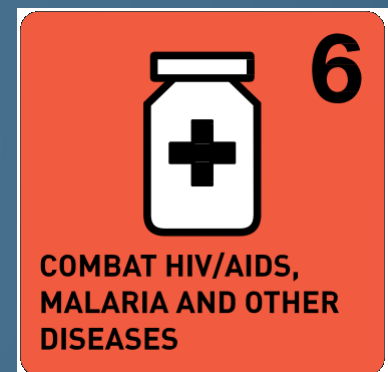
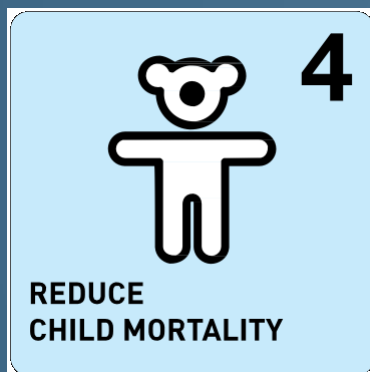


17th MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE

***“Millennium Development Goals (MDG) 4,5 and 6:
Are We There Yet?”***



The Zenith Hotel, Kuantan Pahang
04th – 07th July 2013

Jointly Organized:



Pahang State Health Department

Family Medicine Specialists
Association of Malaysia

Department of Family Medicine
Kulliyah of Medicine
International Islamic University Malaysia



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MESSAGE
DR MASTURA HJ ISMAIL
PRESIDENT OF FAMILY MEDICINE SPECIALISTS
ASSOCIATION MALAYSIA

A warm welcome to all participants to this 17th Family Medicine Scientific Conference held at the Zenith Hotel, Kuantan from 4-7th July 2013. I wish to congratulate the organizing committees, our invited speakers and participants involved in the 17th Malaysian Family Medicine Scientific Conference 2013 for carrying out this important education programme. A word of appreciation also goes to International Islamic University Malaysia (IIUM) and Pahang State Health Department.

The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration, and all have specific targets and indicators.

The MDGs that are related directly to health are i) to reduce child mortality by two thirds (MDG 4) ii) to reduce maternal deaths by three quarters and achieve universal access to reproductive health (MDG 5), and iii) to halt and reverse the spread of HIV/AIDS, achieve universal access to treatment for HIV/AIDS by 2010, and halt and reverse the incidence of malaria and other major diseases (MDG 6). Other MDGs have an indirect influence on health: MDG 1 has a target of halving the proportion of people who suffer from hunger; MDG 7 includes a target of halving the proportion of the population without sustainable access to safe drinking water and basic sanitation; and MDG 8 has a target to provide access to affordable essential drugs in developing countries. Primary education (MDG 2) and empowering women (MDG 3) also lead to health gains. The MDGs are inter-dependent; all the MDG influence health, and health influences all the MDGs. For example, better health enables children to learn and adults to earn. Gender equality is essential to the achievement of better health. Reducing poverty, hunger and environmental degradation positively influences, but also depends on, better health.

This year conference theme is '*Millennium Development Goals (MDG) 4, 5 and 6: Are We There Yet?*' is aptly chosen since time to achieve the MDGs goals is already very near i.e 2015. Sharing of knowledge among all the specialists and rest of team members by encouraging continuous medical education and awareness multidisciplinary care approach among all disciplines so that everyone aware that we are working towards the same goals. Achieving these goals does not seem possible using traditional models of care. There is no excuse for delay. We must transform team care from an abstract concept to a common practice.

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 International Islamic University, Pahang State Health Department and all sponsors for their valuable support and paving the way without which this conference would not be possible. Lastly, please do take some time to enjoy this beautiful city!

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



MESSAGE
DATO' DR. MOHD RAMADZAN BIN HASHIM, DIMP. AAP.
ORGANISING CHAIRPERSON
17th MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE

A warm welcome to all participants to this 17th Family Medicine Scientific Conference held at the Zenith Hotel, Kuantan. It gives me a great pleasure to warmly welcome every one of you to this 17th Malaysian Family Medicine Scientific Conference 2013 with the themes "*Millennium Development Goals (MDGs) 4, 5 and 6: Are We There Yet?*" Twelve years has passed since the United Nation (UN) Millennium Declaration was adopted by 189 countries including Malaysia in September 2000 in New York, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015, that have become known as the Millennium Development Goals (MDGs) which comprise of 8 goals, 21 targets and 60 indicators. Three goals are health related which include Goal 4; to reduce child mortality by two thirds of the mortality rate among children under five between 1990 and 2015. Goal 5 is to improve maternal health by 75 percent reduction of the mortality rate between 1990 and 2015 and Goal 6 is to combat HIV/AIDSs, Malaria and other diseases by halt and begin to reverse the spread of HIV/AIDS, Malaria and other major diseases.

In line with the theme, we aim to focus on how the MDGs goals can be achieved. We have planned preconference workshop and wide topics covered in the Scientific Conference Programme from different disciplines which include Primary Care, Public Health, Obstetrics, Reproductive Health, Paediatric, Infectious Disease and Internal Medicine by an outstanding local speakers and researchers. Bringing together the experts of their own fraternity will enlightened the participants on the comprehensive coverage of health care issue in order to establish a common vision of their work to help achieve the MDGs.

I would like to thank the Organising Committee, the Malaysian Family Medicine Specialists Association (FMSA), the Pahang State Health Department and the Department of Family Medicine, Kulliyah of Medicine, International Islamic University Malaysia (IIUM) for their devotion through the course of planning and preparing for the event.

Wish you all a productive and fruitful conference.

Sincerely,

DATO' DR. MOHD RAMADZAN BIN HASHIM
 CHAIRMAN OF ORGANISING COMMITTEE
 17th MALAYSIAN FAMILY MEDICINE SCIENTIFIC CONFERENCE 2013

CONFERENCE OBJECTIVES

1. To acquire the most recent facts on the achievement of the Millennium Development Goals (MDGs) Malaysia
2. To improve the current knowledge related to difficulties faced in achieving the Millennium Development Goals (MDGs) Malaysia
3. To increase skills in achieving the Millennium Development Goals (MDGs) Malaysia



AHLI JAWATANKUASA PERSIDANGAN (ORGANISING COMMITTEE)

Penasihat(Advisors)	: Dr. Norhizan b. Ismail Pengarah Kesihatan Negeri Pahang
	Dr. Abu Bakar b. Awang Ngah Timbalan Pengarah Kesihatan (Kesihatan Awam) Negeri Pahang
Pengerusi (Chairperson)	: Dato' Dr. Mohd. Ramadan b. Hashim FMS , PKD Temerloh
Pengerusi Bersama (Co-Chairperson)	: Dr. Iskandar Firzada b. Osman FMS, PKD Kuantan
Setiausaha (Secretary)	: Dr. Radziah bt. Abdul Rashid FMS, PKD Bentong
Penolong Setiausaha (Assistant Secretary)	: Dr. Yusnita bt. Yatim FMS, PKD Pekan
Bendahari/Penajaan (Treasurer/Sponsorship)	: Dr. Mohd. Daud b. Che Yusof FMS, PKD Kuantan
	: Dr. Wan Hasmawati bt. Wan Ismail FMS, PKD Jerantut
Publisiti/Promosi (Publicity/Promotion)	: Dr. A. Khalek b. Abdul Rahman FMS, PKD Lipis
	: Dr. Hjh. Nur Aiza bt. Hj. Zakaria KPP (Kesihatan Pekerjaan & Alam Sekitar)
	: Hjh. Azizam bt. Mohd. Ali KPP (Promosi Kesihatan)
	: Pn. Yantie Shahida bt. Abdul Manan Pegawai Penerangan (Pendidikan Kesihatan)

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: **Dr. Adienuar b. Ahmad Norawi**
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: **Dr. Zahrni bt. Muda**
FMS, PKD Kuantan

: **Dr. Rohaya bt. A. Rahman**
KPP (AIDS/STD)

: **Dr. Fatimah bt. A. Majid**
KPP (Kawalan Penyakit Tidak Berjangkit)

Protokol/Aktiviti Sosial (Protocol/Social Events)

: **Dr. Sharipah Fotimah bt. Syed Abdullah**
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: **Prof. Madya (Dr.) Rosini bt. Zakaria**
Jab. Perubatan Keluarga, Kulliyyah Perubatan,
IIUM

: **Dr. Samurah bt. A. Rahman**
FMS, PKD Temerloh

: **Dr. Rahimah bt. Ibrahim**
KPP (Kesihatan Primer)

: **Dr. Wan Maizatul Akmar bt. Wan Mohamood**
KPP (Perkhidmatan Kesihatan Orang Asli)

: **Dr. Mariam bt. Nawawi**
PP (Kesihatan Keluarga)

: **Pn. Ramblah bt. Hamzah**
Penyelia Jururawat Kesihatan U36

: **Cik Nur Azurin bt. Ramli**
Pegawai Penerangan (Pendidikan Kesihatan)

: **En. Hasbul Hadi b. Hamzah**
PP (Pengurusan)

: **En. Mohd. Noh b. Talib**
PT (Pentadbiran) N22

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FMS, PKD Maran

: **Datin Dr. Norfadzillah bt. Hassan**
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: **Dr. Mohamad Hassan b. Ahmad**
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: **Dr. Kok Sim Hui**
KPP PKD Bentong

: **Dr. Nurly Zahureen bt. Mustapha**
Pegawai Kesihatan Keluarga Daerah Kuantan

Jawatankuasa Kecil Teknikal (Technical Committee)

: **Dr. Yazeed b. Zainal Abidin**
FMS, PKD Bera

: **Dr. Nor Azam b. Kamaruzaman**
FMS, PKD Rompin

: **En. Sing a/l Silva Ramathas**
Penolong Pegawai Perubatan U42

: **En. M. Fadzlullah Shuhaimi b. Mohd. Ariffin**
Penolong Pegawai Perubatan U32

JAWATANKUASAKECILPROGRAMSAINTIFIK(SCIENTIFICCOMMITTEE)

Pengerusi (Chairperson)	: Prof. Madya (Dr.) Mohd. Aznan b. Md. Aris Pensyarah, Jab. Perubatan Keluarga, Kulliyyah Perubatan, IIUM
Pengerusi Bersama (Co-Chairperson)	: Dr. Muhd. Khairi b. Mohd. Taibi FMS, PKD Maran
Ahli Jawatankuasa (Committee Members)	: Dr. Mohamed Sopian b. Mohamed KPP (Epidemiologi) : Dr. Che Asiah bt. Taib KPP (Kesihatan Keluarga) : Dr. Rahimi bt. Hassan Pegawai Kesihatan Daerah Lipis : Dr. Masran b. Mohamad KPP (Tibi/Kusta) : Prof. Madya (Dr.) Samsul b. Draman Pensyarah, Jab. Perubatan Keluarga, Kulliyyah Perubatan, IIUM : Dr. Abu Hassan Shaari b. Abdul Kadir KPP (Vektor) : Pn. Zahariah bt. Mohd. Nordin KPP (Zat Makanan) : Dr. Nurjasmine Aida bt. Jamani Pensyarah, Jab. Perubatan Keluarga, Kulliyyah Perubatan, IIUM : Dr. Fa'iza bt. Abdullah Pensyarah, Jab. Perubatan Keluarga, Kulliyyah Perubatan, IIUM : Puan Noor Azlina bt. Halim Pegawai Sains, Jab. Perubatan Keluarga, Kulliyyah Perubatan, IIUM

Program At A Glance

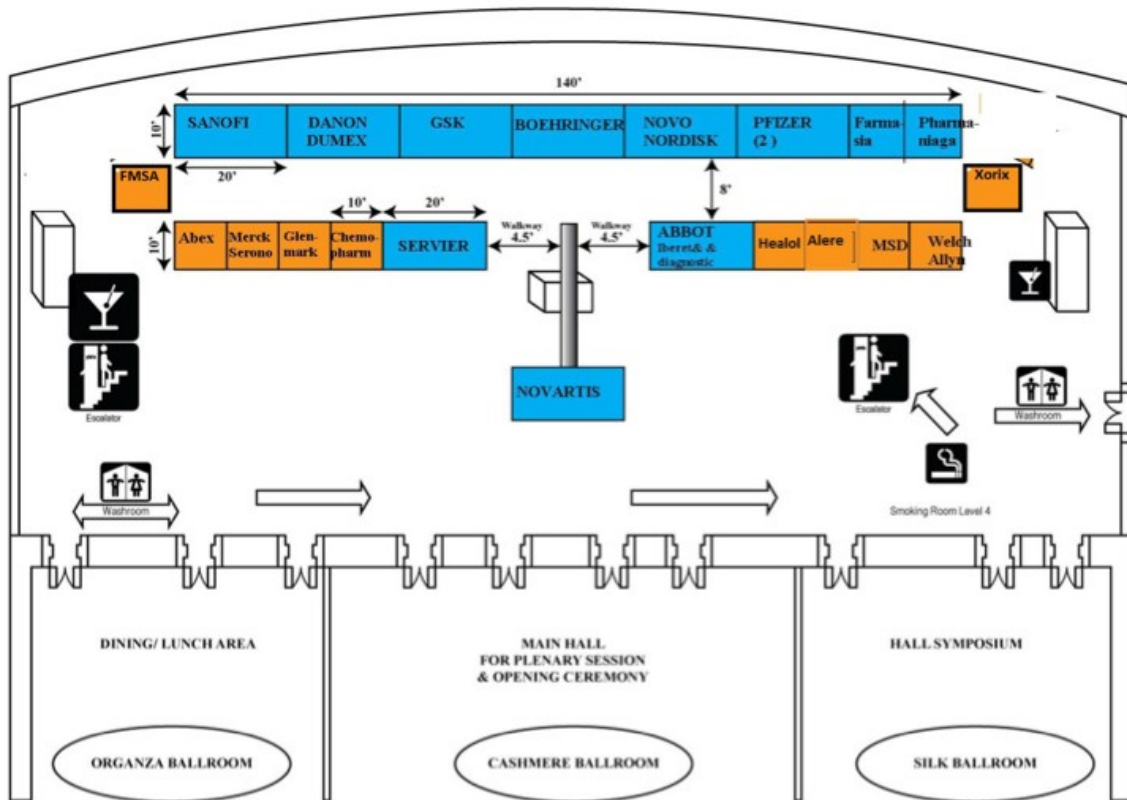
THURSDAY 04/07/13 PRE - CONFERENCE WORKSHOP		
ACTIVITY		
Approach to Sick Child Under 5 Years Old (Paramedics)	Update on Contraception (Doctors)	Information Technology (IT) and Research in Primary Care

FRIDAY 05/07/13		
TIME	ACTIVITY	
0800	PLENARY 1 Millennium Development Goals (MDG) 4, 5 and 6: How Far Do We Fare? <i>Deputy Director General of Health Malaysia (Public Health), Ministry of Health Malaysia</i>	
0845	KEYNOTE ADDRESS <i>Director General of Health Malaysia, Ministry of Health Malaysia</i>	
0930	OPENING CEREMONY <i>Health Minister of Malaysia</i>	
1030	Tea break / Poster Presentation	
1100	SYMPOSIUM 1: <i>M&M (Malaria and Measles)</i>	SYMPOSIUM 2: <i>Tuberculosis (TB): Introducing New Malaysian CPG</i>
	Lecture 1a <i>Plasmodium knowlesi: New threat?</i>	Lecture 2a Management of TB in Adults
	Lecture 1b Measles: Shall we prevent earlier?	Lecture 2b Management of TB in Children
1200	Sponsored Lunch Symposium 1	
1300	Friday prayer	
	PLENARY 2 Reducing Maternal Mortality: Lessons Learned	
1430	SYMPOSIUM 3: <i>Gestational Diabetes Mellitus (GDM): East Coast Working Group Consensus</i>	SYMPOSIUM 4: <i>Retroviral Disease (RVD): Getting to Zero</i>
	Lecture 3a Diagnosis of GDM	Lecture 4a Treatment as prevention of transmission
	Lecture 3b Treatment and Management of GDM	Lecture 4b RVD and comorbidities: Treatment challenges
	Lecture 3c Pre-pregnancy Counseling and Post-natal Follow-up	Lecture 4c Addressing psychosocial issues among PLHIVs
1630	Tea break	
1900	Sponsored Dinner Symposium 2	
2000	FMSA Annual General Meeting	

TIME	SATURDAY 06/07/13 ACTIVITY	
0800	PLENARY 3 Battle Against HIV/AIDS, Malaria and Tuberculosis (TB): Are We Winning?	
0900	SYMPOSIUM 5: <i>Anaemia in Pregnancy</i>	SYMPOSIUM 6: <i>Vulnerable Gravidness</i>
	Lecture 5a Anaemia and its impact on pregnancy	Lecture 6a Approach to heart disease in pregnancy
	Lecture 5b Update on treatment modalities	Lecture 6b Is pregnancy an immunocompromised state?
1000	Tea break / poster presentation	
1100	Free Paper Presentation	
1200	Sponsored Lunch Symposium 2 Abbott Laboratories TBA	
1400	PLENARY 4 Lowering Under 5 Mortality Rate: What Can be Done	
1500	SYMPOSIUM 7: <i>Reducing Childhood Infections</i>	SYMPOSIUM 8: <i>Sexual and Reproductive Health Needs</i>
	Lecture 7a PPTCT: Are we doing enough?	Lecture 8a Ethical Management Issues in Adolescent Health
	Lecture 7b Community acquired pneumonia (CAP): Common but sometimes deadly	Lecture 8b The truth about teenage pregnancies
	Lecture 7c Fact about rotavirus enteritis	Lecture 8c Unmet Need for Contraception
1600	Tea break	
	Social Event (Free and Easy)	
2000	Sponsored Dinner Symposium 3	

TIME	SUNDAY 07/07/13 ACTIVITY	
0830	PLENARY 5 Keeping Our Children Safe	
0930	Tea break	
1000	SYMPOSIUM 9: <i>Making Our Children Safe</i>	
	Lecture 9a Sudden infant death syndrome (SIDS): The myth and the truth	
	Lecture 9b <i>Child Abuse and Neglect</i>	
1100	Award Ceremony and Closing	

