

INTERNATIONAL CONFERENCE ON CHRONIC DISEASES AND 6TH SAVEZ CONFERENCE

Book of Abstracts

Chronic Diseases and Integrated Care: Rethinking Health and Welfare Systems

24-25 October 2019

Kosice, Slovakia



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ICCD 2019 & 6th SAVEZ CONFERENCE
24-25 October 2019, Kosice, Slovakia

HOSTED BY

European Public Health Association – EUPHA, Section on Chronic Diseases

Pavol Jozef Safarik University in Kosice, Faculty of Medicine

Slovak Public Health Association - SAVEZ

Ministry of Health of the Slovak Republic

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Darina Sedlakova, MD, MPH	WHO Country Office in the Slovak Republic, SK
Dineke Zeegers Paget, LLM, PhD	EUPHA – European Public Health Association

Session 1:

24 October 2019 (Thursday), 8:30 – 9:30

Challenges of management of musculoskeletal diseases

Cultural differences in needs and treatment preferences in rheumatoid arthritis patients

Alexandra Husivargova

Husivargova A^{1}, Nagyova I¹, Habib O¹, Balinovitz AV¹, Macejova Z²*

¹*Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

²*1st Internal Clinic, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

**Contact details: alexandra.husivargova@upjs.sk*

Background and aim

Rheumatoid arthritis (RA) is a chronic progressive autoimmune disease which affects 0.5–1% of the population. Despite pharmacological treatments getting more effective, there are still many problems in daily physical and psychological functioning of RA patients. The aim of this study was to identify the most preferred needs and non-pharmacological interventions by patients to alleviate RA-related symptoms.

Methods

The total sample consisted of 135 patients, of which 41 patients were from Slovakia (SK) (80.5% females, mean age 56.05±13.07 years), 51 patients were from Greece (GR) (62.7% females, mean age 52.32±14.21 years) and 43 patients from England (EN) (79.1% females, mean age 53.53±12.75 years). Data were collected within a semi-structured interview. Descriptive and CIA analyses were used to identify preferences in non-pharmacological interventions in RA patients.

Results

The most preferred non-pharmacological intervention in every nationality was physical exercise (EN 97.7%, GR 31.4%, SK 39%). Among the patients' needs highest references were found for spending extra time with the physician, but there were significant differences between the

countries (EN 46.5%, GR 35.3%, SK 4.9%). The most preferred source of information were books or leaflets (EN 11.6%, GR 25.5%, SK 26.8%) as compared to searching the information on the internet (EN 7%, GR 21.6%, SK 9.6%). A total of 60% of patients wish to bring somebody with them when visiting the physician or attending an intervention (EN 79.1%, GR 31.4%, SK 75.6%), but only 6.7% of RA patients are willing to have a group meeting with another patient (EN 0%, GR 13.7%, SK 4.9%).

Conclusions

The results show that there are significant differences between countries with regard to care needs and preferences. The biggest difference lies in time spent with physicians – UK and GR patients would like to spend significantly more time with physician compared to SK patients. UK and SK patients significantly more frequently than GR patients would like to have a companion present during meetings. Another important information is that patients are not pleased with the idea of group meetings. Our results can help to tailor non-pharmacological intervention for RA patients. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Determinants of health related quality of life in osteoarthritis patients before total hip and knee arthroplasty

Julius Evelley

Evelley J^{1}, Nagova I¹, Vicen M^{2,3}, Polan P^{2,3}*

¹*Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

²*Department of Musculoskeletal and Sports Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

³*1st Private Hospital, Kosice – Saca, Slovak Republic*

**Contact details: jevelley@gmail.com*

Background and aim

Osteoarthritis (OA), as one of the most common consequence of arthritis of the knee and hip joints, is considered as main cause of musculoskeletal pain and incapacity for work. OA is also often associated with decreased health related quality of life (HRQoL). The main aim of the study was to explore sociodemographic, clinical,

and psychological factors related to HRQoL.

Methods

The sample consisted of 146 OA patients (50.7% males) 64±9 years old. Data collection was carried out one day before total knee/hip arthroplasty. Physical (PCS) and mental (MCS) components of quality of life were measured using SF-36. Functional status was assessed with KOOS/HOOS and psychological well-being with GHQ-28. We analysed data using multiple linear regressions.

