



Joint Event
Public Health, Women's Health,
Nursing and Hospital Management
December 03-04, 2018 | Lisbon, Portugal

POSTERS

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal



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Rhinovirus infection is influenced by polymorphisms in the immune system related genes TOLLIP and IL6

Rhinovirus are picornavirus with over 150 serotypes and 3 species. Although usually causing common colds, in Asthma, COPD and elders it may cause life-threatening disease. Both environmental and genetic susceptibility factors may play a role in rhinovirus epidemiology.

In the present study we evaluated the influence of immune-system related genetic variations (TOLLIP rs5743899, IL6 rs1800795, IL1B rs16944, TNFA rs1800629) in the modulation of rhinovirus infection susceptibility.

Blood samples and monthly nasal swabs were collected from 89 volunteers. DNA and RNA were purified with Qiagen column based kits. Viral RNA was quantified by RTqPCR on Lightcycler 1.1 (Roche). Polymorphisms were genotyped by PCR-RFLP.

TOLLIP and IL6 polymorphisms (but not IL1B and TNF) were found to influence rhinovirus nasal detection. TOLLIP-G individuals were more often year-long rhinovirus free ($p < 0.048$). Additionally, if TOLLIP-G individuals were excluded from analysis, non-IL6-C individuals showed higher rhinovirus titers ($p < 0.028$). This fully agrees with molecular mechanisms as free Rhinovirus particles, are detected by TLR2 which is inhibited by TOLLIP. TOLLIP-G decreases TOLLIP expression, increasing TLR2 and protecting from Rhinovirus infection. TOLLIP G also sustains production of IL6 needed for viral clearance post-infection. However, in the absence of the TOLLIP G allele, and of the IL6-C allele there is low IL6 production leading to a poorer Immune response and higher viral titers.

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Rhinovirus infection is influenced by atmospheric conditions and outdoor-air virus

Rhinovirus are picornavirus with over 150 serotypes and 3 species. Although usually causing common colds, in Asthma, COPD and elders it may cause life-threatening disease. Transmission routes may involve human-to-human and indirect transmission. To the best of our knowledge, no outdoor-air based transmission has been reported.

In the present study we evaluated the role of outdoor and indoor air-borne virus in the transmission of rhinovirus.

Monthly nasal swabs were collected from 89 volunteers. Weekly outdoor and indoor air samples were collected. Daily atmospheric parameters were collected from the FP-ENAS meteorological station and the public air quality monitoring infrastructure. RNA was purified with Qiagen column-based kits. Viral RNA was quantified by RTqPCR on Lightcycler 1.1 (Roche).

No indoor-air samples showed rhinovirus. Outdoor air samples showed rhinovirus presence with a peak in November, closely resembling the frequency of positive nasal samples. Sun Radiation ($p < 0.0001$), and atmospheric SO₂ ($R = -0.843$; $p < 0.009$) and benzene levels ($R = 0.809$; $p < 0.001$) were found to significantly relate to the presence of nasal rhinovirus.

Conclusions: Air-borne rhinovirus correlates with human infection. This may be influenced by viral stability due to atmospheric conditions. Additionally, immune-system interfering pollutants such as atmospheric benzene may also influence airborne rhinovirus infectivity.

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Year-long Rhinovirus detection in nostrills of young healthy volunteers

Rhinovirus are picornavirus with over 150 serotypes and 3 species. Although usually causing common colds, in Asthma, COPD and elders it may cause life-threatening disease. In the present study we evaluated the year-long presence of rhinovirus in the nostrills of healthy individuals in Porto, Portugal.

Monthly nasal swabs were collected from 89 volunteers. RNA was purified with Qiagen column-based kits. Viral RNA was quantified by RTqPCR on Lightcycler 1.1 (Roche).

Frequency of positive nasal samples showed a single peak in autumn with a maximum frequency of 40% in November (fig.1). A similar distribution was found for viral titers with a maximum in November, but with a second 100x weaker peak in spring (fig.1). Rhinovirus positivity was found to be more frequent (17%) in individuals reporting relevant symptoms (frequent sneezing, dripping nose, stuffy nose or nose symptoms plus lacrimation/eyes-pruritus) than in individuals with no such symptoms (6%), indicating that in most of these cases productive infection was taking place.