EXHIBITION BOOTH



List of Sponsors

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PRE- CONFERENCE WORKSHOP

4th July 2013, Thursday

1. **Pre- conference I (Venue: The Zenith Hotel)**
Approach to Sick Child Under 5 Years Old
2. **Pre- conference II (Venue: The Zenith Hotel)**
Update on Contraception
3. **Preconference III (Venue: Computer Lab., Kulliyyah of Medicine, IIUM)**
IT Soft Skill For Researcher

Pre- conference I - Approach to Sick Child Under 5 Years Old (Paramedics)

TIME	ACTIVITY
	Opening address Chairperson: Dr. Radziah Abdul Rashid <i>Family Medicine Specialist, Klinik Kesihatan Karak</i>
0800 - 0900	Holistic Approach to Sick Child Under 5 years old Dr. Iskandar Firzada Osman <i>Family Medicine Specialist, Klinik Kesihatan Jaya Gading,, Kuantan</i>
0900 - 1030	Assessment and Management of Children with Cough and Difficult Breathing Dr. Yusnita Yatim <i>Family Medicine Specialist, Klinik Kesihatan Peramu Jaya, Pekan</i>
1030 - 1100	TEA BREAK
1100 - 1200	Assessment and Management of Children with Diarrhoea (Plan A + B) Dr. Mohd Daud Che Yusof <i>Family Medicine Specialist, Klinik Kesihatan Bandar Kuantan</i>
1200 - 1300	Assessment and Management of Children with Diarrhoea (Plan C) Dr. Norazmi Abdullah <i>Consultant Pediatrics, Hospital Pekan</i>
1300 - 1400	LUNCH
1400 - 1500	Assessment and Management of Children with Malnutrition and Anemia Dr. Nor Azam Kamaruzaman <i>Family Medicine Specialist, Klinik Kesihatan Rompin</i>
1500 - 1600	Feeding Recommendation During Sickness and Healthy PJK Rohaidah Abdul Rahim <i>Klinik Kesihatan Chini</i>
1600 - 1700	Assessment and Management of Sick Young Infant (Up to 2 Months) Dr. Norazmi Abdullah <i>Consultant Paediatrician, Hospital Pekan</i>
1700	CLOSING & TEA BREAK
2000	Pfizer Dinner Symposium (Venue : Cashmere Ballroom) Update on Combined Oral Contraceptive Pills Assoc. Prof Dr Nur Azurah Abdul Ghani <i>Consultant Obstetrics & Gynaecology</i>

PRE-CONFERENCE WORKSHOP II – Update on Contraception

TIME	ACTIVITY
0900 - 0925	Registration
0925 - 0930	Opening Address Chairperson : Dr. Fa'iza Abdullah Lecturer, IIUM
0930 - 1000	Implanon NXT Practical Workshop Dr Noraziana Abdul Wahab <i>Consultant O&G</i>
1000 - 1015	Q & A Session
1015 - 1045	Implanon NXT Demonstration & Hands-on Session Dr Noraziana Abdul Wahab <i>Consultant O&G</i>
1045 - 1115	TEA BREAK
1115 - 1145	Unmet Needs in Contraception – What is the Cost? Dr Carol Lim <i>Consultant O&G</i>
1145 - 1200	Q & A Session
1200 - 1230	Role of LARCs for Unmet Needs in Contraception Dr Nor Huda Mat Ali <i>Consultant O&G</i>
1230 - 1245	Q & A Session
1300 - 1400	LUNCH BREAK
1400 - 1430	The Role of Estrogen-free Pill in Contraceptive Choice Dr. Premitha Damodaram <i>Consultant O&G</i>
1430 - 1445	Q & A Session
1445 - 1545	<u>Workshop 1</u> WHO Medical Eligibility Criteria for Contraceptive Use Dr. Premitha Damodaram <i>Consultant O&G</i>
1545 - 1645	<u>Workshop 2</u> Contraceptive Counseling on Side Effects Dr Nor Huda Mat Ali <i>Consultant O&G</i>
1645	CLOSING & TEA BREAK

PRE-CONFERENCE WORKSHOP III – IT Soft Skill for Researcher (Doctors & Paramedics)

TIME	ACTIVITY
0800 - 0825	Registration / Software installation
0825 - 0830	Opening Address Chairperson : Assoc. Prof (Dr.) Samsul Draman
0830 - 0850	How can clinical research improve primary care service? Dr. Goh Pik Pin <i>CRC HKL</i>
0850 - 0910	How clinical trials on new medicine benefits patients & What drugs trials are coming to primary care? Mr. Goh Tse Seng <i>Quintiles</i>
0910 - 0930	Sharing experience in conducting industry sponsored research Dr. Mastura Ismail <i>Family Medicine Specialist, Klinik Kesihatan Seremban</i>
0930 - 1000	Interactive session –discussion on research need to be done at primary care, challenges in conducting research at primary care and exploring formation of network for primary care researchers Moderator: Dr. Goh Pik Pin, Dr. Mastura Ismail
1000 - 1030	How Common pitfalls in publishing a paper? Assoc. Prof. Dr. Ng Chirk Jenn <i>UMMC</i>
1030 - 1100	TEA BREAK
1100 - 1300	Data Manipulation and Analysis Using MS Excel and Basic SPSS Export Features Dr. Suhazeli Abdullah <i>Family Medicine Specialist, Klinik Kesihatan Marang, Terengganu</i>
1300 - 1400	Basic Data Entry using SPSS Dr. Suhazeli Abdullah <i>Family Medicine Specialist, Klinik Kesihatan Marang, Terengganu</i>
1400 - 1530	Art of formatting preformatted report Using Microsoft words Dr. Suhazeli Abdullah <i>Family Medicine Specialist, Klinik Kesihatan Marang, Terengganu</i>
1700	TEA & CLOSING

CONFERENCE

Day 1: 5th July 2013 (FRIDAY)

1. Plenary (Venue: Cashmere Ballroom, The Zenith Hotel)
2. Symposium 1, 3, 5, 7, 9 (Cashmere Ballroom, The Zenith Hotel)
3. Symposium 2, 4, 6, 8 (Silk Ballroom, The Zenith Hotel)

TIME	ACTIVITY	
0800 - 0845	<u>PLENARY 1</u> Millennium Development Goals (MDG) 4, 5 and 6: How Far do We Fare? Y.Bhg. Datuk Dr. Lokman Hakim b. Sulaiman <i>Deputy Director General of Health (Public Health), Malaysia</i> <i>Ministry of Health (MOH), Malaysia</i> Chairperson: Dr. Muhd. Khairi b. Mohd. Taibi	
0845 - 0930	KEYNOTE ADDRESS Y.Bhg. Datuk Dr. Noor Hisham b. Abdullah <i>Director General of Health, Malaysia</i> <i>Ministry of Health (MOH), Malaysia</i>	
0930 - 1030	OPENING CEREMONY YB Datuk Seri Dr. S. Subramaniam <i>Health Minister of Malaysia</i> <i>Ministry of Health (MOH), Malaysia</i>	
1030 - 1100	Tea break / Poster Presentation	
1100 - 1200	<u>SYMPOSIUM 1:</u> M&M (Malaria and Measles) Chairperson: Dr. A. Khalek b. Abdul Rahman <u>Lecture 1a</u> Plasmodium knowlesi: New threat? Speaker: Dr. Ahmad Kasfi b. Abdul Rahman <i>Consultant Infectious Diseases Physician, Hospital Sultanah Nur Zahirah, Kuala Terengganu</i> <u>Lecture 1b</u> Measles: Shall we prevent earlier? Speaker: Dr. Tan Kah Kee <i>Consultant Paediatrician Hospital Tuanku Ja'afar, Seremban</i>	<u>SYMPOSIUM 2:</u> Tuberculosis (TB): Introducing New Malaysian CPG Chairperson: Dr. Nurjasmine Aida bt. Jamani <u>Lecture 2a</u> Management of TB in Adults Speaker: Dr. Jamalul Azizi b. Abdul Rahman <i>Consultant Chest Physician Hospital Serdang</i> <u>Lecture 2b</u> Management of TB in Children Speaker: Dr. Suryati bt. Adnan <i>Infectious Diseases Paediatrician Hospital Sultan Haji Ahmad Shah, Temerloh</i>

CONFERENCE

TIME	ACTIVITY	
1200 - 1300	Concurrent Lunch Symposium 1	
	<u>Farmasia:</u> Journey to the Joint Speaker: Dr Ozlan Izma Muhamed Kamil Consultant Orthopaedic Surgeon Princecourt/Pusrawi Hospital	<u>Boehringer Ingelheim:</u> Combination Therapy : How we can make it work for our patients Speaker: Dr Mohd Rafizi Mohamed Rus Consultant Cardiologist, PPUKM
1300 - 1430	Friday prayer	
	<u>PLENARY 2</u> Reducing Maternal Mortality: Lessons Learned Dr. Baizury bt. Bashah <i>Consultant Family Medicine Specialist, Klinik Kesihatan Bandar Alor Star</i> Chairperson: Assoc. Prof. (Dr.) Rosini bt. Zakaria	
1430 -1630	<u>SYMPOSIUM 3:</u> Gestational Diabetes Mellitus (GDM): East Coast Working Group Consensus Chairperson: Dr. Mastura bt. Ismail <u>Lecture 3a</u> Diagnosis of GDM Speaker: Dr. Zahar Azuar b. Zakaria <i>Consultant O&G</i> <i>Hospital Sultanah Nur Zahirah, Kuala Terengganu</i> <u>Lecture 3b</u> Treatment and Management of GDM Speaker: Dr. Norzaihan bt. Hassan <i>Family Medicine Specialist, Klinik Kesihatan Pengkalan Chepa, Kota Bharu</i> <u>Lecture 3c</u> Pre-pregnancy Counselling and Post-natal Follow-up Speaker: Dr. Mohd. Sukarno b. Saud <i>Family Medicine Specialist</i> <i>Klinik Kesihatan Bandar Kota Bharu</i>	<u>SYMPOSIUM 4:</u> Retroviral Disease (RVD): Getting to Zero Chairperson: : Dr. Kok Sim Hui <u>Lecture 4a</u> Treatment as prevention of transmission Speaker: Datuk Dr. Christoper Lee Kwok Choon <i>Consultant Infectious Diseases Physician, Hospital Sungai Buloh</i> <u>Lecture 4b</u> RVD and comorbidities: Treatment challenges Speaker: Dr. Benedict Sim <i>Consultant Infectious Diseases Physician, Hospital Sungai Buloh</i> <u>Lecture 4c</u> Addressing psychosocial issues among PLHIVs Speaker: Dr. Salmiah bt. Sharif <i>Family Medicine Specialist</i> <i>Klinik Kesihatan Batu 9, KL</i>
1630 - 1900	Tea break	
1900 - 2000	Concurrent Dinner Symposium 1:	
	<u>GlaxoSmithkline (Venue: Silk Ballroom):</u> Management of COPD, New Gold Guideline and Earlier Detection Speaker: Dr Liza Ahmad Fisal <i>Senior Lecturer & Respiratory Consultant, Serdang Hospital</i>	<u>Pfizer (Venue: Cashmere Ballroom):</u> Pneumococcal Disease in Children and Role of Vaccination Speaker: Dr. Norzila Mohamed Zainudin <i>Paediatric Senior Consultant</i> <i>Kuala Lumpur General Hospital(HKL)</i>
2000	FMSA Annual General Meeting	

CONFERENCE

Day 2: 6th July 2013 (SATURDAY)

1. Plenary (Venue: Cashmere Ballroom, The Zenith Hotel)
2. Symposium 1, 3, 5, 7, 9 (Cashmere Ballroom, The Zenith Hotel)
3. Symposium 2, 4, 6, 8 (Silk Ballroom, The Zenith Hotel)

TIME	ACTIVITY	
0800 - 0900	PLENARY 3 Battle Against HIV/AIDS, Malaria and Tuberculosis (TB): Are We Winning? Dr. Chong Chee Kheong <i>Director, Disease Control Division, Ministry of Health (MOH), Malaysia</i> Chairperson: Dato' Dr. Mohd. Ramadan b. Hashim	
0900 - 1000	SYMPOSIUM 5: Anaemia in Pregnancy Chairperson: Dr. Saniah bt. Senik Lecture 5a Anaemia and its impact on pregnancy Speaker: Dr. Suhaiza bt. Abdullah <i>Consultant O&G</i> <i>Kulliyah of Medicine, IIUM</i> Lecture 5b Update on treatment modalities Speaker: Dr. Carol Lim Kar Koong <i>Consultant O&G</i> <i>Hospital Sultan Haji Ahmad Shah, Temerloh</i> Lecture 5c Introduction of SOSCG Speaker: Dr. Carol Lim Kar Koong <i>Consultant O&G</i> <i>Hospital Sultan Haji Ahmad Shah, Temerloh</i>	SYMPOSIUM 6: Vulnerable Gravidness Chairperson: Dr. Mohamad Hassan b. Ahmad Lecture 6a Approach to heart disease in pregnancy Speaker: Dr. Abdul Hadi b. Jaafar <i>Consultant Cardiologist</i> <i>Hospital Tengku Ampuan Afzan, Kuantan</i> Lecture 6b Is pregnancy an immunocompromised state? Speaker: Dato' Dr. Ghazali b. Ismail <i>Consultant O&G</i> <i>Hospital Sultan Ismail, Johor Bahru</i>
1000 - 1030	Tea break / Poster Presentation	
1030 -1200	Free Paper Presentation	
1200 - 1400	Concurrent Lunch Symposium 2	
	Novo Nordisk (Venue: Silk Ballroom) Balancing the cost and benefits of modern premix insulin in primary care Speaker: Dr Noor Lita Adam <i>Consultant Endocrinologist</i> <i>Hospital Tuanku Ja'afar, Seremban</i>	Cardiometabolic Symposium - Servier (Venue: Cashmere Ballroom): Speaker: TBA

CONFERENCE

TIME	ACTIVITY
1400 - 1500	<u>PLENARY 4</u> Lowering Under 5 Mortality Rate: What Can be Done Dr. Faridah bt. Abu Bakar <i>Deputy Director, Family Health Development Division</i> <i>Ministry of Health (MOH), Malaysia</i> Chairperson: Assoc. Prof. (Dr.) Mohd. Aznan b. Md. Aris
1500 - 1600	<u>SYMPOSIUM 7:</u> Reducing Childhood Infections Chairperson: Dr. Adienuar b. Ahmad Norawi <u>Lecture 7a</u> PPTCT: Are we doing enough? Speaker: Dr. Sha'ari b. Ngadiman <i>Head, HIV/AIDS Sector</i> <i>Disease Control Division, MOH</i> <u>Lecture 7b</u> Community acquired pneumonia (CAP): Common but sometimes deadly Speaker: Dr. Ahmad Fadzil b. Abdullah <i>Consultant Respiratory Paediatrician</i> <i>Hospital Tengku Ampuan Afzan, Kuantan</i> <u>Lecture 7c</u> Fact about rotavirus enteritis Speaker: Dr. Nazrul Neezam b. Nordin <i>Consultant Paediatrics,</i> <i>Gastroenterologist, Hospital Selayang</i> <u>SYMPOSIUM 8:</u> Sexual and Reproductive Health Needs Chairperson: Dr. Wan Hasmawati bt. Wan Ismail <u>Lecture 8a</u> Ethical Management Issues in Adolescent Health Speaker: Prof. (Dr.) Khairani bt. Omar <i>Consultant Family Medicine Specialist, Faculty of Medicine and Health Sciences, USM</i> <u>Lecture 8b</u> The truth about teenage pregnancies Speaker: Dr. Nik Rubiah bt. Nik Abdul Rashid <i>Senior Principal Assistant Director</i> <i>Family Health Development Division, MOH</i> <u>Lecture 8c</u> Unmet need for contraception issues among PLHIVs Speaker: Prof. (Dr.) Harlina Haliza bt. Siraj <i>Consultant O&G</i> <i>Universiti Kebangsaan Malaysia Medical Centre (UKMMC)</i>
1630 - 1900	Tea break
	Social Event (Free and Easy)
1930	Novartis Dinner Symposium 2
	<u>Venue: Cashmere Ballroom</u> The Emerging Role of SPC in Management of Hypertension Speaker: Dr Ng Kok Huan <i>Consultant Cardiologist</i> <i>Hospital Tengku Ampuan Afzan, Kuantan</i>

CONFERENCE

Day 3: 7th July 2013 (SUNDAY)

1. Plenary (Venue: Cashmere Ballroom, The Zenith Hotel)
2. Symposium 1, 3, 5, 7, 9 (Cashmere Ballroom, The Zenith Hotel)
3. Symposium 2, 4, 6, 8 (Silk Ballroom, The Zenith Hotel)

TIME	ACTIVITY	
0800 - 0930	<u>PLENARY 5</u> Keeping Our Children Safe Datuk Dr. Zulkifli Ismail <i>Consultant Paediatrician</i> <i>KPJ Selangor Specialist Hospital, Shah Alam</i> Chairperson: Dr. Iskandar Firzada b. Osman	
0930 - 1000	Tea break	
1000 - 1100	<u>SYMPOSIUM 9:</u> Making Our Children Safe Chairperson: Datin Dr. Norfadzillah bt. Hassan	
	<u>Lecture 9a:</u> Sudden infant death syndrome (SIDS): The myth and the truth Speaker: Dr. Norzila bt. Mohamed Zainudin <i>Respiratory Paediatrician</i> <i>Paediatrics Institute, Hospital Kuala Lumpur</i>	<u>Lecture 9b:</u> Child Abuse and Neglect Speaker: Dr. Norazlin bt. Kamal <i>SCAN Team, Universiti Kebangsaan Malaysia Medical Centre (UKMMC)</i>
1100	Award Ceremony & Closing	

PROGRAMME TENTATIVE

OPENING CEREMONY

17th Malaysian Family Medicine Scientific Conference

0915	Arrival of Guests
0930	Arrival of YB Datuk Seri Dr. S. Subramaniam <i>Health Minister of Malaysia</i>
	NEGARAKU Recitation of
	Doa Welcoming Address
	by Chairman of Organising Committee 17 th Malaysian Family Medicine Scientific Conference 2013
	Keynote Opening Address by Health Minister of Malaysia
	Multimedia Presentation
1030	Refreshment and Visit to the Exhibition Booth

ABSTRACTS: PLENARY AND SYMPOSIUM

Millennium Development Goals (MDG) 4, 5 and 6: How Far do We Fare?

