

NCDS AND SOCIAL DETERMINANTS OF HEALTH

Childhood Epilepsy Misconceptions In Sudan- A Descriptive Cross-Sectional Study

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Background: Epilepsy is one of the most prevalent non-communicable diseases worldwide. Stigma attached to epilepsy carries a greater burden than the disease itself. In Sudan, as in many low- and middle- income countries (LMICs) there is very limited research addressing neurological disorders in general, and epilepsy in particular. Misinformation and misconceptions should be identified and corrected for optimal care and management. This study was done to evaluate the knowledge, attitude and practices of mothers toward their epileptic children.

Methods: In this descriptive cross-sectional study we conducted questionnaire-based interviews at Soba University Hospital and Fath Alrahman children referral unit in Khartoum, Sudan to assess the knowledge attitude and practices of Mothers toward their epileptic children.

Findings: Of the 88 interviewed mothers, 57% were secondary school educated with an age range of 20 to 49 years old (Mean of 27). 41% were aware of the organic nature of the disease, 19% thought it might have a spiritual nature and 40% weren't aware of the nature of the disease. 77.3% thought epilepsy is not a hereditary disease and 16% thought it's infectious. Of the 78.4% who thought the disease is curable 71.6% believed in medical treatment alone and 28.4% thought spiritual treatment is possible as well. 56.8% of the mothers reported good responses to the attack and 43.2% reported poor responses. 60% of the mothers stated that epilepsy had a negative effect of their child socially.

Interpretation: The level of knowledge about epilepsy among mothers of epileptic children needs to be raised. Many mothers have significant wrong believes, negative attitudes, and poor practices. There is a need for educational programs to help in the improvement of the quality of life and prognosis of epileptic children. The media, as well as, high authorities government organizations should play a major role in increasing the public awareness. Increased awareness and public education could help in reducing the social stigma.

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Abstract #: 1.001_NCD

Analyzing the Emergency Triage Logbook Components of Road Traffic Accident Victims at AaBET Hospital in Addis Ababa, Ethiopia

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Background: Among African nations, Ethiopia has among the highest burden of road traffic accidents (RTA). Each year, the country loses around 3000 people from RTA. Nevertheless, there

is a paucity of research on RTA victims presenting to urban emergency departments (EDs) in Ethiopia.

Methods: We conducted a retrospective document review of all patients presenting due to RTA at Addis Ababa Burn, Emergency, and Trauma (AaBET) Hospital (Addis Ababa, Ethiopia) from August 18, 2015 to March 9, 2016. Selected patient variables from ED triage logbooks were entered into Microsoft Excel. Using SPSS version 21, we performed descriptive analyses, chi-square test of independence, and binary logistic regressions to describe and understand the analysis outputs of the records of RTA victims.

Findings: During the study period, AaBET Hospital saw 662 RTA victims, comprising 32.1% of all trauma-related patients. Median age was 27 years. Using South Africa Triage Scale triage color categories, most patients were assigned lower triage acuity, with 289 (43.7%) patients assigned as Green and 273 (41.2%) patients assigned as Yellow. Of Green (lower triage acuity) victims (n=289), the majority (54.3%) of them were referred from health institutions. Among RTA victims referred from health institutions (n=408), 164 (40.2%) were referred without communication to the receiving facility. RTA patients coming from the scene were significantly less likely to arrive by ambulance [Adjusted OR = 0.3 (95% CI: 0.21-0.43)] as compared to those who were referred from health institutions.

Interpretation: In Addis Ababa, many patients being referred to a specialized trauma hospital after RTA have low triage acuity. Nevertheless, these referrals place highest demand on limited ambulance services, and often occur without clear communication between facilities. Strengthening primary health institutions to manage low-acuity RTA victims without referral may decrease strain on pre-hospital transport and trauma center resources, which may instead be directed toward RTA patients from the scene and those suffering from more critical injuries.

Source of Funding: St. Pauls' Hospital Millennium Medical College, Addis Ababa, Ethiopia.

Abstract #: 1.002_NCD

Trends of Incidence of Childhood and Adolescent Cancers in Kampala and Wakiso Districts, Uganda: 2009 to 2014

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Background: Cancer is relatively rare in childhood compared to later in life. Worldwide, the common malignant diseases of childhood are leukaemia, lymphomas, central nervous system tumors and embryonic solid tumors whereas among the adolescents, sarcomas of bone and soft tissue, and tumors of the male and female genital tracts. In Africa, the distribution of childhood cancers is quite similar, commonest being Kaposi sarcoma, Burkitt's lymphoma, retinoblastoma, leukaemia and Hodgkin lymphomas.

Methods: This was a retrospective cross-sectional study which involved review of cancer patient's information from Kampala cancer registry which collects information on cancers diagnosed within

Kampala and part of Wakiso districts and included children (0–14 years) and adolescents (15–19 years). The data was analysed using SPSS.

