF ILLNESS.**

3. **WELCOME THE ROLE OF PRIMARY CARE TEAMS AND PRIMARY CARE PARTNERSHIP IN ADDRESSING THE DEMANDS CREATED BY CHRONIC AND COMPLEX DISEASES.**

ORGANISING COMMITTEES

Advisor	: Datuk Dr Dul Hadi Mat Junid
Chairperson	: Dr Junaidah Abdul Rahman
Co-Chairperson	: Dr Suhaimi Mohd Isa
Secretary	: Dr Siti Zaleha Suleiman
Treasurer /Sponsorship	: Dr Ezzra Mohammad
Publicity	: En Mohd Sharizan Mahamood
	Dr Ban Atan
Logistic/Hotel/Booth	: Dr Suhaimi Mohd Isa
	Dr Noraryana Hasan
	Dr Nor Hazlin Talib
	En Rosman Jonet
Social Events/Protocol	: Dr Norhayati Md. Amin
	Pn Sareffa Meeran
Registration /Souvenirs	: Dr Hazlinda Dato' Hamzah
	Dr Nazatul Shima Mokhtar
	Dr Maggaret Yoong Wai Teng
	Pn Halimaton Md Sani
Technical committee	: Dr Jalil Ishak
	Dr Azman Othman
	Pn Indra Dang Anom Binti Osman

SCIENTIFIC COMMITTEE

Chairperson	: Dr Noor Zaidah Abd Halim
Co-Chairperson	: Prof Dr Adinegara Lufti Abas
Committee Members	: Dr Rosmiza Abdullah
	Dr Mohd Azlan Mohd Arif
	Dr Soe Moe
	Dr Htoo Htoo Kyan Soe

PROGRAMME AT A GLANCE

Notes: **Pacific Hall Level 6** **Straits Hall Level 7**

<table>
<tr><th colspan="3" rowspan="2">Preconference Workshop
(12/07/12) THURSDAY</th><th colspan="4">Conference</th></tr>
<tr><th colspan="2">DAY 1 (13/07/12) FRIDAY</th><th>DAY 2 (14/07/12) SATURDAY</th><th>DAY 3 (15/07/12) SUNDAY</th></tr>
<tr><td colspan="3">0800 – 0900
Preconference Registration
1500-1800
Conference Registration</td><td colspan="2" rowspan="2">0715– 0815
Conference Registration

Pacific Hall
0815 – 0920
Plenary 1:
Managing Chronic and Complex Diseases in Family Practice

Pacific Hall
0920 – 1030
Opening Ceremony</td><td rowspan="2">Pacific Hall
0800 – 0900
Plenary 3:
Diagnosis and Management of Localised Prostate Cancer</td><td rowspan="2">Pacific Hall
0830 – 0930
Plenary 5:
Health Promotion Challenges…We Are The Advocators</td></tr>
<tr><td>0900 – 1015
Topic 1
Radiology/ Cardiology Basic Investiga-tion in Primary Care</td><td>0900 – 1015
Topic 2
Vertigo For Primary Care (ORL-HNS)</td><td>0900 – 1015
Topic 3
Manage-ment of Common Eye Problems in Primary Care</td></tr>
<tr><td colspan="3">1015 – 1030
Coffee Break</td><td colspan="2">1030 – 1100
Coffee Break
Poster Presentation</td><td>1000 – 1100
Coffee Break
Poster Presentation</td><td>0930 – 1000
Coffee Break</td></tr>
<tr><td>1030 – 1300
Topic 1</td><td>1030 – 1300
Topic 2</td><td>1030 – 1300
Topic 3</td><td>Pacific Hall
1100 – 1200
Symposium 1</td><td>Straits Hall
1100 – 1200
Symposium 2</td><td rowspan="2">Pacific Hall
Straits Hall
1100 – 1200
Free Paper Presentation</td><td>Pacific Hall
1000 – 1100
Symposium 9</td><td>Straits Hall
1000 – 1100
Symposium 10</td></tr>
<tr><td colspan="3" rowspan="2">1300 – 1400 Lunch Break</td><td colspan="2" rowspan="2">Pacific Hall
1200 – 1300
Lunch Symposium (Novartis)</td><td rowspan="2">Pacific Hall
1200 – 1300
Lunch Symposium(Pfizer)</td><td colspan="2">Pacific Hall
1100 – End
Awards Ceremony and Closing</td></tr>
<tr><td colspan="2" rowspan="4">Bon Voyage</td></tr>
<tr><td rowspan="3">1400 – 1700
Topic 1</td><td rowspan="3">1400 – 1700
Topic 2</td><td rowspan="3">1400 – 1700
Topic 3</td><td colspan="2">1300 – 1430
Friday Prayer</td><td>Pacific Hall
1400 – 1500
Plenary 4:
Management of HIV with Co-morbidities</td></tr>
<tr><td colspan="2">Pacific Hall
1430 – 1530
Plenary 2:
Unwed Pregnancy: Who Are The Losers?</td><td rowspan="2">Pacific Hall
1500 – 1600
Symposium 7</td><td rowspan="2">Straits Hall
1500 -1600
Symposium 8</td></tr>
<tr><td>Pacific Hall
1530 – 1700
Symposium 3</td><td>Straits Hall
1530 – 1700
Symposium 4</td></tr>
<tr><td colspan="3" rowspan="3"></td><td colspan="2">1700 – 1800
Tea Break</td><td>Pacific Hall
1600 – 1700
Tea Break Symposium (Pfizer)</td></tr>
<tr><td colspan="2">Pacific Hall
1815 – 2000
Dinner Symposium (GSK)</td><td rowspan="2">Social Event
“One Step Closer Melaka”</td></tr>
<tr><td colspan="2">2000 – 2300
FMSA ANNUAL GENERAL MEETING 2012</td></tr>
</table>

PRECONFERENCE WORKSHOP

THURSDAY (12th July 2012)

0900–1700

1. **RADIOLOGY/CARDIOLOGY: BASIC INVESTIGATIONS IN PRIMARY CARE**
2. **VERTIGO FOR PRIMARY CARE (ORL-HNS)**
3. **MANAGEMENT OF COMMON EYE PROBLEMS IN PRIMARY CARE**

TOPIC 1: RADIOLOGY/CARDIOLOGY: BASIC INVESTIGATIONS IN PRIMARY CARE

0900–0915	Registration
0915–0930	Briefing on Workshop
0930–1015	Basic Interpretation of CXR–Emphasize on PTB changes
1015–1030	Coffee Break
1030–1110	Interpretation of Acute Abdominal Radiographs
1110–1130	Ultrasound of Urinary System
1130–1145	Q & A session
1145–1215	Introduction to Mammogram & BI-RAD Categories
1215–1245	ABCs of Skeletal X-rays Including Trauma
1245–1300	Q & A session
1300–1400	Lunch
1400–1500	Interpretation of Echocardiogram
1500–1545	Holter Interpretations
1545–1630	Demonstration of Clinical Equiptments: • Holter machine • ECG & PC ECG • Pulse Oxymeter • AED
1630–1700	Closing Ceremony Presentation of Certificates

TOPIC 2: VERTIGO FOR PRIMARY CARE (ORL-HNS)

0900—0915	Registration
0915—0945	Brief Introduction of Vertigo and Imbalance Dr Vijaya Prakas Rao
0945—1015	Anatomy and Physiology of Inner Ear Dr Mohd Iszuari bin Mohd Ismail
1015—1030	Coffee Break
1030—1115	Peripheral Causes of Vertigo Dr Nor Kamaruzaman bin Esa
1115—1145	Central Causes of Vertigo Dr Uduman
1145—1215	Video Presentation on Vertigo by Abbott
1215—1300	Clinical Assessment and Differential Diagnosis of Vertigo Mr Hj Abd Razak bin Hj Ahmad
1300—1400	Lunch
1400—1445	Investigations For Vertigo Dr Ahmad Zulkifli bin Ahmad Rashidi
1445—1515	Evaluation & Management of Vertigo Assoc Prof Dr Sathappan Subramaniam
1515 –1545	Q & A session Case Discussion
1545—1630	Practical session: Evaluation & Management of Vertigo
1630—1700	Closing Ceremony

TOPIC 3: MANAGEMENT OF COMMON EYE PROBLEMS IN PRIMARY CARE

0845–0900	Registration
0900–0915	Briefing on Workshop
0915–0945	Anatomy & Physiology of Eyes
0945 - 1015	Basic Examination of Eyes
1015–1030	Coffee break
1030–1115	Approach To Red Eyes
1115–1200	Management of Acute Eye Injuries
1200–1245	Management of Acute Visual Loss
1245–1400	Lunch
1400–1445	Fundus Photos Screening for Diabetic Retinopathy
1445–1615	Hands-On of Eye Examination Equipments: • Staining of eyes • Lid Eversion Technique & Double Evert • Intraocular Pressure Measurement • Fundus Camera
1615–1630	Q & A session
1630 - 1700	Closing Ceremony Certificates Presentation

CONFERENCE

DAY 1 (Friday: 13 July 2012)

<table>
<tr><td>0815</td><td colspan="2">Plenary 1
MANAGING CHRONIC AND COMPLEX DISEASES IN PRIMARY CARE PRACTICE
Professor Datin Dr Chia Yook Chin
Senior Consultant, Department of Primary Care Medicine
Faculty of Medicine, University Malaya Medical Centre</td></tr>
<tr><td>0920</td><td colspan="2">OPENING CEREMONY</td></tr>
<tr><td>1030</td><td colspan="2">Coffee Break</td></tr>
<tr><td>1100</td><td>Symposium 1</td><td>Symposium 2</td></tr>
<tr><td rowspan="2"></td><td>Lecture 1
CARDIOVASCULAR DISEASE IN WOMEN
Dr Effarezan Abdul Rahman
Senior Lecturer & Cardiology Specialist
UiTM Sg.Buloh</td><td>Lecture 1
HEALTH LITERACY: THE CHALLENGE FOR PATIENTS AND HEALTH CARE PROVIDERS
Dr Ahmad Shahrul Nizam Isha
Principle Assistant Director, National Institute of Health,
Ministry of Health Malaysia</td></tr>
<tr><td>Lecture 2
COGNITIVE BEHAVIORAL THERAPY IN CHRONIC DISEASE MANAGEMENT
Dr Hjh Firdaus Mukhtar
Senior Lecture/Clinical Psychologist,
Faculty of Medicine & Health Sciences,
University Putra Malaysia</td><td>Lecture 2
COMMUNICATION SKILL INITIATIVE (CSI):WHY DO WE FAIL IN COMMUNICATION?
Assoc Prof Dr M Swamenathan
Deputy Dean & HOD Psychiatry,
Melaka-Manipal Medical College</td></tr>
<tr><td>1200</td><td colspan="2">Lunch Symposium (Novartis)
EARLY USE OF SINGLE PILL COMBINATIONS IN THE CONTEMPORARY MANAGEMENT OF HYPERTENSION: WHY AND HOW?
Dr Mohd Rafizi Mohamed Rus
Cardiologist, UKM Medical Centre</td></tr>
<tr><td>1300</td><td colspan="2">Friday Prayer</td></tr>
</table>

<table>
<tr><td>1430</td><td colspan="2">Plenary 2
UNWED, UNPLANNED PREGNANCY: WHO ARE THE LOSERS ?
Assoc Prof Dr Harlina Halizah Hj Siraj
Head of the Personal & Professional Development (PPD),
Dept. of Medical Education, Faculty of Medicine UKM</td></tr>
<tr><td>1530</td><td>Symposium 3</td><td>Symposium 4</td></tr>
<tr><td rowspan="3"></td><td>Lecture 1
MANAGEMENT OF CHILDHOOD OBESITY
Dr Janet Hong Yeow Hua
Consultant Peadiatric Endocrinologist,
Department of Paediatrics
Hospital Putrajaya</td><td>Lecture 1
INTERPROFESSIONAL TEAMWORK – HOW DO WE GO ABOUT IT ?
Dr Baizury Bashah
Consultant of Family Medicine,
Bandar Alor Setar Health Clinic</td></tr>
<tr><td>Lecture 2
MANAGEMENT OF ASTHMA IN CHILDREN…WHAT'S NEW?
Professor Dr Quah Ban Seng
Department of Paediatrics,
Melaka-Manipal Medical College</td><td>Lecture 2
PREPREGNANCY ASSESSMENT AND COUNSELLING
Dr Maimunah Fadzil
Consultant
Obtetrics & Gynaecology Dept,
Hospital Melaka</td></tr>
<tr><td>Lecture 3
MANAGEMENT OF ADOLESCENT WITH SUBSTANCE ABUSE
Dr Farahidah Md. Dai
Child Psychiatrist,
Hospital Sultanah Aminah</td><td>Lecture 3
MANAGEMENT OF OBSTETRIC EMERGENCIES IN PRIMARY CARE
Dr Tham Seng Woh
HOD & Consultant
Obtetrics & Gynaecology Dept,
Hospital Melaka</td></tr>
<tr><td>1700</td><td colspan="2">Tea Break</td></tr>
<tr><td>1815</td><td colspan="2">Dinner Symposium (GSK)
PRACTICAL ISSUES IN THE OUTPATIENT MANAGEMENT OF ASTHMA
Dr Uma Devi A Muthukumaru
Consultant Respiratory Physician, Hospital Taiping</td></tr>
<tr><td>2000</td><td colspan="2">FMSA Annual General Meeting</td></tr>
</table>

DAY 2 (Saturday:14 July 2012)

<table>
<tr><td>0800</td><td colspan="2">Plenary 3
DIAGNOSIS AND MANAGEMENT OF LOCALISED PROSTATE CANCER
Mr Murali Sundram
HOD & Consultant of Urologist, Department of Urology,
Institute of Urology & Nephrology (IUN),
Hospital Kuala Lumpur</td></tr>
<tr><td>0900</td><td>Symposium 5</td><td>Symposium 6</td></tr>
<tr><td rowspan="2"></td><td>Lecture 1
GERIATRIC CARE IN COMMUNITY
Dr Zaiton Ahmad
HOD & Associate Researcher,
Institute of Gerontology,
UPM</td><td>Lecture 1
NEW ERA IN DEMANTIA MANAGEMENT
Dr George Taye Wei Chun
Geriatric Physician,
Medical Department,
Hospital Melaka</td></tr>
<tr><td>Lecture 2
EMPTY NEST SYNDROME: ‘WHERE ARE THE PEOPLE?’
Assoc Prof Dr Rosdinom Razali
Psychiatric Consultant,
UKM Medical Centre</td><td>Lecture 2
SEXUAL LIFE IN ELDERLY
Professor Dr Hatta Sidi
HOD Psychiatric Department,
UKM Medical Centre</td></tr>
<tr><td>1000</td><td colspan="2">Coffee Break
Poster Presentation</td></tr>
<tr><td>1100</td><td colspan="2">Free Paper Presentation</td></tr>
<tr><td>1200</td><td colspan="2">Lunch Symposium (Pfizer)
ORAL CONTRACEPTIVE: LEADING THE SHIFT TO 20mcg
Dr Tham Seong Wai
O&G Specialist, Hospital Ipoh</td></tr>
<tr><td>1400</td><td colspan="2">Plenary 4
MANAGEMENT OF HIV WITH COMORBIDITIES
Professor Dr Adeeba Kamarulzaman
Dean of Medicine,
Professor of Medicine &Infectious Diseases,
Faculty of Medicine, University of Malaya</td></tr>
</table>

