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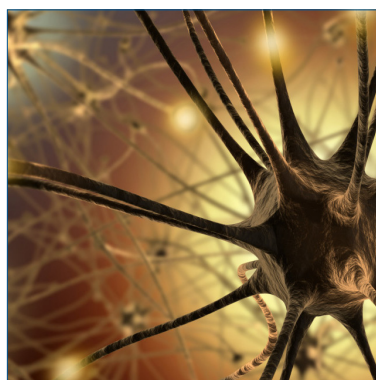
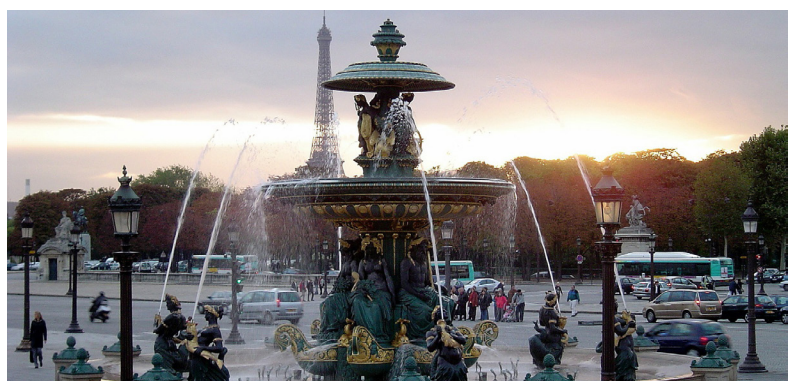
# Scientific Tracks & Sessions

## February 28, 2019

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### *Palliative 2019*

### *Gynecology 2019*



International Conference on  
**Palliative Care, Obstetrics and Gynecology**  
&  
International Conference on  
**Stroke and Clinical Trials**  
February 28 - March 01, 2019 | Paris, France

Joint Event on

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## Blood based assay to predict delayed chemotherapy induced nausea

**Margaretha Wallon**

Lankenau Institute for Medical Research, USA

**D**elayed nausea is a highly feared side effect of chemotherapy. Nausea can negatively affect nutritional habits, ability to work, motivation to follow recommended treatment regimens, and increase medical cost. Even with modern interventions to prevent, manage and treat nausea, some patients will still experience moderate to severe delayed nausea. Thus, there remains a need for risk assessment tools to avert the distress associated with symptoms in an effort to improve the well-being and quality of life of patients and their families. Chemotherapy-induced free radicals induce release of neurotransmitters that are known triggers of nausea. Therefore, we hypothesized that individual ability to scavenge free radicals could be used as indicator for nausea predictions.

Our focus was on glutathione, a critical component in the defence against free radicals. Blood from consented patients, drawn prior to treatment with platinum-based chemotherapy, was mixed with the assay reagent Hydroxyethyl disulfide (HEDS) that is processed through the glutathione recycling pathways into mercaptoethanol and secreted by the cells. Produced mercaptoethanol is assayed by spectrophotometry. Obtained concentrations of mercaptoethanol were normalized to total red cell counts. The test result was used to predict risk of

moderate-to-severe nausea. Predictions were then compared to self-reported outcomes using a validated questionnaire and notes in medical records to ascertain level of delayed nausea.


Using the described approach to predict nausea, we were able to correctly classify 89.1% of the patients as either experiencing moderate/severe nausea or no/mild nausea.

A second evaluation of our prospective study confirmed the preliminary, previously published, results that a reduced ability to recycle glutathione (GSH) in the blood may offer an objective indicator of the development of delayed nausea that might better guide clinicians in their efforts to provide optimal patient-oriented care.

### Speaker Biography

Margaretha Wallon has her expertise in biomarker research. She completed her Ph.D. from University of Lund, Sweden in 1990. She is spearheading the development of prognostic and predictive biomarkers for triple-negative breast cancers. She is also passionate about improving the quality-of-life for cancer patients as they are going through their life saving treatments. Her work has resulted in the first blood-based assay to predict delayed nausea prior to initiating treatment. Her lab is currently working on converting this assay to a high throughput format that will allow transfer of this test into clinical laboratories.

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## Successful vaginal delivery after surgical evacuation of caesarean scar ectopic pregnancy: A case report

Suchana Dhital, Beena Subba and Abha Govind  
North Middlesex University Hospital, UK

This case study aims to review timing and mode of delivery in women in subsequent pregnancy following caesarean scar ectopic pregnancy. Caesarean Scar Ectopic Pregnancy (CSP) is a rare form of ectopic pregnancy. Subsequent pregnancy following CSP is usually associated with complications such as miscarriage, placenta previa or accreta, life threatening haemorrhage leading to hysterectomy and uterine rupture threatening lives of mother and fetus. Given the low incidence of CSP, even lower rate of successful conception rate following CSP, lack of consensus on treatment modalities of CSP and subsequent pregnancy and risk of complications, delivery of women with subsequent pregnancies following CSP is usually carried out by caesarean section at term. We report on a case describing uncomplicated pregnancy course and successful vaginal delivery of a woman who had had caesarean scar ectopic pregnancy previously.

The case of 38-year-old, Gravida 7 P2+4, who was diagnosed with a CSP in her 5th pregnancy and managed by evacuation of caesarean scar ectopic pregnancy, was followed up from 7+6 weeks of pregnancy till postpartum period. She was induced with dinoprostone at 37+3weeks of pregnancy. Labour was


conducted under epidural analgesia, blood was readily available and the fetus was continuously monitored throughout labour. Healthy baby of birth weight 3.19kg was delivered without complications with second degree perineal tear. Obstetric management was largely based upon current literature and professional experience as there are not specific guidelines for the management in subsequent pregnancy after CSP.

Although, subsequent pregnancy following caesarean scar pregnancy is associated with significant morbidity at all stages of pregnancy, hence, is recommended to deliver women by caesarean section at term, this case demonstrates that vaginal delivery can be an option with careful case selection, close monitoring and informed consent from patient.

### Speaker Biography

Suchana Dhital is a Speciality Registrar in Department of Obstetrics and Gynaecology at North Middlesex University Hospital, UK. She has worked as Ob/Gyn Resident with wide knowledge in the field of obstetrics and gynecology. Her area of research includes maternal fetal medicine and obstetrics.

