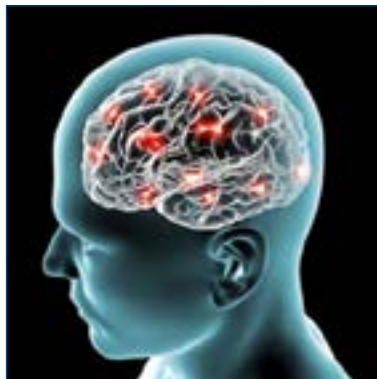


Posters

Family Medicine 2017



International Conference on

FAMILY MEDICINE AND FAMILY PHYSICIANS

October 16-17, 2017 | Toronto, Canada

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Maintaining quality of life throughout illness-palliative care guide

Marjorie Risola

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Background: Palliative care -advance care planning is described as a process of developing a valid expression of wishes rather than a single consultation or the signing of a legal document.

Method: Palliative care -advance care planning is an informed consent, and once completed is an informative decision -making document that becomes part of a continuing engagement with the resident, caregiver and the health care provider. The goal is to facilitate palliative care-advance care planning as part of the resident's care across the continuum of care. Included in this continuum of care are the Acute Care, Skilled Nursing, Assisted Living, and Long Term Care facilities. Informational brochure is an example of putting information in the resident or caregiver's hands to seek out a clinician, social worker to begin the conversation related to advance care planning. The skill of the clinician, social worker is the ability to communicate and assist the resident in articulating their values, and goals of treatment.


Inviting the health care proxy is encouraged, so that they too will have a clear understanding of their loved one's wishes.

Conclusion: Recommended reading "Being Mortal" by Atul Gawande, examples of advance care planning is POLST, Five Wishes and Palliative Care Brochure.

Speaker Biography

Marjorie Risola, is a RN-BC Clinical Care Consultant partnering with DGRB Services LLC. Her expertise is in Long Term Care facilities' quality of care, for which, palliative care has been a driving force in quality of life of every resident. Her nursing practice has extended over 20 years and during those years, she received the Governor's Award in Nursing, received a Broad Certification in Gerontological Nursing and Certification in wound care. She developed a Palliative care program that was recognized by New Jersey Ethics Committee as an example of an expert program. Today, palliative care program and advance care planning is a necessary component to resident's care. As a member of the Health Care Association of New Jersey's Best Practice, there was such an atmosphere of enthusiasm during the development of Palliative Care Program-Advance Care Planning. This is a thoughtful program that stakeholders will respond to as a Standard of Care.

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 Notes:

Critical perspectives on response to partner violence across health-related sectors

Anum Rafiq

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The issue of Intimate Partner Violence (IPV) in Canada is one that has increasingly received attention over the past few decades. Various sectors have responded to this issue through the influence of global, national, and economic pressures. This paper provides a review of responses to IPV from these sectors, followed by discussion of the existing state of IPV prevention and reduction in Canada with an emphasis on gender, power dynamics, modern relationships, and cultural sensitivity. To comprehensively review the international literature and evidence on the burden of intimate partner violence on women, families and society, and to evaluate how health and related sectors respond to the issue. A comprehensive review was conducted of journal articles, books, and grey literature on intimate partner violence against women and system's response through health and related sectors using a critical feminist approach. This approach was anticipated to facilitate the critical synthesis of scholarly work on intimate partner violence by using intersecting lenses of race, class, migration, and social justice. Such unpacking of contextualized details on inclusion or exclusion of specific communities could set direction

for further academic and community based initiatives. Literature searches of four databases on Canadian responses to intimate partner violence from 1980 onwards, which was when violence against women started becoming an issue worthy of international attention. Medline, Scholar's Portal, International Bibliography of the Social Sciences and Google Scholar were searched, supplemented by hand searching of the reference lists from studies retrieved and specialized.

Speaker Biography

Anum Rafiq is a third year PhD Candidate at York University. She is a Health Policy Researcher with a focus on domestic violence, refugee determination, welfare states, and vulnerable communities. She has completed her Masters from York University in Health Policy & Equity, along with a Bachelors from the University of Toronto with a double-major in Health Studies and International Relations.