<table>
<tr><td>1500</td><td>Symposium 7</td><td>Symposium 8</td></tr>
<tr><td rowspan="2"></td><td>Lecture 1
MANAGEMENT OF HIV IN RESOURCE LIMITED SETTINGS-WHO RECOMMENDED PACKAGE
Dr Salmiah Sharif
Consultant of Family Medicine,
Batu 9 Health Clinic,
Cheras</td><td>Lecture 1
BENEFIT OF HARM REDUCTION THERAPY: HOW MUCH HAVE WE ACHIEVED?
Dr Shaari Ngadiman
Deputy Director of Disease Control (Communicable Disease) & Head of AIDS Sector, Ministry of Health Malaysia</td></tr>
<tr><td>Lecture 2
MANAGEMENT OF ARV FAILURE: RECOGNIZING TREATMENT FAILURE AND MANAGEMENT
Dr Benedict Sim Lim Seng
Consultant of Infectious Disease
Medical Department,
Hospital Sungai Buloh</td><td>Lecture 2
WHAT'S MORE OTHER THAN METHADONE?
Dr Salmah Nordin
Consultant of Family Medicine,
Rawang Health Clinic</td></tr>
<tr><td>1600</td><td colspan="2">Tea Break Symposioum (Pfizer)
BREAKING FREE FROM TOBACCO ADDICTION: EFFECTIVE COUNSELLING AND TREATMENT
Assoc Prof Dr Noor Zuraini Mh Robson
Addiction Specialist,
Family Medicine Specialist,
Department of Primary Care Medicine, University of Malaya</td></tr>
<tr><td>1700</td><td colspan="2">Social Event "One Step Closer Melaka"</td></tr>
</table>

DAY 3 (Sunday:15 July 2012)

<table>
<tr><td>0830</td><td colspan="2">Plenary 5
HEALTH PROMOTION CHALLENGES...WE ARE THE ADVOCATORS
Tuan Hj Abdul Jabar Ahmad
Director Of Health Education And Promotion,
Ministry of Health Malaysia</td></tr>
<tr><td>0930</td><td colspan="2">Coffee Break</td></tr>
<tr><td>1000</td><td>Symposium 9</td><td>Symposium 10</td></tr>
<tr><td rowspan="2"></td><td>Lecture 1
TB INFECTION MANAGEMENT: ‘KEEPING UP TO DATE’
(WHO GUIDELINE)
Datuk Dr Hjh Aziah Ahmad Mahayiddin
Senior Consultant Respiratory Physician,
Institute of Respiratory Medicine,
Hospital Kuala Lumpur</td><td>Lecture 1
CKD MANAGEMENT IN PRIMARY CARE:
‘GO FOR THE GOLD STANDARD’
Dr Mastura Ismail
Consultant of Family Medicine,
Seremban 2 Health Clinic</td></tr>
<tr><td>Lecture 2
NEW STRATEGY IN CERVICAL CANCER SCREENING
Professor Dr Jamiyah Hassan
Consultant of O&G,
University Malaya Medical Centre</td><td>Lecture 2
OPTIONS OF RENAL REPLACEMENT THERAPY
Dr Korina Rahmat
Senior Consultant of Nephrologist,
Hospital Melaka</td></tr>
<tr><td>1100</td><td colspan="2">AWARD CEREMONY AND CLOSING</td></tr>
<tr><td></td><td colspan="2">Bon Voyage</td></tr>
</table>

OPENING CEREMONY

13th July 2012 (Friday)

Venue: Pacific Hall, Avillion Legacy, Melaka

0920	Arrival of invited guests
0930	Doa recitation (Dr Azman Othman) Welcoming speech by Dr Junaidah Abdul Rahman Chairperson of Organising Committee
	Speech by Dr Mastura Hj Ismail President of Family Medicine Specialist Association
	Opening speech by YBhg Dato' Sri Dr Hasan bin Abdul Rahman Director-General of Health, Ministry of Health Malaysia Key note address
	Launching of Guidebook for Family Medicine Specialist
	Visit to exhibition booth
1030	Coffee break

ABSTRACTS:
PLENARIES AND SYMPOSIUM

MANAGING CHRONIC AND COMPLEX DISEASES IN PRIMARY CARE PRACTICE

Professor Datin Dr Chia Yook Chin
Professor and Senior Consultant,
Adjunct Professor, Curtin University, Australia,
Department of Primary Care Medicine,
University of Malaya Medical Centre

The practice of Family Medicine is evolving constantly transiting from communicable to non-communicable diseases in this current century. Due to the increasing prevalence of obesity, physical inactivity, other unhealthy life-style changes as well as increasing longevity, we need to change the way we practice in order to adjust to this onslaught of chronic and complex diseases that are emerging. Of particular importance, because of the high prevalence and its associated higher risks of cardiovascular morbidity and mortality are diseases like diabetes mellitus and hypertension. Diseases seen with ageing, like dementia are also difficult and complex to manage optimally.

These extra demands, compounded by the rising cost of care as well as changes in health financing, pose a huge problem for the family practitioner and the patient himself. Furthermore, patients in this era of rapid information access from the internet are now more demanding and have much higher expectations from their doctors.

As such, not only do we have to keep up with new information, we need to rethink and re-organise the way we practice. We would need to make more use of computers, have direct access to investigations, retrain existing staff to take on these new duties, adopt a more team approach, empower patients in their own disease management and enlist the help of supporting services more frequently.

Managing chronic and complex diseases is far from easy. Nevertheless every effort should be made to provide patients the optimal care that each and every patient deserves

The practice of Family Medicine is evolving constantly transiting from communicable to non-communicable diseases in this current century.

Due to the increasing prevalence of obesity, physical inactivity, other unhealthy life-style changes as well as increasing longevity, we need to change the way we practice in order to adjust to this onslaught of chronic and complex diseases that are emerging. Of particular importance, because of the high prevalence and its associated higher risks of cardiovascular morbidity and mortality are diseases like diabetes mellitus and hypertension. Diseases seen with ageing, like dementia are also difficult and complex to manage optimally

These extra demands, compounded by the rising cost of care as well as changes in health financing, pose a huge problem for the family practitioner and the patient himself. Furthermore, patients in this era of rapid information access from the internet are now more demanding and have much higher expectations from their doctors.

As such, not only do we have to keep up with new information, we need to rethink and re-organise the way we practice. We would need to make more use of computers, have direct access to investigations, retrain existing staff to take on these new duties, adopt a more team approach, empower patients in their own disease management and enlist the help of supporting services more frequently.

Managing chronic and complex diseases is far from easy. Nevertheless every effort should be made to provide patients the optimal care that each and every patient deserves.

Notes:

CARDIOVASCULAR DISEASE IN WOMEN

Dr Effarezan Abdul Rahman
Senior Lecturer & Cardiology Specialist,
UiTM Sg.Buloh

Cardiovascular disease (CVD) is the leading cause of death in women. 1 in 2.6 women die from CVD disease contrasted with 1 in 4.6 from the more typically feared, cancer. Although women clinically manifest CVD 7-10 years later than men, in the last two decades, the prevalence of myocardial infarctions has increased in midlife (35-45 years) women, while declining in similarly aged men. Women are still underrepresented in research of many important areas of cardiology making less evidence-based preventive, diagnostic and therapeutic options for women with CVD. Important gender differences in presentation, diagnosis and management of two important CVD; coronary artery disease disease and heart failure will be reviewed in hope to increase healthcare providers', policy makers' and researches' awareness of the implications of these discrepancies.

Notes:

COGNITIVE BEHAVIOUR THERAPY IN MANAGEMENT OF CHRONIC DISEASES

Dr Hjh Firdaus Mukhtar
Clinical Psychologist,
Faculty of Medicine and Health Science,
University Putra Malaysia

Chronic diseases have become increasingly prevalent in recent years. It is generally accepted that around 20-25% of patients with chronic diseases experience clinically significant psychological symptoms. In Malaysia, application of psychological therapy in managing chronic diseases is still consider at infancy stage. It is important to highlight that the role of psychological management should not be taken lightly, particularly in connection with long-term treatment and the management of chronic or intractable problems. Therefore, Cognitive Behaviour Therapy (CBT) is now recognized as the most effective approach for a wide range of mental and physical disorders, e.g., the treatment of depression and anxiety disorders, management of pain and treatment of psychological problems associated with cancer. The session will cover two parts (a) basic understanding on biopsychosocial aspects and psychosocial adjustments of having chronic diseases and (b) basic understanding on assessment, formulation and CBT intervention strategies, tailored to chronic medical problems. In short, the session aims to enlighten the primary care personnel that CBT will become an increasingly important strategy that will enable a cohesive, 'joined up' approach to offering holistic mental and physical health care across disciplines in Malaysia.

Notes:

INTERPROFESSIONAL TEAMWORK – HOW DO WE GO ABOUT

Dr Baizury Bashah
Consultant of Family Medicine,
Bandar Alor Setar Health Clinic

Primary care physicians (PCP) look after patients from womb to tomb with undifferentiated problems, from acute illness to chronic, multi organ involvement. In ensuring optimal and holistic care, it is of utmost importance that PCPs collaborate with professionals from within or outside of the agency and coordinate multi disciplinary care so patients and their families can experience enhanced access to services, more timely assessment and referral and improved patient satisfaction. There are many instances in our workplace where inter-professional expertise is needed, to cater for patients' bio-psycho-social needs. A Chinese saying of "A journey of a thousand miles begins with a single step" holds true in building team work. We have to initiate and build relationship with members from different professions who share similar goals and vision in strengthening service interconnectivity, reduce service fragmentation, all for seamless and holistic care of patients. One of the most consistent findings in the literature to facilitate effective team work is communication, particularly in the context of relationship building. This should be followed by commitment, frequent opportunities for communication and meeting.

Notes:

HEALTH LITERACY: CHALLENGE FOR PATIENTS AND HEALTH CARE PROVIDERS

Dr Ahmad Shahrul Nizam Isha
Principle Assistant Director,
Institute For Health Behavioural Research,
Ministry of Health Malaysia

Health literacy is increasingly recognized as a necessary element of all efforts to improve health. Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”. It is critical for people’s search for and use of health information; adoption of healthy behaviours; and decision-making about health issues in the workplace, community, and society. According to the American Medical Association, poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level, and race. Nearly half of the population or 90 million people in the U.S alone have difficulty understanding and using health information. As a result, patients often take medicines on erratic schedules, miss follow-up appointments, and do not understand instructions given by the health care providers. Even though the study to evaluate level of health literacy among Malaysian never had been done, statistics from National Health and Morbidity Survey (NHMS) indicates that chronic diseases e.g. Diabetes, hypertension and cardiovascular are on the increasing trend. Several studies have indicated poor health status was high among patients with low health literacy. It is predicted that the increasing number of individuals with chronic diseases in Malaysia may also associated with low literacy. In response to the changing diseases trend and social environment in Malaysia, there is a need to increase health literacy in order to successfully address various health problems. To undertake this new approach requires formative health literacy assessment and the re-training of health care providers to deal with low literacy patients. Providing a clear communication, in plain language, about health and services will improve health literacy.

Keywords: Health literacy, Health Promotion, Public Health

Notes:

COMMUNICATION SKILL INITIATIVE (CSI): WHY DO WE FAIL IN COMMUNICATION?

Assoc Prof Dr M Swamenathan
HOD of Psychiatry & Deputy Dean,
Melaka-Manipal Medical College

Communication is the means by which information is imparted and shared with others. Communication is effective when information is understood perfectly by the receiver. In the practise of Medicine effective communication plays a pivotal role in establishing a strong doctor-patient relationship, make accurate diagnosis and informing and involving patients in the management has been shown to have improved health indices (compliance, follow-up and positive behavioural changes) and recovery rates. Ineffective communication or failure in good communication can lead to a range of negative outcome and can be due to a number of factors which are doctor related as well as patient related which doctors should be aware of. The doctor related factors include inadequate training in communication skills, lack of confidence in communication, personality factors, psychological factors and environmental factors. Among patient factors which can affect effective communication and which a doctor should be aware of include patient's physical symptoms, psychological symptoms, previous adverse medical experience, patient's belief about health and illness and more importantly their health literacy level which is defined by WHO as 'The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health'.

Notes:

UNWED, UNPLANNED PREGNANCY: WHO ARE THE LOSER?

Assoc Prof Dr Harlina Halizah Hj Siraj
Head of the Personal & Professional Development (PPD), Department of Medical Education, O&G Consultant and Coordinator of the Family Planning Unit in the O&G Dept, Faculty of Medicine UKM

Pregnancy is supposedly an exciting physiological event that happens to a woman's life. Traditionally a pregnancy only occurred within a matrimonial, hence the joy , hope and hardship was often shared with another person called a husband. However, the rising number of pregnancies occurring out-of-wedlock today necessitates healthcare providers (HCP) to be fully equipped with knowledge as well as skills to manage these mothers competently. To answer the question : `Who are the losers in an unwed pregnancy?', one has to accept the fact that pregnancies among the unwed mothers are categorized as high risk. The main issue deals with public stigma of unwed mothers carrying their pregnancies around. Poor antenatal care leads to poor obstetrics outcomes which bring detrimental effects to the newborn as well as the mother. At the end, everyone loses.

Notes:

MANAGEMENT OF CHILDHOOD OBESITY

Dr Janet Hong Yeow Hua
Consultant Paediatric Endocrinologist,
Paediatric Department,
Putrajaya Hospital

Childhood obesity has become a global epidemic. Among mechanisms leading to childhood obesity, only environmental factors are potentially modifiable during infancy and childhood.Various behavioral strategies and motivational activities can be introduced to the family with obese children. Other management strategies, including pharmacological and surgical options may occasionally be considered in older adolescents with severe obesity. Childhood obesity is associated with a variety of adverse consequences. It has contributed to an increased incidence of type 2 diabetes mellitus (T2DM) and metabolic syndrome among children. It is imperative that routine health care in children should include weight assessment and obesity-focused education. Overweight and obese children should be identified so that counselling and treatment can be provided. With early detection, obese children can be assessed for obesity-related risk factors, to allow for early intervention.