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 Notes:

## Role of vitamin D deficiency in female infertility and ART outcomes

**Munazzah Rafique**

King Fahad Medical City, Saudi Arabia

The prevalence of vitamin D deficiency in Saudi Arabia is 35%. In spite of adequate sunlight exposure 90 % cases are due to dietary insufficiency. Vitamin D is an emerging factor influencing female fertility and ART outcome. Hence additional studies are pressing needed to confirm a causal relationship and to investigate the potential therapeutic benefits of vitamin D supplementation.

**Objective:** To assess the role of vitamin D deficiency and perceive the outcomes of ART among vitamin D deficient females in infertile females attending infertility clinic in Riyadh Saudi Arabia.

**Methodology:** A retrospective cohort study of all vitamin D deficient infertile women who presented to Reproductive Endocrinology and Infertility Department (REIMD), King Fahd Medical City infertility center from January 2012 and January 2016 for a period of 4 years was performed. Random sampling was done to take around 192 infertile females who fulfill the inclusion criteria for the study. The association of vitamin D deficiency in infertile females between deficient and insufficient groups was distinguished followed by analysis of the outcome (aborted, ectopic pregnancy, molar pregnancy, no pregnancy, successful pregnancy and unknown) after the intervention done in the form of different ART options (OI, IUI, IVF, ICSI). IRB approval was taken from the institutional review board of King Fahad Medical City.

**Results:** Among 192 patients in total, 56.2% had primary infertility, 36.5% had an irregular menstrual cycle, 33.3% had PCOS, 78.1% underwent IVF, and successful pregnancy was observed in only 15.1%. Of the included women, 88.5% were vitamin D deficient, (less than 50nmol/l) and 5.2% were vitamin D insufficient (50-75nmol/l). In infertile women with low vitamin D, there was also decrease in the level of FSH and LH. When vitamin D deficient (<50nmol/l) and vitamin D insufficient groups (50-75nmol/l) were compared the


maximum duration of infertility among vitamin D deficient (29.4%), and vitamin D insufficient (40%) was six years. Though vitamin D deficient patients had primary infertility (57.6%), Vitamin D insufficient patients had secondary infertility (50%). Almost 37.6% of vitamin D deficient and 30% of vitamin D insufficient groups had an irregular menstrual cycle. Most common ultrasound manifestation in vitamin D deficient (33.5%) and vitamin D insufficient cases (40%) was PCOS. 80.6% of vitamin D deficient patients underwent IVF compared to 40% of vitamin D insufficient patients with statistical significance less than 0.05 (p value=0.008). Pregnancy with IVF was observed in 21.8% of vitamin D deficient and 10% of vitamin D insufficient patients with statistical significance less than 0.05 (p value=0.009). As for the outcome, no pregnancy was observed in 62.3% vitamin D deficient and 40% of vitamin D insufficient patients. Successful pregnancy was confirmed in 15.3% of vitamin D deficient and 20% in vitamin D insufficient cases.

**Conclusion:** Both vitamin D deficiency, as well as insufficiency, adversely affect the outcome of ART contributing to lower pregnancy rates among Arabian women in the reproductive age group. Vitamin D supplementation might bring on treatment success in infertile patients undergoing IVF and is recommended for infertile women in our region.

### Speaker Biography

Munazzah Rafique is currently working as clinical research specialist in health information standardization department at King Fahad Medical City. She has worked as physician managing highly complex cases in King Fahad Medical City Riyadh with big patient population and diverse problems in Obstetrics and Gynecology. She has worked as dedicated Ob/Gyn Resident with accomplished background with sound knowledge in the field of obstetrics and gynecology and worked with the team of professional which enhanced her teaching skills. She is an active participant of research work currently engaged in research processes having visionary leadership style with the ability to inspire confidence and creatively solve problems, remove obstacle and achieve breakthrough results.

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## Pharmacovigilance: Latin America overview and future of data management

**Mariana C M**

Sao Paulo University, Brazil

Since when it was observed that medicines can cause adverse events in the human body, new organizations/institutions were created to evaluate this data. Later, the collection of adverse events/incorrect use/ unexpected benefit reports was instituted in many countries. Furthermore, this data began to interfere in the Health Authorities decision in authorizing the marketing of the medicines depending on their risk profiles.

In Latin America, the pharmacovigilance discussions started in 1999 in most countries and the implementation of data collection activity was consolidated from 1992 to 2018, when the last countries joined the Uppsala drug monitoring program.

Despite of having a developed analysis of the local data, all Latin America countries don't accept electronic case submission and all the risk analysis/signal detection is done manually/


electronically from the data received by paper, via e-mail and in the HA's website.

In contrast to the treatment and receiving of data comparing all HA's in the world, there is a transformation process happening in the pharmaceutical companies. The artificial intelligence is changing the scenario of case receipt, collection of information from different sources and case processing in which the HA's will have to follow.

### Speaker Biography

Mariana C M is a pharmacist from UNICAMP University and has completed her MSC in biochemistry at the age of 27 years from University of São Paulo, Brazil. She has over 8 years of experience with pharmacovigilance. She spent 6 years in Bayer and now works in the Local Safety Officer team (LATAM), Brazil.

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## Efficiency mobile application to monitor the implementation of rehabilitation exercises in patients with lesions of the lower extremities

**Zohidjon Ismailov**

Republic Children's Rehabilitation Centre, Uzbekistan

**Background:** Currently telemedicine is actively developing, including mobile applications for patients. However, applications for patients with lesions of the lower extremities (RemEx - Reminder of exercises) have not yet been created, with the help of which patients can independently monitor their state of health and communicate with the attending physician remotely.

The purpose of the study is to develop and test in real clinical practice a mobile application for smartphones "RemEx".

**Material and methods:** The mobile application "RemEx" has two components: the first is a mobile patient application directly, the second is a personal computer program used by a physician to monitor disease activity in patients. The patient part of "RemEx" includes filling out the questionnaires, monitoring the implementation of recommendations for therapeutic physical culture and medication. It is also possible to be in constant communication with a doctor through the mobile application. The testing of the mobile application was attended by patients from the Republic Children's Rehabilitation center with diseases of bearing-movable system, which was created at the Department of

Physiotherapy, neurorehabilitation, RChRC in 2018 by Z. Ismailov and is formed to the present.