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 Notes:


Type a aortic dissection: a rare sequelae of systemic lupus erythematosus

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Systemic lupus erythematosus is a chronic systemic inflammatory disease which is known to affect several organ systems. Cardiovascular complications are a known manifestation of the disease; however, aortic disease is rarely exhibited. In this case report, we present the case of a 68 year old African American female with a 20-year history of systemic lupus erythematosus on prednisone therapy, who presented with excruciating substernal chest pain progressively worsening over 2 days. Physical examination revealed an irregular heartbeat with friction rub. CT lung showed a 4.6cm dilated ascending thoracic aorta with evidence of dissection in the proximal aorta. The patient underwent a successful hemi-arch repair of aortic dissection. Her condition subsequently improved after a postoperative course that was complicated by renal insufficiency, and she was discharged with appropriate follow-up. There have been

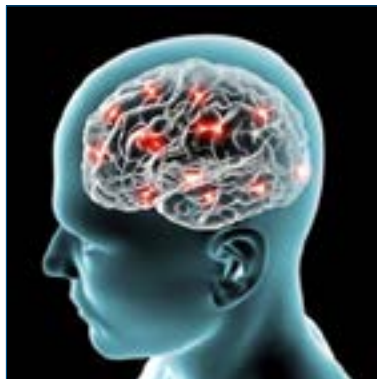
only a few documented cases of aortic complications related to systemic lupus erythematosus. We reviewed and analyzed cases of systemic lupus erythematosus diagnosed with type A aortic dissection that have been reported in the literature. In its natural evolution, without treatment, acute type A aortic dissection reportedly has a mortality rate of about 1% per hour initially, with half of the patients expected to be dead by the 3rd day, and almost 80% by the end of the 2nd week. Due to the morbidity and mortality associated with type A aortic dissection, we suggest that clinicians should harbor a higher index of suspicion for aortic complications while managing patients with systemic lupus erythematosus, and develop appropriate screening and management strategies.

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 Notes:

Accepted Abstracts

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Public health challenges for universal health coverage: The way forward

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The effective functioning of any health system requires an efficient public health service. Every human being has the right to enjoy “the highest attainable standard of health,” which can be fulfilled by giving every man an affordable and equitable health system he deserves and demands. In these years, complex health changes have complicated the situation in the world. Most important gaps in the health care include an understanding of the burden of the disease and what leads to and causes ill health, the availability and use of appropriate technology in the management of disease, ill health and health systems that have an impact on service delivery. Universal health coverage (UHC) has the potential to increase economic growth, improve educational opportunities, reduce impoverishment and inequalities, and foster social cohesion. Steps taken for achieving UHC will address the public health challenges and vice versa. Universal health coverage (UHC) is the means to provide accessible and appropriate health services to all citizens without financial

hardships. India, an emerging economy with demographic window of opportunity has been facing dual burden of diseases in midst of multiple transitions. Health situation in the country despite quantum improvements in recent past has enormous challenges with urban-rural and interstate differentials. Successful national programs exist, but there is lack of ability to provide and sustain UHC. Achieving UHC require sustained mechanisms for health financing and to provide financial protection through national health packages. There is a need to ensure universal access to medicines, vaccines and emerging technologies along with development of human resources for health (HRH). Health service, management and institutional reforms are required along with enhanced focus on social determinants of health and citizen engagement. Universal health coverage UHC is the way for providing health assurance and enlarging scope of primary health care to nook and corners of the country.

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Use of abbreviations and acronyms among healthcare workers in a resource limited setting

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Context: Abbreviations and acronyms (A&A) are commonly used in both general and clinical settings to simplify and facilitate communication as well as means of saving time, space and effort. However, the use of abbreviations has been linked to patient safety issues. District hospitals operate with a heterogeneous community of healthcare workers presumably with diverse set of A&A in use. The use of A&A in these settings assumes that all have common understanding regarding the A&A used in patient records. We therefore aimed to assess the frequency, nature and healthcare workers' understanding of the meaning of the abbreviations and acronyms used in medical records at a district hospital in Botswana.

Methods: A cross-sectional study was conducted over one month using inpatient medical charts at a district hospital in Botswana to produce a self-administered questionnaire assessing healthcare workers' understanding

of abbreviations.