Notes:

MANAGEMENT OF ASTHMA IN CHILDREN…WHAT'S NEW?

Prof Dr Quah Ban Seng
Department of Paediatrics,
Melaka-Manipal Medical College

Asthma is one of the most common chronic diseases worldwide in children with a wide global variation in prevalence. The diagnosis of asthma in early childhood is challenging as asthma has to be distinguished from other causes of persistent or recurrent wheeze. A number of different wheezing phenotypes in childhood have been described varying from transient wheezing to persistent wheeze. Children with episodic wheeze and cough responsive to bronchodilators are highly suggestive of asthma. Current asthma therapy targets both airway inflammation and airway hyperreactivity, and inhaled corticosteroids (ICS) remain the most effective drug for the treatment of persistent asthma in children. However, in the preschool age group children with multiple trigger wheeze appear to respond better than those who wheeze only during viral infections. The efficacy of leukotriene receptor antagonists (LTRAs) have been shown to be equivalent to ICS for mild persistent asthma. The response to anti-inflammatory therapy is generally monitored by the assessment of clinical symptoms which only partially correlates with underlying airway inflammation. Specific inflammatory biomarkers have been identified to improve diagnosis and management but much debate remains on the validity and value of these biomarkers. The management of acute asthma includes inhaled short acting β2-agonists (SABA) for all patients and systemic corticosteroids for those with moderate to severe asthma; and repeated doses of SABA plus anticholinergics for severe exacerbations. Spacers have increasingly being used in emergency departments to deliver bronchodilators for acute asthma as it has been shown to achieve an equivalent response compared to nebulizers. In conclusion current anti-inflammatory therapy, although effective in preventing symptoms, does not change the natural history of asthma. Understanding the patterns of inflammatory phenotypes in childhood asthma may provide leads for more innovative therapeutic approaches in this specific population.

Notes:

MANAGEMENT OF ADOLESCENT WITH SUBSTANCE ABUSE

Dr Farahidah Md. Dai
Child Psychiatrist,
Hospital Sultanah Aminah

Substance abuse among adolescent is rather prevalent but under reported. There are many factors contribute to the abuse. The adolescent seldom come voluntarily seeking for treatment. Assessment of the individual including contributing factors to the substance abuse and comorbidities are important. Psychological assessment and assessment for the motivation should be done. Parental involvement is important in the management.

Notes:

PRE-PREGNANCY ASSESSMENT AND COUNSELLING

Dr Maimunah Fadzil
Consultant Obstetrician & Gynaecologist,
Hospital Melaka

Pre-pregnancy assessment and counselling is a very importance pre-conception care in maximising the future chance of healthy pregnancy with good maternal and foetal outcomes. This type of care looks at biomedical, behavioural and social risk factors that may affect a woman's health and help reduce risks to her future baby. Pre-conception care should include:

- The pre-screening assessment should cover whole body-system areas, as well as aspects of the woman's lifestyle, family history and environment exposures that can pose pregnancy risks.
- Identify and often treat health conditions that can pose a risk in pregnancy, such as high blood pressure, diabetes or certain infections.
- Encouraged the couples to prepare actively for pregnancy, such as taking folic acid supplement.
- Identifying couples who are at increased risk of having babies with a genetic malformation. Provide them with sufficient knowledge to make informed decisions.

This provides a window of opportunity for health promotion as it is thought that women are very motivated to alter unhealthy life styles before preparing to conceive. However in reality, most women still do not know, realizes, or understands the benefits of pre-conception care before trying to become pregnant; therefore efforts need to be made to offer pre-conception care opportunistically as part of other consultations e.g. contraception, diabetic, epilepsy or infertility reviews. Community-based programmes and school-based programmes, in the context of children's reproductive and sex education, might offer better public health coverage.In conclusion, pre-conception care can aid the woman and her future unborn child; it's also assists the physician in being aware of pre-existing conditions and areas of potential problems so that physician can better evaluate and guide the woman before conceives. Investment of time, energy and attention to potential problems during a pre-conception planning stage can greatly benefit both the woman and future pregnancy.

Notes:

MANAGEMENT OF OBSTETRIC EMERGENCIES IN PRIMARY CARE

Dr Tham Seng Woh
HOD & Consultant of O&G,
Hospital Melaka

Obstetric emergencies cause damage and death to mothers and babies. They require quick, decisive and effective action. Common examples of obstetric emergencies are antepartum or postpartum haemorrhage, pre-eclampsia, eclampsia, embolism and congenital heart disease. Apart from recognizing the clinical presentation of the causes of these obstetric emergencies, the principal of managing these conditions will be back to the basic life support management. Knowing the risk factors of these conditions and taking extraprecaution in managing the mothers with high risks will somehow minimise the unfavourable outcomes of their pregnancies.

THE DIAGNOSIS AND MANAGEMENT OF LOCALISED PROSTATE CANCER

Mr Murali Sundram
Consultant Urologist and HOD,
Department of Urology,
Institute of Urology & Nephrology (IUN),
Hospital Kuala Lumpur

In western men, Prostate cancer is the most frequently diagnosed non cutaneous solid malignancy and is the second most common cause of cancer death. In Asia the incidence of prostate cancer has always been low but it has been increasing over the last decade probably due to an aging population and adoption of western lifestyles. Risk factors for the development of prostate cancer include age (> 50yr), race (caucasians and blacks), family history (twice the risk if a first degree relative has prostate cancer). Recent studies have suggested that a baseline PSA at the age of 40 years is a stronger predictor of prostate cancer risk than race or family history.

Population screening of asymptomatic men for prostate cancer is controversial. To recommend screening for any disease, there should be conclusive evidence of the efficacy and effectiveness of screening to reduce mortality from the disease. The recently conducted randomised, multinational european study of screening for prostate cancer (ERSPC) did indeed show a relative risk reduction of prostate cancer mortality of 20% after a mean follow up of 11 years in men who underwent screening. However to prevent one death from prostate cancer 1055 men would need to be screened and 37 cancers would need to be detected. Therefore although prostate cancer screening has been shown to decrease cancer mortality, the cost effectiveness of screening is still uncertain and screening is generally not recommended in Asia. It may be offered to well informed men who wished to be screened, especially those that have a family history of prostate cancer.

The type of screening which is recommended for prostate cancer is opportunistic screening. Any man over the age of 45-50 years who complains of lower urinary tract symptoms (eg slow stream, frequency , urgency, nocturia, straining, dysuria)should have a serum PSA as part of the workup. Other routine tests should include a Urine FEME and Culture, renal profile, abdominal KUB and an abdominal Ultrasound if clinically indicated. A raised PSA level should be confirmed with a second sample. A persistently raised PSA > 4 ng/ml in the absence of any other pathology should mandate a referral to a urologist who would normally recommend a prostatic biopsy. A diagnosis of prostate cancer can only be confirmed by a biopsy and not by radiological imaging or PSA testing.

Upon diagnosis of prostate cancer, radiological staging by MRI, CT and bone scans may be needed to stage the disease into localised organ confined disease, locally advanced disease or metastatic disease.

Management options for localised prostate cancer are Active surveillance, Surgery and Radiotherapy. Hormonal therapy may be used as an adjunct though this modality is usually reserved for advanced and metastatic disease. Choice of treatment will depend on the grade and stage of the cancer, patient's fitness for surgery, estimated life expectancy and the patient's preference. Oncological outcomes for localised prostate cancer are excellent with reported 10 yr cancer specific survival of 90%.

In the field of prostate cancer surgery the newest innovation is robotic surgery which has been available at Hospital Kuala Lumpur since 2004.

Notes:

GERIATRIC CARE IN COMMUNITY

Dr Zaiton Ahmad
Consultant & Head of Department,
Department of Family Medicine,
Faculty of Medicine and Health Sciences,
Universiti Putra Malaysia

The number of older population is increasing globally. Similarly in Malaysia with the success of the health care delivery especially in primary care has contributed in reduction of the mortality and mobility of older age group. Over the years there has also been in incremental improvement in the older person's life expectancies for both male and female. These variations in life expectancies at birth and age 60 exist in different ethnic group and gender.

As age increases so are the number of co morbidities they experienced. At the same time majority this older person resides in the community where they seek their medical treatment from either the public or private clinics. Since the number of geriatricians in our country is limited and most of them are posted in the bigger hospitals and urban areas, family medicine specialist therefore plays a vital role in the care of this older person. A multi disciplinary approach from the health care provider as well as the community support will further enable these elderly to be managed holistically. This paper will discuss the role and challenges faced by these family medicine specialists in order to maintain and enhance the health of the older person. At the same time the physician need to keep these elderly as healthy, active and productive as possible so that they are independent.

Notes:

EMPTY NEST SYNDROME: 'WHERE ARE THE PEOPLE?'

Assoc Prof (Clinical) Dr Rosdinom Razali
Psychiatric Consultant,
UKM Medical Centre

Malaysia is approaching towards being an ageing nation when 15 % or more of the country's population are aged 60 and over. When our elderly enjoy better longevity due to longer lifespan, the incidence of physical and mental health related problems will also undoubtedly increase. After the age of 60, an individual often encounters difficulties dealing with retirement, ill-health, grieving over the passing of their loved ones and coping with the departure of children from home to college or university. "Empty nest" syndrome is a condition experienced by some parents when their children leave home. It affects mostly women and parents who are often described as the "anxious type". This talk will discuss on its predisposing factors and methods to overcome this common problem.

Notes:

NEW ERA IN DEMENTIA MANAGEMENT

Dr George Taye Wei Chun
Geriatric Physician,
Medical Department,
Hospital Melaka

Many advances in dementia have been made over the past few years. The lecture will cover these new developments in the areas of definition, diagnosis and treatments, with Alzheimer's Disease as the archetypical dementia subtype. The new diagnosis recommendations in 2011 by AA and NINCDS is discussed. The use of biomarkers in aiding the diagnosis together with new medications are also included, along with a summary of the results of some important clinical trials to date.

Notes:

SEXUAL LIFE IN ELDERLY

Professor (Clinical) Dr Hatta Sidi
Psychiatric Consultant & Head of Department,
Psychiatric Department,
UKM Medical Centre

Objective: Elderly woman in our culture was viewed as not interested in sex. This study aimed to measure the prevalence of and factors associated with female sexual dysfunction (FSD) in Malaysian elderly (menopausal) and determine the elderly women SRC.
Methods: It was a cross-sectional study involving 310 menopausal women who visited a menopausal clinic in a secondary referral hospital in the East Peninsular Malaysia. Sexual dysfunction was assessed using the Malay Version of the Female Sexual Function Index (MVFSFI). The possible associated factors were collected using a pre-designed questionnaire. A study on a mixed diabetic and normal elderly women (N = 168), the SRC revealed a circular model through a factorial analysis, which the orgasmic component appear to be later after vaginal lubrication and sexual arousal.
Results: The prevalence of FSD for the menopausal women was 21.3%. Younger age was the only factor significantly associated with FSD in the study subjects (Adjusted odds ratio=0.916, 95% CI=0.851-0.987).
Conclusion: The prevalence of FSD was low in the Malaysian menopausal women and associated with younger age. The SRC revealed a circular model endorsement in an elderly woman. The therapeutic implications will be discussed.
Keywords: *Menopause, sexual dysfunction, Sexual Response Cycle, Malaysia, risk factor*

Notes:

MANAGEMENT OF HIV WITH COMORBIDITIES

Professor Dr Adeeba Kamarulzaman
Dean of Medicine,
Prof. of Infectious Disease,
Faculty of Medicine,
University of Malaya

HIV-infected individuals have increased age-matched morbidity and mortality compared with the general population for a number of diseases including cardiovascular disease, viral hepatitis and tuberculosis. Additionally substance use which remains the main driver of the Malaysian HIV epidemic negatively affects the health of HIV-infected drug users. These individuals frequently have multiple medical and psychiatric comorbidities that complicate HIV treatment and prevention. Effective and evidence-based treatments are available for the management of substance-use disorders, HIV and other infectious complications such as viral hepatitis and tuberculosis, and non-HIV-associated comorbidities. Simultaneous clinical management of multiple comorbidities in the HIV-infected individual might result in complex pharmacokinetic drug interactions that must be adequately addressed. Development of side-effects as a result of these underlying co-morbidities further complicate treatment especially for those presenting with advanced HIV diseases. Adherence to treatment is a key issue that must be addressed at the individual and structural level including addressing the need to integrate health service delivery. Given the complexities of managing HIV infected individuals with co-morbidities a multifaceted, interdisciplinary approaches urgently needed to ensure good outcomes in these individuals and to prevent the emergence of antiretroviral and anti tuberculous drug resistance through inadequate adherence to these medications.

Notes:

BENEFIT OF HARM REDUCTION THERAPY - HOW MUCH HAVE WE ACHIEVED

Dr Sha'ari Ngadiman
Deputy Director of Disease Control (Communicable Disease)
Head of HIV/STI Section, Ministry of Health, Malaysia

Sharing needles among people who inject drug and sex work have largely driven HIV epidemics in many Asian countries. Malaysia with concentrated HIV epidemic among most-at-risk populations (MARPS) i.e. people who inject drug, sex workers and transgender population and sharing needles is the main driver of HIV transmission. In 2005, the Minister of Health's public announcement outlining the national commitment to address HIV transmission quickly led to the launch of the first pilot methadone maintenance therapy (MMT) project in October, and its first needle and syringe programme (NSEP) in early 2006. This programme aimed to reach 102,000 (60%) persons out of estimated population of 170,000 IDUs by 2015.The endorsement of harm reduction by supportive and committed leadership has been remarkable, in that effective harm reduction interventions have been systematically expanded and integrated into public health services. Government leadership and sustained partnerships with other government and non-government agencies has indeed proven to be a key element to Malaysia's success. Till end 2011, this programme had been scaled-up through 297 NSEP sites and 674 MMT outlets established in government health facilities, NGO sites, private health facilities, National Anti-Drug Agency (NADA) service outlets and prisons. As of 2011, the programme has reached 34,244 IDU with distribution of needle and syringe about 116 per IDU in a year and 44,428 drug users for opiate substitution therapy. This gave a total of 78,872 people being reached by the programme. Harm reduction programme had enhanced the reduction of new HIV infection, from peak cases of 28.5 per 100,000 population in 2002 to 23.4 per 100,000 population (2005) and to 12.2 per 100,000 population in 2011. Total new HIV cases among people who inject drugs dropped from 66% in 2005 to 39% in 2011. While challenges remain, the consistent evolution and progress in the national response to HIV and drugs has been encouraging. Malaysia is committed to expand harm reduction program, targeting all health clinics by the end of 2015.