**Results:** The average values of the RemEx index at the time of switching on and after 12 months of observation were  $3.6 \pm 1.6$  and  $2.3 \pm 1.8$  ( $p > 0.5$ ), in regimen of BRAI  $1.5 \pm 1.2$  and  $1.4 \pm 1.1$  respectively ( $p > 0.5$ ). It takes one minute for a doctor to analyze the state of health of 40 patients every day, with no notification of a deterioration in the health of patients. The decision in the case of receiving notification from the patient about the occurrence of a symptom or the development of an adverse reaction averages 6-10 minutes.

**Conclusion:** According to the study, we can conclude that the RemEx mobile application allows patients to independently monitor disease activity, store medical records and contact the doctor remotely. Continuous monitoring of the patient's condition allows you to maintain low disease activity or remission for a long time.

### Speaker Biography

Zohidjon Ismailov is a Medical Neurologist and doctor oriental medicine at Republic rehabilitation centre of diseases bone-movable system, Uzbekistan.

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## Have you integrated palliative care into your organization

**Tracy Carlisle**


Emerging and Transitional Industries, USA

This presentation will discuss the vast areas in healthcare that palliative care can and should be utilized to optimize patient and family outcomes, as well as methods to integrate these services into the existing healthcare structure. This presentation will also explore administrative and financial obstacles and solutions to establishing an enhanced palliative care presence.

### Speaker Biography

Tracy Carlisle is a healthcare consultant at Connect Healthcare. She was an Executive Director of Barrow Neurological Institute in the department of Endocrinology & Genetics Division at Phoenix Children's Hospital. Also, she was a Director of Operations at Season Hospice and Palliative Care of Delaware (SHPPC).

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## Women's bodies and the power of pleasure in medical care

**Debra S Wickman**

Banner University Medical Center, USA

Contemporary medical care for women is trending toward technological intervention focusing on pathology, and away from fostering pleasure. There exists a widening divide between the psychosexual needs of women and pharmacological/procedural offerings of medicine. A model of sex positive health care should incorporate specific techniques to teach women about form and function in order to connect with and embrace sexual well-being and sovereignty, while meeting their need to treat disease. Treatment of pathology usually trumps encouragement of pleasure, and physicians are rarely trained in appropriate discussion of sexual concerns or how to promote pleasure-based regimens of healing. Social conditioning and myths pervade our psyche, setting up the female population for pain, distress, and disempowerment. Medical providers focus on disease, while disregarding the inherent erotic intelligence that lives in every person. Attention is placed on the object of pathology, rather than the person, and a woman may not feel safe or comfortable in discussing the details of her intimate behaviour. A more successful approach holistically promotes conscious connection with anatomic form and physiologic function. This format, adapted from the 4-D Wheel of Sexual Experience, invites the woman on a journey inward and outward, as she is guided through the experience of her body-mind-heart-spirit; told through the perspective of her genitals,

which provide the "voice". Women can learn to manipulate their brain neurochemistry through intentional practice, focal objects, and conditioning behaviour. Multiple nerve pathways deliver unique routes to sexual arousal and orgasm, providing a framework to help women re-sensitize and re-vitalize their relationship with their bodies. The interplay of hormones and pheromones in behaviour and sexuality of women, leads to recognition that pleasure plays an integral role in healing and maintenance of long-term health. We should educate women about their bodies and pleasure, while empowering them to master their own sexual health.

### Speaker Biography

Debra S Wickman is a gynecologist certified by the American Board of Obstetrics and Gynecology. She directs female sexual medicine, vulvar medicine and menopause services, in the department of obstetrics and gynecology at Banner University Medical Center – Phoenix and is a clinical faculty member of University of Arizona College of Medicine – Phoenix. She completed a fellowship in female sexual medicine at UCLA and is also a certified sexuality counsellor. Her model of diagnosis and treatment incorporates programs that uniquely educate, empower, and encourage personal growth, sexual discovery and healing for women. The programs look beyond a singular medical, pharmaceutical, or behavioural therapy, and instead integrate all approaches from a mind-body perspective. Central to her model is a holistic sexuality approach, using her training as a gynecologist to link the physical aspect of healing with the mental, emotional and spiritual facets to treat the whole sexual being.

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## Advanced care planning in elderly patients admitted with neck of femur fractures - are standards being met?

Jenna Bhimani and Georgia Lamb  
St Mary's Hospital, UK

**Background:** A fractured neck of femur is the leading cause of injury-related mortality in elderly patients, with around one third of patients dying within 1 year. The Gold Standards Framework recommend that advance care planning (ACP) should be carried out for patients with general frailty and co-existing conditions that mean they are expected to die within 12 months.

**Methodology:** We assessed the standards of ACP in patients over 65 admitted to a surgical rehabilitation ward with neck of femur fractures over a 3-month period. 57 patients were included in this study. Patient notes were analyzed for documentation of a discussion regarding patient wishes, resuscitation status including ceilings of care and communication of advanced care plans in discharge summaries. In order to identify those patients most in need of ACP, frailty scores were calculated using the Rockwood frailty score.

**Results:** Out of 57 patients, 30 were classified as frail and 9 as severely frail. 33 patients had a documented resuscitation


status, of who three were for full escalation. 77% of patients with DNAR decisions had further ceilings of care documented and 30% had ACP discussions. Of those without recorded resuscitation statuses, 40% were classified as frail and 78% had more than 3 comorbidities. Only 2 patients in this cohort had ACP. Of those patients that did have ACP, 63% received inpatient palliative. 81% of the patients who had ACP subsequently had this documented on their discharge summary.

**Conclusions:** Complete ACP is only being undertaken in 11% of patients in a cohort with an expected 1-year mortality of 30%. Frail patients at increased risk of mortality did not have resuscitation decisions documented. On admission with a neck of femur fracture, frail multimorbid patients should be recognized and this injury act as a prompt for ACP in the elderly.

### Speaker Biography

Jenna Bhimani is a junior doctor working in Care of the Elderly Medicine at St Mary's Hospital, London, UK.

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## Perineal chronic pain and dyspareunia after childbirth

Beatriz M Moya Esteban and Juan Antonio Solano Calvo

Hospital Universitario Príncipe de Asturias, Spain

Until recently, a little attention was given to perineal consequences after delivery. Perineal pain can impact woman's daily activities. Dyspareunia is also common in the postnatal period. Both complications can be potentially devastating for mothers affecting relationships with their partner and bonding with the new born child.