Results

Total explained variance of PCS was 45%. In the final model only restrictions in daily activities were significantly contributing to total explained variance ($\beta = .63$, $p < 0.001$). For MCS total explained variance was 43% and OA symptoms, activities of daily living, and pain were significantly associated with MCS. However, when psychological factors were added into the model, only anxiety remained significantly associated with mental component of quality of life ($\beta = -.54$, $p < 0.001$).

Conclusions

Clinical and psychological factors were found to be related to both physical and mental components of HRQoL, however anxiety appears to be the important psychological variable associated with overall well-being of OA patients. These results may be useful in patient educational and preparatory programs before surgery. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

The 'wear and tear' of the public health sector: the under-recognized burden of osteoarthritis on the quality of life

Gyongyi Anna Mezey

Mezey GA^{1}, Mate Z¹, Paulik E¹*

¹Department of Public Health, Faculty of Medicine, University of Szeged, Hungary

**Contact details: mezey.gyongyi.anna@med.u-szeged.hu*

Background and aim

Osteoarthritis is one of the ten most disabling diseases in developed countries affecting 10% of men and 18% of women aged over 60 years. Research is required to understand how osteoarthritis affects people physically and

psychologically. Thus the aim of our study was to assess the effect of knee and hip osteoarthritis and its therapy on patient's quality of life.

Methods

Data collection was carried out by self-administered questionnaires: WHOQOL-BREF – World Health Organization's generic quality of life instrument and WOMAC - Western Ontario and McMaster Universities Osteoarthritis Index. The population of our cross-sectional investigation consisted of patients awaiting total joint replacement surgery (preoperative group), or arriving for post-operative check-up (postoperative group) at the Department of Orthopaedics of the University of Szeged. Control group's data was obtained from one of our previous study.

Results

Results of preoperative and control group showed that in the age groups 55-64 and ≥ 65 in the physical ($p < 0.001$) and environmental domains ($p < 0.05$) preoperative patients had a decreased quality of life. However, in the ≥ 65 age group preoperative patients reported better quality of life ($p < 0.05$) in the social domain compared to the controls. Results of the disease-specific WOMAC questionnaire showed a decreased quality of life in the older age groups. Comparing preoperative and postoperative data, total replacement surgery caused a significant improvement in the ≥ 65 age group in the physical ($p < 0.001$) and environmental ($p < 0.001$) domains. Results of the WOMAC questionnaire confirmed this improvement.

Conclusions

All questionnaires showed an improved quality of life after total knee or hip replacement surgery. The comparison of the postoperative and control group showed that after surgery patients were able to reach the control group's level of quality of life. The conference attendance is supported by: EFOP-3.6.3-VEKOP-16-2017-00009.

Profile of pathway coordinator for Complex Patients in Hospital

Sophie Fave

Fave S^{1}, Stephen Fortune S², Kalafate Perichon J², Arbia N³, Victor De Negri V⁴*

¹University of Lyon, France

²University Hospital of Martinique, France

³Hospital Le Carbet, Martinique, France

⁴ANFH, Martinique, France

*Contact details: favesophie@orange.fr

Background and aim

Medical care systems implemented according to medical specialties present a problem for the management of chronic poly-pathological patients, sometimes elderly, in a situation of social fragility. The University Hospital of Martinique (French West Indies) has observed fragmented and illegible medical follow-up reports for patients. Psycho-social aspects and anxieties from the anticipation of the return home are also critical given the lack of coordination with primary care. These problems explain long, expensive, and inappropriate hospitalizations. But the hospital is not only a place of applied medical expertise; it includes all forms of care, psychosocial support, home-risk assessment, and coordination with primary care. How should these factors be organized during hospitalization? The goal was to identify the collaborative and interdisciplinary skills that are essential for the profile of a complex chronic pathway coordinator.

Methods

In 2018, a survey was conducted among 4 categories of people: doctors, nurses, administrators and patients. 60 questionnaire were distributed to imagine such a profile: organizational skills, a spirit of synthesis based on holistic perspective, qualities of diplomacy and mediation, as well as a high degree of adaptability and listening skills (inspired by Scale of Likert).

Results

From 53 answer (88%), skills have been prioritized for the pathway coordinator. He must be professionally qualified, legitimized, and must convey a culture of health, much better than a mere bed-manager would. Pathway transition, in a transverse and multidisciplinary context requires specific

course of training. The results favor nurses (45%), compared to physicians (32%) or care managers (23%).