Notes:

WHAT'S MORE OTHER THAN METHADONE?

Dr Salmah Nordin
Consultant of Family Medicine Specialist,
Rawang Health Clinic

Opiate dependence is a problem world wide. Recognising it as a chronic relapsing disease an intervention programme was started. In Malaysia, Opiate dependent intervention programme is one arm in the harm reduction strategy. Methadone maintenance therapy is the main stay of treatment where Methadone is used as a replacementtherapy. Other drugs available for treatment are Buprenorphine, Suboxon and Naltrexone. However these drugs are not widely used nor available.
Non pharmacological treatment includes detoxification, residential treatment and support group. Some residential treatment used the Therapeutic Comminity treatment (TC) while others used the Matrix treatment concept as currently used by the national anti drug agency (AADK).

Notes:

MANAGEMENT OF HIV IN RESOURCE LIMITED SETTINGS - WHO RECOMMENDED PACKAGE

Dr Salmiah Sharif
Consultant of Family Medicine Specialist,
Batu 9 Health Clinic, Cheras

First HIV case for Malaysia was detected in 1986. Up to December 2011; 94,841 HIV case has been notified, out of that 79,855 are still alive whereas 14,986 of them died of AIDS. In Malaysia; the driver of infection switched from sharing drug paraphilia to through sexual activity. In 2007; 57.2% of new HIV cases got the infection through sharing needles and 28.9% of them acquired the infection through sexual activity. However, in 2011 sexual activity became the main driver for the infection contributes to 55.5% of new HIV cases. Majority of the cases are from productive age group; about 65% of them aged between 20 to 39 years old. (BKPP 2011).Therefore HIV care and prevention package as recommended by WHO should be taken seriously to contain the epidemic.

Malaysia is committed to scales up the prevention intervention for HIV such as embarking on methadone replacement program and needle – syringe exchanged program; prevention parent to child transmission program, promote provider – initiated HIV testing and counselling services and to integrate these services into the care and treatment of people living with HIV (PLWHIV). All PLWHIV whom clinically indicated should be received anti- retroviral therapy early and get care and support continuously for ensuring treatment adherence. The epidemic would be stemming by improving access to treatment because it could reduce mortality from AIDS and also by cutting down new infections. Besides anti- retroviral therapy, all PLWHIV if clinically indicated should be received treatment for opportunistic infections, Bactrim for PCP prophylaxis and Isoniazid for tuberculosis prevention. Psychosocial and nutritional support is also important component for HIV care and treatment.

Notes:

MANAGEMENT OF ARV FAILURE: RECOGNIZING TREATMENT FAILURE AND MANAGEMENT

Dr Benedict Sim Lim Seng
Consultant of Infectious Disease Physician,
Medical Department,
Hospital Sungai Buloh

HIV treatment failure is best recognized by virological failure. If a patient is adherent prior to the raised viral load, then drug resistance is likely. Ideally resistance testing should be done. Two strategies exist for managing HAART failure, early change in regime which gives the benefit of minimizing accumulated resistance and late change which maximizes current drugs benefit (albeit minimal) and leaves more time to address non adherence. The aim of changing a regime is to reestablish maximum viral suppression by using 2 or 3 new drugs with one preferably from a different class. Adherence must always be reemphasized.

Notes:

HEALTH PROMOTION CHALLENGES...WE ARE THE ADVOCATORS

Tuan Hj Abdul Jabar Ahmad
Director Of Health Education Division,
Ministry of Health Malaysia

Globalisation, changing demographic trends, social changes that include increased sedentary lifestyles, shifting food consumption patterns and increased use of tobacco and alcohol have resulted in a mounting burden of diabetes, heart diseases, preventable cancers and other chronic diseases. Health promotion needs to be cognizant of and responsive to this changing public heath landscape. Thus it is only logical that the highest priority for health promotion are these lifestyle-related NCDs which have significant negative impacts on the health and wellbeing of population. The determinants of these diseases are multiple in nature and not confined to individual behaviours only. Subsequently advocacy strategy needs to be put in place in order to achieve sociopolitical environmental changes required to address the issue. Public health workforce at all levels are challenged to play this role. To do this they need the necessary skills. This presentation will highlight some of the effective strategies that can be used in advocacy toward this noble goal. Comprehensive approach would be preferred as it will give the synergy needed to bring the desired impact.

Notes:

CKD MANAGEMENT IN PRIMARY CARE: 'GO FOR THE GOLD STANDARD'

Dr Mastura Ismail
Consultant of Family Medicine Specialist,
Seremban 2 Health Clinic

Chronic kidney disease (CKD) is a common example of a chronic disease requiring life-long management, involving the patient, the primary care team and specialists. Most people with CKD also have other long-term conditions (hypertension, cardiovascular disease, diabetes mellitus, atherosclerosis). Current disease-based clinical services (eg, nephrology clinics, hypertension clinics, diabetes clinics, heart failure clinics) seldom provide optimal care, with poor communication occurring between these 'silos' of care, and between hospital-based clinics, the primary care team, and the patient.

This lack of integration is harmful and can contribute to patients' loss of control and to conflicting messages on what drug treatment the patient should be taking. The system is also wasteful, with much duplication of effort, tests, and wasted travel time. It is important to improve the delivery of care for patients with chronic diseases. Primary care physician (PCP) play an important role in this challenging era of good clinical practice and deserves a re-appraisal of one's role in bridging the care between the community and hospital based settings. Adequate and recent 'know-how' in chronic kidney disease management, public health measures, and supportive self care warrants the PCP to have up to date their knowledge. This session hopes to equip the PCP with information and the practicalities to manage the patients with chronic kidney disease.

Notes:

OPTIONS OF RENAL REPLACEMENT THERAPY

Dr Korina Rahmat
Senior Consultant of Nephrologist,
Hospital Melaka

Renal replacement therapy is a term used to encompass life-supporting treatments for renal failure. It is required when the kidneys are functioning at less than 10-15%. It includes hemodialysis, peritoneal dialysis and renal transplantation.

In both hemodialysis and peritoneal dialysis, it removes waste and excess fluid from the blood via the semi-permeable membrane. Types of hemodialysis are conventional (in center) hemodialysis and home hemodialysis. As for peritoneal dialysis, these are continous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). Both hemodialysis and peritoneal dialysis does not seem to have a survival benefit over each other. They are considered as complementary modalities.

Renal transplantation is the preferred treatment for patients with end stage renal disease. It offers better quality of life and increased survival.

Notes:

TB INFECTION MANAGEMENT: 'KEEPING UP TO DATE' (WHO GUIDELINE)

Datuk Dr Hjh Aziah Ahmad Mahayiddin
Senior Consultant Respiratory Physician,
Institute of Respiratory Medicine,
Hospital Kuala Lumpur

Tuberculosis (TB) continues to pose a major global and national health burden**.** It is second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent .In 2010, 8.8 million people fell ill with TB and 1.4 million died from it. Being a leading killer of people living with HIV, it caused one quarter of all deaths .Multi-drug resistant TB (MDR-TB) is present in virtually all countries surveyed by WHO with 46,000 treated out of 650,000 estimated. The estimated number of people falling ill with tuberculosis each year is declining, although very slowly. TB death rate dropped 40% between 1990 and 2010. In 2011, Malaysia notified 20,666 cases of which more than 60% are sputum positive. Added to the above is the worrying rise of anti-TB drug resistance especially MDRTB. The most recent WHO survey shows that the median prevalence of resistance to any of the four first-line drugs is 10.2% though in Malaysia it is still less than 1% with 135 diagnosed in 2011. A six-month regimen of rifampicin and isoniazid, supplemented by an initial two months of pyrazinamide and ethambutol, remains the gold standard treatment (2EHRZ/4HR) for all new cases. Wherever possible the optimal dosing frequency for new patients with PTB is daily throughout the whole course. The thrice a week is only recommended with DOTS and not in patients living with HIV infection or in HIV environment. All HIV/TB patients should receive daily TB treatment fully but the duration is the same as normal TB patients. Sputum smear should be done at the end of intensive phase for all cases and sputum C&S if sputum still positive. This recommendation differs from the latest WHO recommendation that advice another sputum at the 3rd months and sputum C&S if the sample is still positive .Extension of the intensive phase is not recommended after intensive phase in patients receiving rifampicin containing regimen .For all previously treated TB patients specimens for C&S should be obtained at or before initiation of treatment, at least to INH and Rifampicin. This is also recommended in all high risk groups of MDRTB, in fact for patient with very high index of suspicion, a line probe assay test is strongly advised. In setting where this rapid molecular-based DST is available, the results should guide the choice of treatment. If not, if it is in high-risked groups, the empirical treated for MDRTB should be initiated. In defaulted patients and in those that relapsed, 8 months retreatment regimen should be initiated (2SHERZ/ 1HERZ/ 5 HER). Presently it is strongly recommended, other than routine renal, liver and HIV tests, to ensure that the patients are not diabetics and the smoking status is known appropriate test and medical history must be comprehensively covered.

Notes:

NEW STRATEGY IN CERVICAL CANCER SCREENING

Professor Dr Jamiyah Hassan
Consultant of O&G,
University Malaya Medical Centre

FREE PAPERS

Judges:

The panel of judges for the free paper oral and poster presentations consists of:

1. Prof Dr Adinegara Bin Lutfi Abas
2. Prof Dr Soumendra Sahoo
3. Dr Norsiah Bt Ali
4. Datin Dr Zil Falillah Bt Mohd Said
5. Dr Mohtar Bin Ahmad
6. Dr Noorhaida Bt Ujang
7. Dr Mohazmi Bin Mohamad

Criteria for the assessment of oral presentation

Item	Description	Score
	Scientific Content	
1	**Research question** *Originality of research idea, relevance to primary care, adequacy of literature review*	Out of 10
2	**Conduct of study** *Appropriateness of study design, ethical consideration and approval process, validity of data collection*	Out of 20
3	**Analysis of results** *Appropriateness of data analysis and data presentation*	Out of 20
4	**Significance of study findings** *Adequacy of discussion in relation to previous studies, highlight significance of findings to the local context*	Out of 20
	Quality of Oral Presentation	
5	**Oral delivery** *Organisation of oral presentation, time management, response to audience's query*	Out of 15
6	**Audio-visual aids** *Clarity and flow of presentation, aesthetic quality of slides*	Out of 15

Criteria for the assessment of poster presentation

Item	Description	Score
	Scientific Content	
1	**Research question** *Originality of research idea, relevance to primary care, adequacy of literature review*	Out of 10
2	**Conduct of study** *Appropriateness of study design, ethical consideration and approval process, validity of data collection*	Out of 20
3	**Analysis of results** *Appropriateness of data analysis and data presentation*	Out of 20
4	**Significance of study findings** *Adequacy of discussion in relation to previous studies, highlight significance of findings to the local context*	Out of 20
	Quality of Poster Presentation	
5	Organisation & Clarity *Clarity and flow, ability to convey message effectively, contact details*	Out of 15
6	**Aesthetic quality** *Visual appeal, appropriate font and colour*	Out of 15

Prizes:
Three for oral presentations, and three for poster presentations.
All winner received cash award and certificate. 1st Winner of Oral Presentation received cash award of RM1000 and also The Dato' Dr Narimah Awin Award trophy.

The Dato' Dr Narimah Awin Award

This research award is given to the Best Oral Presentation for Free Papers in the Family Medicine Scientific Conference, organized by Family Medicine Specialist Association of Malaysia (FMSA). It is named in honour of Dato' Dr Narimah Awin, a Malaysian doctor who had served with distinction in Malaysia and internationally. Her contribution to medicine and the society was wide-ranging. Graduated from the Assam Medical College, India in 1976, she obtained the Masters in Public Health from the University of Phillipines in 1982. She served in the Ministry of Health Malaysia for almost 30 years and retired from the civil service in 2007 as Director of Family Health Development Division, thus responsible for policies in health and ageing. Then she served as the Regional Adviser for Making Pregnancy Safer at WHO Regional Office of the Western Pacific Region in Manila, Phillipines. She was instrumental in planning the National Adolescent Health Policy in Malaysia. She has presented more than 200 papers on various topics in Public Health at seminars, conferences, scientific meetings and conducted research in various aspects of public health. In 2005, she served as consultant to WHO/WPRO in the development of the document "Investing in our Future: A Framework for Accelerating Action for Sexual and Reproductive health of Young People", a joint project of WHO, UNICEF and UNFPA. Her special interests includes Family Health, including maternal and child health; and the newer and "expanded" scope of Family Health including women's health and gender issues; and all aspects of adolescent health especially sexual and reproductive health of adolescents.

List of Winners

Oral Presentations

NO.	NAME OF PARTICIPANT	TITLE
#1st	**Dr Ambigga S. Krishnapillai**	Medical Students' Attitudes Towards Communication Skills Learning: Implications for medical Education
2nd	**Dr Sakinah bt Sulong**	HIV Risks and The Accuracy of perceived Risks Among Antenatal Mothers in Kota Kinabalu Sabah
3rd	**Dr Rizawati bt Ramli**	A Study of Aspirin Prescription for Primary Cardiovascular Disease Prevention Among High Risk Patients in Primary Care Clinic of University Malaya Medical Centre

 # winner of Dato' Dr Narimah Awin Award trophy

Poster Presentations

NO.	NAME OF PARTICIPANT	TITLE
1st	**Dr Tan Chai Eng**	Preferences of Malaysian Cancer Patients In Communication of Bad News: a pilot study
2nd	**Dr Razman b Mohd Rus**	Arterial Stiffness And Hypercholesterolaemia Among Adults In Kg Alor Batu, Kuantan, Pahang
3rd	**Dr Tong Seng Fah**	Doctor's Perception of Men's Receptivity To Health Check-ups And Its Association With Their Intentions To Engage Men In Health Check-ups

ORAL PRESENTATIONS

O1: HIV RISKS AND THE ACCURACY OF PERCEIVED RISKS AMONG ANTENATAL MOTHERS IN KOTA KINABALU SABAH

Sakinah Sulong[1], Noor Azimah Muhammad[2], Hizlinda Tohid[2], Shamsul Azhar Shah[3]
[1]Klinik Kesihatan Juasseh, Negeri Sembilan, [2]Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, [3]Department of Public Health, Faculty of Medicine, Universiti Kebangsaan Malaysia

Background: Prevalence of HIV infection in our population continues to rise unabated. In 2007, there were 19.1% of women with HIV infection and mainly through heterosexual route. Data from Sabah in 2010 showed similar trend where women contributed 39.8% of new HIV cases.
Objectives: This study aimed to look into the prevalence of women with risk of having HIV and the accuracy of perceived risks among antenatal mothers in Sabah.
Methods: This was a cross sectional community survey among antenatal mothers attended three health clinics in Kota Kinabalu Sabah. All antenatal women age 18 years old or older attended the clinics from mid July to mid August 2010 were conveniently selected. The exclusion criteria were antenatal women with known HIV status, having medical emergency or those who were English / Malay illiterate. Selected antenatal mothers responded to a self-administered pre-tested validated questionnaire which contains brief HIV screener to measure their risk of contracting HIV and sexual-risk perceived scale to measure their perceived risk of having HIV. Kappa statistic was used to measure the accuracy of perceived risk among the antenatal mothers.
Results: A total of 466 antenatal mothers had participated in the study. Their mean age was 27.8 ± 5.3 years. Majority of them were Sabah Bumiputras (84.4%), had formal education (97.8%) and married (97.4%). Nearly half of them were housewives (49.5%) and with low family income (46.0%). The prevalence of the antenatal women with risk of having HIV was 7.6% (35) and mainly through multiple sexual partners. Single mothers were 10.6 times (95% CI 3.09 -36.29, $p<0.001$) more likely to have HIV risk, compared to mothers who were married. However, only 11 of the antenatal mothers with HIV risk (31.4%) perceived themselves as having HIV risk. There was poor agreement between risk of having HIV infection with perceived HIV risks among the antenatal mothers (kappa=0.194).
Conclusion: Considerable proportion of antenatal mothers in Kota Kinabalu was at risk of contracting HIV especially among single mothers. These mothers underestimated their risk of having HIV and only small proportion of them perceived their risk correctly. Efforts need to be focus on making these mothers realize the HIV risks in them and hence avoiding the risks.