It has been reported that 42% of women with a vaginal delivery will continue with these symptoms within the first 2 week postpartum. Up to 92% of mothers will complain of perineal pain on the day after delivery. Most of them will experience a gradual recovery within a 2-month period. However, chronic lower genital tract pain has been observed in a significant number of women 1 year after delivery. If we focus on the incidence of dyspareunia, the number of affected women increases notably. A 60% of these mothers will report coital difficulties after 3 months and 30% will continue with these issues 6 months after delivery. Our own statistics show a prevalence of perineal pain of 28% and 10% at 3 month and 6 months postpartum, respectively. Thus,

dyspareunia continues in 38% of cases at 3 months and 13% at 6 months. These values have been determined using the validated pain scores (visual analogue scales for pain: VAS) in our pelvic for unit. We examine women who had given birth in our hospital 2 and 6 months after delivery dyspareunia. After the medical interview, all patients are examined to look for trigger points. We consider a trigger point to be those where the vaginal/perineal examination set of the maximum degree of pain. We propose a treatment based on intravaginal injection directly into the trigger points. All of them reveal a complete relief of their symptoms 2 weeks after the administration of the medication.

### Speaker Biography

Beatriz M Moya Esteban is a specialist in Obstetrics and Gynecology at Hospital Universitario Príncipe de Asturias in Alcalá de Henares. She has published in medical journals within Spain and Europe. She has also given several lectures in Spain dealing with various topics within her specialty. She is currently part of the team that conducts a clinical trial about perineal pain and dyspareunia treatment within the postpartum period.

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## The obstetrical and perinatal complications in pregnant women with tuberculosis in Kyrgyzstan

**Jyldyz Nasirdinova**

Kyrgyz State Medical Academy, Republic of Kyrgyzstan


In this research work, a retrospective and prospective analysis of 50 history labors in pregnant women with tuberculosis, current pregnancy and the obstetrical and perinatal outcome in the tuberculosis infected pregnant women admitted for labor to the Municipal Perinatal Center the c. Bishkek, from 2005 to 2017 years. Pulmonary tuberculosis in 78% cases, in 12% cases identified the extra pulmonary tuberculosis, and in 10% cases, the woman was with large and small residual changes of tuberculosis. In 38 % founded the active form of tuberculosis. Tuberculosis detected during this pregnancy in the first time in 58 % cases. According to the anamnesis, the women of the main group were socially vulnerable; thus, 28–56% of women with tuberculosis lived in new buildings, the vast majority of pregnant women (34–68%) were from regions, in 38 cases (76%) women did not work anywhere, in 18% of women with tuberculosis was not registered for pregnancy. Obstetric outcomes showed: premature birth in 16% of cases, prenatal rupture of amniotic fluid in 42 % of cases, labor loss in 22% of cases, trauma of

the birth canal in 36% of cases. Pregnancy with tuberculosis proceeded with anaemia of various degrees of severity in 76% of cases, chronic pyelonephritis and glomerulonephritis in 10% of cases. The perinatal complications in the main group, there were 12% of children with fetal intrauterine growth retardation syndrome II-III stages. It was the first time that, it was detected during the course of treatment.

### Speaker Biography

Jyldyz Nasirdinova has completed her PhD at the age of 29 years from I.K. Akhunbaev Kyrgyz State Medical Academy c. Bishkek, Republic of Kyrgyzstan. She started her work at the Department of Obstetrics and Gynecology of the just after graduation and postgraduate study at Kyrgyz State Medical Academy in 1997. She is an Associate Professor since 2011. She is also working at Pathologic Pregnancy Department of Municipal Perinatal Center, The theme of her PhD was “Chronodiagnostic of the hemodynamical disorders in pregnant women, inhabitants of mountains et EPH-gestozes”. Currently she is continuing her research on the theme “Reproductive health, obstetrics and perinatal outcome of the pregnant women, inhabitants of mountains”. She has published more than 40 scientific articles on actual problems of maternity and perinatal morbidity and mortality in scientific journals. 40 publications that have been cited over 11 times, and her publication H-index is 1.

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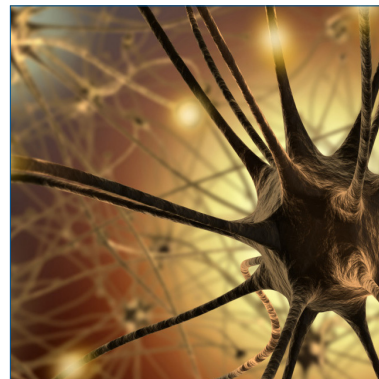
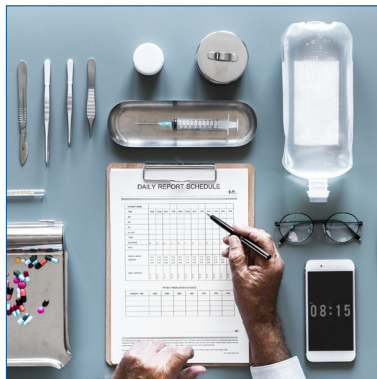
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## March 01, 2019

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## Oxidative DNA damage is elevated in renal patients undergoing haemodialysis

Mary Hannon-Fletcher  
Ulster University, UK


End stage renal disease (ESRD) is associated with an increase in oxidative stress, cardiovascular disease and cancer. The main treatment for ESRD, haemodialysis (HD), itself induces repetitive bouts of oxidative stress through membrane biocompatibility and endotoxin challenge. The resulting higher levels of reactive oxygen species in turn produce increased levels of oxidative DNA damage leading to genomic instability. We measured levels of oxidative DNA damage in thirty-eight patients receiving HD in the Western Health and Social Services Trust (WHST), and 8 age and gender matched control volunteers. Volunteers gave informed consent and non-fasting morning blood samples were taken and assessed for DNA damage using the Modified Comet to identify oxidative specific damage by introducing an enzymatic step with the bacterial enzymes endonuclease III (Endo III, recognise pyrimidine-pyrimidine breaks) and formamidepyrimidine DNA glycosylase (FPG, recognise purine-purine breaks). The study then continued into a 3-month intervention with a novel supplement to determine if levels of oxidative damage could be reduced with this novel supplement. The HD patients had significantly elevated levels of alkaline DNA damage ( $19.46 \pm 8.35$  vs  $3.86 \pm 0.99$  % tail DNA,  $p < 0.05$ ) and oxidative DNA damage formamidepyrimidine DNA glycosylase ( $5.81 \pm 6.63$  vs  $1.23 \pm 0.39$  % tail DNA,  $p < 0.0$ ) and