Y.Bhg. Datuk Dr. Lokman Hakim b. Sulaiman

Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam)

Notes:

Reducing Maternal Mortality: Lessons Learned

Dr. Baizury Basyah

Pakar Perubatan Keluarga, KK Bandar Alor Setar

Malaysia has achieved tremendous reduction in maternal mortality ratio (MMR) from the 1950's but has reached a very slow reduction or somewhat plateaus from 1990's to the present day albeit better health facilities in terms of human resource, medication and equipments. The Millennium Development Goal number five A (MDG5A), has targeted a reduction of MMR by three-quarters between 1990 and 2015, which translated to a reduction from 44/100,000 to 11/100,000 life birth (LB). This is still a tall order in view of the present ratio of 26.1/100,000 in 2010. Among the ethnic group in Malaysia, only the Chinese has achieved the goal, at 6.7/100,000 LB.

From the CEMD, direct cause is still the highest followed by fortuitious and indirect. Among the direct causes, embolism and sepsis are on the rise while cardiac diseases top the indirect causes. For preventable deaths, several contributory factors are identified; clinical causes include inadequate or delayed treatment, failure to appreciate the severity of the condition, failure to diagnose, ineffective communication and delayed or failure to refer. Non clinical contributory factor includes remoteness of the place of tragedy. Non adherence to advice, admission and treatment besides inadequate antenatal visit are patients contributing factors. Up to 75% of maternal deaths occur in the postnatal period, more so between 48 hours to 42 days than immediate postpartum (up to 48 hours). Despite recording 98.6% safe deliveries, there are still home deliveries which is associated with high maternal mortality rate of between 50-80 per-100,000 deliveries.

Various strategies have been put in place to strive for achieving the targeted goal of reducing MMR. Examples are development and implementation of related guidelines, pre pregnancy clinics in hospitals and health centers, continuous professional education for the maternal and child health providers, introducing personalised care to enhance understanding of clients' met and unmet needs as well as ensuring continuity of care. Family planning services is now made available in hospitals. Another important strategy is collaboration with other agencies such as the police (PDRM) on certification of maternal deaths and Social Welfare department in addressing the social difficulties.

Notes:

Battle Against HIV/AIDS, Malaria and Tuberculosis (TB): Are We Winning?

Dr. Chong Chee Kheong

Pengarah, Bahagian Kawalan Penyakit

Notes:

Lowering Under 5 Years Old Mortality Rate: What Can be Done

Dr. Faridah bt. Abu Bakar

Timbalan Pengarah (Cawangan Kesihatan Keluarga),
Bahagian Pembangunan Kesihatan Keluarga

Malaysia's infant and fewer than 5 mortality rates have declined dramatically over three and a half decades, from 1970 to 2000. The under 5 rates has declined from 57 to 17 per 1000 Live Births (LB) between 1970 and 1990 and to 9 in year 2000. The reduction in infant mortality was as the same magnitude over the same period. The MDG target is to reduce the level by 2/3rd between 1990 and 2015. The less than 5 mortality rate was noted to fall just under one half between 1990 and 2000, however have shown a very slow decline since then. The rate has reached to the level comparable to the developed countries as amongst those with Very Low Mortality Rates and where the main cause of deaths is deaths in the neonatal period. To further reduce is a challenge, as it requires not only high technology equipments and relevant skilled professionals but at a more micro implementation level, scaling up of health staffs knowledge and skills and ability to recognize and provide effective health promotion, prevention and intervention activities to a more targeted individuals and/or communities.

Notes:

Keeping our children safe

Datuk Dr. Zulkifli Ismail

Paediatric Consultant, Selangor Medical Centre

Notes:

Plasmodium knowlesi: New threat?

Dr. Ahmad Kasfi b. Abdul Rahman

Consultant Infectious Disease Physician, Hospital Sultanah Nur Zahirah,
Kuala Terengganu

Malaria continues to be a major global health problem, with over 40% of the world's population at risk. It has caused an estimated over 600 000 deaths a year. *Plasmodium falciparum* is common in the tropics and causes the most serious form of the disease. The simian parasite *Plasmodium knowlesi* is a common cause of human malaria in Malaysian Borneo, accounting for the majority of malaria admissions to hospitals throughout Sarawak and Sabah. The emergence of *knowlesi* malaria in Malaysia, causing an increase in public health importance will be discussed in further detail. This species is now becoming the commonest cause of severe malaria not only in Sabah and Sarawak, but also at some states in the peninsular region. It poses a greater risk of severity than *P. falciparum*, associated with almost three-fold risk. Microscopy does not reliably distinguish between *P. malariae* and *P. knowlesi*, potentially leading to inappropriate species identification and notification. Practical management of *knowlesi* malaria, based on guidelines and recommendations will also be discussed. Artemisinin-based combination therapies will remain as first-line treatment for most malaria including *P. knowlesi* species.

Notes:

Measles: Shall we prevent earlier?

Dr.Tan Kah Kee

Paediatrics Consultant, Hospital Tuanku Jaafar, Negeri Sembilan

Measles is an acute viral infectious disease which is highly contagious and common in developing countries, where it is not uncommonly fatal. The disease can be associated with significant morbidity and mortality in children who are malnourished. Before measles vaccine was available, infection with measles virus was nearly universal during childhood, and more than 90% of persons were immune by age 15 years. It is a highly communicable infection and transmission is by airborne route with greater than 90% secondary attack rates among susceptible persons. Measles may be transmitted from 4 days before to 4 days after rash onset. Approximately 30% of reported measles cases have one or more complications. Complications of measles are more common among children younger than 5 years of age. Pneumonia is the most common cause of death in measles. Other complications include acute measles encephalitis, subacute sclerosing panencephalitis and otitis media. The most effective method of preventing measles infection is through vaccination. There are different approaches to the type of schedules for MMR vaccination. These will be addressed and discussed in relation to the current measles outbreak in the country.

Notes:

Management of TB in Adults

Dr. Jamalul Azizi b. Abdul Rahman

Jabatan Perubatan, Hospital Serdang

Tuberculosis (TB) is a disease with high morbidity and mortality. The number of TB cases in Malaysia, which has intermediate TB, continues to rise. In 2010, the incidence rate was 81.4 per 100,000 population. Within the local context, delayed presentation, inaccurate diagnosis, inappropriate empirical treatment and high treatment default rates in immigrants are some of the issues encountered in the management of TB.

Prior to the latest CPG, Malaysia had two editions of consensus-based CPGs. The 3rd Malaysian Clinical Practice Guideline (CPG) was launched on World TB Day this year. This 3rd edition is the first evidence-based TB CPG in Malaysia. It aims to assist clinicians in making evidence-based decisions about appropriate management and treatment of TB. There is also a Quick Reference (QR) to address common issues that are encountered in daily clinical practice. The CPG was developed to standardize the management of TB at all levels of care in Malaysia with a view to improving patient outcome and preventing the emergence of MDR-TB and XDR-TB.

The scope of the latest TB CPG covers epidemiology, investigations, treatment of TB in adults, latent TB, TB in pregnancy, adverse drug reaction, prevention and MDR-TB. Management of TB in special contexts including children, HIV co-infection, liver disease, renal disease as well as high risk population was also discussed. The CPG also included a popular topic for primary care doctors

Criteria for referral to a specialist. The rest of my talk will address the management of TB in adults.

Culture and sensitivity should be routinely requested for all new cases. New PTB cases are treated with 6-month regimen consisting of 2 months of daily EHRZ followed by 4 months of daily HR. Daily treatment is recommended for the maintenance phase. A maintenance phase with twice weekly dosing is not recommended. Fixed dose combinations (FDCs) are preferred to separate drug combinations. For treatment of previously treated PTB, physicians with experience in TB should be consulted.

For treatment of extrapulmonary TB, the same drugs are used but the duration of treatment depends on the organs involved. In TB meningitis, streptomycin should be used instead of ethambutol. The literature on corticosteroids in various forms of extrapulmonary TB is scant. The strongest evidence supports the use of corticosteroids in TB meningitis and TB pericarditis. There may be a role for surgery such as VATS/thoracotomy to obtain tissue for diagnosis, culture and sensitivity and decortication to re-expand the lung.

Notes:

Management of TB in Children

Dr. Suryati bt. Adnan

Jabatan Pediatrik, Hospital Sultan Ahmad Shah

There is an increasing trend of TB cases among children in Malaysia. PTB and lymph Nodes TB are the commonest presentations. Most children with PTB are sputum negative and the symptoms are non-specific. Children under 5years old have high risk of developing active TB disease. Therefore high index of suspicion, proper contact tracing and appropriate management of child contact are important. All children with TB disease or LTBI should be given standardized treatment regimens and dosages according to the relevant diagnostic categories. IGRA should not be used as a replacement for TST in diagnosing LTBI in children. Congenital TB is rare; BCG should be deferred in newborns at risk of perinatal TB until prophylactic TB treatment is completed. Medical therapy should not be offered routinely in BCG lymphadenitis. First-line anti-TB drugs except streptomycin can safely be used in pregnancy.

Notes:

Diagnosis of GDM

Dr. Zahar Azuar Zakaria

Consultant O&G, Hospital Sultanah Nur Zahirah, Kuala Terengganu

The impact of gestational diabetes on maternal and fetal health has been increasingly recognized. However previous lack of data directly related to pregnancy and controversies on the screening and diagnosis had been the stumbling block to the progress in the management of hyperglycaemia in pregnancy. In recent years data are merging, solidifying the link between maternal hyperglycemia and adverse perinatal outcomes, allowing new recommendation on screening and diagnosis to be formulated.

Notes:

Management of GDM

Dr. Norzaihan Hassan

Pakar Perubatan Keluarga, Klinik Kesihatan Pengkalan Chepa, Kota Bharu

GDM is a common condition affecting ~7% of all pregnancies. The aim of antenatal care for pregnant diabetes patients are to achieve normoglycaemia, prevent complications from developing, stabilise existing complications, maintain pregnancy to term (minimum 38 weeks) in order to improve as well as maintain the health and well-being of mothers, babies, and families. Pregnancies of women with diabetes are regarded as high-risk pregnancies. Therefore, these women should be advised that they will be offered more frequent consultations in the combined antenatal clinic. For women with gestational diabetes, meal planning and exercise often works to maintain blood glucose levels in control; however, if blood glucose levels are still high, insulin then have to be started. Maternal hyperglycaemia during the first few weeks of pregnancy is strongly associated with excess spontaneous abortions and major congenital malformations, and the risk rises as glucose levels worsen. The relation of maternal glucose to pregnancy outcome is a continuum, and ideal results are achieved when maternal glucose concentrations are within normal limits, but not excessively low. Therefore subcutaneous insulin administration is the mainstay of intensified therapy for preexisting diabetes in pregnancy. It is recommended to patients to practise SMBG before and after meals and occasionally at nighttime in order to evaluate their response to therapy and assess whether glycaemic targets are being achieved. Diabetic in pregnancy is also associated with an increased risk of complications during labour and delivery. Close monitoring and prompt intervention may improve outcomes for both the mother and her baby. It is therefore imperative that proper antenatal as well as intra partum care be delivered to pregnant diabetes patients in order to obtain the best possible outcome for the mother and baby.

Notes:

Pre-pregnancy Counseling and Post-natal Follow-up

Dr. Mohd Sukarno Saud

Pakar Perubatan Keluarga, Klinik Kesihatan Bandar, Kota Bharu

Pre-pregnancy care/counseling for women with pre-pregnancy Diabetes and mother with potential Gestational Diabetes is an important component to reduce maternal and perinatal morbidity and mortality. Pre-pregnancy counseling include discussion with patient what features plan for the pregnancy, contraceptive administration and educate the patient about the effect of diabetic to the pregnancy and pregnancy to diabetic. Current Diabetes status risk of pregnancy is inform and plan of management to optimized blood glucose profile and aggressive complication management discuss with patient. Appropriate contraceptive method is advised. Folate acid supplement given and potential teratogenic drugs substituted. Women with risks factors for Diabetes are screening using OGTT. Optimum Postpartum care can prevent development of Diabetic complication during postpartum period. All patients with Gestational Diabetes and Pre Gestational Diabetes should be registered in one special registry book to make transfer to pre conceptual program easy. Patient with Gestational Diabetes need to repeat 75 g OGTT at 6/52 postpartum. Immediate post delivery Pre gestational Diabetes blood glucose profile patient should be monitored and insulin regime adjusted or changes to oral hypoglycemic agent if appropriate. Proper breast feeding and contraceptive method advised before discharge to community care.

.Continue care of of postpartum mother with pregestational diabetes at community level should be jointly planned by hospital and community doctor by proper discharged letter with proper plan of management. Appropriate contraceptive method is advised and she should be endorsed for next pre-pregnancy care if she wishes.

Notes:

Treatment as prevention of transmission

YBhg Datuk Dr. Christopher Lee Kwok Choong

Pakar Perunding Kanan, Jabatan Perubatan, Hospital Sungai Buloh,

Recent scientific data increasingly supports the notion that antiretroviral therapy (ART) is effective in reducing the risk of HIV transmission. Increasing clinical evidence suggests that starting ART earlier is beneficial for people living with HIV. The WHO guidelines promote early treatment for those with CD4+ counts <350 cells/cmm; although, in many areas of the real world, patients continue to present late for diagnosis. The scientific evidence of the benefits of ART on the HIV prevention is derived from studies which show that ART suppresses viral load and that viral load suppression significantly decreases the risk of sexual transmission in serodiscordant couples and can almost eliminate mother-to-child-transmission of HIV in settings that use triple antiretroviral (ARV) prophylaxis. Evidence from community-based studies in concentrated epidemic settings such as Vancouver, Canada and Taiwan suggest that increasing ART coverage is associated with a decline in HIV incidence. Although more evidence is needed to consolidate the role of ART in preventing HIV transmission, including that from ongoing and planned randomized controlled trials, current clinical data does suggest that ART has a significant impact on HIV transmission. Considering evidence from South Africa, which indicates that a person living with HIV infects 7 other individuals during the 10 years that they live on average with HIV infection, modelling suggested that universal access for those with a CD4+ count ≤ 350 cells/cmm would substantially reduce the incidence of and mortality from HIV infection. Scaling up access to 'ART regardless of CD4+ count' would reduce HIV transmission by 100-fold. Assuming full coverage by 2015, the model concluded that new infections would be virtually eliminated by 2020, although it would require an additional 40 years for the complete elimination of all HIV infection. In summary, emerging scientific evidence and recent modelling work suggest that the expansion of ART coverage could be an effective strategy to reduce HIV-associated morbidity and mortality as well as HIV incidence. There is also a need to continue expanding coverage with ART as part of universal access, based on current treatment needs. Further research is required on when ART should be commenced with regards to its prevention benefits.

Notes:

RVD and comorbidities: Treatment challenges

Dr. Benedict Sim

Pakar Perunding, Jabatan Perubatan, Hospital Sungai Buloh

Current available care and treatment of HIV, in particular access to highly active retroviral therapy (HAART) has changed HIV from an incurable disease to a chronic disease with near normal life expectancy and quality of life. There still remains however significant comorbidities that have an impact on the mortality and morbidity of the HIV patient. These comprise diseases that may have contributed or had a common mode of transmission as HIV and include chronic viral hepatitis B and C, substance addiction, mental health problems and sexually transmitted infections. HIV patients also face the on-going threat of diseases whose risk is reduced but not eradicated by immune reconstitution brought about by HAART. These include AIDS defining diseases like TB and malignancies like cervical carcinomas and non hodgkins lymphomas. There also exists an across the board increase in non AIDS related cancers among HIV sufferers that include bowel cancers, lung malignancies, nasopharyngeal carcinomas and the like. Last but not least, as patients with HIV continue to age, they face an accelerated onset of diseases of aging which include cardiovascular disease, neurological disease, bone health issues and fractures, chronic renal and liver disease and other metabolic diseases. Contributing factors to these include the chronicity of untreated HIV prior to starting HAART, side effects of certain HAART medications and associated lifestyle habits, in particular smoking. The HIV physician today needs to look beyond HIV virological suppression and should be aware of these other conditions and the contributing factors.

Notes:

Addressing psychosocial issues among PLHIVs

Dr. Salmiah bt. Sharif

Pakar Perubatan Keluarga, Klinik Kesihatan Batu 9, Cheras

Taking care of PLWHIV is a challenge to health care providers (HCP) especially so in fulfilling the psychosocial needs of their patients. With the introduction of antiretroviral drug (ARD), HIV becomes a chronic disease which not only affects physical health but also causes psychological and social problems. The root cause for all these psychosocial issues is still stigma and discrimination attached to the HIV infection. Most of the PLWHIV often face dilemmas in making decision in relation to their physical and psychosocial health needs because of fear being judged by others that may lead to being ostracized. There are three main aspects to meet these needs; whether or not to disclose the HIV status, whether or not to take and adhere to treatment, decision of sexual activity and desire for parenthood. Problems associated in making these decisions will lead to isolation and mental illness such as depression and anxiety, lack of access to social support and refusal to treatment. Therefore; unmet psychosocial needs may affect the quality of life of PLWHIV as well as impede the control of the HIV transmission. HCP, play a great role in facilitating PLWHIV in making decisions through effective counselling and managing them in a holistic manner with emphasis on self-care.