O2: MEDICAL STUDENTS' ATTITUDES TOWARDS COMMUNICATION SKILLS LEARNING: IMPLICATIONS FOR MEDICAL EDUCATION

Anis Safura Ramli[1], Ambigga S. Krishnapillai[1], Zamros Yuzadi Yusoff[2], Ng Kien Keat[1], Nafiza Mat Nasir[1] and Maizatullifah Miskan[1]
[1]Discipline of Primary Care Medicine, Faculty of Medicine, Universiti Teknologi MARA, Sungai Buloh, Malaysia, [2]Department of Community Dentistry, Faculty of Dentistry, University Malaya, Kuala Lumpur, Malaysia

Background: Effective doctor-patient communication has been shown to improve patient adherence towards advice and treatment; enhance patient's satisfaction and confidence; reduce patients' complaints and litigation; and promote positive health outcomes. In line with this evidence, Faculty of Medicine, Universiti Teknologi Mara (UiTM) has implemented a structured Early Clinical Exposure (ECE) curriculum which incorporates Communication Skills in Year 1 and 2.
Objectives: To evaluate the change in medical students' attitudes towards learning communication skills as a result of a structured training.
Methods: A before-and-after study design was utilized. Participants were Year 1 medical students in the academic year 2008/2009. The previously validated Communication Skills Attitude Scales (CSAS) was used to measure medical students' attitudes before and after completion of the 2-year ECE programme. The programme is a structured training in communication skills and clinical history taking. Data was analysed using SPSS version 19.
Results: A total of 171 Year 1 students participated in this study (response rate 95%). At the end of the 2-year programme, a total of 163 students responded to the questionnaire (response rate 90%). The positive attitude scores (PAS) at the end of Year 2 was significantly higher as compared to before they underwent the training. The higher the PAS score, the more positive is their attitudes towards learning communication skills. The negative attitude score (NAS) at the end of Year 2 was significantly lower as compared to before they

underwent the training. The lower the NAS score, the less negative is their attitudes towards learning communication skills. The Year 2 female students were found to have significantly lower NAS scores compared to their male counterparts.

Conclusion: After the structured ECE training in communication skills, these medical students have better attitudes towards learning communication skills. It is well understood that attitude change often precedes behaviour change. Hence the communication skills training should be continued and strengthened further throughout the undergraduate and postgraduate medical education.

O3: ECLAMPSIA STILL AN OBSTETRIC PROBLEM IN NEGERI SEMBILAN

Dr. Noor Ashah Bte Itam Othman
Public Health Physician, State Of Negeri Sembilan

Background: Eclampsia has been defined as the occurrence of convulsions not caused by coincidental neurologic disease, e.g. epilepsy in a woman whose condition also meets the criteria for pre-eclampsia It remains one of the leading cause of maternal morbidity and mortality with higher incidence in developing than developed countries due to inadequate and poor utilization of maternal health care facilities.

Objectives: To determine the sociodemographic factors associated with eclampsia

Methods: a prospective study of all notified cases in Negeri Sembilan from January to December 2011.Statistical analysis was done using SPSS version 16.0.

Results: A total of 14 cases of eclampsia out of 16894 deliveries with incidence 8.3 per 10,000 deliveries. Seremban district had 6 cases with incidence of 7.9 % but Tampin had highest incidence with 3 cases (23.0%) . Out of all the cases , 6 (42.9%) were Malay ,5 (35.5%) Indian , one (7.1%) Chinese and 2 (14.2%) foreigners .Nine of them (64.3%) aged between 20-30 years and only one (7.1%) aged 19 years old. Eight cases (57.1%) were housewife and the rest (43.9%) were working women. Seven (50%) were primigravidae and 4(28.6%) were gravida four.Eleven (78.6%) cases were booked and follow-up at health clinics . Among the booking cases, 7(63.6%) were first seen at gestation of 12 weeks and below. Seven (50%) cases had convulsion attack during antenatal with 28.6% at 32-36 weeks , 4 (28.5%) at postnatal period less then 24 hours and 2(14.3%) during intrapartum .Seven (50%) cases had the first convulsion occurred at home while 7 cases fitted when the patients were in the hospital .Eight (57.1%) had second attack in the hospital. Three (21.4%) of the patient developed Hellp Syndrome. Twelve (85.7%) cases were delivered at government hospital ,one (7.1%) at private and one at home (twin).One (7.1%) case end up with permanent vocal cord palsy and 1(7.1%) died due to Cerebral Oedema. Eleven babies (7.86%) were delivered alive but 3 (21.2%) were stillbirth.

Conclusion: Eclampsia is still a major obstetric problem in Negeri Sembilan . Health education and promotion have to be strengthen especially to the nulliparous mothers. Knowledge and skills of our staff have to be improve to make sure patients would get a good quality of care to reduce the maternal morbidity and mortality.

O4: THE STUDY ON APPROPRIATENESS OF ALLOPURINOL USAGE AMONG PATIENTS ATTENDING HEALTH CLINIC IN PKD SABAK BERNAM

Dr Noraini Jali[1], Kuan Wai Hong[2], Mohd Khairi Mohamad[3] , Dr Jamaliah Jamil[4]
[1]Family Medicine Specialist, Klinik Kesihatan Sungai Besar, [2]Pharmacist Klinik Kesihatan Sungai Besar, [3] Senior Assistant Medical Officer, Klinik Kesihatan Sungai Besar, [4] Medical Officer of Health, Pejabat Kesihatan Sabak Bernam

Background: The usage of allopurinol in Pejabat Kesihatan Daerah Sabak Bernam health clinics increased tremendously for the last few years. Health clinics in district of Sabak Bernam also among the higher district using allopurinol in Selangor

Objective: To study the appropriateness of allopurinol usage among patients attending health clinics in Sabak Bernam District

Methodology: A retrospective study involving patients whom were prescribed allopurinol from January to June 2011 were included in the study. Only single prescription for one patient were included as sample. All patients on allopurinol were identified via their prescription. The patient's files were searched and data obtained. The study stools included patient's prescription, patient's card and questionnaire

Finding and discussion: 299 respondents whom were prescribed allopurinol were included in the study. Out of 299 respondents, 62.9% were male with age group between 41 to 70 years old, mainly Malay (84.6%) followed by Chinese (14.1%) and Indian (1.3%). Most of the respondents in this study had co-morbidity in which 51.8% had hypertension, 38.3% had both hypertension and diabetes, 21.0% obese and 2.8% had kidneys diseases. 46.2% respondents were started allopurinol without documented symptoms and most of them (96.2%) had no gouty attack for the past one year. Only 12.04% of respondent were following diagnostic criteria for gout
In **conclusion**, proper assessment of the patients is important before starting hypouricaemic drugs. In this study indication for starting allopurinol was not properly followed.

O5: PREVELANCE AND CONTRIBUTING FACTORS OF OBESITY AMONG LOWER PRIMARY SCHOOL CHILDREN IN MUAR, JOHOR

Lau PH, Norshazwani O, Yip HL
University Kuala Lumpur-Royal College of Medicine Perak

Background: The increase in childhood obesity over the past several decades is raising grave concern among health care professionals. In Malaysia, the prevalence is estimated to be between 6.0% to 7.8%. In a recent report, the incidence of obesity was found to be 6.8 % among Year One students in Johor. Thus, it is vital to know the contributing factors in order to implement successful intervention program.
Objectives: This study aims to determine the prevalence of obesity and the respective contributing factors among lower primary school children (standard 1, 2 & 3) in St. Andrew (Boys) Primary School and Convent (Girls) Primary School at Muar, Johor.
Methods: The data was extracted from self-administered questionnaires that were given to the students and their parents prior to the measurement of their weight and height. Their BMI were calculated and plotted on the BMI-for-age and sex percentile charts to determine if they are obese.
Results: A total 30 students from St. Andrew (Boys) Primary School and 149 students from Convent (Girls) Primary School were included in the study. The mean age for the boys was 7.68 years old while for the girls was 7.55 years old. The prevalence of obesity among lower primary school children from St. Andrew (Boys) Primary school was 30.0% and Convent (Girls) Primary School was 19.5%. Among the boys, Chinese students have the highest prevalence compared to Malay and Indian ($p<0.05$). However, there was no significant difference with regards to being breastfed, physical activity, home environment (time spent watching TV) or diet (fast food intake) in relation to obesity among these lower primary school children.
Conclusion: This study has shown a higher prevalence of obesity among lower primary school children in Muar, Johor compared to previous report. However, there were no significant association between the risk factors and obesity. Therefore, a larger community study is required to determine if other specific factors that are associated with obesity amongst lower primary school children.

O6: A STUDY OF ASPIRIN PRESCRIPTION FOR PRIMARY CARDIOVASCULAR DISEASE PREVENTION AMONG HIGH RISK PATIENTS IN PRIMARY CARE CLINIC OF UNIVERSITY MALAYA MEDICAL CENTRE.

Dr Rizawati Binti Ramli
Primary Care Clinic of University Malaya Medical Centre

Background: There is currently much debate and controversy regarding the routine use of aspirin for primary cardiovascular disease (CVD) prevention because of the potential risks of serious bleeding and the reported lack of effect on mortality. Currently, the prevalence of aspirin use as primary CVD prevention in the Asian region and Malaysia is not well documented.
Objectives: This study aimed to determine the prevalence and the pattern of aspirin prescription for primary cardiovascular disease prevention among high risk patients attending the primary care clinic of University Malaya Medical Centre.
Methods: This is a cross sectional study , over one month period involving 425 patients attending the primary care clinic of University Malaya Medical Centre (UMMC). The patients were aged $\geq$ 30 years with and without established cardiovascular disease. Information was obtained from patient records. The assessment included; (i) prevalence of aspirin use for primary CVD prevention, (ii) the pattern of the use in relation to multiple important cardiovascular risk factors and (iii) 10 years CVD risk prediction based on Framingham General Cardiovascular 10-year Risk Profiles.

Results: The prevalence of aspirin prescription for primary CVD prevention among patients without CVD in this study was 30.4%. The proportion of use was higher among male, patients of 65 years old and older, patients educated up to secondary education, patients with type 2 diabetes mellitus, hypertension and dyslipidaemia, obese patients and patients who have no family history of significant. Aspirin use for primary CVD prevention was found to be significantly associated with diabetes mellitus (p=0.001), patient with no formal education (p=0.008) and male gender (p=0.037). With regards to CVD risk, this study found that aspirin use for primary CVD prevention was independent of 10-year CVD risk at any threshold level. Using 10-year CVD risk of 10% as the cut off level, the prevalence of inappropriate use was 14.1%.

Conclusion: The prevalence of aspirin use as primary CVD prevention in primary care clinic UMMC was low and there was high tendency of aspirin prescription to diabetics without established CVD. Primary care doctors need to be more aware and educated on the indication and use of aspirin for cardiovascular disease prevention.

POSTER PRESENTATIONS

P1: PREVALENCE OF PSYCHOLOGICAL MORBIDITIES AND HIGH RISK BEHAVIOUR AMONG ADOLESCENTS ATTENDING A PRIMARY CARE CLINIC

*Maila Mustapha, **Zuhra Hamzah, ***Raudzhah Ghazali, **Hizlinda Tohid, **Shamsul Azhar, **Khairani Omar

*Klinik Kesihatan Jalan Masjid, Kuching, Sarawak, **Medical Faculty, Universiti Kebangsaan Malaysia, ***Medical Faculty, Universiti Malaysia Sarawak

Background: During adolescence, rapid biological, psychological and social development occurs. It is associated with high levels of emotional distress and risky behaviours.

Objective: The aims of this study were to determine the common presenting complaints, psychological morbidities and high risk behavior among adolescents attending a primary care clinic.

Methods: This was a cross-sectional study conducted at a primary care clinic in Kuching, Sarawak. Systematic random sampling was used to select adolescents aged 12-19 years old which fit the selection criteria. The respondents were given a self-administered questionnaire which consisted of questions on socio-demographic data, high risk behaviour and screening for psychological morbidities using DASS 21.

Results: A total of 293 students were included in the study. The common presenting complaints were respiratory symptoms (33.8%), eye problems (9.9%), gastrointestinal symptoms (9.6%) and skin problems (9.2%). Among these adolescents, 58% experienced anxiety, 39.6% had depression and 30% was stressful. Approximately 35% were involved in high risk behaviour, whereby 27% smoked cigarette, 14% drinks alcohol, 6.1% used drugs, and 10% had sexual exposure. Anxiety was associated with female gender and headache ($p<0.05$) while depression was associated with headache, drug use and sexual exposure ($p<0.05$). Stress was commoner in those with family mental illness, single parent, drug use and musculoskeletal complaints ($p<0.05$).

Conclusion: There was a significant prevalence of depression, anxiety, stress and high risk behavior among adolescents attending the primary care clinic. Hence better screening and intervention of these psychological morbidities is required at primary care settings.