endonuclease III ( $6.04 \pm 6.11$  vs  $1.98 \pm 0.85$  % tail DNA,  $p < 0.01$ ) compared to controls, respectively. A positive correlation was observed between the duration on dialysis (months) and levels of Endo III specific damage ( $p = 0.041$ ). Following the 3-month intervention we observed a significant reduction in Alkaline, EndoIII and FPG DNA damage in the HD treatment group, while the HD placebo group had DNA damage levels significantly increased from baseline at 3 months. We conclude, the significant increase in oxidative DNA damage and the positive correlation with duration of HD treatment and Endo III damage may contribute to the increased cancer risk observed in this patient group. In addition, treatment with a novel supplement significantly reduced DNA damage in the HD treatment group and could be recommend as a routine treatment in HD patients.

### Speaker Biography

Mary Hannon-Fletcher is currently a senior lecturer in Biomedical Sciences at Ulster University and a member of the Biomedical Sciences Research Institute. Having rejoined the School after holding the position of Head of School of Health Sciences for 6 years, where she led a multi-professional team of Allied Health Professions (AHP's) and Healthcare Scientists. Professionally she holds a First Class (Hons) BSc in Biomedical Sciences (1995) and a PhD in Biomedical Sciences, 2000, from Ulster University. She is a Fellow of the Institute of Biomedical Sciences (FIBMS); Chartered Scientist (CSI); Registered Biomedical Scientist with the Health and Care Professions Council (HCPC) and Fellow of the Higher Education Academy (FHEA).

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## Human factors: The dirty dozen in CTG misinterpretation

**Caroline Everden**

Kingston Hospital NHS Foundation Trust, UK

The contribution of human factors to errors and adverse outcomes within most healthcare systems cannot be underestimated. In Obstetrics we rely on the cardiotocograph as a non-invasive tool for detecting fetal hypoxia. However, since its introduction in 1960 the CTG has failed to reduce the rate of hypoxia-induced perinatal morbidity and mortality. The recent Each Baby Counts report indicates that 62% of stillbirths, neonatal deaths, and brain injuries of term babies in labor in 2015 were related to errors in CTG interpretation and management. This carries a significant financial burden as recent figures from the National Health Service Litigation Authority (NHSLA) show that Obstetrics makes up 50% of the total value of negligence claims in the UK. The aim of this review is to explore the different aspects of human factors and how each contributes to CTG misinterpretation. We will be using a framework devised by Gordon DuPont called the Dirty Dozen. These are the 12 most common causes of error within aviation maintenance: Lack of communication, complacency, lack of knowledge, distraction, lack of teamwork, fatigue, lack of resources, pressure, lack of assertiveness, stress, lack of


awareness, norms. We will discuss each of these and apply them to common CTG misinterpretation themes. Obstetrics is a highly pressured and often unpredictable specialty and, because of these human factors and the working environment, CTG interpretation errors occur. We believe that the solution to reducing errors is 2-fold; a) increasing use of Human Factors sciences and b) Improving understanding of the fetal physiology that underpins CTG appearances.

Abbreviations: CTG: Cardiotocograph; NHSLA: National Health Service Litigation Authority; CESDI: Confidential Enquiry into Stillbirths and Deaths in Infancy; SROM: Spontaneous rupture of membranes; NCT: National Childbirth Trust.

### Speaker Biography

Caroline Everden qualified from St Bartholomew's Hospital and The Royal London Hospital in 2005. After starting her training in north-east London, she moved to Surrey in 2012. She is currently a Obstetrician and Labor lead at Kingston Hospital with an interest in ambulatory gynecology.

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 Notes:

## Etiologies, treatment options and fertility after recurrent miscarriages

Hasan Çilgin

Kafkas University, Turkey

**Background:** Recurrent pregnancy loss (RPL) which affects 1–2% of women is the loss of two or more consecutive pregnancies before or during the 20th week of gestation. The aim of this study is to determine the clinical characteristics, treatment options and fertility after recurrent miscarriages.

**Methods:** In this study, a total of 514 recurrent miscarriage cases that was diagnosed and treated between 2011 and 2017 were retrospectively evaluated. All the related information including the details of demographic characteristics, clinical symptoms and findings, diagnostic tools used, treatment options, risk factors for recurrent pregnancy loss, outcome of treatment as well as couples underwent cytogenetic studies, radiologic evaluation of the Müllerian system, and timed endometrial biopsy were obtained from hospital patient database and saved in structured data entry forms designed for this purpose.

**Results:** A total of 1680 deliveries with 532 RPL diagnoses recorded and 514 of them were eligible for study and the RPL was found 3.2%. A great majority of the patients who constituted the study group was between 25–34 years 62.4% (296/474) At baseline, median female age was 34.1 years, waiting time 3 years (1–17), number of previous miscarriages 2 (2–9), 147 women (20.4%) had conceived at least once in ART or AIH cycles. After a median follow-up of 33.7 (1.7–123.0) months, 5-year pregnancy and delivery rates were 86.1 and 64.5%.

Female age (29kg/m<sup>2</sup>), number of preceding miscarriages (> 4), late miscarriages, preclinical losses and smoking revealed non-significant negative trends. Mode of conception until baseline (spontaneously or ART/AIH) and classification into idiopathic and nonidiopathic RPL showed no prognostic relevance. Recurrent pregnancy wastage was found to be associated with genetic disorders in 25 couples, Müllerian anomalies in 15, endocrine anomalies in 23, and negative findings in 37. The subsequent reproductive performance of each group is reviewed

**Conclusion:** As to give patients opportunities for as best as possible chances to conceive a child greater emphasis should be laid on diagnosis and appropriate treatment. Factors associated with subfertility of couples have an important effect on outcome.