Results: A total of 57 charts were included in the study. The total count of abbreviations, acronyms and symbols was 1693 representing 86 different groups. The score of correctly identified abbreviations was different among the three cadres of healthcare workers ($P=0.001$) assessed. Overall, the healthcare workers correctly identified 73% of the abbreviations. In fifty of the collated abbreviations (58.1%), participants suggested alternative meaning of the abbreviation.

Conclusion: There is evidence that abbreviations are frequently used in medical notes at a district hospital in a resource limited setting. There is need to standardize abbreviations and acronyms used in clinical care to minimize the potential danger of compromised patient safety in district hospitals and similar settings.

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Prevalence of anogenital Hpv infection, related disease and risk factors among Hiv-infected men in inner-city Johannesburg, South Africa: Baseline findings from a cohort study

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Background: Persistent high-risk human papillomavirus (HR-HPV) infection is associated with the development of anogenital cancers, particularly in men living with HIV (MLWH). We describe the prevalence of anogenital HPV infection, abnormal anal cytology and anogenital warts (AGWs) in MLWH in Johannesburg, and explore whether HPV infection and receipt of antiretroviral treatment is associated with detection of abnormal anal cytology and AGWs.

Methods: We enrolled a cohort of 304 sexually-active MLWH \geq 18 years, who completed a questionnaire and physical examination. Genital swabs were collected from all men and intra-anal swabs from 250 (82%). Swabs were tested for HPV DNA and genotypes, and anal smears graded using the Bethesda classification. Factors associated with anogenital disease were assessed by logistic regression models.

Results: Two-thirds were receiving antiretroviral treatment, for a median 33 months (IQR=15-58) and 54% were HIV-virologically suppressed. Only 5% reported ever having sex with men. Among 283 genital swabs with valid results, 79% had any HPV, 52% had HR-HPV and 27% had >1 HR-HPV

infection. By comparison, 39% of the 227 valid intra-anal swabs had detectable HPV, 25% had any HR-HPV and 7% >1 HR infection. While most anal smears were normal (51%), 20% had ASCUS and 29% were LSIL. No cases had HSIL or cancer. Infection with >1 HR type (adjusted OR [aOR]=2.39; 95%CI=1.02-5.58) and alpha-9 types (aOR=3.98; 95%CI=1.42-11.16) were associated with having abnormal cytology. Prevalence of AGWs was 12%. Infection with any LR type (aOR=41.28; 95%CI=13.57-125.62), >1 LR type (aOR=4.14; 95%CI=1.60-10.69), being <6 months on antiretroviral treatment (aOR=6.90; 95%CI=1.63-29.20) and having a CD4+ count <200 cells/ μ L (aOR=5.48; 95%CI: 1.60-18.78) were associated with having AGWs.

Conclusions: In this population, anogenital HR-HPV infection and associated low-grade disease is common, but severe anal dysplasia was not detected. Findings reinforce the need for HPV vaccination in men for preventing both AGWs and HR-HPV infection. Given the absence of anal HSILs, however, the findings do not support the use of anal screening programmes in this population.

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Sleep disorders and among night shift health workers: A cross-sectional study in eastern province hospitals, Kingdom of Saudi Arabia, 2016

Fatima Als Salman

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Shift workers, people who work outside workday hours, are known to be at risk of decreased alertness and productivity; hence increasing the possibility of occupational errors occurring. Hospital environment requires health professionals to be available at all times, which forces the health workers to take on night shift. Thus, health care workers are susceptible to occupation related sleep disorders. The aim of this study was to evaluate and assess the quality and duration of sleep among night shift health workers at the eastern province hospitals. A cross-sectional study was carried out among health workers working in 8-10 hour shifts at eastern province hospitals. A pre-tested, structured online questionnaire was distributed in the hospitals, with a total of 252 responses. The online questionnaire assessed and compared the difference between the sleep qualities of the workers while working during the night shift and while taking

days off. While working through night shifts, the respondents replied that they had problems falling and staying asleep (76% and 72.2%, respectively). Also, they suffered from an overall poor quality of sleep (59.8%) and decreased mental function (64.9%) while awake. Interestingly, the same respondents reported that during their days off, their occupation-related sleep disorders improved. However, more than half of the respondents noted that they faced difficulties falling asleep, which demonstrates the potent effect of night shift working on health professionals. This study concluded that sleep disorders are prominent within night shift health workers which affected their overall performance at work. We thereby recommend that such health workers follow up with sleep specialists to improve their overall quality of sleep.