Conclusions: Rhinovirus circulation among healthy volunteers in Porto shows a strong peak in autumn, and a minor one in spring. The spring peak was only observed when nostril rhinovirus quantification is taken into account, as no increased frequency of rhinovirus was observed, but rather an increase in maximum viral titters among positive samples. The present results are in accordance with the literature reporting peaks of rhinovirus circulation in autumn and spring, but suggest the need to use sensitive and quantitative methods for the characterization of viral circulation in healthy populations.


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Public Health, Women's Health, Nursing and Hospital Management

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**In Young Cho**Seoul National University
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South Korea**Prevalence and factors associated with persistent smoking after diagnosis of CKD**

Background: Chronic kidney disease can increase the risk for cardiovascular diseases, and cardiovascular diseases contribute to a significant proportion of morbidity and mortality in CKD patients. While smoking is a strong risk factor for CVD complications, currently no population-based studies are available examining change in smoking habit behavior in newly diagnosed CKD patients. Therefore, this study aimed to examine the prevalence of sustained smoking among patients recently diagnosed with CKD, and factors associated with persistent smoking.

Patients & Methods: Data was collected from a cohort study using representative samples in the Korean National Health Insurance database. A total of 10,473 male CKD patients who were first diagnosed between January 1, 2004 and December 31, 2011 were included in the study. Change in smoking status, and demographic, socioeconomic and clinical variables were examined for association with sustained smoking.

Results: Out of 935 male smokers newly diagnosed with CKD, 628 (67%) continued smoking while 307 (33%) quit. Multivariate logistic regression analysis showed that persistent smoking after diagnosis of CKD was associated with younger age at diagnosis and higher fasting blood glucose levels. **Conclusion:** Almost two-thirds of men continue to smoke after being diagnosed with CKD, suggesting that more can be done to encourage and help men recently diagnosed with CKD to quit smoking. Men who are younger, and who may benefit most from early interventions for smoking cessation, are less likely to quit, suggesting that future smoking cessation policies should take into consideration this population.

Biography

In Young Cho has her expertise in chronic disease care and is dedicated to improving the health and wellbeing of her patients. She has been responsible for treating patients with tobacco dependence at the smoking cessation clinic in Seoul National University Bundang Hospital.

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Frantisek DolakTechnical University of Liberec
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The research focuses on identified devices and surfaces using in nursing practice, and on bacterial contamination of selected devices and surfaces. In the nursing practice, infectious agents of healthcare-associated infections can be very often transmitted by indirect contact, especially through different devices and surfaces. Microorganisms can persist on devices for a different length of time. In the case of ineffective implementation of basic hygienic-epidemiological precautions, they may cause the transmission and subsequent occurrence of healthcare-associated infections. Within the scope of qualitative research, various risk devices and surfaces potentially involved in the transmission of healthcare-associated infections were identified by observation technique. Identified objects include administrative objects, containers for transporting or storing of medical materials, drug delivery devices, individual packages, surfaces of medical devices, work and storage surfaces, etc. Within the next part of the experimental research, various level of bacterial contamination of kidney trays, working trays for the preparation of injection and infusion therapy was identified for both pathogenic (*Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Acinetobacter* species, *Enterobacter cloacae*, etc.), and non-pathogenic bacteria (most often bacteria of the genus *Staphylococcus coagulase negative*, sporulating microorganisms or *Micrococcus* species). Respect of basic preventive precautions is an important part of prevention of healthcare-associated infections occurrence. A new possibility of preventing these infections is the use of specified antibacterial nanolayer eliminating the infectious agents of healthcare-associated infections in nursing practice.

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Simulation teaching in the prevention of healthcare-associated infections

This post is focused on integration of simulation teaching methods in the general education process of nurses in basic preventive precautions connected with healthcare-associated infections. The information is based on educational practice and relevant national and international resources that have been published by the PubMed, ScienceDirect, Scopus, and other scientific databases. Preventing of healthcare-associated infections is an important part of quality and safety of health services. An important aspect is the actual education of nursing students using different teaching methods, including lectures with simulations. Implementation of these methods increases steadily nowadays. As a part inclusion of teaching simulation methods in the educational process, students improve their knowledge, skills and attitudes in a controlled environment. They are part of the core of the learning strategy. The simulation teaching process consists of several phases including planning, implementation or self-realization, evaluation and review. At the planning stage, it is important to rely on available relevant resources. The plan should include achievement of expected results, problem solving procedures, team work, simulation determination, pedagogical intervention, etc. The implementation phase involves the realization of a defined state according to a pre-established plan. The evaluation phase includes evaluation of the effectiveness of simulation teaching, assessment of students' knowledge, skills and attitudes. An important part is to evaluate the satisfaction of the student and the teacher. The review phase is the last phase of the evaluation and, if necessary, the revision of the simulation training plan. Simulation lessons in the prevention of healthcare-associated infections can be applied to hygienic disinfection of hands, using of gloves, disinfection and sterilization, collection of biological material, use of personal protective equipment, appropriate manipulation of objects and aids in nursing practice, isolation precautions avoiding the occurrence of various microorganisms in other areas.