### Speaker Biography

Hasan Çilgin is from Turkey. He was graduated from Medicine Faculty of Istanbul University in 2002. He completed his proficiency in obstetrics and gynecology at Medicine Faculty of Firat University in 2010 and have participated courses in endoscopy, IVF and research methodology in various countries when he was a student and an assistant at Medicine Faculties. After the training of assisted reproductive technology in Istanbul University, he started pursuing his career at the department of Reproductive Endocrinology and Infertility at Kafkas University since 2015. He has been working at Medicine Faculty of Kafkas University since 2015.

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## Reality and challenges of palliative care services in Latin America

**Benjamin Cavenago Salazar**

ADAMO Home Care Palliative Unit, Peru

Palliative care, worldwide, has a relevance and an undeniable clinical and medical utility that is statistically confirmed and validated. In that sense, palliative care also shows its validity under a cost-efficiency analysis. It has been observed that most articles about this aspect (cost-efficiency) show a clear, evident and statistically valid positive impact of palliative care interventions (e.g. in quality of life and symptom control), while costs tend to maintain or even decrease in some cases, compared with the ones associated to traditional health provision models. These comparative advantages are already clearly established and well known in developed countries, where generalized, systematic and continuous provision of palliative care is a reality.

In contrast, Latin America, one of the most unequal regions in the world, shows marked disparities in access to health services, between and within countries, having unmet basic needs in this topic. Palliative care is among those unmet health provision needs that, in some cases, are still far from being offered by the different health care systems in this part of the world. In this context, the development of health policies in palliative care faces many different challenges, not only the financial ones, always an issue in the region, but also variables of social, cultural or even geographic nature that have to be considered and raise an even more complex scenario in which palliative care services have to be planned, implemented, offered and accepted by the population.

This presentation, based on statistical data from WHO, UN, ECLAC and certified bibliographic sources, is mainly focused on the complex reality of health care systems in Latin America

and specifically on palliative care and the challenges, difficulties and pitfalls of its implementation in this region. Context, current situation and reasons for the continuously increasing demand of palliative care in Latin America will be analysed. A comparative analysis of the different levels of development of palliative care services between countries will also be done, considering aspects such as coverage, quality and legislation. Finally, a cost-efficiency evaluation with favorable conclusions will lead to some proposals (based on WHO-UN data) for the development and implementation of sustainable palliative care services in the area.

This bibliographic and statistical research concludes that palliative care services are an urgent and still unmet need in many Latin American countries. Ageing population and the notorious increase in life expectancy in recent decades, among others, are important factors that strongly influence the increasing demand of palliative care services in the region. Current models of health services in many countries of the area are inadequate and insufficient to face the increasing demand of these services in elderly and chronically ill population. States, throughout the continent must enhance and develop policies in order to implement viable and sustainable palliative care programs.

### Speaker Biography

Benjamin Cavenago Salazar obtained his Master's Degree in Palliative Medicine and Treatment of Pain. He is a Medical Oncology Specialist in the Department of Palliative Oncology in ADAMO Home Care Palliative Unit, Peru.

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## Palliative Care nursing in Oman from unknown to well-known

**Manal Al-Zadjali**

Oman Specialized Nursing Institute, Oman

Cancer is a “human disaster” that is considered as one of the leading causes of death globally. The prevalence of this life-threatening disease is expected to rise to 22 million by 2022 as predicted by the World Health Organization (WHO). Oman is not an exception to this. Cancer causes about 10% of death occurring in the country annually. However, Oman has witnessed great achievements in its healthcare services especially those provided to patients living with cancer. These achievements resulted in increased longevity and patients living with symptoms longer. This called for establishing palliative care services integrated into the current nursing practice.


Palliative care nurses work with individuals and their families who are suffering from a life-threatening illness. They work in order to improve the quality of life of these people through prevention and control of suffering; early detection and thorough assessment, diagnosis and management of pain and other problems associated with their illness whether it is physical or psychosocial or spiritual. Thus, training nurses to undertake this role is vital when providing care for patients with chronic diseases who are living longer. The aim of this presentation is to demonstrate the efforts exerted by a Non-governmental organization in collaboration with national

and international organization to prepare 360 national and international nurses and 44 physicians for providing palliative care to their patients in primary, secondary and tertiary healthcare institutions integrating the services into the current healthcare system. It will recommend a plan for the future in moving towards an interdisciplinary collaborative palliative care service to be offered to all those patients who needs it in different community settings

### Speaker Biography

Manal Al-Zadjali is the Coordinator of BSc (Hons) Community Health Nursing Practice Program at Oman Specialized Nursing Institute in Sultanate of Oman. She received her PhD in Nursing and Health Innovation from Arizona State University to become the first nurse who graduated with a PhD in Nursing and Health Innovation and the first master-prepared community health nurse in Oman. She teaches community health nursing and works as the Acting Dean of the institute at times. Further, she is an Adjunct Faculty at Arizona State University, USA and an Honorary Mentor at Cardiff University, UK. In addition to teaching, she is an active member of several professional committees such as research committee and curriculum development committee. She is interested in conducting researches related to health promotion and chronic diseases such as cancer and obesity. When she is not teaching, Manal volunteers in Oman Cancer Association. She is also a board member of the same organization. She is a winner of several awards and scholarships such as the GCC Nurses' Day Award, Don Tapia Barbara Durand Scholarship from Arizona State University, USA and Fulbright Scholarship etc. She has published several papers on obesity, cancer and community health nursing in Oman. Manal enjoys reading, travelling and nail art in her free time. She currently resides in Muscat.

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## Analysis of risk factors associated with breast cancer incidence among women in Padang city by 2018

Leni Merdawati

Andalas University, Indonesia


**B**reast cancer is the second highest cancer incidence in the world and the highest cause of cancer death in female. In Indonesia breast cancer is the 5th degenerative disease and is the 3<sup>rd</sup> cause of death. Incidence of death is about 22.6/100.000 and its mortality 10.1/10.000. Cancer prevalence rose by around 0.4% from 1.4% to 1.8% in 201. The purpose of this study was to analyze the risk factors associated with breast cancer incidence among women in Padang city. This study was conducted in Padang City on June 6 - October 7, 2018, used a case-control study. The number of samples were 84 cases and 84 controls. Sampling was done by quota sampling. The instrument used a questionnaire Data analysis by chi-square test ( $\alpha < 0.05$ ).