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Building medical schools around social missions

G Richard Olds

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The US, Canada and many other countries have a growing physician shortage, but a far greater but less publicized issue is the maldistribution of physicians geographically and the maldistribution of physicians by specialty. Although economic issues clearly play an important role, medical schools could be far better designed to address both issues. The standard response to the physician shortage has been to just build new medical schools or expand existing ones, but doctors don't practice where they go to medical school, as St George's University of Grenada is clear evidence. There are two major drivers of this issue; where medical students are from and where they complete their GME training. These factors account for over 80% of the decision. Specialty choice can also be altered by teaching medical students in the setting you want them to ultimately practice in, by creating positive role models in desired specialties, such as

Family Medicine, by altering the curriculum to present more wellness, population health and preventatives, by creating primary care GME in areas where the shortage is greatest and by providing scholarships on the front end of medical school linked to specific practice outcomes (specialty and location) (what the US military currently does). Many of these concepts have been proven in developing countries that have far greater physician manpower issues and far less resources than we do. The author will present examples from U C Riverside and St George's University on how these approaches have resulted in a dramatic increase in primary care choice by its graduates and practice selection in underserved areas (rural and urban).

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School nurse's experiences and perceptions of healthy eating school environments

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School nurses provide health promotion and health services within schools, as healthy children have a greater potential for optimal learning. One aspect of the school nurses' role is in encouraging healthy eating and increasing the availability of fruits and vegetables in the school. The purpose of this study was to explore and describe school nurses' perception of their role in promoting increased fruit and vegetable consumption in the school setting. One avenue to increased availability of fruits and vegetables in schools is Farm to School programs that have been mandated by the Federal government to increase the health of children within the public school system. School nurses are optimally positioned to work with the Farm to School programs to promote healthy eating in the schools. A secondary aim was to explore school nurses' knowledge, experiences and/or perceptions of the Farm to School program to promote

fruit and vegetable consumption in the school setting. Three themes that emerged from the focus groups included: if there were more of me, I could do more; food environment in schools; school nurses promote health. School nurses reported that they addressed health issues more broadly in their roles as educator, collaborator, advocate and modelling healthy behaviours. Most of the participants knew of Farm to School programs, but only two school nurses worked in schools that participated in the program. Consequently, the participants reported having little or no experiences with the Farm to School programs.

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Palliative care needs of homeless patients with chronic diseases who frequent emergency departments in Calgary: Retrospective cohort study

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Statement of Problem: Complex chronic diseases in the homeless population occur earlier and with worse prognosis than in the general population; often resulting in unmanaged suffering and premature death. We identified the prevalence and mortality from chronic diseases amongst homeless individuals in Calgary that result in emergency department (ED) admissions, as an initial step in determining the need for focused palliative interventions.

Methods: A retrospective cohort study of homeless individuals who visited four EDs in the Calgary zone from July 1, 2013-June 30, 2016 was conducted using de-identified patient data. We included individuals who experienced either chronic or episodic homelessness by “no fixed address” labels or the address of shelters or supportive housing. The data review focused on the following primary ED diagnoses of homeless patients by using the corresponding ICD-10 codes: respiratory cerebrovascular, cardiovascular and liver diseases, HIV and renal failure.

Results: 256 homeless individuals visited EDs with cerebrovascular diseases, heart diseases, HIV, liver diseases, renal failure, or respiratory diseases resulting in a total of 434 ED visits in the studied time period. Chronic obstructive pulmonary disease (COPD) accounted for 47% of the 434 visits followed by asthma and liver diseases which consisted of 13% and 12% of the total ED visits, respectively. COPD and liver diseases were linked with the highest rate of mortality. The combined in-hospital and post-discharge mortality rates for homeless individuals with a primary diagnosis of COPD was 13 per 100 and 7 per 100 for liver diseases.

Conclusion: Effective palliative care interventions for end-stage COPD and liver diseases would impact the greatest number of homeless individuals who visit EDs for treatment of chronic conditions. Such interventions could not only reduce the mortality rate for these conditions but also improve quality of life.