Notes:

Anaemia and its impact on pregnancy

Dr. Suhaiza Abdullah

O&G Specialist, Kuliyah of Medicine, IIUM

Anaemia is the most common medical disorder in pregnancy. About 40% of pregnant mothers are still having anemia despite comprehensive measure to tackle the problem. Improvement in sanitation, diet and regular antenatal follow up to tackle anemia remains an issue. Iron deficiency is the leading cause followed by folate and B12 deficiency, haemoglobinopathies and infective causes such as helminth and Malaria. The associated complication of anemia towards the pregnant mother and the fetus include preterm labour, small gestational age, preeclampsia, stillbirth and increase post-partum haemorrhage. Updates and controversies with regard to management of anaemia are explored. Recommendations to further improve the care of pregnant mothers are made.

Notes:

Update on treatment modalities of anaemia in pregnancy

Dr. Carol Lim Kar Koong

Jabatan Pediatrik, Hospital Sultan Ahmad Shah

Anemia is one of the most serious public health challenges and is the most prevalent nutritional deficiency during pregnancy. In Malaysia, the prevalence of anemia in pregnancy is high, thus is one of the most common medical disorders faced by healthcare providers at both community as well as hospital. This presentation looks at the various treatment modalities available across the different phases of care, i.e. from prenatal, antenatal through to postpartum phase. It also compares the various guidelines for treatment of anemia in pregnancy.

Notes:

Introduction of SOSCG

Dr. Carol Lim Kar Koong

Jabatan Pediatrik, Hospital Sultan Ahmad Shah

Sabah Obstetric Shared Care Guidelines (SOSCG) was introduced in 2009 in Sabah, after the Obstetricians and Family Medicine Specialists of Kota Kinabalu recognized the need for joint guideline to streamline the management of obstetric patients between health clinics and O&G departments, in order to provide efficient and cost-effective obstetric health services to the patients. It aims to complement existing national or departmental protocols and standard operating procedures as well as to supplement where topics were inadequately covered. This presentation aims to introduce the concept and outline of this guideline, which has proven to be an effective tool in Sabah in managing obstetric patients.

Notes:

Approach to heart disease in pregnancy

Dr. Abdul Hadi b. Jaafar

Jabatan Kardiologi, Hospital Tengku Ampuan Afzan

Notes:

Is pregnancy an immune compromised state?

Dato' Dr. Ghazali Ismail

Pakar Perunding, Jabatan Obstetrik dan Gineakologi, Hospital Sultan Ismail, JB

Notes:

Elimination of vertical transmission: Are we ready?

Dr. Shaari Ngadiman

Timbalan Pengarah, Bahagian Kawalan Penyakit, Kementerian Kesihatan Malaysia.

Mother-to-child-transmission or vertical transmission of HIV is a major contributor to pediatric HIV infection. The transmission can occur during pregnancy, labour, delivery and after delivery through breastfeeding. Without interventions, transmission can occur up to 45%. However, there is a possibility of eliminating this transmission if all of the recommendations are followed. Achieving elimination of HIV vertical transmission will contribute towards the attainment of Millennium Development Goals (MDGs) especially directly to MDG 6 and indirectly to MDG 4 and

5. In achieving elimination of HIV vertical transmission, WHO set targets of vertical transmission of less than 5% in breastfeeding populations or less than 2% in non-breastfeeding populations. In Malaysia, the Prevention of Mother to Child Transmission (PMTCT) programme was piloted in 1997, implemented nationwide in 1998 in all government health facilities. The government is committed to eliminate vertical transmission by 2015 through provision of quality, comprehensive national PMTCT services, in line with the WHO recommended four pronged strategies, to reach pregnant women, their partners and their infants, including most at risk populations. Currently, government healthcare facilities cover 75% to 90% of total antenatal mothers and HIV-positive mothers from private sector were also being referred to the government medical system. Since the inception of PMTCT, almost 100% antenatal mothers underwent HIV screening in government facilities. The HIV prevalence among pregnant women was between 0.02 to 0.07%. With PMTCT interventions, the transmission rate was low as 1.3%.

Notes:

Community acquired pneumonia (CAP): Common but sometimes deadly

Dr. Ahmad Fadzil b. Abdullah

Perunding Paediatric, Hospital Tengku Ampuan Afzan

Community acquired pneumonia (CAP) is a major cause of morbidity and mortality all over the world. The incidence of CAP is higher in developing countries (0.28 per child /year) compared to developed countries (0.05 per child /year) for under 5 years old. In developing countries it is also a major cause of mortality. The reduction of CAP in both mortality and morbidity is much slower than acute gastroenteritis. The aetiology of CAP differs in different ages. However viral infection is still the commonest cause of CAP in children. Bacterial causes include pneumococcus, haemophilus influenza, staphylococcus, streptococcus and klebsiella. Other important bacterial diseases are tuberculosis and melioidosis. Mycoplasma is an important cause of atypical pneumonia and it seems to infect children at much younger ages than previously reported. Majority of the patients can be managed at community level as around 10 % of the patients will need admission. Indications for admission include young age, severe pneumonia, unable to take orally and with complications. However proper prevention at community level is important to reduce the incidence. These include prolonged breast feeding, adequate nutrition, clean environment especially avoidance of cigarette smoke and vaccination. The other important aspect of management at community level is early detection and early treatment at community level which when properly done can reduce morbidity and mortality.

Notes:

Fact about rotavirus enteritis

Dr. Nazrul Neezam Nordin

Paeds Gastroenterologist, Institute Paediatrics, Hospital Kuala Lumpur

Rotavirus causes a significant proportion of diarrhea in infants and young children worldwide leading to dehydration, hospitalization and in some cases death. It has been estimated that the proportion of hospitalizations for childhood diarrhea due to rotavirus has increased from 22% to 39% from 1986 to 2004 and for 2004 there were an estimated 527,000 rotavirus-related deaths annually worldwide. Rotavirus is a common infection in children worldwide and it is estimated that by age 5 nearly every child will have an episode of rotavirus infection. Children in developing countries, such as those in South Asia, bear the greatest burden of deaths, up to 82%, from rotavirus infection, primarily due to malnutrition or lack of access to rehydration therapy. In Malaysia, the situation is similar with rotavirus has been identified to be responsible for majority acute gastroenteritis hospital admissions and has been well documented to cause significant morbidity with almost half of the patients admitted had moderate to severe dehydration. It is a costly affair to manage these patients with an estimate of 211.91 USD being spent to manage a single patient in the hospital in Malaysia and this does not include outpatient visits and non medical cost. As of 2006, there are two live oral vaccines which have undergone large scale clinical trials and are being introduced globally. These vaccines may have a significant impact in developing countries.

Notes:

Ethical Management Issues in Adolescent Health

Prof. Khairani Omar

Pakar Perubatan Keluarga/ Lecturer, USIM

Ethical management issues in adolescent health are an important area of concern in primary care which needs to be addressed especially in the area of sexual and reproductive health. Sexual health in adolescence is a controversial subject, where ethical and moral issues meet religious, cultural and lifestyle diversity. With the rising rate of teenage pregnancy and abandoned babies in Malaysia, promoting positive sexual health among adolescents is thus a key public health challenge. More and more adolescents are currently involved in sexual activities. Eventually, the primary health care providers will have to manage increasing numbers of adolescents with sexually transmitted infections, unplanned pregnancies and other problems related to relationships. Thus there is a need to enhance the provision of sexual health services for adolescents, to prevent STI complications, unsafe abortions, high risk pregnancies and abandoned babies. These areas include ethical issues which may be a dilemma for many primary care providers. Sexual health is not just the absence of disease but includes an intricate range of ethical, moral, cultural and social issues. WHO defines sexual health as:

“A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

This presentation will discuss on ethical management issues in adolescent health focusing on pregnancy and abortion, sexually transmitted infections, rape and sexual abuse as well as contraceptive use in adolescence.

Notes:

The truth about teenage pregnancies

Dr. Nik Rubiah bt. Nik Abdul Rashid

Ketua Penolong Pengarah Kanan, Sub Cawangan Kesihatan Kanak-Kanak, Remaja dan Sekolah

Notes:

Unmet need for contraception

Prof. Madya Dr. Harlina Harlizah bt. Hj. Siraj

Jabatan Pendidikan Perubatan, Fakulti Perubatan, Pusat Perubatan UKM

Notes:

Sudden infant death syndrome (SIDS): The myth and the truth

Dr. Norzila Mohamed Zainudin

Consultant Paediatrician & Paediatric Respiratory Physician,
Institute Paediatrics, Hospital Kuala Lumpur

SIDS is defined as sudden unexplained death before one year of age in a previously healthy infant. The cause is unexplained although thorough investigations are performed including an autopsy, death scene investigations and review of clinical history. It is a polygenic, multifactorial condition with genetic, environmental and behavioural social factors. It occurs most likely in males with risk factors such as sleeping position, maternal smoking during pregnancy, environmental tobacco smoke, overheating, soft bedding, inadequate prenatal care, young maternal age or low birth weight. Based on epidemiologic data, the American Academy of Pediatrics (AAP) Task Force has published updated policy statement and technical report on risk reduction of SIDS. Prone position was identified as a high risk for SIDS. Important recommendations made based on research evidence are to place infants supine during sleep, avoiding tobacco smoke exposure pre and post natally and room sharing without bed sharing.

Notes:

Child Abuse and Neglect

Dr. Norazlin Kamal

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CHILD ABUSE or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity. Medical practitioners in general and paediatricians in particular, must be able to identify injuries and childhood problems which may be due to abuse, while social workers and police need to be sensitive in addressing abuse cases. Cooperation between different agencies concerned must be enhanced for effective action in managing child abuse cases. There are different types of child abuse, including physical abuse, emotional abuse, neglect and negligence, sexual abuse and exploitation. It may not be easy to recognize when a child has been abused. It is therefore important to be alert to any unexplainable changes in a child's body or behavior. A report should be made when there is reasonable cause to believe that a child or adolescent has been abused or neglected or is in danger of being abused. The management of child abuse requires cooperation between different agencies and coordination of various services in an effective manner in order to minimize further traumatizing the child and to improve the child's outcome for recovery and having a bright future.

Notes:

ORAL PRESENTATIONS

O1: COMPARING THE TREATMENT PROFILES OF OLDER AND YOUNGER PATIENTS WITH HYPERTENSION IN A PRIMARY CARE CLINIC IN MALAYSIA

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Background: The choice of antihypertensive treatment may differ between older and younger patients with hypertension.

Objective: To compare the type of antihypertensive medications prescribed for older and younger patients in a primary care clinic.

Methods: From January-May 2012, 1060 medical records of patients with hypertension with at least 1 year of follow-up, at a university based primary care clinic were retrieved. Patient folders were selected using the systematic random sampling (1:4) method. An electronic data collection sheet was used to collect information on patient demographics, clinical profile and medication use.

Results: Patients who were older (aged 65 and over) were mainly female 266(61.7%) and Chinese 283(65.7%). When compared with patients aged <65 years (the younger group), they had smaller BMI (25.6 ± 3.9 vs 29.0 ± 5.3 , $p < 0.001$), but longer mean $\pm$ SD duration of hypertension (9.5 ± 7.2 vs 7.9 ± 5.7 , $p < 0.001$). Older patients were taking significantly more antihypertensive medications than younger patients (2.0 ± 0.9 vs 1.8 ± 0.9 , $p = 0.008$). Alpha blockers [older=26(6.0%), younger=8(1.3%), $p < 0.001$], diuretics [older=153(35.5%), younger=187(29.7%), $p = 0.048$], beta blockers [older=137(31.8%), younger=142(22.6%), $p = 0.001$] and antiplatelet agents [older=132(30.6%), younger=146(23.2%), $p = 0.007$], were significantly more widely prescribed in older patients while Angiotensin-converting enzyme inhibitors or angiotensin receptor blockers were prescribed more in younger patients (64.9% vs 52.4%, $p < 0.001$). BP control was similar in both groups.

Conclusion: The wider use of diuretics among older patients was appropriate as recommended by guidelines. However the wider use of alpha blockers and beta blockers for older patients may need to be reviewed as these drugs may be associated with higher risk of side effects and less beneficial.

O2: IS SABAH UNDER *HELICOBACTER PYLORI* ATTACK?

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Background: *Helicobacter Pylori* is recognized as the major causative factor in peptic ulcer disease and gastric cancer. There is great difference in its prevalence among different ethnic groups, even within the same country, made it appealing to study the *H. Pylori* distribution among various ethnic groups in Malaysia. In this study we sought to determine whether this was also true among our patients in District Beluran, Sabah.

Objectives: To determine the prevalence of *H. Pylori* infection among dyspeptic patients attending health clinic in Telupid town, District Beluran, Sabah. Meaning to determine the load of infection of *H. Pylori* among Sabahans, and to give them evidence based treatment rather than symptomatic

Methods: The study included all dyspeptic patients who were been given appointment for OGDS (oesophago-gastro-duodeno-scopy) camp at Klinik Kesihatan Telupid on 10th January 2013. Patients initially interviewed to assess their socio-demographic data and medical history. Later, patients proceeded for Urea Breath Test (UBT) and abdominal ultrasound to detect any liver, gallbladder and kidney pathology. Finally, the patients went for OGDS. *H. Pylori* infection detection was performed using Pronto Dry kit (Eisai). OGDS findings recorded. The data were analysed using SPSS version 13. All patients with positive *H. Pylori* infection received evidence based eradication treatment, with the standard regimen being practiced in our Malaysia.

Results: The response rate to the camp was 72%. There were 18 men and 18 women. Mean age is 50.3 (13.1) years. All 36 patients underwent UBT with 80.5% positive result for *H. Pylori*. Abdominal ultrasound found 11.1% with cholelithiasis and 2.8% had cirrhotic liver. Eighty point nine percent (80.9%) upon OGDS testing found to have positive *H. Pylori* infection. The other lesions found were 22.2% gastritis, 22.3% pangastritis, 2.8% fundal gastritis, 5.6%, duodenitis only, 5.6%, erosions and 19.6% Forest III ulcers.

Conclusion: The prevalence of *H. Pylori* infection was significantly high among patients presented to Klinik Kesihatan Telupid. It is consistent with the previous study showing the rate of *H. Pylori* infection being high among Sabahans.

O3: THE EFFECTS OF FAMILY DYNAMIC TO PSYCHOLOGICAL ASPECTS OF TRANSSEXUALS AT KUANTAN, PAHANG IN 2012

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Background: The purpose of this paper is to show the relationship of male transsexuals with their family structure as well as the level of depression, anxiety and stress. This paper will highlight that there are strong influence of their family relationships with their psychosocial problems.

Objective: The general objective for this study is to determine the family values and psychological factors among transsexual community in Kuantan, Pahang. The specific objectives include describing their socio-demographic status, measuring the prevalence of their psychological factors in term of depression, anxiety and stress as well as to measure the family values of transsexuals in terms of total family value, togetherness and harmony, expression, relationships and family dynamic, conflict and centric and lastly religiosity and traditional practice. This study will also describe the association between family values and the psychological factors.

Methods: The study employs three interview-filled forms which are socio-demographic form, Asian Family Characteristics Scale and Depression Anxiety Stress Scale (DASS 21).

Results: Among 40 respondents, 14 of them were depressed (35%), 18 were anxious (45%) and 14 were stressed (35%). For family relationship, 20 of them are having poor total family value (50%). On further analysis, result shows that those who are having poor total family value are 4 times more likely to develop depression and 7 times more likely to develop stress compare to those who are having normal total family value

Conclusion: In conclusion, this study reveals that family values have a significant effect on psychological aspects of the transsexuals.

O4: LONG ACTING REVERSIBLE CONTRACEPTION (LARC) AMONG RURAL REJANG WOMEN IN THE SONG DISTRICT, SARAWAK

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Background review: Long acting reversible contraception or LARC includes intrauterine devices (IUD), the intrauterine system (IUS), injectable contraceptives and implants. LARC is not only highly effective in preventing unwanted pregnancies but is also more cost effective than the combined oral contraceptive pill. However, the cumulative prevalence of LARC use in Sarawak was only 8.9% in 2004 with 2.6% of that being IUDs, 6.0% injectable contraceptives and 0.3% implants.

Objectives: The aims of this study was to identify LARC choices among women seeking contraception in Klinik Kesihatan Song, Sarawak and the socio-demographic profile, parity and prior contraceptive choices of women on the

IUD. A simple cost analysis of available contraceptives was also done.

Methods: This retrospective case review was carried out between September 2012 till March 2013. All women on LARC as registered in the 'Buku Daftar Pengamal Perancang Keluarga PKW 101 pind 2/2007' were included. Women on the IUD were then identified and their individual 'Kad Perancang Keluarga PKW 1(a)/ 06' reviewed. Cost comparison between the available contraceptive methods was done based on the bulk prices quoted to the clinic by the respective pharmaceuticals. SPSS version 21.0 was used for data entry and analysis.

Results: A total of 355 women were on LARC with 314 (88.5%) on the 3-monthly progesterone only injection and the remaining 41 (11.5%) on the copper IUD. Women on the IUD aged between 22 to 47 years with an average age of 37.2 (SD 6.9) years. More than two thirds (70.7%) of the women were 35 years and above. The majority (97.6%) were ethnic Pribumi of Iban descent. Although parity ranged from 1 to 7, half of them had a parity of 4 or more. Prior to IUD usage, 52.4% of these women were on oral contraceptives, 33.3% on injectables while only 2 (4.8%) had an IUD previously. The remaining 4 (9.5%) women were on other methods except condoms. Oral contraceptives cost RM0.88 – RM3.77 per month usage, depending on type. Progesterone only injections were RM2.00 per month. Although the cost per unit for the copper IUD was the highest, long term (3 years) it worked out to be the cheapest at RM0.65 per month.