The results showed that the risk factors that associated with breast cancer incidence ( $p < 0.05$ ) were age of menarche, age of menopause, long time to breastfeed, history of oral contraceptive use, smoking history, obesity, physical activity, stress level, consumption of animal and fat resources, and food processing. The risk factor associated with breast cancer incidence were reproduction factors. The health workers are advised to provide health promotion about risk factors for women, and patients are advised to have a healthy lifestyle, and managing stress.

### Speaker Biography

Leni Merdawati has her expertise in Medical and Surgical Nursing in Faculty of Nursing. She is a Head of Medical and Surgical Department in Faculty of Nursing, Andalas University. She is a Lecturer, Instructor in the public hospital, especially surgical nursing ward. Her research work involves open and contextual evaluation model based on improving quality of life patients with breast cancer. She has done this research for evidence based on risk factor in patients with breast cancer.

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## Predictors of anaemia prevalence in antenatal care among pregnant women in urban Ghana

Jones Asafo Akowuah<sup>1</sup>, Ebenezer Owusu-Addo<sup>2</sup> and Ama Panyin<sup>3</sup>

<sup>1</sup>Ghana Education Service, Ghana

<sup>2</sup>Monash University, Australia

<sup>3</sup>Kwabre East Health Directorate, Ghana


**A**naemia during pregnancy is a major public health concern. The prevalence is life threatening due to the involvement of foetus the pregnant mother carries. Despite its wide scope and adverse effects, extensive interventions using the upstream approaches to public health have not been realised. The study investigated the prevalence and associated factors of anaemia on pregnant women in four health facilities in the Kwabre East Municipality of Ghana. Using the cross-sectional design with a two-stage sampling technique on 220 pregnant women, structured questionnaires were used. Anemia (hemoglobin  $< 11$  g/dL) was present in 25 (11.45), and iron deficiency in 19 (8.6%) pregnant women. The multiple regression analyses indicate 95% CI on ANC in current pregnancy, taking fruits after meals and folic acid intake in present pregnancy. The bivariate analyses revealed 1% significance on age and household size on anaemia prevalence. with beta co-efficient, marginal

effect, z statistic, likelihood ratio chi-square as 0.523 and 1.722, 0.041 and 0.195, 11.84 and 7.75, and 93.80 and 55.06 respectively. The adjusted odds ratio (AOR) for anemia was 2.4 and 3.2 if pregnant women were  $\geq 36$  weeks of pregnancy. Though anaemia prevalence has been low in urban areas as previously reported, collaborated healthcare measures that aim at eradicating the menace are encouraged.

### Speaker Biography

Jones Asafo Akowuah has his expertise from the area of social determinants of health with key emphasis on the use of upstream approach to maternal health and a broader perspective of sustainable and integrated rural development using the broader spectrum of stakeholder engagement. Based on his research prowess, he is a joint-founder of Write Well Research Club, a non-profit organisation that helps to guide young and amateur research tertiary students on how to develop research skills towards a paradigm shift in research. His future research interest is to work with organisations to map out clear-cut policy directives on broader health systems using the social determinants of health. He has been serving as editor to the Journal of Advances in Medicine and Medical Research.

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## Social construction of the elderly in Libya: Perception, communication and discourse (revisited)

**Mayouf Ali Mayouf**

University of Sebha, Libya


The paper investigates the social status of the elderly in Libya and how it is co-constructed in the way elderly fathers interact and communicate with younger sons, and healthcare providers. In Libya (Arab, Muslim and Bedouin) the elderly occupies significant familial and social roles. The findings reveal that elderly fathers are perceived as the family leadsser, advisor and decision maker. In contrast, the younger sons are perceived as always independent. Moreover, the large size of Libyan families provides a better chance for elderly fathers to live in extended families, and hence have more familial integration, interaction, and activation. Interactionally, elderly fathers manipulate conversations, use considerable overlap and interruption to seize their turns. Elderly fathers address their younger sons with the least preferable repair strategy, and adopt bald and unmitigated utterances when producing their refusals. They prefer to produce their requests to their younger sons in 'order' and/or 'order then explain' styles. In comparison, younger sons very rarely overlap, interrupt, or raise their voices when conversing with their elderly fathers. Furthermore,

they do not produce verbal rejections to their elderly fathers' demands. Interestingly, sexual and romantic issues could not be raised between them. Finally, elderly patients and their younger physicians tend to socialise their institutional settings by not mentioning terms like rectum. Moreover, they summon each other with social labels (hajji/son). The paper concludes that the elderly in Libya interact and communicate in accordance to their social status and perception. The subjects co-construct the elderly status in their everyday talk-in-interaction settings.

### Speaker Biography

Mayouf Ali Mayouf was born in Sebha, Libya in 1971. He received his BA in English language from Garyounis University. In 2001, he joined Newcastle University and obtained his PhD in Language and Communication in April 2005 under the supervision of Prof. Li Wei. He participated in a number of conferences: Sociolinguistics Symposium 15 in Newcastle, Sociolinguistics Symposium 16 in Limerick, the Closed Workshop in Tokyo, the Pragmatics Conference in Gothenburg, and the IAGG2013 in Seoul. He is interested in the field of language and the elderly and the social construction effects on interaction and communication in the society. He is now an assistant professor in English language and linguistics at Sebha University.

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## Obstetrics and Gynaecology service: An experience from Kurdistan Region of Iraq (KRG)

**Chnur Younis Mustafa**

Sulaimaniya Maternity Teaching Hospital, Iraq

**Objective:** To report and analyse data from admission to Obstetric department of maternity teaching hospital at Kurdistan Region of Iraq at the time of instability and economic constraints. Following restructuring obstetrics service to provide care at lowest cost, we aim to share our experiences with international community.

**Design:** Prospective non-randomised study looking at outcome of Obstetric referral to maternity teaching hospital in developing country

**Method:** Prospective non-randomised study was performed between 2016 and 2017. Data was collected using Microsoft Excel and patient demography at the time of admission was gathered. Prospectively each patient was followed up from admission to discharge looking at the diagnosis, intervention and outcome for both patients and babies. Data analyses was performed using descriptive statistics.