P2: CUTANEOUS MANIFESTATIONS OF ADVERSE DRUG REACTION (ADR) AT A TERTIARY REFERRAL CENTER

Nor Hazlin Talib[1], Leelavathi Muthupalaniappen[2], Zuhra Hamzah[2]

[1]Klinik Kesihatan Tengkera, Melaka, [2]Department of Family Medicine, Universiti Kebangsaan Malaysia Medical Center

Background: Adverse drug reaction (ADR) commonly presents as cutaneous manifestation due to high immunogenic activities in the skin. This is an advantage for clinicians as ADR can be identified visually and reversed by eliminating the offending drug.

Objectives: To describe the prevalence, demographic characteristics and cutaneous manifestations of ADR at a tertiary referral center.

Methods: This is a retrospective cross sectional study of all cases diagnosed with ACDR at the Dermatology Clinic, Hospital Kuala Lumpur from January 2009 to December 2010 using patient's case notes.

Results: A total of 134 cases were identified. Prevalence of ACDR is 0.2%. Majority (71.6%) are below 59 years of age. Most of them belong to the Malay ethnic group (61.9%), followed by Chinese (19.4%), Indians (11.2%) and others (7.5%). ACDR commonly (55.2%) occurs within hours to days of drug ingestion and mostly (74.6%) of mild to moderate severity. About 27.6% affected patients took 1 to 5 drugs concurrently. Antibiotics (36.6%), Traditional and Complementary Medicine (TCM, 17.9%) and analgesics (13.4%) are frequently responsible for ACDR. Common manifestations of ACDR include maculopapular rash (22.4%) and Steven Johnsons Syndrome (SJS, 9.7%).

Conclusion: The prevalence of ACDR is low and mostly belongs to mild and moderate category. Common manifestation is maculopapular rash occurring within hours to days of drug ingestion. Antibiotic is the most common drug responsible for ACDRs. Patients presenting with cutaneous disorders should be assessed for possible ACDR. Detailed drug history and time of initiation of medications are useful information to evaluate ACDRs as possible underlying cause.

P3: PREFERENCES OF MALAYSIAN CANCER PATIENTS IN COMMUNICATION OF BAD NEWS: A PILOT STUDY

Dr Tan Chai Eng[1], Dr Hayati Yaakup[2], Dr Aida Jaffar[1], Prof Shamsul Azhar Shah[3], Prof Dr Khairani Omar[1]
[1]Department of Family Medicine, Universiti Kebangsaan Malaysia, [2]Palliative Care Unit, Department of Medicine, Universiti Kebangsaan Malaysia, [3]Department of Community Health, Universiti Kebangsaan Malaysia

Background: Breaking bad news to cancer patients is a delicate and challenging task for most doctors. Understanding patients' preferences in breaking bad news can guide doctors in this task.
Objectives: This study aimed to describe the preferences of Malaysian cancer patients regarding the communication of bad news.
Methodology: This was a cross-sectional study conducted in the Oncology clinic of a tertiary teaching hospital. Two hundred adult cancer patients were recruited via purposive quota sampling. The patients completed the Malay language version of the Measure of Patients' Preferences (MPP-BM) with minimal researcher assistance. The MPP-BM had been found to be valid and reliable in measuring patient preferences in three domains, "Content and Facilitation", "Emotional Support" and "Structural and Informational Support". The responses were analysed item by item and according to the individual domains using descriptive statistics.
Results: Nine items received the highest ratings: "Doctor is honest about the severity of my condition", "Doctor describing my treatment options in detail", Doctor telling me best treatment options", Doctor letting me know all of the different treatment options", "Doctor being up to date on research on my type of cancer", "Doctor telling me news directly", "Being given detailed info about results of medical tests", "Being told in person", and "Having doctor offer hope about my condition". All these items had median scores of 5/5 (IQR:1). "Content and Facilitation" was rated the highest among the three domains. Preferences for "Emotional Support" and "Structural and Informational Support" were deemed equally important.
Conclusion: Malaysian cancer patients value the ability of the doctor to provide adequate information using good communication skills during the process of breaking bad news. Provision of emotional support, structural support and informational support were also highly appreciated.

P4: JOB SATISFACTION AND MOTIVATION OF MALAYSIAN PRIMARY HEALTH CARE PROFESSIONALS

[1]Chew Boon How MMed (FamMed), [2]Mimi Omar MMed (FamMed), [3]Anis Safura Ramli MRCGP(UK), [1] Irmi Zarina Ismail MMed (FamMed), [4]Mariam Abdul Manap MMed (FamMed)
[1]Department of Family Medicine, Universiti Putra Malaysia, [2]Polyclinic Community Kelana Jaya, [3]Universiti Teknologi MARA, [4]Polyclinic Community Port Dickson

Background: Job satisfaction in doctors has been associated with psychosocial wellbeing, doctor-patient relationships and quality prescribing habits.
Objectives: This study aimed to examine the relationship of personal or work-based characteristics and job satisfaction in Malaysian primary healthcare professionals.
Methods: This was a cross-sectional survey conducted during the 15th Family Medicine Scientific Conference in June 2011 using the Warr-Cook-Wall scales. Most of the items have seven point Likert type rating scales, from "extremely dissatisfied" (score 1) to "extremely satisfied" (score 7). The questionnaires included demography and work-related items; and were self-administered and returned at the end of the conference. Independent risk factors were identified using multiple linear regressions.
Results: A total of 149 conference participants completed the survey (response rate of 33.1%). They were mainly female (85.2%) and Malay (83.2%). Those who were married comprised 83.9% compared to single 12.1%. There were almost equal proportions of location of practice (urban 57.8%, rural 42.2%). Majority were working at community-based health clinics (74.0%) and in public sector (94.4%). The respondents were mainly doctors (91.2%): family medicine specialist (FMS) (41.3%), Family Medicine Specialty (FMSt) residents (13.3%) and medical officers (36.6%). The mean age of the participants was 39.1 years (SD 8.0, min. 26 max. 63) with the mean duration of service in primary care of 9.0 years (SD 6.9, min. 0.3 max. 36.0). FMS resident compared to other primary healthcare professionals had on average 8.0 (95% CI -14.6 to -1.4, p= 0.018) lower points in total Job Satisfaction scale. Whereas a FMS compared to other primary healthcare professionals had on average 2.0 (95% CI 0.5 to 3.4, p= 0.009) higher points in Working Conditions Satisfaction scale. A male worker had on average 2.8 (95% CI -4.7 to -0.9, p= 0.005) lower points in total Intrinsic Job Motivation scale. This was in contrast to the relationship between duration (year) of working in primary care and total job motivation scale (B= 0.10, SE 0.05, 95% CI 0.004 to 0.2, p= 0.04)

Conclusion: FMS residents had the least job satisfaction and FMS were generally satisfied with their working condition regardless of location of their clinics. Men and those who were novice in primary healthcare may need more support to improve motivation.

P5: DECISION TO USE INSULIN AMONG TYPE 2 DIABETES MELLITUS PATIENTS: GOOD KNOWLEDGE, EXPERIENTIAL LEARNING AND DOCTORS' SUPPORT ALLAYED THEIR CONCERNS AND CHANGED THEIR BELIEFS TOWARDS INSULIN

Dr Hasliza Abu Hassan[1], Prof. Madya Dr Rahmah Amin[2], Dr Hizlinda Tohid[3], Dr Mohamed Badrulnizam Long Bidin[4], Prof. Dr Khairani Omar[3]

[1]Klinik Kesihatan Setapak, Kuala Lumpur, [2]Department of Public Health, Universiti Kebangsaan Malaysia Medical Centre, [3]Department of Family Medicine, Universiti Kebangsaan Malaysia Medical Centre, [4]Endocrinology Unit, Hospital Kuala Lumpur

Background: Many Type 2 Diabetes Mellitus (T2DM) patients refuse insulin therapy despite being indicated. However, some of them eventually accept the treatment.
Objectives: This study explored the T2DM patients' experience in accepting insulin therapy.
Methods: This qualitative study interviewed twenty-one diabetics who had been on insulin for less than 1 year through three in-depth interviews and three focus group discussions. Thematic analysis was conducted to identify major themes.
Results: The participants' concerns and beliefs were the basis of their attitude towards insulin but their good knowledge, experiential learning and doctors' support had allayed their concerns and changed their beliefs leading to insulin acceptance. Their concerns about the insulin injection (self-injection, needle phobia, and injection pain), inconvenience using insulin, negative social stigma against insulin users, poor self efficacy to use insulin, and adverse effects of insulin had resulted in fear for its use. They also believed that insulin use signified severe diabetes causing them to refuse insulin as an act of denial. However, for some participants, concerns about seriousness of their illness and ineffectiveness of oral hypoglycemic agents had made them trusted in insulin as essential and effective treatment for better outcomes. They admitted that good knowledge about insulin and diabetes, experiential learning as well as doctors' practical and emotional support had helped them to accept insulin therapy and become efficient in own self-care.
Conclusion: Exploring patients' concerns and beliefs towards insulin therapy is crucial to assist physicians in delivering patient-centered care. By understanding this, physicians could address their concerns with an aim to modify their disbelief towards insulin therapy. In addition, continuous educations as well as practical and emotional support from physicians were found to be valuable for insulin acceptance.

P6: RISK OF EATING DISORDERS AMONG ADOLESCENTS IN A SCHOOL OF HULU LANGAT, SELANGOR

Hazira Hanum Mohd Yusof[1], Noor Azimah Muhammad[2], Khairani Omar[2], Azmi Tamil[3]

[1] Klinik Kesihatan Apas Balung, Tawau, Sabah, [2]Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, [3]Department of Public Health, Faculty of Medicine, Universiti Kebangsaan Malaysia

Background: Concern with weight and shape is common during adolescence years and this may lead to distorted body image perception. Together with pressure from media, peers and parents to have ideal body weight, the adolescents may be at risk of developing eating disorders.
Objectives: This study aimed to look into the prevalence of eating disorders risks among adolescents and it's predictors.
Methods: This was a cross sectional study on adolescents in a secondary school of Hulu Langat, Selangor, Malaysia. Data collection was done in January 2010. All form 4 students age between 15 to 17 years old were universally sampled. Students with medical problem or on medication that may affect their weight status or absent on data collection day were excluded. Selected adolescents responded to a self-administered questionnaire which contains their socio-demographic profiles and EAT-26 questionnaire.
Results: There were 362 adolescents who participated in the study. Almost equal proportion of female (51.1%) and male (48.9%) students participated in this study. Malay formed the ethnic majority (60.8%), followed with Chinese (32.3%), Indians (5.2%) and others (1.7%). Majority of them had no medical problems (90.1%), not active in sports (75.7%) and from low to middle family income group (90.3%). Slightly more than half of them (52.8%) were with below average and average academic achievement. The mean BMI of the students was

21.7±4.3 kg/m2 and more than half of them (61%) had normal weight. Based on EAT-26 questionnaire 42 (11.6%) of them scored ≥20 and at risk of eating disorder. Female (AOR 2.49, 95% CI 1.21-5.11) and below average (AOR 2.12, 95% CI 1.04-4.33) students were the independent predictors for eating disorders.
Conclusion: Sizable proportion of the adolescents (11.6%) was at risk of developing eating disorders. Health professionals should be vigilant in looking for risk of eating disorders especially in female and those with poor academic performance.

P7: RISK OF FALL AMONG THE ELDERLY: HOW SAFE ARE THEIR HOMES?

Iliza Idris[1], Azainorsuzila Mohd Ahad[2], Maslina Najahudin[1]
[1]Klinik Kesihatan Ampangan, Seremban, [2]Klinik Kesihatan Lukut, Port Dickson

Background: Falling is a common problem among the elderly resulting in prolonged hospitalization and injury related death. Understanding the risk factors for fall is essential to prevent recurrence. Assessment of home safety is important as about half of falls are related to home environment.
Objectives: To identify risk factors for fall among the elderly living in the community and to assess their home safety in relations to fall.
Methods: A community based study involving respondents aged 60 and above registered with the local health clinic. Seven residential localities with high population of elderlies were chosen. Home visits were conducted and two types of questionnaire were used for assessment. The National Health Screening Questionnaire for the Elderly (BSSK/WE/1/08) and Home Prevention Safety Checklist for Older Adults were administered to the respondents.
Results: A total of 31 houses were visited. There were 20 (65%) women and 11 (35%) man with mean age of 71.6 ± 9.6 years. Majority (97%) of them were living with the family and about two third (68%) live in a single storey house. Functionally, 90% of them were mildly dependent in performing activity of daily living when assessed using Modified Barthel Index. About half (45%) of them had history of fall in which 80% of the fall occurred at home with 85% reported falls were due to home hazards. The fall risk assessment showed 28(90%) of the respondents had at least 1 risk of fall and only 8 (26%) of them had performed Get Up and Go Test normally. Most of the home hazards were identified in the bathroom (68%) followed by kitchen (39%), living room (32%) and stairs (20%).

P8: APPROPRIATENESS OF DIAGNOSIS OF ASTHMA IN PATIENTS ATTENDING HEALTH CLINICS IN DISTICT OF SABAK BERNAM

Dr Ng Wei Leik[1], Dr Noraini Jali[2],
[1]Medical Officer, Klinik Kesihatan Parit Baru, [2]Family Medicine Specialist, Klinik Kesihatan Sungai Besar

Background: Bronchial asthma is a clinical diagnosis, by careful history and physical examination including peak flow measurement. While demonstration of airflow reversibility by spirometry is ideal to confirm the diagnosis, it is not practical in the health clinic setting. As such, diagnosing asthma remains a challenge and misdiagnoses could happen. In 1993, the Global Initiative for Asthma (GINA) was formed and GINA has come up with guideline for diagnosis of asthma, last updated in December 2010.
Objectives: The purpose of this study was to investigate the appropriateness of diagnosis of asthma in patients attending health clinics in Sabak Bernam and to look at the prevalence of misdiagnosis of asthma.
Methods: A cross-sectional study was conducted on outpatient medical records of 133 registered asthma cases in three health clinics in Sabak Bernam district. Records were reviewed for clinical history, physical examination including peak flow measurement, and co-morbidity. Appropriateness of diagnosis of asthma was judged based on the GINA 2010 guideline.
Results: Only 29.3% of the registered patients were established cases of asthma. Another 8.3% of the patients were ruled out to be asthmatic. They were found out to be patients with either Chronic Obstructive Airway Disease (COAD) or congestive cardiac failure (CCF). The remaining 62.4% did not have adequate clinical cues to be classified as asthmatic or non-asthmatic.
Conclusion: It remains to be seen whether COAD and CCF are commonly misdiagnosed as asthma in Sabak Bernam district due to a staggering 62.4% of undefined cases. This study pointed out a principal problem dogging the asthma management in this district – inadequate assessment and documentation of clinical

history for asthma patients. A follow-up study on the undefined 62.4% of cases would be needed to determine the actual prevalence of misdiagnosis of asthma in this district.