Conclusion: Injectable contraception was the main choice of LARC among rural Rejang women in the Song district. Majority of women on the IUD were older with 4 or more children, suggesting that it was more favourable among those intending to limit family size instead of spacing their pregnancies. The IUD was the cheapest long term reversible contraceptive option. LARC especially the IUD was cost effective and all women seeking contraception should be given this option. By preventing unwanted and unplanned pregnancies, LARC improves maternal health thus, bringing us closer to achieving Millenium Development Goal 5.

05: FOOT PROBLEM: AWARENESS AND ITS ASSOCIATED FACTORS AMONG DIABETIC PATIENTS IN A PRIMARY CARE CLINIC, KUALA LUMPUR

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Background: Foot problems are very common in diabetic patients. Minor foot problems usually go unnoticed by the patients and undiagnosed by the healthcare providers leading to substantial morbidity and lower extremity amputations.

Objective: To assess patients' awareness on their foot condition and to determine the prevalence of diabetic foot problem and its associated factors

Methods: This was a cross sectional study conducted among diabetic patients in a primary care clinic in Kuala Lumpur. Patients with diabetes, aged more than 18 years were selected using systematic random sampling technique. Patients were requested to answer a set of self-administered pre-tested questionnaire that assess their awareness on their feet condition. A single trained clinician examined patients' feet using a standard foot examination protocol.

Results: A total of 166 patients with 79 (47.6%) men and 87 (52.4%) women participated in this study with the mean age of 60.8±10.3 years. The mean duration of diabetes was 6.99±5.5 years and only a quarter (44, 26.5%) of them had HbA1c ≤ 6.5%. Nearly half of them (70, 42.2%) had diabetic foot problem but only 31 (18.7%) of the patients were aware of their foot condition. The independent associated factors for foot problem were age (p=0.007, OR: 1.05) and education level (p=0.03, OR: 2.32).

Conclusion: There is a high prevalent of diabetic foot problem in these patients with only small proportion of them were aware of their problem. Age and education level increased their risk for having foot problem. We recommend that patients' awareness on their foot condition needs to be improved and foot examination needs to be carried out at regular intervals.

06: MEASLES ELIMINATION STATUS IN PAHANG : HAVE WE ACHIEVED?

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Background: Measles is a highly contagious and serious disease causing about 2.6 million deaths every year. Following widespread vaccination introduced in 2001 the death decreased to 164 000 in 2008., Ministry of Health Malaysia started measles elimination programme in 2004 with target incidence of not more 1 case per 1 million population by year 2012. Key strategies include high vaccination coverage (>95%) with 2 doses of measles-containing vaccine (MCV1 and MCV2) and improved measles surveillance.

Objectives: This paper aims to describe the achievement of the Pahang Measles Elimination Programmes in term of incidence of measles and MCVs trend and specifically describe the measles cases notified in year 2012 and the measles key performance indicators (KPI)

Methods: The data on measles cases reported in Pahang state from year 2004-2012 in the Control of Communicable Disease Information system (CDCIS), e-notification, e-measles and data for MCV were reviewed.

Results: The Measles incidence in Pahang showed decreasing trend from 32.8 per 1 million population in 2004 to 0.06 per 1 million populations in 2010 but it increases in 2011 and 2012 which were 1.56 per 1 million population and 31.86 per 1 million populations respectively. The incidence in 2012 exceeded the measles elimination program target. Forty four cases (75.9%) were not immunised, of which 14 cases (24%) were not immunise despite been eligible while 30 cases (52%) not yet eligible for measles vaccination. Twenty three (39.7%) reported cases came from an outbreak reported in a home for the poor and orphanage. Seven KPIs exceeded the targets. As For MCV, MCV1 were below the target but MCV 2 exceeded the target.

Conclusion: Pahang had not yet achieved the measles elimination status in year 2012. To achieve that vaccination coverage issue must be addressed.

07: Premature delivery in Kuantan District 2011, A Study on its causes and outcome

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Background: Premature delivery has been identified to be one of the main causes leading to perinatal mortality rate worldwide. Depending on the severity of prematurity, it has been associated with respiratory distress syndrome and increased risk of perinatal asphyxia and infection. Perinatal mortality rate, however has improved in general with advancing technology in the care of newborns in the neonatal intensive care units as well as role of prenatal steroids and surfactant treatment. According to a study done by WHO, 75% of death cases due to premature deliveries were preventable. In Kuantan district, overall perinatal mortality rate is showing a decreasing trend in the past few years

.However, in 2011, it was observed that there was an increased trend of death cases due to premature deliveries along with the other usual causes of perinatal death such as normally formed MSB and lethal congenital malformation. Therefore, this study is set up to look for reasons behind this and to suggest remedial factors for improvement

Objective: The objective of the study is to analyse the possible causal factors behind the sudden increase in the premature deliveries leading to increased perinatal death rate for the district of Kuantan in the year 2012. The background maternal antenatal history associated clinical conditions and events leading to premature contraction were studied. From the analysis, possible remediable factors will then be suggested for implementation. The focus of the study is to look at factors within the confines of antenatal care service delivery at the primary health care setting.

Methodology: This is retrospective study of all cases of premature deliveries in Kuantan for the year 2011. It involved 10 Klinik Kesihatan and 24 Klinik Desa under the Kuantan Health District administration. A total of 135 cases were identified and their antenatal cards were analyzed. Data were collected to identify mothers background, associated clinical factors, direct causes and outcome of the premature delivery. Data were analyzed statistically by SSPS Version 16. P value < 0.05 was taken as significant.

Results: From the analysis, most perinatal deaths under prematurity were either due to extreme prematurity or infection (still classified under Wigglesworth). Majority of the spontaneous premature contraction occurred for no apparent reason and there were no associated conditions found. Whereas twins pregnancy and cervical incompetence were identified in two cases. In terms of remediable clinical factors, urinary tract infection (UTI) was identified to be

the single preventable factor that can lead to premature contractions. If this occurred at 22-28 weeks of gestation, there was a high likelihood this can end with perinatal death. Thus, it can be concluded that appropriate management of UTI especially in the mid trimester can improve the outcome of pregnancy. As for the spontaneous contraction for which no cause is found, heightened awareness on both healthcare personnel and mothers with early presentation, the use of tocolytics and steroids may further improve the overall outcome of premature deliveries in future.

O8: Factors Influencing Quality Of Life Of Patients With Type 2 Diabetes Mellitus At Klinik Kesihatan Hiliran Kuala Terengganu

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Background: Quality of life (QoL) depends on one's physical, psychological and socio-economic well-being as well as their surrounding environment.

Objectives: To determine the quality of life (QoL) among patients with type 2 diabetes mellitus attending to Klinik Kesihatan Hiliran Kuala Terengganu and factors that influenced it.

Methods: This cross sectional study had identified 196 adult patients who had been diagnosed with Type 2 diabetes mellitus for more than one year by using simple random sampling. The data was collected using a self-administered questionnaire assessing participants' socio-demographic and diabetes-related characteristics, as well as the Audit Diabetes Dependent Quality of Life-18 Malay version (ADDQoL Malay). Participants' latest HBA1C was also retrieved from their medical records. Subsequently, data was analyzed using SPSS 19.0

Results: There were 180 patients included in this study, rendering a response rate of 91.8%. All participants reported a negative impact of diabetes on their QoL (mean average weighted ADDQoL = -4.58). They perceived that their living conditions, family life, working life, and freedom to eat were mostly affected. Using multivariate analysis, only age ($p = 0.004$, adjusted $b = -6.86$, 95% CI 0.01, 0.08) and insulin use ($p = 0.011$ adjusted $b = 0.02$, 95% CI -1.43, -0.15) significantly predicted their QOL. However, this model consisting of these two factors could only explain 7.8% of variation in the ADDQoL scores ($R^2 = 7.8\%$).

Conclusion: Diabetes mellitus caused a negative impact on QoL among patients attending to Klinik Kesihatan Hiliran. Younger patients and insulin users were likely to have poor QoL. Therefore, strategies to prevent early onset of diabetes should be implemented and simpler insulin regimens with use of modern device need to be introduced to those needing insulin treatment. However, there might be other important factors than sociodemographic and diabetes-related characteristics that could influence their QoL, such as psychosocial and health care factors.

09: MATERNAL MORTALITY IN SELANGOR - AN AUDIT OF PREVENTABLE DEATH 2009 – 2012

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Background: Maternal mortality remains a threat to maternal and child health despite improvement in health care. Selangor has been one of the states in Malaysia with high numbers of maternal death. The MMR for Selangor was 44 per 100,000 live birth in 1995, reduced to 35 per 100,000 live births in 2000. Further reduction was observed in 2007 to 2012 from 30 to 19.8 per 100,000 live births. In order to contribute to the achievement in reduction of MMR, targets have been set for all states whereby Selangor MMR for 2013, 2014 and 2015 must be at or below 10.1, 8.5 and 6.8 per 100,000 live births respectively. Since 1991, all maternal mortality cases are discussed at district, state and finally at national level. Cases were divided into death attributed to direct or indirectly related to pregnancy or deliveries, or can also be fortuitous death or unknown cause of death. These cases further classified into preventable or unpreventable deaths. From these reviews, substandard care was identified and remedial measures were suggested and implemented. For Selangor in 2012, the preventable maternal deaths made up of 51.2% of the total deaths. If we can reduce the preventable deaths, we may be able to reach the MMR targets.

Objective: To identify the contributing factors, common cause of death, substandard care and recommend remedial measures that could be implemented. We hope these recommendations would facilitate healthcare providers dealing with maternal care to review their practice and make improvements to prevent morbidity or mortality

Methodology: This is a retrospective study from the year 2009 – 2012 looking at all preventable deaths records in Selangor. The data is collected using an audit form designed to capture the data needed for this study. All preventable maternal deaths from the year 2009 – 2012 were included in the study. All non-preventable and undetermined cause of maternal deaths was excluded. Data were obtained from maternal death case notes and consolidation reports. Data will be analysed using SPSS version 17.0

Results: From 2009 to 2012, there are 173 maternal deaths in Selangor. Of these 65.3% (113) were preventable death. The average maternal mortality rate (MMR) in Selangor for this period was 20.7/100 000 (range from 19.6 – 22.5) which was far from target. The common cause of maternal death in Selangor was medical condition 38% (43 cases), followed by post-partum haemorrhage 13.3% (15 cases), Amniotic Fluid and/or Pulmonary Embolism 11.5% (13 cases), hypertensive disorder 6.2% (7 cases) and eclampsia 6.2% (7 cases).

POSTER PRESENTATIONS

P1. Review of PMTCT Reports in Selangor 2010 to 2012 – From Data To Practice

Dr Salmiah Md Sharif, Dr Fazlina Mohamed Yusoff, Dr Ho Bee Kiau, Dr Vickneswari Ayadurai, Dr. Rosnah Mat Isa, Dr. Noranizah Muzaid, Dr Masitah Mohamad, Sister Salmah Baain

Background: The Prevention of Maternal to Child Transmission program was started in Malaysia in 1998 to reduce the rate of vertical transmission of HIV. Data for this program is captured in the national reporting system using the form Lampiran 6a_Ante_2000. For Selangor, the rate of infection in pregnant women has remained stable at 0.08% from 2010 until 2012.

Objective: To review the data available from the reporting form and identify areas for improvement.

Methods: Retrospective review of all reports (217) from 2010-2012 were analyzed using SPSS version 16.

Results: The mean age of the patients was 28 years. Malaysians made up 61.8% (134) of cases. 77% (167) patients were married. 30.9% (67) were primigravida. 81.1% (176) were booked cases; however, 75.5 % (133) were booked after 12 weeks. 18.9% (41) of patients presented only at delivery. HIV status was known in 42.9% (93) of mothers prior to this pregnancy. 59.9% (130) patients received HAART, 27.2% (59) received AZT only during labour and 6.5% (14) did not receive any treatment. 65 (49%) couples were serodiscordant. 89.9% (195) mothers delivered by LSCS, of which 44% (85) were by emergency LSCS. 51% (102) cases underwent BTL after delivery. 89.9% (195) of babies were born alive. 31% (57) of babies were premature at birth. Out of 92 babies with at least 2 PCR results available, 1 was HIV positive.

Conclusion: Many patients booked late with many presenting only in delivery, therefore optimal antiretroviral therapy could not be given. The majority of babies did not have sufficient follow up to know their outcome.

P2. Medication Therapy Adherence Clinic in Improving Diabetic Control for Patients in Sungai Tekam Utara Clinic

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Background: The aim of this paper is to improve diabetic control in patients with Diabetes Mellitus (DM) in Sungai Tekam Utara Clinic (KK STU). The relationship between patients compliance with anti-diabetic medications and diabetic control are being assessed. In addition, factors that affect patients adherence to anti-diabetic medications also being determined.

Methods: A prospective study was conducted at Medication Therapy Adherence Clinic (MTAC) by assessing the participants adherence to their medications. In this study, 50 subjects have been recruited. Patients were evaluated during MTAC visit, and valid reasons for non-adherence to the medications are documented. Diabetic control is evaluated by reviewing patients data include Random Blood Sugar (RBS), Body Mass Index (BMI), duration of DM, number of co-morbidities, number of medications, and blood pressure.

Results: From the result, BMI and duration of DM are directly proportional to the patients RBS. In addition, number of co-morbidities and number of medications are directly proportional to patients RBS. However, patients age is inversely proportional to the RBS. After MTAC counseling, the patients show better control of RBS.

Conclusion: In general, patients show better adherence and understanding on the medications that they are taking after taking part in the MTAC programme. Improvement can be made by reassessed therapeutic plan at each visit (reassurance and reinforcement).

P3. Hepatitis A surveillance system in Jerantut District

Rahim WA¹, Mohd Paid Y².

¹Jerantut District Health Office

²Seremban District Health Office

Background Review: In Malaysia, source of data for Hepatitis A can be obtained from all health facilities. 166 cases were notified from March 2011 to January 2012 and mandatory under the Prevention and Control of Infectious Disease Act. No case was reported in the last 5 years.

Objective: This study aims to evaluate the implementation and performance of the system at various level based on its work process, structure and attributes.

Methods: A cross sectional study was carried out using a guided questionnaire as well as reviewing data captured in the National web based Infection Surveillance System (NISS). Data was collected from private and government key players which were directly involves in the system. Perception of respondents were tested on workflow of notification processes, flexibility of the system upon changes, acceptability on filling up all the form and time taken to act on new cases.

Results: 31 participants are consists of Doctors (52%), wards Nurse (16%), and Laboratory Assistant (16%), Health Inspector (10%) and Record Offices staff (6%). None of the notification came from private practitioners. All the participants find that the system is not too simple but updating can be made. Only 50% of the doctor will fill the notification form completely and resulting only 61% of the notifications form found to be complete. Average time of notification done after diagnosis was 7 days and average time taken to first action (prevention and control) done was 5.5 days.

Conclusion: The surveillance system is a useful tool in capturing cases. The performance of surveillance system is showing some gaps in data collection and practice may assist further improvement.

P4. Outbreak of Measles in Referral Hospital, December 2011

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¹Jerantut District Health Office

²Seremban District Health Office

Background Review: Measles is a highly contagious disease transmitted 3-4 day before onset of rashes by infectious droplets. Between 10 and 15 December 2011, 5 cases of measles were reported from one referral hospital and it is first outbreak of measles ever recorded. This study aims to assess awareness among health professionals of measles diagnosis, and appropriate infection control practices among them and carers/patients.

Methods: A cross-sectional study was conducted in 4 different wards in one referral hospital. 57% of the participants (N=483) completed the self-administered questionnaire which are comprised of demographic and occupation, knowledge and perception/attitudes towards risks of transmitting measles in the ward. Checklist was used to assess the infection control practices. All respondents have been observed and task was carried out by selected nurses in the ward regardless the time of working shift.

Results: All Health Care Workers (HCW) had training on infection control procedures and know the risk measles get transmitted in the wards but only 65% knew that it can be transmitted before onset of rashes. 43% of carers and patients had a correct perception and attitude toward nosocomial. 92% HCW practiced good hand hygiene and follow strictly infection control procedures. 28% of carers or patients always wash their hand before eat and 64% using soap in all 5 occasions of observation. None of them were sharing food, drink or utensil in the ward.

Conclusion: Overall the health care workers show good level of knowledge and attitudes but the fair compliance regard to standard policy and procedures on infection control in hospital. Low knowledge, attitude and infection control practices among care and patient might risk the hospital with nosocomial infection which warrants the urgency to strengthen safety briefing and monitoring.

P5. SMOKING PERCEPTION AND BEHAVIOUR RELATED TO SMOKE FREE CITY AMONG SMOKERS IN KOTA BHARU

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Background: Smoke free city is a global initiative to protect the public from harm of second hand smoke. Under the article 8 of Framework Convention of Tobacco Control WHO, expanding the smoke free area is an initiative to protect the health of non-smoker. In Malaysia, a few areas in Malacca and Penang were gazette as a smoke free area last year. Kota Bharu, Kelantan has followed suit and intended to achieve the status by the year 2015.

Objective: To assess the psychosocial behavior among smokers in Kota Bharu at baseline before the initiation of Kota Bharu as a smoke free city.

Methods: This is a cross sectional study involving smokers in Kota Bharu age 18 and more between January until March 2013. A set of questionnaire was given out to people who visited the designated areas in Kota Bharu which were randomly selected based on a list prepared by The Municipal County of Kota Bharu. The questionnaire includes the demographic feature and, their attitude and behaviour on smoking habit specifically related to smoking in public places.

Results: A total of 400 smokers were enrolled in the study. The mean age is 33.71 (SD 14.09), majority of them are male (97%) and working (59.8%). About 79.8% of them smoke every day with the mean of 9.95 (SD 7.43) cigarettes per day. Half of them (51%) admitted to frequenting public places at least once a week. More than half of them (55.3%) admitted smoking in these public places. Up to 62% of these smokers are also unclear about smoking regulation related to public places.

Conclusion: In conclusion, Kota Bharu community is at high risk of Second Hand Smoke and more efforts are needed to educate the community on passive smoking.