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Review of current evidence: Cranberry supplementation as possible UTI prevention in paediatric spinal cord injured patients

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Context: Recurrent urinary tract infections (UTIs) are the leading cause of morbidity in children, and in patients with spinal cord injuries. While traditionally cranberry has been used to reduce UTIs, the evidence of its effectiveness is conflicting, especially in children with neurogenic bladders from spinal cord injuries. As such, family physicians are unable to offer clear recommendations on cranberry use for this population group.

Objective: To evaluate the existing data regarding the use of cranberry supplements as UTI prophylaxis in paediatric spinal cord injured patients with neurogenic bladders.

Design: Three literature searches of Medline databases with no date limits were conducted using combinations of the following terms: “pediatrics”, “urinary tract infections”, “cranberry juice”, and “spinal cord injuries”.

Results: No studies to date on cranberry as UTI prophylaxis in paediatric spinal cord injured patients. Two systematic reviews were identified with one focused on cranberry supplements as UTI prophylaxis in the spinal cord injured, and the other focused on its use in children. Neither study found good supporting evidence for cranberry as UTI prophylaxis in patients, children or adult, with neurogenic bladders. However, there is evidence to support cranberry use for UTI prevention in healthy children without neurogenic bladders.

Conclusions: Extrapolating from the limited evidence to support cranberry use for UTI prevention in patients with neurogenic bladders, regardless of age, cranberry supplements may not be effective as UTI prophylaxis in paediatric spinal cord injured patients. More rigorous clinical research is needed to confirm this.

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Factors that influence the clinical utilization of the nursing process at a hospital in Accra, Ghana

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Background: The nursing process is a tool that is recommended for use by all professional nurses working in Ghana, in order to provide nursing care. However, there is currently a limited use of this tool by nurses in Ghana. The purpose of this research study was to explore the various factors that influence the utilization of this nursing process.

Method: An exploratory descriptive qualitative-research design was employed. Ten participants were involved by using the purposive sampling method. A semi-structured interview guide was used to collect the data from the research participants; and the data were analysed by using content analysis. One main theme, with five sub-themes, emerged from the analysis.

Results: It was found that there are factors, such as nurses not having a better understanding of the nursing process, whilst in school; the absence of the care plan in the ward, as well as the lack of adequate staff, with limited time being available for coping with contributed to the non-usage of the

nursing process.

Conclusions: We conclude that the clinical utilization of the nursing process at the clinical setting is influenced by lack of understanding of nurses of the nursing process and care plan as well as lack of adequate nurses and time. We recommend that the care-plan form be made officially a part of the admission documents. Furthermore, the nursing administration should put measures in place to provide nurses with the needed resources to implement the nursing process. Additionally, they should ensure that the care-plan forms and other resources needed by the nurses are regularly and adequately provided. Nurses should further see the nursing process as a means of providing comprehensive care to their patients and addressing their specific problems. They should therefore make time despite their busy schedules to use it in order to improve quality of care and the image of nursing in Ghana.

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Non-compliance in the emergency department: Is there a difference between medical and psychiatric patient's reasons and use of the emergency department

Leslie S Zun

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Background: It is estimated that on an average up to 50% of patients are non-compliant with their medication, resulting in 28% emergency room visits costing about \$8.5 billion annually.

Objectives: The purpose of this study was to examine, what if any, differences are there between medical versus psychiatric non-compliant patients with regard to use of the emergency department (ED).

Methods: A random sample of patients who present to the ED for medical or psychiatric illnesses and who state that they were non-compliant with their medicine were given the National Health Access Survey. They were asked about sources of medical care, drug compliance and reason for non-compliance.

Results: There were a total of 300 participants in the study.

There was no significant difference in the reason both medical and psychiatric patients gave for being non-compliant with their medications that resulted in their ED visit. Each group cited cost as the number one reason for not taking their medication as prescribed. The psychiatric participants who were more likely to get admitted disposition ($p=.00$), not afford mental health care ($p=.01$), were not able to get care from other places and used the ED for their psychiatric care ($p=.02$).

Conclusion: There was no difference between the two populations with regards to their reasons for non-compliance that brought them to the ED. Non-compliance of the psychiatric patients compared to the medical patients lead to a higher admission rate.