P9: THE RELATIONSHIP OF MAMMOGRAPHIC DENSITY AND AGE: IMPLICATION FOR SCREENING MAMMOGRAM.

Ellyda Muhammed Nordin[1], Razman Mohd Rus[2], Siti Kamariah Che Mohamed[1], Radhiana Hassan[1]
[1]IIUM Breast Centre, International Islamic University Malaysia, Kuantan, Pahang, [2]Department of Community Medicine, Kulliyyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang.

Introduction: Mammography is an effective screening tool for the early detection of breast cancer. Mammographic density is a measure of radiodense area on mammogram and increased mammographic density has consistently been shown to represent a strong independent risk factor for breast cancer. Dense breast tissue has generally been associated with younger age and premenopausal status, with assumption that breast density gradually decreases after menopause.
OBJECTIVES: The aim of this study was to determinethe relationship between mammographic density and age of patient.
METHODOLOGY: A retrospective review of data was collected from women who attended screening mammogram at IIUM Breast Centre, Kuantan, Pahang from January 2008 until December 2009. A total of 506 subjects fulfilled the inclusion criteria. Both cranio-caudal and medio-lateral oblique views were reviewed and the mammographic densities were classified using Tabar's classification system in which Tabar patterns I, IV and V werecategorized as dense breast patterns.
RESULTS: Out of 506 patients, majority (n=274) of the patients were in the age group of 40-49 years old. Half of the subjects,50% (n=137) were inTabar I, 25.9% (n=71) Tabar IV and 4.0% (n=11) Tabar V. Meanwhile, in the age group of 50-59 years, 36.9 % (n=63) were classified as Tabar I, 12.6% (n=20)Tabar IV and 21.3% (n=2)Tabar V. In the category of 60-69 years old, 37 %(n=17) were Tabar I, 2.2% (n=1)Tabar IV and none of them representTabar V. There was a significant association observed between mammographic density and age of the patient ($p<0.001$).
CONCLUSION: An inverse relationship between mammographic densitieswith age of the patient was observed in our study. We also found a significant association between mammographic density and age of patient.

P10: ARTERIAL STIFFNESS & HYPERCHOLESTEROLEMIA AMONG ADULTS IN KG. ALOR BATU KUANTAN, PAHANG

Razman Mohd Rus[*], Ellyda Muhammed Nordin[**], Jamaluddin Ab Rahman[*], Niza Samsuddin[*], Seikh Farid Akter[*],
[*] Department of Community Medicine, Kulliyyah of Medicine, IIUM, Kuantan Campus, [**]Department of Radiology, Kulliyyah of Medicine, IIUM, Kuantan Campus

Background: Arterial stiffness is one of the important determinant factors of cardiovascular risk. Unfortunately, the effect of hypercholesterolemia on arterial stiffness is still controversial.
Objectives: The aims of this study were to measure the prevalence of arterial stiffness and to measure the relationship between arterial stiffness and serum cholesterol.
Methods: A cross sectional study was conducted which involved 146 adults (> 18 years old). The respondents were required to answer a pre-tested questionnaire prior to blood investigation (lipid profile). SphygmoCor was then used to record the augmentation index, which is the difference between the first and second systolic peaks expressed as a percentage of the pulse pressure, and a measure of arterial stiffness can be derived.
Results: The prevalence of arterial stiffness was found to be 23.3% with higher prevalence among female (35.5%) as compared to male (19.2%). The prevalence of dyslipidemia in the study population was 82.9% among which high total cholesterol (57.5%), high LDL-C (45.2%), high LDL-C (42.5%) and lastly high TG (28.1%). The AIx was significantly higher (P= 0.012) among those who are dyslipidemia as compared to normal subjects. Logistic regression analysis revealed only high HDL-C is significantly associated with arterial stiffness.
Conclusion: Hypercholesterolemia patients were found to have a higher augmentation index (stiffer blood vessels) than those who have normal cholesterol level. This haemodynamic changes may contribute to the increased risk of cardiovascular disease with hypercholesterolemia.

P11: DOCTOR'S PERCEPTION OF MEN'S RECEPTIVITY TO HEALTH CHECK-UPS AND ITS ASSOCIATION WITH THEIR INTENTIONS TO ENGAGE MEN IN HEALTH CHECK-UPS.

SF Tong,[1,2] WY Low,[3] L Trevena,[2] S Willcock[2] , SB Ismail[4]
[1]Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia; [2]University of Sydney, Sydney, Australia; [3]University of Malaya, Kuala Lumpur, Malaysia; [4]Universiti Sains Malaysia, Kota Bahru, Malaysia

Background: Perceived men's receptivity to health check-ups is postulated to affect Malaysian primary care doctors' decisions to initiate the discussion of health check-ups with their male patients.
Objectives: This paper determines the association of the doctors' perceptions of men's receptivity to health check-ups and their intention to discuss five areas of men's health concerns: cardiovascular risk assessment, asking about sexual dysfunction, psychosocial health assessment, asking about smoking habit and discussing colon cancer screening.
Methods: This was a cross sectional survey among primary care doctors in Malaysia. The doctor's perception of receptivity was measured using questionnaires developed based on a published empirical model of doctor's decision making process in engaging men in health check-ups. The questionnaire measured the doctors' perception of receptivity of male patients and their intention to discuss the five areas of men's health concerns in the contexts of follow-up visits. All items in the questionnaires were measured on the Likert scale of 1 to5 (strongly unreceptive/unlikely to strongly receptive/likely) and internally validated.
Results: 198 doctors participated (a response rate of 70.4%). In the context of follow-up visits, male patients were perceived as either strongly unreceptive or unreceptive to asking about sexual dysfunction by 30.6% of doctors, psychosocial health assessment 22.3% and discussing colorectal cancer screening 10.6%. Asking sexual dysfunction was either strongly unlikely or unlikely by 44.5% of doctors, psychosocial health assessment 23.2% and discussing colorectal cancer screening 34.3%. Perception of receptivity was significantly correlated with doctors intention to engage male patients in health check-ups in the five areas of men's health concerns (Spearman's rho ranged from 0.21- 0.44, $p<0.01$).
Conclusion: Doctor's perception of male patient's receptivity is moderately associated with their intention to engage them in health check-ups. Men's health check-ups in Malaysian primary care settings may be substantially improved by strategies that assist doctors to identify patient 'receptivity'.

P12: UTILISATION OF CONTRACEPTIVE SERVICES AMONG WOMEN WITH OBSTETRIC RISKS ATTENDING PRIMARY CARE CLINICS

Siti Hamizah, Azainorsuzila Bte Mohd Ahad
Klinik Kesihatan Lukut, Port Dickson

Background: In Malaysia, the contraceptive prevalence rate was reported to be 52% and only 30% of these women were using modern contraceptive method. Low usage of contraceptive methods, results in high rates of unwanted pregnancies and its consequence which includes; psychological problems, physical health and unsafe abortion. The use of contraceptive services among women with obstetric risks will reduce the number of pregnancies and decreasing the complications related to pregnancy and childbirth.
Objectives: The objectives of this study are to determine the contraceptive prevalence rate among women with obstetric risk attending primary care clinic and types of contraception used.
Methods: This was a cross-sectional study conducted for three months in four primary health care clinics in Port Dickson, Negeri Sembilan, Malaysia. All married women (ages 15-49) with obstetric risks (defined based from the criteria outlined by the local family planning guidelines) attending the clinics during the study period were included. Self administered questionnaire were used to collect data on socio demography, presence of obstetric risk factors and utilisation of contraceptive methods.
Results: A total of 401 women, age ranging from 16 to 49 year old participated in the study. There were 64.8% Malays, 20.2% Indians and 15.0% Chinese and other ethnicities. Approximately half of them 43.1% had bad obstetric history and 57.1% have children < 2 year old. The contraceptive prevalence rate was 49.3%. Out of these, 80 (40.4) of them are using pills, 35 (17.7%) are using condoms, 25 (12.6%) injectables progestogens, 12 (6.1%) had bilateral tuboligation, 9 (4.5%) with intrauterine device and 37(18.7%) were using other methods. The study also showed that 104 (25.9%) of women never used contraception.
Conclusions: The prevalance of contraceptive use among women with obstetric risk is low and requires attention. These findings suggest the importance to understand the reasons for not practicing contraception among these women and to increase awareness of contraceptive use.

P13: EMOTIONALLY INTELLIGENT IN SOCIAL MANAGEMENT IS RELATED TO POOR ACADEMIC PERFORMANCE IN THE FIRST AND FIFTH YEARS MEDICAL STUDENTS IN UNIVERSITI PUTRA MALAYSIA

[1]Chew Boon How MMed (FamMed), [1]Faezah Hassan MMed (FamMed), [2]Azhar Md. Zain MMed (Psych.)
[1]Department of Family Medicine, [2]Department of Psychiatry, Universiti Putra Malaysia, Malaysia

Background: Positive social interaction with peers was said to facilitate cognitive and intellectual development leading to good academic performance. There was paucity of published data in regards to the effect of this aspect of emotional intelligence (EI) on academic performance.
Objectives: We examined the relationship between emotional social intelligence and academic performance in undergraduate medical students in a public medical school in Malaysia.
Methods: This was a cross-sectional study using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT). Academic performance consisted of the total continuous assessment (CA) and the final examination (FE) marks. The first and final year medical students were invited to participate because of their trying transition period either from home to independent living in the college or facing the impending professional examination respectively. Students answered a paper-based demography questionnaire and completed the online MSCEIT in privacy. Independent predictors were identified using multivariate analyses.
Results: A total of 163 (84 year one and 79 year five) medical students participated (response rate of 64.9%). The gender (female 68.7%) and ethnic distribution (Malay 52.1%, Chinese 38,7%, Indian 6.7% and others 2.5%) were representative of the student population. Social Management Tasks score was a predictor of poor result in the overall continuous assessment (adjusted OR 1.06 95% CI 1.011 to 1.105), a negative determinant of good result the first year final examination (adjusted OR 0.88 95% CI 0.793 to 0.978), a negative determinant of good result in the first year continuous assessment (adjusted OR 0.90 95% CI 0.817 to 0.980). This model could explain 52.7% variation in achieving good continuous assessment result for both the first and fifth year medical students.
Conclusion: Our study revealed a negative relationship between emotional social intelligence and academic success in undergraduate medical students, especially in the continuous assessment and among the first year students. More similar studies need to confirm this important finding so to guide the students or change the co-curricular activities for better adjustment or beneficial informal learning activities in the medical schools.

P14: PRESCRIBING ERRORS AMONG DOCTORS IN PUBLIC PRIMARY HEALTH CARE CLINICS

[1]Sakinah Mazlan, [2] Dalila Badrul Hisham , [3]Suraya Abdul Razak
[1, 2] Medical Student, Faculty of Medicine, UiTM, [3] Primary Care Medicine Discipline, Faculty of Medicine, UiTM

Background: Medication errors can result in potentially serious consequences. The most common type of medication errors are prescribing errors followed by dispensing errors and administration errors. Finding evidence on prescribing errors at busy primary health care clinics is a crucial step to ensure patients' safety.
Objectives: To determine the rate and type of prescribing errors at public primary health care clinics according to Malaysian National Medicine Policy.
Methods: 450 prescription slips for patients aged above twelve years old was collected from Klinik Kesihatan Taman Ehsan and Klinik Kesihatan Sungai Buloh from January 2012 until February 2012. Demographic profiles of prescribers and data on process criteria of prescription writing was collected from the slips and patients' records. Indicators for prescription writing are legible handwriting, dosing instruction; documentation of diagnosis, date, allergy history, prescriber's identity, and use of approved drug names and abbreviations. Target standard was set at 70%. The data was analyzed using SPSS version 16.
Results: Prescribing error rate is 92.2%. 3 out of 8 process criteria of prescription writing did not reach the target standard. Most common type of prescribing errors are no documentation of allergy history (93.1%, n= 415), using unapproved abbreviations (76.2%,n=343) and using drug trade names (61.1%, n=275) Majority of prescriptions was prescribed by medical officers with working experience less than 5 years (59.3%) and least prescribed by Family Medicine Specialists (6.9%).
Conclusion: Active interventions need to be taken to reduce prescribing error rates by primary health care doctors. Regular audit, training on standard guideline for prescribing or e-prescribing are recommended to ensure safe prescribing.

P15: OUTBREAK OF HEPATITIS A AMONG AMONG LOCAL INDIGENOUS COMMUNITY IN ALOR GAJAH DISTRICT, MELAKA FROM NOV 2011 TILL MAY 2012

Shazelin AP*, Jamal AJ*, Hashimah H **,Ismail A**, Zaharudin T* Intan Azura MD**
*Alor Gajah District Health Office, **Malacca State of Health Department

Background: Hepatitis A is an enterically transmitted viral disease. Contact with an infected person and ingestion of contaminated food or water are the major routes. Outbreaks frequently reported in communities with poor water supply, latrine coverage and environmental sanitation in developing countries. An outbreak of Hepatitis A occured among local Indigenious community in Alor Gajah District from Nov 2011 to May 2012. It was reported by a local person regarding a large number of individuals with jaundice in early February 2012.
Objectives: This study was carried out to describe the outbreak by time, place, person and clinical ,to identify the source of infection and to take control and preventive measures to contain the outbreak
Methods: A case was defined as any person from Kampung Bukit Payung and Kampung Air Dusun who presented with jaundice or fever with or without nausea and vomiting and diarrhoea starting from November 2011.Cases retrieved by active case detection and passive case detection.Environmental investigations conducted were water sampling, coverage of drinking water supply and latrines .
Results: Eighteen cases (18) were defined as cases in this outbreak with ovaerall attack rate was 4.33%. Cases were mainly among the age group of 15-19 years old (Mean age = 21.9(SD±12). There were three main symptoms which were fever (100%), icterus (83.3%) and dark coloured urine (61.1%). Blood samples were confirmed positive for IgM anti HAV in 16 cases (88.8%). Epidemiological curve showed propagated source that indicated person to person transmission. Contributing factors identified were poor sanitation facilities in several houses together with poor sanitation practices. Other factors were drinking unboil GFS water and sharing of household utensils for eating and drinking. Measuring factors taken were chlorination of GFS and intensive health education to the orang asli on drinking boil water and sanitation practices.
Conclusion: The spread of infection could have been due to water contamination and person to person transmission. Control measures taken seem to show an impact by reduction in number of cases and able to contain the outbreak.