P6. BEHAVIOURAL BELIEFS INFLUENCING INTENTION TO PRACTISE EXCLUSIVE BREASTFEEDING AMONG WOMEN IN KELANTAN, MALAYSIA

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Background: Exclusive breastfeeding for six months is not commonly practised in Malaysia. The Theory of Planned Behaviour explains that women with poor intention are less likely to perform the behaviour. Behavioural belief, or belief about the consequences of performing the behaviour, is one of the predictors of intention.

Objectives: This study aimed to identify behavioural belief influencing intention to practise exclusive breastfeeding among pregnant women in Kelantan.

Methods: This is a baseline finding from a prospective cohort study conducted from June 2011 to February 2012 among pregnant women attending health clinics in Kota Bharu and Pasir Mas. A two-stage sampling method was applied, and an interviewer-guided questionnaire was used. Seven behavioral beliefs were assessed, based on findings from focus group discussions. The score for each behavioural belief was a product of behavioural belief strength and its outcome evaluation. The composite measure was calculated as summation of all the individual beliefs scores. Bivariate correlational analysis and independent t-test comparing intenders and non-intenders were conducted to identify the composite belief measures and individual beliefs significantly influencing intention, or the intended duration of exclusive breastfeeding, in weeks. Intenders were those who intended to practise exclusive breastfeeding for 24 weeks or more, and non-intenders were those who intended to practise for less than 24 weeks.

Results: The mean intended duration of exclusive breastfeeding among 210 women was 14.14 (SD 10.18) weeks. The composite measure of behavioural belief was significantly correlated with intention. The strongest influence on intention was due to the belief that the practice may lead to a healthy infant. The behavioural belief concerning difficulty to leave the infant significantly differentiated intenders from non-intenders.

Conclusion: Providing support for women to continue the practice even though separated from their infants may improve their intention and practice of exclusive breastfeeding.

P7. AN AUDIT OF SPUTUM SMEAR NEGATIVE PULMONARY TUBERCULOSIS CASES IN KINTA DISTRICT, PERAK IN 2011

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Background: Tuberculosis has never really been eliminated anywhere and now it is creating a new crisis globally.¹ It remains the leading cause of death by infectious diseases. Sputum smear negative patients are less infectious but they are capable of transmitting the disease. Sputum smears negative cases present a challenge in tuberculosis management.

Objectives: The primary objective of the study was to ascertain the reason for an increase in the number of sputum smear negative pulmonary tuberculosis cases from January to June 2011. The secondary objectives were to determine the socio-demographic factors, underlying co-morbidities, duration of symptoms prior to diagnosis, chest X-ray changes, facilities visited for symptoms experienced and place of diagnosis, previous pulmonary tuberculosis contacts, as well as the documentation of the sputum AFB direct smear results on the TBIS 10A-1 form.

Methodology: This was a retrospective case review analysis study, conducted at the record office of Hospital Raja Permaisuri Bainun (HRPB) Ipoh, Perak, where patients folders as well as the TBIS 10A-1 forms from the chest clinic HRPB, two government health clinics in Ipoh as well as from the private hospitals in Ipoh were reviewed from January until June 2011. The case review and data analysis was conducted over a period of one month. All cases of sputum smear negative pulmonary tuberculosis were included with or without extra-pulmonary tuberculosis. All cases of sputum smear positive were excluded. Data entry was done using Microsoft Excel 2010 software and data analysis was then carried out.

Results: A review of 58 cases of sputum smear negative pulmonary tuberculosis diagnosed at Kinta Health Department was done from January until June 2011. It was found that 81% of these cases were true sputum smear negative cases, 19% were not. Six cases (10.3%) were actually sputum smear positive and were wrongly reported as smear negative cases. It was also found that majority of these patients (82.7%) sought consultation and treatment only after 2 weeks of having cough as compared to only 6.9% who sought treatment for a duration of cough of less than 2 weeks.

Conclusion: Following this audit, some remedial measures were discussed and hence implemented by the Perak State Health Department. All healthcare providers in hospitals and health clinics were emphasized on more holistic management.

P8. THE EXPERIENCE OF MANAGING A RETROVIRAL ANTENATAL PATIENT IN A PRIMARY CARE CLINIC IN PERAK, MALAYSIA.

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Introduction: Mother to child transmission is the most common and important source of HIV infection in childhood. Timely antiretroviral therapy together with appropriate counseling in a pregnant woman with HIV reduces the risk of vertical transmission.

Case Report: A 25 year old girl presented to the A&E department with abdominal discomfort and she was confirmed to be pregnant at 20 weeks of gestation. History revealed that she was a Gravida 3 para 2, unmarried intravenous drug user. Although she was seen at the combined clinic in the hospital, antiretroviral therapy was not initiated. She was seen by the family medicine specialist (FMS) at the primary health clinic at 24 weeks of gestation and Short Term Antiretroviral Therapy was started immediately. When the patient defaulted treatment and follow up, the health staffs at the clinic helped trace and refer her back to the FMS. The patient managed to complete treatment till 33 weeks of gestation when an emergency lower segment caesarian section was done for reduced fetal movement. She delivered a baby boy who is negative for HIV till date.

Conclusion: Early diagnosis and timely antiretroviral therapy by the FMS at the primary health clinic prevented vertical transmission of HIV from mother to baby as illustrated in this case.

P9. ANTIHISTAMINE PRESCRIPTION AMONG PATIENTS WITH UPPER RESPIRATORY TRACT INFECTION IN A PUBLIC PRIMARY CARE CLINIC

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Background: Upper respiratory tract infection (URTI) is a common acute illness presented in the primary care clinic. It is commonly presented with fever, cough and rhinorrhoea. Antihistamine is often prescribed for symptomatic management. Overprescribing of antihistamine has the safety issue especially in young children and may increase the health care cost.

Objectives: To determine the clinical features and profile of antihistamine prescription among patients with URTI in a public primary care clinic.

Methods: This was a cross sectional study record review of the URTI patients who presented at a public primary care clinic in Wilayah Persekutuan from 30th April 2012 to 23rd May 2012. The exclusion criterion was the URTI patients who had been referred to the hospital for further investigation. Simple random sampling was used to recruit the records from the lists of URTI records.

Results: 450 records from a list of 585 records diagnosed with URTI were reviewed. The majority of the patients were men (52.0%) and Malays (39.3%), followed by Indian (30.7%), Chinese (23.3%) and others (6.7%). More than half of the patients were ≥12 years old (63.1%) and 5.1% was < 2 years old. Majority of the patients presented with cough (88.0%), flu (75.6%) and fever (63.8%). The common antihistamine prescribed was benadryl (79.3%), actifed (40.2%) and piriton (31.1%). 396(88%) patients had been prescribed antihistamine with 69.4% (275/396) of these patients treated with double antihistamine. 28.2% (37/131) of children prescribed antihistamine were treated with double antihistamine. For children <2 years old, 17.4% (4/19) was prescribed antihistamine.

Conclusion: There is over prescription of antihistamine in primary care clinic. Continue medical education and clinical audit is recommended to improve on the prescribing habit among the health care professionals.

P10. ANTIBIOTIC USE IN PATIENTS WITH ACUTE UPPER RESPIRATORY TRACT INFECTION IN A PUBLIC PRIMARY CARE CLINIC

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Background: Acute upper respiratory tract infection (URTI) is the most frequent acute illness treated in private and public primary care clinic. It is usually viral in origin and self-limiting. Antibiotic is only indicated in bacterial infection. However, it is estimated that the prevalence of antibiotic use exceeds the prevalence of bacterial acute upper respiratory infection. This contributed to the antibiotic resistance and expose patients to unnecessary risk of adverse drug reactions.

Objectives: To determine the proportion of antibiotic use in patients with acute URTI and its appropriateness in patients with sore throat.

Methods: This was a cross sectional study record review of the URTI patients who presented at a public primary care clinic in Wilayah Persekutuan from 30th April 2012 to 23rd May 2012. 450 records were selected via simple random sampling from a list of 585 records diagnosed with URTI. The appropriateness of antibiotic use was analysed from a subgroup patients with symptoms of sore throat. McIsaac score less than 2 was considered as viral etiology and thus did not warrant antibiotic treatment.

Results: The median age was 22 (IQR 37) years and 52% of the patients were men. Most of the patients were Malays (39.3%). 103 (22.9%) of the patients was prescribed antibiotic. 82 patients were presented with sore throat and 81.7% (67/82) of these patients had the Mc Isaac score <2. 37.3% (25/67) of these patients with the score <2 were prescribed antibiotic. The clinical features significantly associated with antibiotic prescription were tonsillar exudates ($\chi^2=50.662$, $p=0.001$), tonsil enlargement ($\chi^2=56.160$, $p=0.001$), tonsil redness ($\chi^2=56.160$, $p=0.001$) and sore throat ($\chi^2=17.111$, $p=0.001$).

Conclusion: There is inappropriate antibiotic prescription in primary care clinic. Further study is needed to explore the reasons of over prescribing of antibiotic, so that intervention can be planned to overcome this problem.

P11. A NATIONAL CROSS-SECTIONAL SURVEY ON THE PERCEPTION OF THE MALAYSIAN PUBLIC HEALTHCARE PROVIDERS ON FAMILY MEDICINE SPECIALISTS (PERMFAMS) - A DESCRIPTIVE REPORT

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Background: Perception of healthcare providers who worked with family medicine specialists (FMS) could reflect the effectiveness of this specialty in primary healthcare delivery in daily practice.

Objectives: This study examined the perception of public healthcare providers/professionals (PHCP) on the practicing FMS at the public health clinics throughout Malaysia.

Methods: This was a cross-sectional study in 2012 using postal survey targeting PHCP from three categories of health facilities, namely hospitals, health clinics and health offices. A structured questionnaire was developed to assess PHCP perception on FMSs in five domains which were clinical competency, safety practice, ethical practice, professional values, and research involvement. It consisted of 37 items with 5-point Likert-scale of strongly disagree (a score of 1) to strongly agree (a score of 5).

Results: The participants' response rate was 58.0% (780/1345) with almost equal proportion from each public healthcare facility. Participants from the health clinics were significantly younger (mean age 36.6 years SD 9.25) (ANOVA: $F_{2,726} = 9.48$, $P < 0.0001$) and had more encounter with FMS (chi-square test: $X^2 = 209.27$, $P < 0.0001$). There was more positive perception than negative among the PHCP towards the FMS. FMS were perceived to provide effective and safe treatment (agreed or strongly agreed 88%, mean score 4.2) to their patients equally (89%, mean score 4.2). However, there were some concerns on FMS had long appointment time (22%, mean score 3.2), doing home visits to needy patients (30%, mean score 3.0) and seeing walk-in (without appointment) patients (49%, mean score 3.5). FMS were perceived to be less involved in scientific research (48%, mean score 3.5), writing and publication (34%, mean score 3.3).

Conclusion: FMS had overall positive perception among the PHCP across all the domains investigated. Discrepancy between perception and the relevant of clinical practices may need to be communicated locally. FMS might need support to improve their research visibility.

P12: ASTHMA CONTROL AND PRIOR MEDICAL CARE OF PATIENTS PRESENTED WITH ACUTE EXACERBATION OF ASTHMA AT THE EMERGENCY DEPARTMENT

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Background: Most patients, who visited the emergency department for acute asthma, may have the background of poorly controlled asthma. This may be due to underutilization of controller (corticosteroid) treatment, over reliance on quick relieve bronchodilator or lack of regular follow-up.

Objectives: To investigate the prior control of asthma and prior medical care of patients presented with acute asthma at the emergency department of Hospital Serdang.

Methods: A cross sectional study was carried at the emergency department of Hospital Serdang from 1st to 30th June 2012. Face-to-face interviews using a structured questionnaire were carried out to 100 consecutive patients aged more than 5 years old who presented with acute exacerbation of bronchial asthma during the study period. Patients were categorized into different groups of asthma control as recommended by GINA (Global Initiative for Asthma).

Results: Majority (83%) of the patients were in either partly or uncontrolled group (49% partly controlled and 34% uncontrolled group). Forty percent of the patients were on inhaled or oral quick relieve bronchodilators alone without any controller medications, and 85% (34/40) of these patients were in partly or uncontrolled group. Forty seven percent of the patients were on controller medications, however 91.5% (43/47) of these patients were in the partly or uncontrolled group. Majority (79%) of the patients did not have any regular follow up for their asthma.

Conclusion: The prior asthma controls among patients presented with acute asthma exacerbation to the emergency department were poor. Patients were under-prescribed with controller medications and those who were on controller medications did not achieve good asthma control. Follow up rate was also poor. A system of referral for regular follow up in the clinic may improve the asthma control of this group of patients

P13: INVOLVEMENT OF MULTI-AGENCIES IN IMPLEMENTING THE TB SURVEILLANCE - OUR SUCCESS STORY! IN PRISON, PERAK 2012

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Background review: Tuberculosis (TB) in prison posed a major public health problem. TB incidence in prison is 4 times higher than the general population. In Malaysia, all health matters in prisons are managed by two main agencies, i.e. Ministry of Health and Ministry of Internal Affairs. A TB patient is diagnosed at the hospital and directly observed treatment (DOT) is supervised at the prison clinic and the returns were sent to the District Health Office. A guideline on TB surveillance in prison was developed in 2006.

Objective: The aim of the study is to evaluate the TB surveillance system in one of prison in the State of Perak using surveillance attributes; sensitivity, positive predictive value (PPV) and timeliness.

Methods: All confirmed TB patients from the prison registered in the National TB Surveillance from Jan 2010 to Dec 2011 were reviewed. The patients DOT cards were reviewed and compared with the patients Out Patient Card and laboratory record at District Hospital. The flow of the returns was reviewed.

Results & Conclusions: A total of 45 TB patients were analyzed. The mean duration between date of diagnosis to date of notification was 3.09 days. Ninety-one percent of the patients were notified within seven days and 9.1% was more than seven days. The sensitivity and PPV were 100%. All patients received treatment on the day of diagnosis. The defaulter rate for DOT while a patient in prison was zero but if discharge the patient will be follow up at the nearest clinic and no records were available. This assessment revealed that implementing the surveillance system in the Prison involving multi-agencies is efficient and the TB patients while in prison were fully treated and supervised.

P14: ACNE DISABILITY, SELF MANAGEMENT AND HELP-SEEKING BEHAVIOUR AMONG MEDICAL STUDENTS IN MALAYSIA

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Background review: Acne affects personal appearance and impairs quality of life. Although numerous studies have been done, most are focused on adolescents in community settings.

Objective: The aim of this study was to determine acne severity, disability, self-management and help-seeking behaviour of medical students.

Methods: A cross sectional study among medical students from Universiti Kebangsaan Malaysia was conducted from

July 2011 to June 2012. A total of 361 students were selected using stratified cluster sampling. Comprehensive Acne Severity Score (CASS) was used for grading acne while acne disability was assessed using the Cardiff Acne Disability Index (CADI). Acne self-management and help-seeking behaviour was assessed using the acne management questionnaire.

Result & conclusion: The prevalence of acne among medical students in this study was high (68.1%, n=246). Mild and moderate grades of acne severity constituted 35.0% (n=86), and 7.7% (n=19) respectively while 38.0% (n=137) had almost clear skin. Mean CADI score was 3.35 ± 2.39 , with mostly mild (83.7%, n=206) and moderate (14.6%, n=36) levels of impairment. Female students and those from the non-Malay ethnic groups demonstrated higher disability (3.76 ± 2.24 , $p=0.006$ and 3.79 ± 2.59 , $p=0.018$ respectively). Although majority students (87.4%, n=215) knew that acne can be treated, they preferred to discuss this problems with friends (54.1%, n=133) rather than consulting a physician (9.3%, n=23). Most of them also practiced non-evidence based measures in self-treatment for acne. This study concludes that the overall disability due to acne is mild; however the impact is greater for females and the Non- Malay ethnic group suggesting that this group may require screening and proactive management. Strengthening students knowledge on evidence based management for acne and modification of their help-seeking behavior could reduce possible scarring and improve quality of life of these young doctors.

P15: Preparing Malaysian medical students in sexual history taking: A comparison of different specialties.

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Background: Sexual history taking is an essential skill for doctors. Patients may present with sexual health related problems within any given specialty. The training received by undergraduate medical students among different specialty postings to prepare them for sexual history taking is unknown.

Objectives: The objective of this study is to assess the perceived adequacy of sexual history taking training during different specialty postings by medical students.

Methods: A cross-sectional survey was conducted among all final year medical students in two public and one private Malaysian medical school. The study was conducted using a self-designed questionnaire with good internal consistency (alpha cronbach of 0.73).

Results: A total of 375 students participated in this study. 40% of the respondents were from IMU, 33% from UiTM and 27% from UM. The mean age of students was 23.58 ± 0.65 . There were 57% Malay, 32% Chinese, 8% Indian and 2.5% others. Students agreed that they received adequate training in sexual history taking from Obstetrics and gynecology (84%) compared to 12% neutral and 4.8% disagreed. In primary care posting, 77% agreed that they received adequate training compared to 19% neutral and 3.8% disagreed. In general medicine posting, more students agreed that they received adequate training (61%) compared to 27% neutral and 12.1% disagreed. In psychiatry 49% agreed they received adequate training, 31% were neutral and 19% disagreed. In public health posting, 35% agreed that they received adequate training, 33% were neutral and 32% disagreed. In general surgery, 39% of students disagree that they received adequate sexual history training during their posting, 35% were neutral and only 25% agreed. In orthopaedics, the majority of students disagreed that they received adequate training (61%), 28% were neutral and 9.5% agreed. In paediatrics only 12% agreed that they were given adequate training compared to 27% neutral and 60% disagreed.

Conclusion: Obstetrics and gynaecology, primary care medicine and general medical postings were better at preparing medical students for sexual history taking compared to other specialties. Further research is required to identify the need and feasibility of sexual health training within different specialties.

P16: Sexual history taking: Assessing Malaysian medical student knowledge in sexual health.