Findings: A total of 752 patients, 71.7% (n=539) were children (0–14 years) and 29.3% (n=213) were adolescents (15–19 years) diagnosed with cancer between January, 2009 and December, 2014. Among the children, Hodgkin lymphoma was 21%, 12% Kaposi Sarcoma, 9% nephroblastoma, 7% retinoblastoma, 11% unspecified malignancies and 40% others. Among the adolescents, 20% were Kaposi Sarcoma, 18% Non-Hodgkin lymphoma, 8% Hodgkin lymphoma, 7% Hodgkin Lymphoma, 6% Chronic Myeloid leukaemia and 41% other malignancies.

The age adjusted incidence per one million of childhood malignancies were; Non-Hodgkin Lymphoma (26), Kaposi Sarcoma (14.95), Nephroblastoma (9.2). Age Adjusted Incidence Rate of adolescent malignancies were; Kaposi Sarcoma (10.05), Non-Hodgkin Lymphoma (4.31), Hodgkin lymphoma (3.59).

Retinoblastoma and nephroblastoma were found in only children.

Interpretation: Among the children, the findings from this study differed from that in countries outside Africa. Haematological malignancies, solid tumors brain tumors were the most common cases of childhood and adolescent cancers. In Kenya and Rwanda, the most common were Non-Hodgkin lymphoma, leukaemia, Kaposi Sarcoma and nephroblastoma respectively.

Among the adolescents, the incidence was quite similar to those in Countries outside Africa, with Non-Hodgkin Lymphoma being the most common. The trends of adolescent cancers in Uganda were quite similar to those in other African countries although Kaposi Sarcoma was the most incident which was not the case with other African countries. In Zimbabwe, leukaemia, osteosarcoma, Non-Hodgkin lymphoma and Kaposi sarcoma had the highest incidence rates.

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Abstract #: 1.003_NCD

Identifying Optimal Waist Circumference Cut-off Points for Central Obesity in Indigenous Guatemalans

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Background: Risk factors for Cardiovascular Disease (CVD) are now increasingly prevalent in developing countries. The International Diabetes Federation (IDF) has recommended ethnic specific waist circumference (WC) thresholds, 90 cm for men and 80 cm for women from Central and South America based on limited data while the AHA and WHO recommends 102 and 88 cm. We aimed to identify the optimal WC cut off points to predict different CVD risk factors in an indigenous population in Guatemala as an alternative and more cost-effective method to assess risk in a resource limited setting.

Methods: We conducted a secondary analysis of data from a representative sample of an indigenous Guatemalan population (n=350).

ROC curve analysis was performed to define optimal WC cut points to identify ≥ 3 risk factors for men and women. Multivariate logistic regression was used to assess the ability of the newly defined cut points to predict the presence of individual and ≥ 3 risk factors. We then compared the performance of the newly defined cut points to the IDF and WHO cut points for central obesity in our population.

Findings: Out of 350 subjects, 276 had complete data to be included in the analysis. Optimal cut-off points for central obesity were 81 cm for men and 83.5 cm for women. The newly defined cut-offs performed significantly better (AUC 0.77 and 0.68) than the WHO (AUC 0.51 and 0.60) and IDF (AUC 0.60 and 0.62) definitions for central obesity. Accuracy was 76.92% and 66.67%, versus 53.85% and 59.69% for WHO, 61.54% and 59.60% for IDF for men and women respectively. Odds ratios of association between the different cutoff points and ≥ 3 CVD risk factors were, 5.854 (3.368,10.175) for our new cut-off point vs 2.245 (1.240,4.069) the WHO and 3.476 (1.870,6.462) for the IDF cut-off points.

Interpretation: Our new cut-off points for central obesity are better predictors of CVD risk factors than the ones recommended by the IDF and WHO when applied to an indigenous population in Guatemala. Validating and applying these new cutoffs to other indigenous populations in Latin America have potential CVD prevention value.

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Abstract #: 1.004_NCD

Awareness and Health-seeking Behavior of Urban Residents for NCD in Ethiopia

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Background: In Ethiopia, a double burden of disease is already emerging at the early stage of the epidemiological transition, with a mix of persistent, emerging, and re-emerging infectious diseases and increasing prevalence of chronic conditions and injuries. The aim of this study was to assess the knowledge of and attitudes toward health care services and the current practices in healthcare related to NCD services in urban settings where JSI's Strengthening Ethiopia's Urban Health Program is being implemented.

Methods: This is a mixed cross-section study that was conducted in cities and towns in five regional states and two city administrations in Ethiopia with the aim of exploring and understanding community awareness, knowledge, attitudes, and current use of health services.

Findings: The findings of this study show that about 79% of the respondents had heard about NCDs. The most commonly cited NCDs constituted hypertension (74%), diabetes (73.4%), and cancer (35.5%) among others. However, the community's level of awareness about the risk factors associated with NCDs was dangerously low: dietary problems (49.9%), overweight and obesity (40.4%), physical inactivity (32.4%), and substance abuse including alcohol and tobacco (30.5%). Surprisingly, only 25% of the respondents who heard about NCDs received medical checkup in the last