**Results:** Of 55,993 attendees 22350 cases were admitted of which 7,493 required surgical procedure. Of 15,235 mothers who gave birth, 5,860 required caesarean section. Total number of born baby was 18573, of them 278 babies died (1.49%). Majority of dead babies were premature (207, 74.4%). 27%

of mother were primigravida, the rest were multigravida. Of babies were born, male to female ratio was almost 1.06. overall, 1,098 neonates were admitted to Neonatal Care Unit, of them 241 died. There was two maternal mortality. Commonest indication for caesarean section was breech presentation followed by pre-eclampsia and ante-partum haemorrhage.

**Conclusions:** Obstetric services in developing countries presents a great challenge to doctors and health care professionals. There is little known about the situation of obstetric service at KRG of Iraq. With continued war with ISIS, KRG has faced an economic constraint to an extent the salary has become almost seasonal across all the institution in the country. With the good will of healthcare professional and re-organisation of the service, our result is better than most developing countries across the world.

### Speaker Biography

Chnur Younis Mustafa is a 4<sup>th</sup> year Kurdistan board trainee in Obstetrics and Gynecology. She has completed her graduation from the University of Sulaymanyah, Faculty of Medicine, Kurdistan Region of Iraq in the year 2012. Her specific research interest is in Gynecological Oncology.

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## Phonosymbolisem, the cognitive benefits of a universal language

Genc Struga<sup>1</sup> and Thomas Bak<sup>2</sup>

<sup>1</sup>University Hospital Mother Teresa, Albania

<sup>2</sup>University of Edinburgh, UK

**Background:** The project aims to examine possible cognitive benefits of bilingualism in native speakers of Arvanitika, including the ability for further learning and acquisition of other languages. We aim to achieve statistically important number of Arvanites equal Bilingual and monolingual to be interview using a up to date questionnaire and TEA or TEA like cognitive screening.

**Method:** This is a cross-sectional population study including bilingual and monolingual speakers without exclusion criteria and with respects to gender equality, stratified random sampling responders in the areas where Arvanite population traditionally lived achieving a sample number statistically important of responders in a population unofficially ranging from 200000-16000000 or 15% of population. The samples are taken from areas where traditionally there are Arvanites with more than 500 villages in different province of Greece dominantly in Epirus, Follorina, Castoria Eubea, Attica, Corinth, Boetia, Argolis, Messenia, Acheae, Peloponnese, Thraka and settlements in Andros, Hydra, Poros, Spetsai, Salamis Participants are voluntary; they have the right to refuse participate and to withdraw their participation and data any time. To be eligible, potential participants have to be an old adult with no previous diagnosis of dementia, bilingual in Arvanitika and Greek or otherwise. The method of the population surveys is personal in-home survey with in identified areas with significant population of Arvanites with Dr.Genc Struga and supervisor Co-Director of "Bilingualisem matters "Dr.Thomas Bak in collaboration

with" Bilingualism matters "Thessaloniki Team .The team will use their Greek colleagues connections and snowball sampling approach. This method is commonly used in social sciences when investigating hard-to-reach groups. Existing subjects are asked to nominate further subjects known to them, so the sample increases in size like a rolling snowball.


**Conclusions:** Language characteristics such as phonosymbolisem and ethnography enhance the native neuroplasticity,making it easier for Albanian speaker to learn another language and to pronounce such new language with a more accurate accent. This factor is independent of CPH (critical period hypothesis) influencing L2 (second language) acquisition and with better pronunciation or accent.

Furthermore, to benefits of speaking native language, studies have confirmed that bilinguals performed significantly better than predicted from their baseline cognitive abilities, with strongest effects on general intelligence and reading.

### Speaker Biography

Genc Struga is a Consultant Neurologist and Stroke in University Hospital Mother Teresa and attending Physician at Cerebrovascular Intensive Care Unit. He is an Experienced Consultant with a demonstrated history of working in the hospital & health care industry. Skilled in Clinical Research, Medical Education, Medicine, Neurology & Stroke, Neurosonology and Clinical Trials. Strong consulting professional with a Doctor of Philosophy (Ph.D.) focused in Neuroscience from University of Tirana Faculty of Medicine.

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## Using alternative medicine NurAid II in the treatment of acute phase of stroke

**Genc Struga**

University Hospital Mother Teresa, Albania

**N**urAiD II contains 9 natural herbal extracts with proven effect to stimulate neuroplasticity and improve morbidity and cognition particularly in patients with ischemic stroke. The effect is in proliferation, differentiation and the migration of neuronal cells and the formation of new neuronal circuits affecting recovery of patients after stroke.

The activation by NeuroAid of the ATP sensitive potassium channel located in the suffering neurons of the brain protects them from death. Indeed, the opening of the channel decreases the excitability of neurons (by hyperpolarization) preventing an overload of calcium and release of excitotoxic glutamate. Besides the beneficial effects in neuroplasticity already published, these results strengthen the interest of NeuroAid in stroke recovery. NurAid II prevents necrosis and apoptotic cell death induced by global ischemia, enhances neurogenesis, and enhances functional recovery. This makes MLC901a potential novel therapeutic strategy in treating cognitive and neurological deficits caused by global ischemia from conditions that deprive the brain of oxygen and glucose, such as cardiac arrest.

Data from the Chinese Medicine Neuroaid Efficacy on Stroke


recovery (CHIMES) study, an international, randomized, placebo-controlled, double-blind trial investigating the efficacy of MLC601 on stroke recovery in patients with ischemic stroke of intermediate severity in the preceding 72 hours showed improve long term morbidity and cognition. Functional independence defined as mRS  $\leq 1$  was significantly increased at 6 months and persisted up to 18 months after a stroke.

The results of the studies confirmed the overall benefit of NeuroAiD in stroke recovery and showed that treatment effect for achieving functional independence was greater among non-acute strokes, consistent with previous studies. In addition, the study showed that NeuroAiD had an excellent safety profile.

### Speaker Biography

Genc Struga is a Consultant Neurologist and Stroke in University Hospital Mother Teresa and attending Physician at Cerebrovascular Intensive Care Unit. He is an Experienced Consultant with a demonstrated history of working in the hospital & health care industry. Skilled in Clinical Research, Medical Education, Medicine, Neurology&Stroke, Neurosonology and Clinical Trials. Strong consulting professional with a Doctor of Philosophy (Ph.D.) focused in Neuroscience from University of Tirana Faculty of Medicine.

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