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Background: Sexual history taking is an essential skill for doctors and should be incorporated within the medical undergraduate training. Students should be equipped with the knowledge in sexual health in order to obtain a good sexual history.

Objectives: The objective is to assess Malaysian medical student knowledge regarding sexual health.

Methods: A cross-sectional survey was conducted among all final year medical students in two public and one private Malaysian medical school. The study was conducted using a self-designed questionnaire with good internal consistency (alpha cronbach of 0.73). The questionnaire consisted of 7 knowledge based items on sexual health and risk factors of sexually transmitted illness others.

Results: Out of 375 students who participated in this study, 40% were from IMU, 33% from UiTM and 27% from UM. The mean age of students was 23.58 ± 0.65 . There were 57% Malay, 32% Chinese, 8% Indian and 2.5%. The majority of students were aware of the importance in asking about using protection during sexual intercourse (98%), to determine the gender of the patients sexual partners (98%) and that taking illegal drugs is a risk factor for sexually transmitted illness (98%). The majority of students were also aware that condoms do not provide complete protection against STI (98%). Students were aware Diabetes Mellitus is a risk factor for erectile dysfunction in men (98%). Less than half of students (41%) were unaware that alcohol is a risk factor for contracting STI with no significant difference amongst the three medical schools ($p=0.04$) and 39% of students were unaware that abstinence provides 100% protection against STI with no significance difference amongst the three medical schools ($p=0.037$). The majority of students (71%) had an average score (between 4-6 correct answers) and 27% attained all correct answers. Only 2% of students scored less than four correct answers.

Conclusion: This study highlights the gaps in knowledge within the medical undergraduate training. Improvements are to be made to improve student knowledge on sexual health and to prepare them for sexual history taking.

P17: Knowledge On Human Immunodeficiency Virus Transmission And Stigmatism Among Form Four Students From Selected Schools In Malaysia

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Background Review: Human Immunodeficiency Virus (HIV) is a life threatening illness that causes fear to people contracting it. Despite of good knowledge on HIV transmission, the impact of stigma makes HIV-infected individuals reluctant to seek for testing, treatment and care.

Objective: The aim of this study was to determine knowledge on HIV transmission and stigmatism among selected Form Four students in Malaysia.

Methods: This cross-sectional survey was conducted in the year 2012 involving 2,748 Form Four students in Government Schools. One district was randomly selected from each state, a systematic sampling was used to choose a school from the selected district. All Form Four students from the selected schools were invited to participate in the survey. A self-administered questionnaire was used to assess knowledge on HIV transmission and stigmatism. Analysis of descriptive data was done using SPSS version 19.0.

Results and Conclusion: A total of 2720/2748 (99%) responded to the study. Overall, majority of the students had good level of knowledge on HIV transmission; i.e. sexual activities (83.3%), sharing needles (81.4%) and organ/blood transmission (73.9%). Overall, the level of HIV stigmatism among students was less than 50%. About 22% preferred not to look after their infected relatives; 36% not willing to be friends; 41% agreed those infected should be isolated from public and almost 50% agreed that HIV-infected persons should not be allowed to continue their schooling or

living together with their family members. Despite good knowledge of HIV transmission, stigmatism among students was poor. Improve on HIV awareness is necessity to curb stigmatism among school children.

P18: A STUDY ON NUTRITIONAL STATUS AMONG PREGNANT WOMEN IN KAJANG PLAZA MEDICAL CENTRE AND HOSPITAL UNIVERSITI SAINS MALAYSIA

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Background: This study was a cross-sectional survey conducted among 41 pregnant women in Kajang Plaza Medical Centre, Selangor and Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan.

Objectives: The purpose of this study was to study the maternal nutritional status and socio-demographic factors (education, salary and trimester in pregnancy) and to determine the food consumption pattern among pregnant women.

Methods: Data was collected using a set of questionnaire consists of Food Frequency Questionnaire and 24 Hour Dietary which requires the respondents to record their food intake for three days, two days for weekdays and one day for weekends.

Results: The results of the study indicated that 56.7% of HUSM respondents and KPMC respondents (51.2%) are in the age group of 30-40 years old and 20-30 years old respectively. Respondents in HUSM (53.3%) and KPMC (78.0%) were non-government employees and their household income was between RM1000-RM3999 monthly. They also have completed tertiary education level and secondary education level for HUSM and KPMC respectively and in their third trimester for HUSM (53.3%) and KPMC (68.3%). The dietary patterns of the respondents showed that each socio-demographic may affect the nutrient intake of pregnant mothers in both hospitals. The diets of pregnant women were found to be deficient in energy, calcium, iron, vitamin D, vitamin E, calcium, thiamin, niacin, and folate if compared to Malaysian Recommended Nutrient Intake (RNI). Only protein and riboflavin were found to be satisfactory but it was slightly higher than RNI.

Conclusion: In conclusion, this study found that pregnant women have lower nutritional intake for nutrient stated in RNI. Therefore, it is suggested that further research focusing on changing the sedentary lifestyle and poor dietary habits of the pregnant women is necessary to overcome the problem. A dietary intervention or education should be provided for pregnant women mothers for both hospitals.

P19: FACTORS ASSOCIATED WITH THE CHOICE OF FEMALE STERILIZATION AMONG HIV-POSITIVE WOMEN IN SELANGOR

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Background: Effective contraception among high risk mother can be life-saving by reducing maternal mortality which linked to childbirth, unwanted pregnancy and unsafe abortion. In the case of HIV-positive women, it can further reduce the risk of vertical and horizontal transmission of HIV.

Objectives: To determine the factors associated with the use of irreversible contraception (female sterilization) among HIV-positive women in Selangor.

Methods: Analysis of all HIV-positive women reported in the national Prevention of Maternal to Child Transmission (PMTCT) program from 2010-2012 in Selangor by using Ante 2000 form. We used descriptive statistics to present baseline characteristics and logistic regression to assess the association between female sterilizations choice and associated factors. The data were analysed by using SPSS version 16.

Results: A total of 217 HIV-positive women reported from 2010-2012 were analyzed. Of 217 women included in the analysis, 102 women (47%) were sterilized, 67.3% aged more than 25 years old, 61.8% were Malaysian, 77% were married, 63.1% were unemployed/ housewife, 69.1% had more than one parity, 57.1% were newly diagnosed during

pregnancy, 89.9% delivered by caesarean section and 51.6% delivered baby boys. By using univariate analysis, the use of female sterilization was significantly associated with older age group (>25 years old), non-Malaysian, higher parity (more than one), newly diagnosed HIV status during pregnancy, delivered by caesarean section and delivered boy gender. By using multivariate model, it confirmed that female sterilization was positively associated with higher parity, newly diagnosed HIV status during pregnancy and delivered by caesarean section.

Conclusion: Female sterilization is an irreversible choice of contraception which can effectively prevent further pregnancy and subsequent vertical transmission. By exploring the factors associated with the female sterilizations choice, it may be possible to improve the existing family planning program especially in regard to the choice of irreversible contraception (sterilization) among HIV-positive women.

P20: DO PRIMARY CARE PATIENTS ADHERE TO ADVICE ON HOME BLOOD PRESSURE MONITORING?

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Background: The use of home blood pressure monitoring (HBPM) is becoming an integral part of hypertension management. Its use is recommended by international as well as local clinical practice guidelines. However, little is known about the adherence to a HBPM schedule among patients with hypertension in primary care.

Objectives: This study aimed to report primary care patients' adherence to a HBPM schedule prescribed by their doctors using HBPM sets that transmitted blood pressure (BP) readings over the internet.

Methods: A cross-sectional study was conducted involving primary care patients with hypertension. Patients who gave consents were given oral and written instructions on how to use the HBPM set. We instructed them to perform four (4) readings per day for duration of 30 days. Patients were also requested to record their BP readings manually. The HBPM monitors transmitted patients' BP readings directly to a portal, which were accessible to doctors. The digitally transferred BP readings and manual records were then analysed for any difference

Results: Twenty patients were recruited; mean age= 59, the age ranged from 40-79 years, where majority were male (n=11, 55%). Two patients (10%) did not perform any home BP reading. Reasons for not monitoring were: unsure of how to use the HBPM set (n=1), busy and away from home (n=1). Only 55% (n=11) completed the prescribed 120 BP readings for the month. There was a strong correlation between the digitally transferred BP readings and patient written readings for the systolic BP (r=1) and diastolic BP (r=0.99). The difference in mean BP of all digitally transferred BP readings compared with patient written readings was -0.014 mmHg (95% confidence interval -0.26 To 0.23) systolic and 0.007 mmHg (95% confidence interval -0.45 To 0.47) diastolic. Eight patients (40%) performed more BP readings than the prescribed schedule.

Conclusion: Nearly half (45%) of primary care patients did not adhered to the prescribed schedule on HBPM. Clear HBPM instructions and a close watch may be needed for effective use of HBPM for monitoring in primary care.

P21: STARTING ANTIPLATELET THERAPY IN A PATIENT PRESENTING WITH THREE WEEKS HISTORY OF RIGHT HEMIPARESIS: A CASE REPORT

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Background: Many patients presenting to primary care setting with hemiparesis are thought to have cerebrovascular events. Due to lack of access to urgent brain imaging such as computed tomography (CT) scan, the decision to start antiplatelet is occasionally done based only on patients history and physical examination findings.

Objectives: This case report illustrated the importance of exploring other differential diagnosis of hemiparesis and the need for a universally available brain imaging service to manage such patients.

Methods and Results: This 69-year-old man, presented to a primary care setting with three weeks history of sudden onset right hemiparesis. A CT scan was done prior to starting antiplatelet to rule out hemorrhagic stroke. However, his CT scan revealed left frontal and parietal subdural haematoma. He subsequently gave a history of falling from his motorbike a week before the onset of the symptoms.

Conclusions: High index of suspicion and a complete history are needed to diagnose patients with chronic subdural haematoma presenting with hemiparesis. Urgent brain CT scan is needed to fully access the underlying cause of the hemiparesis. Antiplatelet therapy should only be started after the CT scan ruled out hemorrhagic causes of hemiparesis.

P22: ASSESSMENT ON AWARENESS OF THE MEDICAL PRIMARY CARE NURSES REGARDING THE EXISTING ORAL HEALTH SERVICES IN KUANTAN, MALAYSIA, 2012

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Background: Oral health is a part of the general health. Evidences of some patients sought the treatment for their oral health problems at medical primary care clinics were found in Anderson *et al* (1999), Lockhart (2000) and Tin Myo Han *et al* (2012) study. Thus, role of the medical primary health care providers are recognizable in educating patients about the importance of good oral hygiene, good eating habits and regular oral health care, and also to guiding patients into oral health services. Nurses from medical primary care team may be one of the most suitable oral health promotion educators.

Objectives: To assess the awareness of the existing oral health services by the nurses from the 3 selected medical primary care clinics of Kuantan

Methods: A cross sectional descriptive and analytical study was carried out by using a pre-tested, semi-structured, self-administered questionnaire to assess the awareness of the existing oral health services and receiving oral health education of 33 nurses from the 3 selected medical primary care clinics; Primary Care Clinic, International Islamic University (Kuantan campus), Klinik Kesihatan (Balok) and a private clinic named 'Clinic Ar Razi', in Kuantan from April to August 2012. The awareness differences of the nurses from 3 medical primary care clinics on existing oral health services was analysed by χ^2 test.

Results: Out of 33 nurses, 52% (17/33) were from Klinik Kesihatan (Balok) and 33 % (11/33) and 15% (5/33) were from Clinic Ar Razi and Primary Care Clinic (IIUM) respectively. Most of them were female nurses (73%) and had university level education (64%). Seventy-three percents of them knew the present of dental clinics and total number of dental clinic and the type of dental clinics. 52% of them knew the clinic opening schedules and the staff (dentists and dental nurses) from the dental clinics nearby. Only one-third mentioned well the services provided at the dental clinic. The accessibility of dental clinic for routine dental health problems (91%), that of the emergency dental problems (55%) and getting consultation with oral health providers anytime (79%) were mentioned as availability of oral health services. Ninety-one percents of them had already received oral health education from oral health talks, media and oral health providers. More awareness of Klinik Kesihatan (Balok) clinic nurses on the dental clinic opening schedule and more positive answer on availability of consulting oral health personal anytime were significantly noticed.

Conclusion: Positive findings of this study highlighted the feasibility of the medical primary care nurses as one of key oral health educators to promote the oral health education including the available oral health services information to the patients who seek treatment for their oral health problems at medical primary care clinics.

P23: Prevalence of Urinary Incontinence and Associated Risk Factors among Married Women

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Background: Urinary incontinence (UI) and other symptoms of lower urinary tract such as frequency, urgency and incomplete emptying of the bladder are common among women of all ages. The aim of this study was to determine the prevalence of urinary incontinence with its impacts associated with demographic characteristics in Malaysian married women.

Patients and Methods: This is a cross-sectional study carried out for three months at Klinik Kesihatan Seberang Takir Kuala Terengganu. The married women who fulfilled the criteria for the study were considered after written consent had been given. Of the total 480 women sampled, 392 (81.7%) successfully completed the Bristol Female Lower Urinary Tract Questionnaire.

Results: Overall prevalence 44.1 % of women sampled suffered from urinary incontinence based on International Continence Society definition. The prevalence of stress urinary incontinence, urge incontinence and mixed incontinence were 52%, 19.1% and 25.4% respectively. The occurrence of urinary incontinence was found to be significantly associated with body mass index, parity, dilatation and curettage, and type of delivery ($p < 0.05$). The impact was strongly associated with the amount of urinary leakage. However, 11.6% of the women with urinary incontinence in this study sought medical services to solve problems that were significantly related to the amount of leakage.

Conclusion: The prevalence of urinary incontinence was high among the study population but only a small percentage sought medical help. It was recommended that education should be given to increase public awareness of urinary incontinence and to encourage them to get appropriate treatment to improve the quality of life.

P24: Post Stroke Rehabilitation After Hospital Discharge. A Prospective Cohort Study Looking At Services Received For Recovery.

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Background: Specialized stroke rehabilitation has been an essential component in post stroke care as it improves overall outcomes. Nevertheless, stroke patients may not gained access to this service especially after they have been discharged from hospital.

Objectives: To assess access of stroke rehabilitation and other support services post discharge from a tertiary hospital and its association with functional recovery.

Methods: Ischaemic stroke patients admitted to Universiti Kebangsaan Malaysia Medical Centre (UKMMC) between December 2010 to March 2011 were followed up for 3 months. Various forms of rehabilitation and support services received within the 3 months post discharge period in addition to their demographic and clinical profile were assessed. Modified Barthels Index (MBI) was used to assess functional changes (recovery).

Result: There were 46 Ischemic stroke patients who were recruited into the study. 37 patients completed follow up and were analysed at 3 months excluding 7 deaths (15.2%) and 2 defaulters (4.3%). Mean (SD) age was 67.2 (11) years. Malays were the ethnic majority (50%) followed by Chinese (41.3%) and Indians (8.7%). Hypertension was the highest risk factors (89.1%). 78.4% of patients were dependent [(MBI)<50] at baseline. 70% of the subjects received some form of stroke rehabilitation within 3 months post stroke with 49% continued to have stroke rehabilitation at UKMMC as outpatient, 11% at other private hospitals, 5 % at other government hospitals and another 5% at privately

run community rehabilitation centres. 61.4% had sought alternative traditional measures; with acupuncture and traditional massage being the 2 most popular. MBI score were significantly higher at 3 months with a mean of 45.2 (SD = 27.0) $p < 0.01$.

Conclusion: Despite the sporadic rehabilitation care and support services received after discharge, there was still significant functional improvement that could be seen as early as 3 months.

P25: Measles Outbreak In Rumah Kanak-Kanak Tengku Ampuan Fatimah Kuantan(11th January – 4th March 2012)

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Background: On 11th January 2012@4.30pm, one case of Measles from Rumah Kanak-Kanak Tengku Ampuan Fatimah Kuantan (RKKTAF-Welfare Home) was notified to Kuantan District Health Office by Klinik Kesihatan Beserah. However on the 12th of January 2012 during the investigation by Health Inspector (PPKP) at the home (RKKTAF) noted that there were another 3 more cases with similar symptoms. The outbreak investigation was initiated to define the outbreak by time, place, person, and to establish the source and mode of transmission.

Methods: Case definition: Any person with fever and maculopapular rash and cough, coryza or conjunctivitis or any person in whom a clinician suspects measles infection. Case definition for outbreaks is defined as when there are two or more locally transmitted laboratory confirmed case/s of measles notified in one locality.

Results: This outbreak involved 23 cases of RKKTAF inmates. All cases (100%) having fever, rash and cough (80.0%). 91.3% of cases complaints of cough and 34.8% having coryza. Fifteen out of 23 cases were laboratory-confirmed diagnosis while 8 of them were classified as epidemiologically link. Cases were between 3 months to 17 years old. Measles vaccination coverage in this home during the outbreaks was only 16.6% (only 30 inmates from the total of 181 already received (documented) measles vaccination). Among cases, 10 of them were not due yet for measles vaccination (below one year old), 10 cases were unknown status of measles vaccination, 2 cases already received vaccination and one case (1 year 3 month) has delayed in vaccination.

Conclusions: This is a common source outbreak. The vaccination status of the children in the home will be closely monitored by the nurses including the home Community Nurse or maternal and child health team from Klinik Kesihatan Beserah because there is high turnover of children here. Overcrowding also contribute to the spreading of the infection among the inmates.

P26: A Study of Male Pattern Baldness among Men Aged 18 Years and Above In Primary Care Clinic, Kuala Lumpur

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Background: Male pattern baldness (MPB) is a clinical condition associated with advancing age and characterized by typical family history of baldness. It is being recognized that the condition is associated with chronic illness and may affect lifestyle and impair Quality of Life (QoL) of the person with male pattern baldness.