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Kristine Visnevskā

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Chronic patient compensable medication adherence

Introduction: Due to the introduction of the electronic Health system in Latvia from January 1, 2018 general practitioners are able to check if patients had bought prescribed medications. Non- using of prescription drugs is actual problem all over the World. For example in United States about 35% of chronic patients do not use their medications. Using statins were about just 40% patients. Despite medication using indications, many patients do not use it, or use irregular. Medication nonadherence increase the risks to the patient health and leads to negative consequences, causes financial loss and increases hospitalization rate. There are many reasons for not taking medications, for example- multimorbidity, being not able to afford them, despite of compensation, misunderstanding about illness, asymptomatic diseases, patient cognitive status, mistrust in their general practitioner. It has been proven that patient adherence has been less in long term therapy and if the amount of prescribed medication increases. Patient adherence in case of using one medication is 81%, but if they have to use 4 medications, adherence decreases to 33%.

Aim: The aim of the study is to compare medication nonadherence for chronic patients among seven diagnosis- arterial hypertension, first type of diabetes, second type of diabetes, hyperlipidaemia, chronic obstructive lung disease, bronchial asthma, depression.

Materials and methods: There was done retrospective longitudinal study data of 229 patients. Patients were selected from two family doctors practices among seven diagnoses during the period from first January 2018 until 31 of July 2018. In study were included patients at least 18 years old, who had one or more diagnosis from selected seven diagnosis- arterial hypertension, first type of diabetes, second type of diabetes, hyperlipidaemia, chronic obstructive lung disease, bronchial asthma, depression and who were prescribed compensable medications. The data obtained were verified in the electronic Health system and analyzed in SPSS system.

Results : In this study were included patients, who had at least one from the mentioned diagnosis and who had visited their primary practitioner from 1 January 2018 until 31 July 2018- total 217 patients. 127 patients (58,5%) were women and 90 patients (41,5%) were men. All seven diagnosis didn't have any of patients. Most patients had just one diagnosis- 46,1%; two diagnosis had 35% and three diagnosis had 13,4% of patients. During period from 1st January until 31st July 2018 have been prescribed 1524 medications, but from all prescribed medications just 78,9% have been also bought. 21,1% medications haven't been bought. The range of prescribed medications for one person during period ranges from one to 35 medications. The most patients have been prescribed two medications- 13,4%. Statistically significant difference ($p=0,033$) occurs for most nonadherent diagnosis- 19,2% of Chronic obstructive lung disease haven't bought prescribed medications. In the second place for medication nonadherence is patients with depression- 10,8%. Then goes patients with diagnosis hypercholesterinaemia- 10,4% are nonadherent. In this study there wasn't statistically significant difference in prescribed medication group ($p=0,331$). Nonadherent were patients with prescribed statins- 10,3%, then goes rescue medications (salbutamol, nitrendipinum) - 7,5% have not been bought.

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Microvesicles released from ectopic endometrial epithelium foci as potential biomarker of endometriosis

Objectives: Angiogenesis is one of the key steps engaged in pathogenesis of endometriosis. The purpose was to investigate the presence of MVs with essential angiogenesis mediators, like vasculo-endothelial growth factor (VEGF) and metalloproteinase-9 (MMP – 9) in peripheral blood and peritoneal fluid of women aged 25-45 with endometriosis staged as II-IV stage according to AFS. MVs released from cells of endometriosis foci were analyzed in this project. The research was performed in group of participants who were subjected to surgical treatment due to the suspected endometriotic cyst, deep and superficial infiltrating endometriosis of pelvic peritoneum. MVs presence locally in peritoneal fluid and systematically in blood may be yet unknown mechanism of immune response regulation. Moreover MVs may have influence on immune tolerance and growth of endometriosis foci. "Metastatic" nature of endometriosis in some patients may suggest such a scenario.