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Huntington disease (an unpublished epidemiological study)

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Huntington's disease (HD) is an autosomal dominant, progressive neurodegenerative disorder which bears excessive repetition of CAG tri-nucleotides in the *HTT* gene. When the number of such repetitions reaches a certain level, the protein encoded by this gene, huntingtin (htt), undergoes a structural change as a result of the increased number of glutamine residues. Numerous studies have investigated the origin of the disease by correlating haplotypes of the *HTT* region to ethnicity. Many SNPs are highly sensitive markers of disease chromosomes and have stronger linkage associations with expanded CAG. These disease-associated SNPs constitute a cluster of similar haplotypes: haplotype A was found in a vast majority of affected chromosomes. The majority of HD chromosomes in Europe contain haplotype A and East Asian populations (China and Japan) haplotype C. The aim of this study was to investigate the genetic diversity of the *HTT* gene expanded alleles (>35 CAG), intermediate alleles (27–35 CAG), and control alleles (<27 CAG) in Brazilian patients and unaffected individuals. Affected and unaffected samples from 33 Brazilian HD pedigrees were tested for genetic markers associated with the A1 *HTT* haplotype (European and Amerindian A1 SNPs), following the methodology suggested by Kay et al., 2015. Concerning

the HD chromosomes, 52% of HD families were classified in haplo-group A1. In contrast, haplo-group A1 accounted for only 5% of chromosomes of the Brazilian general population (<27 CAG). Haplo-group C was present in approximately 22% of the normal chromosomes but only in 6% of the HD chromosomes. The HD chromosomes had an average size of 44 (39 to 62) CAG repeats, and the normal chromosomes had 17 (14 to 30). The families included in the A1 haplo-group were also tested for the presence of a specific SNP which distinguished A1 Amerindian from A1 European. Only three HD families belonged to A1 Amerindian haplo-group, whereas the others to the A1 European. CAG expansion in European populations does not occur randomly, but is associated with specific *HTT* haplotypes (A1 and A2). There is no treatment for HD except palliative therapy; therefore silencing the HD mutant allele is an attractive strategy for future intervention because it would target the cause of HD. HD allele-specific silencing is important in order to preserve wild-type *HTT* function. Haplotype searching can play an important role in order to identify Brazilian patients who could benefit the allele-specific silencing in the future.

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Proactive HIV testing among youth in south Florida

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HIV infection continues to be a challenge to public health after over three decades. A major driving source of this epidemic is HIV infection among youth. Youth currently account for over a fifth of new HIV infection in the United States, and experience poorer health outcomes compared to other age groups. In combating HIV infection among youth, HIV testing has been found to be a major tool for identifying those at risk or infected, counselling, and linking to care. However, youth have the lowest rate of HIV testing. This study explores the experiences of youth aged 18–24, who proactively tested for HIV infection in South Florida, using a qualitative descriptive method. Data was collected with a demographic questionnaire and through individual in-depth interviews. Interviews were audio-recorded and data collected only once from each

participant. Twenty-five participants (N=25) were recruited, enrolled and interviewed. The youth in this study identified peer relationships, family support, privacy, and proximity of testing centers as facilitators to proactive HIV testing. Problems with confidentiality, stigma, cost, and not being offered testing by a healthcare professional were identified as barriers to proactive HIV testing. The findings from this study will enable nurses create interventions both in clinical and community settings that will facilitate proactive HIV testing among youth. Furthermore, findings from this study will assist nurses in creating testing sites that encourage proactive HIV testing, and that are tailored to the needs of youth.

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The program of Masyarakat Sehat in Indonesia: The patient perspectives

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Background: “Masyarakat Sehat” is the program provided by the public health centres of Wawatobi to improve the health of society. This program is initiated and implemented to reduce the sitting time during waiting for the treatment. The health education such as counselling program takes a part in this program for 15 to 20 minutes. However, the effectiveness of this program is still unknown. Therefore, the evaluation of this program is needed.

Aims: The aim of this study was to explore the perspective of patients and families towards the program of “Masyarakat Sehat” at Public Health Centers of Wawatobi.

Methods: This was a study using descriptive qualitative approach by involving 23 participants through accidental sampling. Data were collected using semi-structured interview with interview guideline. Data were analysed using thematic analysis model.

Results: Findings emerged from the data, which were categorized into two themes, positive and negative. Positive parts remain the benefits of the program, including the increasing of knowledge, and reducing waiting time. Meanwhile, the negative parts consist of the lack of equipment and crowded environment during presentation.