Objectives: To determine the percentage of Male Pattern Baldness (MPB) among men aged 18 years and above attending Primary Care Clinic and to determine the association of male pattern baldness with socio-demographic factors, family history of male pattern baldness, medical illness, lifestyle behavior and Quality of Life (QoL).

Methods: This is a cross-sectional study involving 375 men aged 18 years and above who attended the Primary Care Clinic, University Malaya Medical Centre in the month of September 2013. Data was obtained using structured questionnaires consisting of socio-demographic characteristics, self-reported co-morbidities and Dermatology Life Quality Index (DLQI) for quality of life measurement. Height and weight were measured and participants scalp and

head were clinically examined for type of baldness using Norwood & Hamilton Scale and Ludwig Scale.

Results: The mean age of the participants was 48.3 ± 17.3 years. The percentage of significant baldness (Norwood & Hamilton Scale $\geq$ III and Ludwig Scale $\geq$ I) was 34.1% (n: 128). Male Pattern Baldness (MPB) was significantly associated with family history of baldness ($p < 0.001$), self-reported medical illness; diabetes ($p = 0.001$), hypertension ($p < 0.001$), dyslipidemia ($p = 0.001$), coronary heart disease ($P = 0.012$), stroke ($p = 0.021$) and smoking status ($p = 0.019$). Multivariate analysis found that age was significantly associated with baldness. About 64.8% of the participants with male baldness self-perceived themselves as having baldness and only 21.9% of them were concerned about their baldness. The mean DLQI of the men with male pattern baldness was 1.64 SD 4.1. Majority of the men with male pattern baldness (79.5%, n=66) had reported 'no effect' of male pattern baldness on their quality of life. This was followed by 'slight effect' (n=8, 9.6%), 'moderate effect' (n=5, 6.0%), 'very large effect' (n=3, 3.6%) and 'extremely large effect' (n=1, 1.2%).

Conclusion: Male pattern baldness (MPB) is prevalent in primary care clinic and people having male pattern baldness may have impairment of quality of life (QoL). Therefore, primary care physician need to be aware of this clinical condition in order to diagnose and subsequently to offer treatment to these men with men pattern baldness.

P27: The Findings From Preventable Under 5 Mortality Review In Selangor 2012: Can We Improve?

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Background: Globally, mortality in Under 5 age children is about 9 million deaths per year and 70% are preventable which makes this an important public health problem to investigate and recognize the cause. The MDG target for Under 5 mortality for Malaysia by 2015 is 5.6 per 1000 live births and for Selangor is 3.3 per 1000 live births. There were 536 deaths in Selangor which contributed to 5.2 per 1000 live births in 2012. To achieve the targeted death rate by 2015, it is vital to look back at the causes and contributing factors to these preventable deaths so that remedial measures can be done accordingly.

Objectives: To determine the common causes of preventable Under 5 deaths in Selangor, factors associated with the most common causes of death identified and to recommend areas for improvement.

Methods: This is a cross sectional study of all reported preventable death in children age between 28 days to 5 years in 2012 using an existing data from the U5M Notification Form version 2012, Hospital & Non Hospital Death, consolidation reports and slide presentations.

Results: A total of 74 preventable Under 5 deaths were analyzed. Majority of the deaths were in the first year of life (63.5%). The 3 commonest causes of deaths according to ICD 10 Classification among these children were Injuries, Poisoning & External Causes (31.1%), Certain Infectious & Parasitic Diseases (24.3%) and Diseases of Respiratory Systems (23%). The major contributing reasons for preventable deaths were attributed to patient/ family factors (61%), care taker factors (13%) and substandard care (32%).

Conclusion: It is important to strengthen the education to parents and caregiver on the care of children especially on injury prevention and care of sick children. Issues on the substandard care in the health care system also need to be addressed and intervened appropriately.

P28: Psychological Distress Among Caregivers Of Patients With Dementia

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Background review: Caregivers of patients with dementia are known to experience depression and anxiety which may affect the quality of their caregiving.

Objectives: To determine factors associated with depressive and anxiety disorders among caregivers of dementia patients.

Methods: A cross-sectional study was conducted on 110 caregivers of patients with dementia attending the psychiatric and memory clinics in Universiti Kebangsaan Malaysia Medical Centre (UKMMC) and Hospital Kuala Lumpur (HKL). The caregivers were screened for significant psychological distress using the General Health Questionnaire-30 items (GHQ-30) before further assessment with the Mini-International Neuropsychiatric Interview (M.I.N.I.) for depressive and anxiety disorders. Mini Mental State Examination (MMSE) and Barthel Index were used to assess for patients' cognitive function and activity of daily living.

Results & Conclusion: Fifty-seven (51.8%) of the 110 caregivers were found to have significant psychological distress using GHQ-30 with cut-off point ≥ 8 . The predictors of psychological distress in caregivers were ethnicity (non-Malays) ($p < 0.05$, OR=5.19 (CI=1.49-18.05)) and unshared caregiving ($p < 0.05$, OR=3.19 (CI=1.02-10.01)). The prevalence of depressive disorder was 36.8% ($n=21$) and anxiety disorder was 15.8% ($n=9$). The only predictor of depressive disorder was unshared caregiving ($p < 0.05$, OR=6.21 (CI=1.61-23.90)) and of anxiety disorder was the older age of the caregiver ($p < 0.05$, OR=1.08 (CI=1.02-1.15)). However, cognitive impairment and ADL functioning of patients were not significantly associated with caregivers psychological distress. In view of the above findings, early detection and prompt intervention are important to reduce psychological distress in these caregivers.

P29: Prevalence, knowledge, attitude, practice and barriers to the usage of contraception AMONGST WOMEN attending Government Maternal Health Clinics in Selangor

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BACKGROUND: Family planning is one of the most vital step in ensuring the success of safe motherhood initiatives. Family planning and contraception potentially can become the panacea for the problem of unplanned and unwanted pregnancies, and the cornerstone for Malaysia to achieve the Millenium Development Goals (MDG) 4 and MDG 5. Findings from the Confidential Enquiries into Maternal Death (CEMD) Selangor Report 2012 showed that only one out of the 41 maternal death cases in the year 2012 was known to have used contraception. This clearly highlights the lack of usage of contraception and family planning methods amongst the women who had died during pregnancy. The aim of this study is to determine the prevalence of unplanned pregnancy and contraception usage, to find out the knowledge, attitude and practice of family planning and barriers of contraception usage amongst women attending the government primary care clinics in the state of Selangor.

Objectives: **Primary objective:** 1) To determine the prevalence of unplanned pregnancy and contraception usage amongst women attending the government maternal health clinics in the state of Selangor 2) To find out the knowledge, attitude and practice of family planning amongst women attending the government maternal health clinics in the state of Selangor 3) To determine the predictors and association of unplanned pregnancy with age, race, occupation, household income, education level, parity and ever usage of family planning. **Secondary objective:** 1) To find out barriers of contraception usage amongst women attending the government maternal health clinics in the state of Selangor

METHOD: This is a multicenter study done in the state of Selangor. The 30 participating primary care clinics with family care physicians are a mixture of rural and urban setting clinics, with daily attendances in the child and maternal clinics

ranging from 60 patients per day to 400 patients per day. The study design is a cross sectional study with convenient sampling. Patients who fulfill the inclusion criteria will be identified and consent will be obtained. Selected patients became the eligible patient of the day. Sample size was calculated using Open Epi Version 3.0 based on the actual amount of antenatal attendances for all government and private sector clinics in Selangor for the year 2012 (figure is 125,012 antenatal patients). The sample size is 383 with a 95% CI. The duration of data collection is from 15th – 30th of April 2013. Analysis will be done using SPSS 17, and sub analysis of the various parameters will be done to compare 2 groups of patients: The high risk and the low risk antenatal group and the antenatal and postnatal group of patients. Descriptive analysis will be done using the chi square test. Logistic regression will be used for identifying predictors

Results: The prevalence of unplanned pregnancy and contraception usage amongst women of reproductive age group in Selangor will be revealed. The factors and barriers to contraception and effective family planning methods will be revealed and discussed.

Conclusion: The prevalence of family planning services and contraception usage amongst women of reproductive age group in Selangor will be revealed, and the various factors and barriers involved will be discussed.

P30: Epidemiological Study Of P. Knowlesi In Lipis District 2007 Till 2012

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Introduction: The first Plasmodium knowlesi (P.knowlesi) infection in Pahang was reported in year 1961 followed by Johor in year 1971. At that time, research concluded that it would not pose major threat to human until a PCR study on archival blood films Sabah done by Singh et al 2004 indicated that human infection with P knowlesi was prevalent in Kapit. Since then Pahang State especially Lipis reported similar finding

Objective and Methodology: To determine the epidemiological distribution, prevalence and density of parasite among the cases so as to recommend effective preventive and control measures in the district. A cross-sectional study of all P. knowlesi cases in Lipis district from year 2007 till 2012. These cases were confirmed using Polymerase Chain Reaction (PCR) that was done by IMR.

Results: 203 cases diagnosed as P.malariae by microscopy were confirmed to be P.knowlesi infection via PCR. Notification rate of P.knowlesi infection have increased up to 237% following decreasing prevalence of P.falciparum and P.vivax infection. More than 95% of cases were classified as indigenous infection occurring in malaria free areas in which 11 mukim in Lipis have been reported previously. Majority of cases were infected in vicinity of their house or in orchard. 85% of cases were detected through passive case detection (PCD) and up to 50% of cases seek self-medication at early stage of infection.

Conclusion: Increasing trend of P. knowlesi infection noted to be receptive to current antimicrobial treatment. Provision of residual insecticide spraying of potential breeding area and wearing protective equipment during activities outside the house could prevent being infected.

P31: Prevalence Of High Risk Factors Among Women Attending Pre-Pregnancy Clinics In Selangor

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Background Review: The Ministry of Health is committed to achieve MDG 4 and 5 by 2015 and pre pregnancy care is included as a strategy. This study evaluates risk factors detected during the pre-pregnancy screening at public primary care clinics in Selangor.

Objective: The objectives of the study were to determine the prevalence of high risk factors and the types of risk factors screened during Pre Pregnancy Care Service.

Methods: A cross-sectional study was conducted involving four public primary care clinics in two districts of Selangor. Data was obtained through convenient sampling, using the Pre Pregnancy Screening Form utilized in 2012 which is a standard questionnaire to determine the presence of risk factors. Women with at least one risk

factor were considered as high risk. Data analysis was performed using SPSS version 16.

Results: A total of 840 Pre Pregnancy Screening Forms were collected but only 644 forms (76.6%) were found to be complete and analyzable. The majority were Malays (n=472; 73.3%). Teenagers constituted 1.7% while those aged > 35 years old were 15.5%. A quarter earned less than RM 1000. There were 9 (1.4%) grand multiparas. Only a third of the women received all three vaccinations i.e Rubella, Hepatitis B and Tetanus. The prevalence of women with high risk factors was 65.5% (422). Contraception usage was low (15%). Examination revealed 64.7% (273) were either overweight or obese, while 5.4% (35) were underweight. Raised blood pressure was detected in 3.8% of the women and 12.2% were anemic.

Conclusion: More than half of the women screened were found to have at least one risk factor prior to conception. The most common risk factors were abnormal weight (70.1%), null parity (34.9%), age > 35 years (15.5%), anaemia (12.2%) and history of uterine surgery (7.9%).

P32: Sociodemographic And Clinical Characteristics Of Metabolic Syndrome Among Schizophrenia Patients In A Tertiary Hospital In Sarawak

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Background: Since the past decade, metabolic and cardiovascular morbidity among patients with schizophrenia has gained a lot of attention as it contributed to excess rate of mortality in these potentially overlooked populations. However, despite clear establishment of these two conditions, treatment and intervention rates remained suboptimal.

Objectives: This study aimed to assess the prevalence of metabolic syndrome and its association with socio demographic and clinical factors among schizophrenia patients in Hospital Sentosa Kuching.

Methods: This study was done using a cross sectional method involving 205 adult patients aged 18-65 years, treated as schizophrenia as confirmed by administration of Mini International Neuropsychiatric Interview (M.I.N.I) questionnaires. All patients provided a fasted sample of venous blood to determine glucose, high-density lipoprotein cholesterol, and triglycerides levels. Waist circumference and BMI were measured. Metabolic syndrome was diagnosed according to International Diabetes Federation 2005 guideline.

Results: The prevalence of metabolic syndrome among schizophrenia patients was 30.2%. The syndrome was significantly associated with female gender [OR 2.135, 95% CI (1.061, 4.295)], BMI > 27.5 [OR 24.361, 95% CI (7.138, 83.176)] and unfavorable triglyceride level [OR 15.916, 95% CI (5.263, 48.128)].

Conclusion: Robust correlation of metabolic syndrome with female gender, high BMI and unfavorable triglyceride were noted. Hence, clinicians should be more attentive to these risk factors in order to ensure proper medical and lifestyle intervention.

P33: Severe Jaundice Among Neonates; Who Are They?

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Background: Severe NNJ is still among the common causes of neonatal readmission. It can cause lifelong debilitating morbidities to the child. The incidence was reported to be 7.1/100 000 live births in the UK and even more in Malaysia (229.8/10000). Late detection and late admission were among the reasons given. Understanding risk factor of severe NNJ is important as it can be used for early assessment in identification of baby with potential severe NNJ.

Objectives: This study looked at the factors that contribute to severe NNJ.

Methods: This retrospective case control study conducted from Dec 2011 to July 2012 at a paediatric institute in Kuala Lumpur gained approval from the university's ethical committee. 'Cases' were taken from reports of neonates with severe NNJ while 'control' was neonates with physiological jaundice who were admitted into the ward. Severe NNJ is defined when peak serum bilirubin levels became more than 342 µg/dL within the first ten days of life. Presence

of risks from maternal, neonatal, social and environment factors were documented.

Results: The mean age on admission for 142 cases and 172 controls were 5.98 ± 1.86 and 6.05 ± 3.26 days. The peak serum bilirubin was 383.30 ± 42.016 (cases) and 256.37 ± 64.567 $\mu\text{g/dL}$ (control). The significant factors are exclusive breast feeding (adjusted OR: 3.968, [1.677 $\pm$ 9.389]), ABO incompatibility (adjusted OR: 13.666 [2.012 $\pm$ 92.826]), female (adjusted OR: 2.24 [1.122 $\pm$ 4.477]), weight loss of more than 4% from birth (adjusted OR: 2.922 [1.094 $\pm$ 7.808]). Caesarean delivery is a protective factor as compared to SVD is a significant protective factor (OR= 0.337 p = 0.026).

Conclusion: The risks found can be used to provide a earlier prediction or risk scoring for severe NNJ. Weighing the neonates regularly especially female during home visit should be incorporated in the schedule.

P34: Factors OF teenage Pregnancy: ExPLoring Parental INfluence ON teenagers

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Background: Parents play a crucial role in teenagers cognitive and social development. Their influence on teenagers interest in sex and how they behave sexually is indisputable. Concomitantly, parental influence has strong effects on early pregnancy among teenagers.

Objectives: This study explored teenagers perspective of parental influence on teenagers behaviour that predisposed them to teenage pregnancy.

Methods: This qualitative study involved twenty-two teenage residents of a shelter home who were pregnant or recently had a delivery. Two in-depth interviews and two focus group discussions were conducted, guided by a semi-structured interview protocol exploring risk factors for their pregnancy. The interviews were audio recorded, transcribed into text, and analyzed for salient themes. Using thematic analysis, major themes were then identified.

Results: Five major themes of parental influence on teenagers were found to have exposed the teenagers to pregnancy. These include parent-teenager relational distance, lack of parental supervision, being neglected by parents, permissive parenting, and dispute between parents. The teenagers admitted that these factors predisposed them to high-risk behavior such as not coming home at night, frequent outings with friends, staying away from home, and too much freedom. In addition, the poor parental influence had caused the teenagers to develop strong trust to their friends and in particular their boyfriends. As a result, they were easily persuaded by their friends or coaxed by their boyfriends to engage in premarital sex.

Conclusion: Teenagers' poor relationship with their parents appeared to be one of the core factors for teenage pregnancy. Thus, building healthy parent-teenager attachment with trust and quality time may prevent pregnancy among teenagers. Furthermore, stable family environment and adequate parental supervision are necessary.

P35: Outcome of Brief Intervention for alcohol use in a primary care setting

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Background: Alcohol consumption carries significant impact in many areas. In Malaysia the prevalence of current alcohol consumption has increased from 7.4% in 2006 to 11.6% in 2011. One of many strategies to handle issues pertaining to alcohol use is screening followed by alcohol intervention. The World Health Organization introduced Alcohol Use Disorder Identification Test (AUDIT) as a screening tool and the tool come together with Brief Intervention for alcohol use. The strategy was adopted in some health clinics in Malaysia since October 2010.

Objectives: To study the effectiveness and feasibility of Brief Intervention for alcohol consumption in a government primary care clinic setting

Methods: Retrospective review of patients record that had AUDIT screening and Brief Intervention sessions on alcohol use from November 2010-November 2011 in Tampin health Clinic. The outcome measure was AUDIT score at six month post intervention.

Results: There were 92 patients seen and intervened. Their mean age was 39.9 yrs, mean age for initiation of alcohol consumption was 19 yrs old, 55.5% (N=52) were the Malays mainly among patients on Methadone Maintenance Therapy, 79.8% (N=75) had received secondary education, 40.4% (N=38) had family history of alcohol consumption, 94.7% (N=89) smoked cigarette, 62.8% (N=59) reported relapsed in the past due to peer influence. The mean alcohol consumption in Standard Drink (SD) was 8 (min: 3 max: 22). The median baseline AUDIT score was 9 (min: 3, max: 33, SD: 7.03) and median baseline AUDIT score at six month post intervention was 4 (min: 0, max: 18, SD 4.74) and the finding was statistically significant ($P<0.00001$)

Conclusion: Alcohol Brief Intervention is effective and feasible to be conducted in primary care clinic and it is recommended to be expanded to other health clinics in Malaysia.

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