Material and Method: The study was conducted on blood samples and peritoneal fluid samples collected from women aged 25-45 with endometrial lesion in pelvic organs diagnosed during laparoscopic surgery. Women undergoing laparoscopic surgical treatment due to benign non-hormonal dependent ovarian lesions (teratomas) will be used as a control. Microvesicles (MV) were determined in samples of 5 ml blood and samples of 5 ml peritoneal fluid. The blood samples were collected day before operation during taking blood sample to preoperative test. The fluids were collected from the peritoneal cavity during operation. In the study 30 samples of blood were obtained: 23 samples from women with endometriosis and 7 from women with teratomas and 27 samples of peritoneal fluid were obtained: 19 samples in the test group and 8 samples in the control group. The blood samples and the peritoneal fluid samples were dispensed into tubes containing anticoagulants and were undergone the process of getting platelet free plasma (PFP)/ platelet free peritoneal fluid. Thirty minutes after collection the sample was centrifuged (3000g/15minutes) to isolate MVs from the blood and peritoneal fluid sample. PFP and platelet free peritoneal fluid were frozen in -40°C. In the next step the samples were thawed at the room temperature and centrifuged in 1000g in 5 minutes. Analysis of isolated MVs was performed by flow cytometry (FACS) with using annexin V, antibodies for molecules characteristic for cells from endometriosis foci (keratin 18 (K18), CD105, CD146) and antibodies for intraepithelial vascular growth factor VEGF and metalloproteinase - 9 (MMP - 9). There were double "reading" of the sample using flow cytometry (FACSCanto II)

Analysis and Results: In the study we analyzed the results of flow cytometry of 30 plasma samples (23 samples from the test group of women with endometriosis and 7 from the control group with teratomas), 27 peritoneal fluid samples (19 samples from the test group of women with endometriosis and 8 from the control group with teratomas). In 10 patients, tests were performed in both samples (plasma and peritoneal fluids), while the remaining cases had only one of the tests. Statistical analysis was performed using the STATISTICA program. The data generated by flow-cytometers were classified by size: All – number of whole objects, 05-1/024 – number of objects larger than 0.24 µm, 05-1/022 - number of objects larger than 0.22 µm but smaller than 0.24 µm. Objects with dimensions from 0.22 µm to 0.24 µm (220-240 nm) and marked by antibodies were subjected to analysis. Three sets of arrangements were made: set1- CK18 + annexin V + VEGF + MMP-9, set 2 - CD105 + annexin V + VEGF + MMP-9, set3- CD146 + annexin V + VEGF + MMP-9. The results were expressed as a percentage of counts of particular type in relation to the superior category (% parent). It allowed to avoid the influence, of significant differences in the total number of counts between patients, on the



Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal



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result. Median (as a measure of the average value in each group) and 1st and 3rd quartiles (as a measure of the results spread) were counted for each type of test in sets (set 1, set 2 and set 3) in the subgroups of patients. Comparisons between patients groups were made with the Mann-Whitney test. The test hypothesis assumed that both analyzed samples (test and control) came from the same population (or population with identical medians).

We compared each of the flow cytometry parameters between the control and endometriosis groups to check which of the cytometry results differ the groups. We were looking for a correlation between plasma and peritoneal fluid to see if there was a relationship between the amount of microvesicles in these media. In plasma samples the statistically significant differences were observed in three cases: set 3 VEGF + / MMP9 - higher percentage of object marked by those antibodies in the control group, a larger percentage of microvesicles with annexinV in the group with endometriosis and higher percentage of microvesicles with MMP9 in the control group. It was also noticed that tests with annexin V plus another marker (antibodies) gave few object to count whereas tests with VEGF plus another possible marker gave much more objects to count. The same criteria were used to analyze samples of peritoneal fluid. There was detected one significant difference between test and control group: set 3 VEGF + / MMP9 - higher percentage of objects in the control group. Like in plasma, microvesicles marked by VEGF, also in combination with other markers, were the higher number of objects. Moreover we observed higher percentage of objects marked by CK18 in peritoneal fluid in both group.

There was a try to estimate the logistic regression to see if it was possible to predict, to which of group patients belonged using microvesicles profile. The logistic regression models ware developed for collected date of plasma and peritoneal fluid analysis. However the odds ratio estimate was impossible due to the small number of samples.