Conclusions: This study provided the insight of knowledge regarding the evaluation of the program consisting of positive and negative parts. However, the society got the knowledge related to the disease and the prevention. It is suggested that health workers need to pay attention to effectiveness of the presentation, in terms of equipment and environment control. The author remarks “health promotion and prevention could be applied through this program”. Therefore, the organization of public health should implement this program continuously.

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Concussion

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Abstract: Concussion has been recognized as a clinical entity for more than 1000 years. Throughout the 20th century it was studied extensively in boxers, but it did not pique the interest of the general population because it is the accepted goal of the boxer to inflict such an injury on their opponent. In 2002, however, the possibility that repetitive concussions could result in chronic brain damage and a progressive neurologic disorder was raised by a postmortem evaluation of a retired player in the most popular sports institution in

the United States, the National Football League. Since that time concussion has been a frequent topic of conversation

in homes, schools, and on television and has become a major focus of sports programs in communities and schools at all levels. Now all 50 states, the District of Columbia, and the National Collegiate Athletic Association have enacted laws and rules to protect the athlete.

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Self-care practice and glycaemic control among Type 2 diabetes patients in a secondary health care in south west, Nigeria

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Background: Diabetes mellitus is a global health problem that is associated with morbidity and mortality. Crucial to the goal of management is active involvement in the process of self-care practice (SCP). The objective of the study was to assess the effect of change in diabetes SCP on blood glucose control among Type 2 diabetes patients.

Methods: A 12 week intervention study was conducted among 80 previously diagnosed Type 2 diabetes patients who were randomized into intervention and control groups. Forty patients in the intervention group had three sessions on diabetes self-care education while the control group continued on previous plan of care until the end of study. Data was collected on self-care practice and sample taken for blood glucose both before and after three months intervention. Categorical variables were tested using Chi square, continuous data by t test and ANCOVA. Correlation and linear regression were further done.

Results: Baseline parameters of the respondents were similar in socio-demographics, clinical, biochemical and SCP. At the end of 12 weeks, the mean of self-care practice increased in all domains of SCP while means of fasting blood glucose, two hours postprandial and glycated haemoglobin (HbA1c) reduced with change in SCP per day among the intervention compared to control group. In the study group, reduction in HbA1c correlated significantly with mean increase in SCP, a drop from baseline 7.72(2.09) % to end-line value 6.7 (1.85) % ($p=0.01$). Linear regression showed increase in average number of days of physical activity and following healthy diet were predictors of reduction in HbA1c.

Conclusion: Increase in SCP resulted in significant improvement of glycaemic control, underscoring active patient participation in comprehensive diabetes management.

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The role of family dynamics on risky sexual behaviour among youth in south west, Nigeria

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Background: Youth often involve in risky sexual behaviour consequent to the challenge of being unable to make right decisions. Given that the family is a social unit that influences individual behaviours, it may play a role on sexual risk taking by youths. The objective was to assess the association between relationship within the family and risky sexual practice among youth in Ibadan, South West, Nigeria.

Method: A hospital-based cross-sectional descriptive study among 370 sexually active youths who were recruited in a family medicine clinic. Quantitative data were obtained on socio-demography, family relationship using family relationship index scale, current pattern of sexual behaviour. Data was analysed using descriptive statistics and association were tested using Chi-square and t-tests at 5% level of significance.

Results: The mean age of respondents was 21.9±2.1 years and male: female ratio was 1:1.8. A higher proportion of the respondents engaged in unsafe sexual behaviour. Youth who

engaged in risky sexual behaviour had lower mean family cohesion score (6.77±1.935 versus 7.34±2.432; p=0.003) and family communication score (5.71±1.769 versus 5.45±1.919; p= 0.225) than youth who engaged in safe sexual practice. However, youth that practiced risky sex had a higher mean conflict score than those who engaged in safe sexual behaviour (2.88±1.884 versus 2.30±1.959; p value=0.011). Similarly, composite family relationship index (FRI) showed that youth who engaged in risky sexual behaviour were more from conflict oriented-families compared to youth from support-oriented families ($\chi^2 = 5.869$; p=0.015).

Conclusion: The study found that conflict oriented families predispose youth to engaging in risky sexual behaviour.

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