P16: REFERRAL RATE AND PATTERN AMONG PRIVATE GENERAL PRACTITIONERS IN KLANG, MALAYSIA

Nik Suhaila Zakaria, A/P Ng Chirk Jenn
Department of Primary Care Medicine, University Malaya

Background: Referral is an important component of primary care. Appropriate and timely referrals are important as it may improve patients' health, reduce morbidity and mortality and have a direct impact on healthcare burden. Studies on referral rate and pattern will help to identify gaps and problems encountered in general practice.
Objectives: This study aimed to determine the referral rate and pattern in general practice and to determine the relationship between the practice characteristics and referral rates.
Methods: A cross sectional study was conducted in 31 private general practices in Klang. General practitioners in these clinics completed a one-page questionnaire for each referred patients over 10 working days. The questionnaire included information of patients' particulars (age, gender, ethnicity and payment scheme), working diagnosis (coded using ICPC-2) and referral pattern (site of referral, specialty referred to and reasons of referral).
Results: In this study, the referral rate was 1.8%. Majority of the referrals were directed to either government hospitals (56%) or private hospitals (34%). The most commonly referred specialities were: emergency (47%), orthopaedic (9.5%) and obstetric/gynaecology departments (9.2%). The most commonly referred conditions were: digestive (19.4%), general and unspecified (19.1%) and musculoskeletal (18.4%) problems. Among the medical conditions referred, dengue fever was the most common (17.7%) followed by fractures (5.3%), gastrointestinal infections (3.9%) and appendicitis (3.9%). Treatment (86.9%) and diagnosis (41.0%) were the main reasons of referrals. There was no significant association between referral rate and practice characteristics; workload (r=0.227, p=0.219) and type of practice (solo vs group practice) (p=0.485)
Conclusion: Referral rate among private general practitioners was low and comparable with previous studies in Malaysia. This study also identified referral pattern which has not been explored in other studies. Most referrals made were for acute and emergencies which seem appropriate. Practice characteristics did not show

any association with referral rate. Inter-practice variation in referral pattern is observed and future studies should look into the reasons for the referral pattern.

P17: AN AUDIT ON CASES OF TUBERCULOSIS WHICH IS ATTRIBUTED TO DIABETES MELLITUS

Abdullah R[1], Mohd Arif MA[2]
[1]Family Medicine Specialist, Klinik Kesihatan Tanjong Kling, Melaka, [2] Medical Officer, Klinik Kesihatan Tanjong Kling, Melaka

Background: Diabetes Mellitus (DM) and Tuberculosis (TB) are both major global health problems. Tuberculosis infection is prevalent in Malaysia. There were approximately 109 cases per 100,000 population in 2009. Multiple different studies have shown that the risk of TB in patients with Diabetes was 2-3 times higher than in non Diabetes. This positive association also have been shown from Meta analysis studies, where, the overall relative risk (RR) was 3.11 (95% CI 2.27 to 4.26). However, the actual mechanism by which DM increases the risk of TB are not fully understood. Study done in the district of Melaka Tengah has found that from all TB patients in Melaka Tengah district, 19.9% of them were diabetics. As the prevalence of diabetes increasing rapidly, it is also important to clarify any association between Diabetes and Tuberculosis so that the strategy of controlling TB can appropriately be targeted.
Objective: To estimate the number of diabetic patients diagnosed with Tuberculosis.
Methods: A retrospective study of all registered patients with Diabetes Mellitus who were investigated for Tuberculosis. Data from medical records was collected from January 2011 to June 2012. Sociodemographic data obtained includes age, ethnicity and smoking habit. All patients with Diabetes Mellitus and with history of cough of one week or more with or without associated constitutional symptoms of fever, loss of appetite or loss of weight and haemoptysis were included. They were sent for chest radiograph and direct sputum smear for acid fast bacilli (AFB). Medications used including Angiotensin Converting Enzyme Inhibitor (ACE I) or Angiotensin Receptor Blocker (ARB) were also recorded. Other associated risk factors were also included such as history of TB or history of exposure to TB, immunodeficiency condition or high risk behaviours, such as drug use and sexual promiscuity. Positive result for pulmonary tuberculosis includes at least one positive sputum AFB and radiographic changes or two positive sputum AFB results. All diagnosed patients with Tuberculosis were started on antituberculosis treatment.
Results: There were 23 patients with Diabetes mellitus were investigated for Tuberculosis. All of these patients were Malays. Their age ranges from 44 to 63 years. All patients who were diagnosed with TB had cough for at least 1 week, but only 2 (40%) had an additional constitutional symptoms on presentation while majority of them (60%) were asymptomatic. None of the diagnosed patients had previous history of TB or even only exposure to the infection or being a TB contact. Majority of these patients (80%) were on ACE Inhibitor treatment, while only 2 (40%) of them were smokers . None of the positive cases had high risk behaviours.
Conclusion: From this audit, it was found that 21.74% of diabetic patients with symptoms of cough of more than one week were diagnosed with Tuberculosis.
Despite being subjected to ACE Inhibitors and has the potential of having drug induced cough, TB remained a pertinent diagnosis requiring further investigations in all diabetic patients with symptoms of cough for at least one week. Further case control or cohort study may help to determine whether DM significantly causes TB.
Therefore, Diabetes Mellitus is one of the risk factors to develop Tuberculosis.
Discussion: Diabetes Mellitus is one of the important risk factor for Tuberculosis as it induced immune suppression condition. Standard duration of cough for two weeks to subject patients for tuberculosis screening may not be applicable to patients with higher risk such as Diabetes Mellitus. It is recommended to screen diabetic patients with cough of at least one week for Tuberculosis. And, it is also recommended to screen patients with ACE Inhibitor induced cough for Tuberculosis before converting treatment to ARB.

P18: COMMUNITY BASED INTERVENTION THROUGH 1 STOP CENTRE FOR HEALTH: A COMMUNITY EMPOWERMENT APPROACH

Noraryana H[1], Ha LY[2] , Radiah D[3], Ismail A[4] Rusdi AR[5]

[1]Public Health Specialist, Non Communicable Unit, Melaka State Health Department, [2]Medical and Health Officer of Peringgit Health Clinic, [3]Diabetic Educator Staff Nurse of Peringgit Health Clinic, [4]Deputy Health Director (Public Health) of Melaka State Health Department, [5]District Medical Officer of Health, of Melaka Tengah District Health Office

Background: Obesity is an epidemic in Malaysia and Melaka has one of the highest prevalence of people with obesity in the country. Sedentary lifestyles and overeating added to the growth of obesity at a fast rate and is responsible for deaths caused by Non Communicable diseases. A structured intervention programs through community empowerment was found to be effective in making changes in sedentary lifestyle and unhealthy eating.

Objective : To reduce the NCD risk factors among community in Pantai Peringgit Melaka through a structured 6 months community based intervention program.

Methods: A cross sectional study with structured community based intervention. A total of 107 people in the Pantai Peringgit Community were recruited in the study. Study subjects were chosen from those who has conducted self screening of NCD risk factors and agreed to the intervention. All screening and intervention programs were conducted in the community centre called 1 Stop Centre For Health. Screening and intervention activities were conducted by 10 volunteers in this community lead by the Pantai Peringgit community leaders. Participants were divided into 8 groups as the intervention programs were easily monitored by the volunteers and community leader by these smaller groups. In order to reduce dropout rate, competition were held among the groups. Data were monitored by the individual through a web system which was then monitored by the Melaka State Health Department. To see the improvement of walking stamina of the intervention groups, every individual in each group had to walk for 5 km and the mean time for each group was recorded.

Results: A total number of 34 (31.8 %)men and 73 (68.2 %) women agreed to participate .The mean age was 46.8±17.1. Percentage of obesity reduced from 43.0% to 41.1%. Mean systolic (before 134.3±25.1; after 120.2±20.3) , mean diastolic (before 82.8 ±18.2; after 72.4 ±9.2) and mean random blood sugar level (before 7.4 ±7.1; after 5.3 ± 1.2. 2) reduced significantly after intervention. The mean time to complete 5 km walk between the groups improved from 65 minutes before the intervention to 43.9 after 3 months and to 40 minutes.

Conclusion: Structured Community based intervention with the concept of community empowerment has reduced the NCD risk factors of Pantai Peringgit community. Percentage of people in the obese group reduced after 6 month intervention. Mean systolic blood pressure, mean diastolic blood pressure and mean fasting sugar level showed significant reduction. Walking stamina among the group has also improved.

P19: A WORKPLACE COMMUNITY BASED INTERVENTION THROUGH 1 STOP CENTRE FOR HEALTH : WISMA NEGERI MELAKA

[1]Noraryana H, [2]Rao, S. Gunenthira, [3]Rusdi AR

[1]Public Health Specialist, Non Communicable Unit, Melaka State Health Department, [2]Medical and Health Officer of Ujong Pasir Health Clinic, [3]District Medical Officer of Health, of Melaka Tengah District Health Office, Melaka

Background : Community Empowerment Projects name as 1 Stop Centre for Health were established in three different settings; workplace, school, and community in Melaka. Wisma Negeri is one of the 15 workplace setting which covers 7 departments with a total number of 454 workers.

Objective: To reduce the Body Mass Index (BMI) among the workplace community through 4 months community empowerment intervention

Methods: A total of 66 study subjects were chosen from those who has conducted self screening of BMI and agreed to the intervention. Intervention began in December 2011 and post assessment were done in April 2012 . Structured Physical and Diet intervention were planned by the workplace community and were agreed by the participants. Data variables and activities conducted were monitored by the individual through a 1 Stop Centre web system. Descriptive analysis was performed to compare pre and post assessment of BMI.

Results: A total of number 15 (22.7 %) men and 51 (77.3 %) women agreed to participate in the intervention program. The mean age was 38.3± 9.2.In the pre assessment screening 18.2% were in the group of normal 37.8 % overweight and 44 % obese. After the 4 months intervention the percentage of normal has increased significantly to 22.8%, overweight and obesity has reduced significantly to 34.8% and 42.0% respectively
Conclusion: Structured workplace community based intervention with the concept of community empowerment has reduced the BMI among the subjects. Such program has not only reduced BMI but it has give ways to advocate the workplace community in terms of transforming their behaviour towards healthy eating and exercising.

P20: CAN WE RELY ON SERUM CREATININE TO DETECT CHRONIC KIDNEY DISEASE IN PATIENTS WITH DIABETES MELLITUS?

Abdullah R [1], Khoo EM [2]
University of Malaya

Background: Diabetes is the leading cause of chronic kidney disease (CKD). Often in primary care setting, we rely on serum creatinine to inform us of patient's renal status rather than the estimated glomerular filtration rate (eGFR).
Objectives: To examine the reliability of serum creatinine measurement in detecting CKD in patients with Type 2 diabetes mellitus (T2DM).
Methods: A cross sectional study was conducted over an eight week period at a primary care clinic in Seremban, Malaysia. All adult patients with T2DM attending the clinic were invited to participate and a face to face interview was done using structured questionnaire consisting of data on socio demography and clinical characteristics. Clinical parameters were retrieved from the medical records. Serum creatinine level was measured and the estimated glomerular filtration rate (eGFR) was calculated using the Cockroft-Gault equation as gold standard for detection of CKD. An eGFR level of < 60 is defined as CKD.
Results: A total of 376 patients with T2DM participated. The prevalence of CKD was 41.5%. 18.8% were in Stage I CKD, 42.7% in Stage II CKD, 36.2% in Stage III CKD and 2.2% in Stage IV CKD. Out of the 156 patients with CKD, 137 (87.8%) patients had a normal serum creatinine, Sensitivity and specificity of serum creatinine against CKD was 12.18% and 99.55% respectively.
Conclusion: Nearly half the patients with T2DM had CKD. Most of these patients with CKD had a normal range of serum creatinine. Serum creatinine is not sensitive in picking up patient with CKD. Therefore, serum creatinine should not be used alone to determine CKD status but eGFR should be assessed.

Index of Presenters and Authors

Noraini Jali	Oral 4, Poster 8
Noraryana H	Poster 18, 19
Norshazwani O	Oral 5
Radhiana Hassan	Poster 9
Radiah D	Poster 18
Rahmah Amin	Poster 5
Raudzhah Ghazali	Poster 1
Razman Mohd Rus	Poster 9, 10
Rizawati Binti Ramli	Oral 6
Rusdi AR	Poster 18, 19
S Gunenthira Rao	Poster 19
S Willcock	Poster 11
Sakinah Mazlan	Poster 14
Sakinah Sulong	Oral 1
SB Ismail	Poster 11
Seikh Farid Akter	Poster 10
SF Tong	Poster 11
Shamsul Azhar	Poster 1
Shamsul Azhar Shah	Oral 1, Poster 3
Shazelin AP	Poster 15
Siti Hamizah	Poster 12
Siti Kamariah Che Mohamed	Poster 9
Suraya Abdul Razak	Poster 14
Tan Chai Eng	Poster 3
WY Low	Poster 11
Yip HL	Oral 5
Zaharudin T	Poster 15
Zamros Yuzadi Yusoff	Oral 2
Zuhra Hamzah	Poster 1, 2

ACKNOWLEDGEMENTS

The Organizing Committee wishes to thank the following bodies and companies for their assistance and generous support in making this conference a success:

MINISTRY OF HEALTH, MALAYSIA
MELAKA STATE HEALTH DEPARTMENT

List of Sponsors
PFIZER (MALAYSIA) SDN BHD
NOVARTIS CORPORATION (M) SDN BHD
GLAXO SMITH KLINE (M) SDN BHD
CCM PHARMACEUTICAL SDN BHD
SERVIER MALAYSIA SDN BHD
BOEHRINGER INGELHEIM (M) SDN BHD
DUTCH LADY MILK INDUSTRIES BERHAD
DANONE DUMEX (MALAYSIA) SDN BHD
ABBOT LABORATORIES
SCHILLER (MALAYSIA) SDN BHD
RIGEL PHARMA SDN BHD
MERCK SDN BHD
HEALOL PHARMACEUTICAL SDN BHD
NOVO NORDISK PHARM (M) SDN BHD
MERCK SHARP & DOHME
SANOFI AVENTIS (MALAYSIA) SDN BHD
ROCHE DIAGNOSTIC (M) SDN BHD
COMMERMEGA SDN BHD
KOTRA PHARMA (M) SDN BHD
JEBSEN & JENSEN TECHNOLOGY (M) SDN BHD
DKSH MALAYSIA SDN BHD
SINO ELITE SERVICES SDN BHD
ABEX MEDICAL SYSTEM SDN BHD
PAHANG PHARMACY SDN BHD
UNAM PHARMACEUTICAL (M) SDN BHD
ALERE HEALTH SDN BHD