Moreover we tried to cluster patients within the plasma and peritoneal fluid groups to visualize the overall picture of the cytometry results between the groups. Clustering did not properly separate two groups of patients. The results indicated the heterogeneity of the study group. The heterogeneity was observed in both plasma and peritoneal fluid samples. The reason could be clinical factors not included in the analyzed data.

Conclusion: Results of the study did not confirm hypothesis that microvesicles with proangiogenic factors (VEGF, MMP9) are produced in higher amount by endometriosis foci. The research revealed presence of MVs in blood and peritoneal fluid samples in both groups. The higher percentage of MVs with VEGF+/MMP9 and only MMP9 in blood was unexpected result. Those factor are important in angiogenesis. Process, which is more advanced in endometriosis foci, not in teratomas cysts. In peritoneal fluid analysis we also observed more MVs VEGF+/MMP9 in control group. Moreover in peritoneal fluid there were noticed a lot of microvesicles marked by CK18 in both grup. It was suprising result, because cytokeratine 18 was choosen as e specific marker for endometrial cells.

To sum up, the study indicated single parametrs, which differing group of patients witch endometriosis and control group (patients with teratomas). Most of the measurements did not differentiate the analyzed groups of patients. The tests group was heterogeneity, while the control group was quite small, which made difficulties to obtain statistically significant results. The reason of heterogeneity in group of patient with endometriosis could be many. In this study information of stage of endometriosis advanced and date of menstrual cycle in which was samples collected were not compared with analyzed data. Perhaps these data had a significant impact on variety results

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Joint Event
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ABSTRACTS**

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Public Health, Women's Health, Nursing and Hospital Management

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Telemedicine and healthcare administration – digital health transformation**David Labajo Izquierdo**

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The digital health transformation is a reality that arises from the demands of users and patients, who ask for new services, new ways to access healthcare and new behaviors. Health organizations must be able to understand and adapt to this new reality; but it is also a great opportunity for differentiation and for providing value beyond traditional health care. Users have changed a lot in the last 40 years. Before, we looked for a health service that gave access to the best professionals and the best health centers; nowadays, users demand different things: they demand more information about their health, they demand prevention, they demand self-management tools and they demand the best personalized services wherever and whenever they are. Those who can read these new demands and adapt to them, will have a privileged position and a clear differential value. Till now, health delivery was restricted to the four walls of hospitals and care centers. Users are asking to move beyond those barriers and access healthcare from any location, no matter where. Not only that, they want proactive prevention services that allow them to stay healthy making their daily life. That is where telemedicine and new digital health solutions have a tremendous space for success. Sometimes, we used to think that digital transformation is about new technologies or new devices, but digital transformation is about changing the processes, adapting the pathways, at the end, changing the way of delivering solutions and interacting with users. If there are only new technologies without changes, then we cannot talk about digital transformation. Digital transformation translates into new business models, new opportunities, and new market strategies. But design and implementing a new digital strategy in the health organizations is not easy. It's not only about designing new services and solutions, it's about changing the organizations' culture, empower employees in a different way, and create a cooperative ecosystem beyond the boundaries of the own organization. Moving from a 'me-myself-and-I' approach, to an 'open ecosystem approach', to enrich our value and deliver even best solutions to the users.

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December 03-04, 2018 | Lisbon, Portugal

Queuing management simulation using lean in pharmacy Hermina Yogya Hospital: exploiting the potential of reducing cycle time**A Heri Iswanto**

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Pharmacy is responsible for providing all the prescribed drugs and advising patients about the use of the medication. This unit is important for the hospital economically because 4-50% of hospital revenues come from it. Lean is implemented in pharmacy to reduce the cycle time using sequencing job analysis. Prior to implementing lean, the team has conducted training all staff, including in the conduct of measurements and audits to oversee performance metrics in line with lean implementation. The team has supported the involvement of staff, including in committing and engaging in totality implementation activities. Measurements used are; average cycle time; job lateness and; percentage of job lateness. This time is calculated from the patient give prescribing to receiving the drug in minutes. The pharmacy cycle time of the selected sample is 110 respondents divided into three categories; red for recipes containing one-three items with target of five minutes; yellow for recipes containing four-six items with target 10 minutes and; green for recipes containing more than six items with a target of 15 minutes. The pharmacy cycle time one month after implemented lean of the selected sample is 110 respondents divided into three categories. For cycle time the red category on average for six minutes, yellow nine minutes and green 20 minutes. When compared to the target, the red category that exceeds the target is 31.46% (28/89), 21.43% yellow (3/14) and 14.28% green (1/7). The above results show that lean implementation is successful in reducing waiting time in certain items in the pharmacy. In the end, lean can directly reduce cycle time. In addition, the change of conventional service model that is in the order of arrival can be changed with SPT (shortest processing time) model. Thus there is a significant decrease in service time for red by 50.36%, yellow 69.20% and green 60.71%..

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Using the diffusion of innovation theory to understand the adoption of a telemedicine platform – myDiabby**Carine Khalil**

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The prevalence of gestational diabetes represents one of the most frequent pathology during pregnancy. Many perinatal and postpartum complications are associated with gestational diabetes. Women with gestational diabetes require regular follow-ups and overall management in order to normalize maternal blood glucose and improve pregnancy outcomes. However, regular follow-ups in gestational diabetes can be costly and labor intensive. It represents a real burden for health professionals as well as for patients. Yet, with the advancements made in the digital field, telemedicine is gaining popularity over traditional healthcare approaches. Although a growing number of research studies highlighted the value of telemedicine in managing diabetes, results are still modest. There is a lack of knowledge on how innovative telemedicine solutions in GDM are spread within health structures, and adopted by health professionals in order to monitor and follow up patients. This research study aims at analyzing the perceptions of healthcare providers regarding the use of a telemedicine platform - myDiabby - for managing patients with GDM. A qualitative research approach has been adopted for collecting and analyzing data. Twenty semi-structured interviews have been conducted in 13 diabetes services in France, between March 2018 and May 2018. Data analysis shows that the adoption of myDiabby is influenced by the perceived relative advantage, the compatibility, the trialability, and the visibility of the benefits associated with the telemedicine platform. In addition, a set of extrinsic factors - such as the demographic context of healthcare providers, the context of pregnancy as well as the geographic, cultural, political, and economic environments seems to affect the adoption of myDiabby

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Notes:

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Practice patterns in neuromuscular blockade monitoring**Darryl DuVall**

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This study aimed to provide accurate estimates of rates of qualitative neuromuscular blockade (NMB) monitoring during surgical procedures utilizing NMB agents. Residual neuromuscular blockade in patients admitted to the post anesthesia care unit (PACU) is common, with inadequate postoperative neuromuscular block reversal event rates ranging from 16% to 70%. NMB monitoring is effective in detecting residual NMB, yet research findings suggest that in patients whom have had NMB agents administered, up to 40% do not receive intraoperative NMB monitoring. Anesthesia practice guidelines suggest performance of NMB monitoring when a NMB agent is administered. Despite best practice guidelines recommending NMB monitoring, estimates of the rate of NMB monitoring are dated and low. In our study, the estimated overall rate of NMB monitoring was 98.9%. No statistically significant differences in NMB monitoring rates were found for surgery year, provider type (MD/DO or CRNA), patient BMI, patient age, or length of surgery. There were a disproportionate number of females that had NMB monitoring performed compared to males ($p=0.002$). Additionally, there were a disproportionate number of patients aged 40-69 and 70-80+ that had NMB monitoring performed compared to patients aged 18-39 ($p=0.01$). Several variables were included in the final logistic regression model as significant predictors of the lack of NMB monitoring. A Delphi panel recommended future research examining adverse respiratory events in the PACU to establish a standard of care for quantitative versus qualitative NMB monitoring in the perioperative period

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Neck of femur fracture patients on warfarin: How to optimize them and achieve the best practice tariff?**F Joy and J Taylor**

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Introduction: Management of a patient with a neck of femur (NOF) fracture is a key aspect of orthopedic trauma care, with around 75,000 new cases in the United Kingdom annually costing the health care over £2 billion. A person on anticoagulation (warfarin) and the time spent on its reversal prior to surgery is identified to be a cause not only on patient outcome but also losing the best practice tariff (BPT).

Aim: The aim of the study was to establish the impact of this cohort of population had on achieving the BPT and how we could improve it. \

Materials & Methods: Retrospective data was collected over a period of 12 months using the national hip fracture data base (NHFD). A percentage of 10% of the identified cohort was delayed to theatre due to high international normalized ratio (>1.5) and failed to achieve BPT. This cost the trust a loss of around £43,200.

Results: Introduction of a simple hand held warfarin testing device (cost only £800/-) in accident and emergency was done and appropriate patients had an instant INR check. If INR >1.5 a stat 2 mg intra venous Vit K (IVK) is initiated and INR was rechecked at six hrs and if indicated further IVK is administered.

Conclusion: Using this simple device and its introduction in the A&E department, we can avoid the time lost for the anticoagulation reversal. This will mean improved patient care and compliance with BPT and can be achieved in this cohort of NOF fracture patients.

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

A Cross-sectional Study on Smart phone Addiction, Sleep Hygiene and Perceived Stress**Kriti Singh, Saurabh Tripathi, Pankaj Chaudhary, Abid Ali Ansari and Seema Nigam**

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Introduction: The continuous availability of internet in today's world has led to an increase in use of mobile phones. A Smartphone is a mobile phone with extensive computer features. It possesses high resolution touch screen display, Wi-Fi connectivity, Web browsing capabilities and the ability to accept sophisticated applications. It also enables users to play 3D games, fast web browsing and access to social networking sites simultaneously and also texting messages. We conducted a cross-sectional study to determine the addiction to smart phones among medical students and its relation to sleep hygiene, stress and anxiety, if any. We used predesigned pre-tested close ended questionnaire.

Material and Method: Study involved 50 individuals (18-35 years of age) of Kanpur. Smartphone Addiction Scale Short Version, Sleep hygiene index and Perceived Stress scale were used for stating the state of addiction, sleep hygiene state and level of perceived stress.

Results: Mean age 22 years (12%). Majority of study subjects were 20 years old (15 out 50) mostly males and very few females. Mean Smartphone addiction score 39 (very severe), Mean sleep hygiene index score 26.76 (moderate maladaptive hygiene) and mean perceived stress score 19.92 (moderate stress). Statistical tools will be applied for further detailed analysis.

Conclusion: In majority students were found to have very severe Smartphone addiction along with moderate sleep hygiene and moderate perceived stress. The purpose of Smartphone use was commonly for using social media application (Facebook, Whatsapp, Instagram etc). and also for communication.

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

A cross-sectional study of stress in relation to overweight/obesity**Saurabh Tripathi, Kriti Singh, Pankaj Chaudhary, Abid Ali Ansari and Seema Nigam**

G.S.V.M Medical College, India

Introduction: Stress may influence obesity behaviourally through stress related overeating as a medium of escaping emotional distress. There is increasing prevalence of Obesity/Overweight among medical students mainly due to sedentary life, lack of physical activity as well as stress due to academic pressure, insecurities about future, family and personal factors. Stress is more among final year medical students more as compared to other years because of complexity of syllabus, academic pressure, future insecurities and desire to excel in upcoming postgraduate medical entrance exams. We conducted a cross sectional study on medical students and correlated with overweight & obesity using predesigned & pretested questionnaire.

Objectives: To determine the magnitude of stress among undergraduate MBBS students. To find out the magnitude of Obesity and Overweight and illustrate relationship with stress, if any.

Materials and Methods: A study will be conducted among 120 final year students using a self-administered questionnaire containing questions regarding dietary and personal history and Perceived Stress Scale (PSS). Anthropometric measurements were taken to calculate BMI. Duration of study is two months. Data will be collected and tabulated on MS Excel sheet and will be analysed using SPSS and conclusion will be drawn accordingly.

Results: Yet to be analysed, will be presented at the conference.

Conclusions: Yet to be analysed, will be presented at the conference.

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

A cross-sectional study on quality of life on patients of completed DOTS treatment

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Introduction: Tuberculosis (TB) is a persistent problem in India Its impact on functioning and quality of life (QOL) affect all predicted domains of QOL, including general health perceptions, somatic sensation, psychological health, spiritual well-being, physical, social and role functioning We conducted cross sectional study to determine QOL among patients completed TB treatment using predesigned & pretested questionnaire.

Objectives: To determine the quality of life among the patients completed DOTS treatment.

Materials and Methods: Study included 50 patients (19-45yrs age group) of OPD of Murari Lal T.B Chest Hospital Kanpur. Duration of study is 2 months. The subject interviewed using WHOQOL-BREF questionnaire. Data will be collected and tabulated on MS Excel sheet and analysed using SPSS and conclusion will be drawn accordingly.

Results: Yet to be analysed, will be presented at the conference.

Conclusions: Yet to be analysed, will be presented at the conference

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Peripartum Intensive Care: Experience in a New York City urban hospital setting**Deena Elkafrawi, Carmen Sultana, Kecia Gaither and Cassandra Henderson**

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Critical care in pregnancy continues to be an understudied field in obstetrics and gynecology. In the United States, approximately 1-3% of pregnant women need critical care during pregnancy. Death will occur in approximately 2-11% of these admissions. Non-obstetrical indications are the leading causes gravid women need critical care during pregnancy. In the South Bronx, one of the most socio-economically disadvantaged patient populations in New York City, we conducted a retrospective chart review of intensive care admission in the antepartum period and up to six weeks post-partum at Lincoln between January 2014- January 2017. We hoped through our study to establish the typical patient profile in our population who warrants critical care in pregnancy, hence better targeting this subset of patients before critical care. Variables studied were age, body mass index, hypertensive disorders of pregnancy, diabetes, ethnicity, prenatal care, pulmonary disorders, and substance abuse. A total of 73 admissions were found, 54.5% were antepartum and 45.2% were postpartum. Of the antepartum admissions, 8 were due to sepsis, 6 secondary to diabetic ketoacidosis, and five for respiratory dysfunction. Irrespective of time of admission, sixteen were for preeclampsia, six secondary to postpartum hemorrhage and three cardiomyopathy. 22 antepartum patients had no prenatal care, while three postpartum patients had no prenatal care. Eleven antepartum patients had substance abuse, while only four postpartum patients. African American women were likely to have no prenatal care and admitted in the antepartum period, while Latinas tended to be obese and admitted in the postpartum period

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Exploring Health Worker Responses to a Drama and Documentary Film About Family Planning in Rural Uganda**Isabella Chambers and Sabine Coates**

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In 2015, Uganda's 3.26% annual population growth rate was distinctly higher than elsewhere in Sub-Saharan Africa. With one of the highest global fertility rates, at an average of 5.6 births per woman, Uganda is a clear example of a country in need of Family Planning.

To address this, researchers and film-makers have created drama and documentary films to encourage the use of Family Planning in South-West Uganda. Made in the local languages, Rukiga and Luganda, these are intended to provide more accessible health messages to those whose low-level education makes written materials unsuitable. A qualitative study was carried out to determine whether Ugandan health workers considered these films to be suitable to screen in their facilities.

Three focus group discussions (FGDs) took place with 24 health workers in varied levels of health centres. The FGDs were conducted in English and audio-recorded for transcription. The transcripts were analyzed using an inductive thematic analysis through software Atlas.ti, version 8.2.4.

The responses were very positive. Largely, the documentary was preferred over the drama as it was found to be more informative and educational. However, it was suggested that various changes to the drama would be necessary to ensure it would be culturally appropriate. Some of the issues highlighted in the drama included the limited male presence in the film, and a dislike towards the main character. The films will be remade in line with the feedback so they can be screened in multiple health facilities in the region

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Correlation of hTERT expression with cervical cytological abnormalities and human papillomavirus infection**Vjosa A. Zejnullahu**

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Telomerase Reverse Transcriptase (TERT) is the main catalytic sub-unit of telomerase, a reverse transcriptase enzyme. Telomerase expression is regulated at many levels, with numerous studies suggesting that up-regulation of human TERT gene (hTERT) at transcriptional level results in immortal cell phenotype associated with cancer. The aim of this study is to determine the correlation between hTERT expression and different cervical precursor lesions, as well as with cervical cancer in patients with confirmed Human papillomavirus (HPV) infection.

The study included molecular analyzes on cervical samples from 214 women and matched Papanicolaou (Pap) test results. HPV detection and genotyping was performed by polymerase chain reaction (PCR) and genotyping. Quantitative real-time PCR (qRT-PCR) was performed using TaqMan probes and were calculated relative to the reference gene.

Results showed significantly increased hTERT mRNA expression levels in high-grade and low-grade lesions compared to normal control samples ($p < 0.01$) associated with 6.31 fold higher risk for developing ASC-US and 9.20 for LSIL. Strong correlation between HPV infection and hTERT expression in the high-grade lesions and cervical cancer was also observed. hTERT relative expression values showed 98% specificity and 100 % sensitivity as indicator of cervical lesions particularly for the ACS-H, HSIL and cervical cancer.

In conclusion, hTERT expression correlates with the cytological grade of the cervical lesions and HPV infection and has a potential to be used as a diagnostic and prognostic marker

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