Conclusions

The coordinator profile is provided by a nurse in professional reclassification. Her job is now continuing the study by identifying bed-blocking patients early, medico-psychosocial patient assessment, and building coordinated health care pathways for the most complex patients. Collaboration with primary care begins...

Comorbidities as risk factors for complications after implantation of total knee and hip replacement

Martin Vicen

Vicen M^{1,2}, Polan P^{1,2}, Evelley J³, Polanova M³, Nagova I³*

¹Department of Musculoskeletal and Sports Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²1st Private Hospital, Kosice – Saca, Slovak Republic

³Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

*Contact details: mvicen@nemocnicasaca.sk

Background and aim

Osteoarthritis is a progressive disease, which last treatment option is surgical treatment - implantation of replacement. This is a serious surgery, that requires careful patient preparation to minimize the risk of complications. One of the most serious complication is periprosthetic infection (incidence 0.5-2%). Patient-associated risk factors for infection can be divided into general (comorbidities and history) and local (previous operations and local status in the limb). The aim of this work is to summarize the existing data of the influence of individual comorbidities on the risk of complications and also to present the distribution and incidence of individual comorbidities in our group.

Methods

The sample consisted of 135 patients who underwent implantation of total knee or hip replacement in 2018-2019 at the Department of Musculoskeletal and Sports Medicine of Košice-Šaca Hospital. The data were collected one day before

the surgery and comprised medical data as well as questionnaire on socio-demographic and psychological data.

Results

Among the comorbidities that most increase the risk of complications are diabetes mellitus (10.3% of patients in our group). Furthermore, systemic rheumatic diseases, especially rheumatoid arthritis (in our sample 12%), which significantly affect the function of the immune system. Other reported comorbidities that increase the risk of complications include cardiovascular disease (46%), urological disease (17.5%), depression and other psychiatric diseases (6.7%), skin diseases (erysipelas), cancer (3.7%). Osteoporosis (29%) increases the risk of complications but not the risk of periprosthetic infection.

Conclusions

The distribution and incidence of individual comorbidities in our group indicate a potential risk of postoperative complications. In the prevention of complications, it is necessary to identify patients with that comorbidities and try to influence them therapeutically. However, further research is needed to assess the potential clinical usefulness of these risk factors as tools to assess the risk of complications This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Return to sport after total knee and hip arthroplasty

Peter Polan

Polan P^{1,2}, Vicen M^{1,2}, Evelley J³, Polanova M³, Nagova P³*

¹Department of Musculoskeletal and Sports Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²Ist Private Hospital, Kosice – Saca, Slovak Republic

³Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: peter.polan@nemocnicasaca.sk*

Background and aim

Total knee and hip arthroplasty is one of the most successful surgical procedures. In the past, the aim of knee and hip arthroplasty was to eliminate pain and improve the range of motion. Surgical treatment was mainly indicated in middle-

aged and elderly patients. Currently, patient's demands and expectations are increasing leading to arthroplasty performed in patients of younger groups, often under the age of fifty. Yet, to date, the question regarding factors associated with returning to sports activities has not been clearly answered. The aim of this work was to compare data from literature with own experience regarding factors associated with return to sport after implantation of knee and hip endoprosthesis.

Methods

Literature search with studies identified via Web of Knowledge, PubMed, SCOPUS, and the Cochrane Library.

The case study a 67 old year marathon runner eight months after knee arthroplasty return to run marathon.

Results

The most important factors influencing the return to sport are considered: patient-related factors (age, gender, body weight, motivation, and sports activities before surgery), surgery-related factors (generally recognized view among surgeons that sport is "risky" physical activities) and implant design. The authors will present a short video case report – a marathon runner eight months after knee arthroplasty.

Patient after the surgery is without pain, improved range of motion, which significantly improved his HRQoL. Currently has run more than 15 marathons with total knee replacement. He regularly attends patient's seminars, which the authors organize for patients, who are preparing for knee arthroplasty at the Department of Musculoskeletal Medicine Kosice – Saca.

Conclusions

The conclusion of the study is that sports activities are possible after knee and hip arthroplasty. The most important is the right choice of sporting activities, their timing and the patient's motivation. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Session 2:

24 October 2019 (Thursday), 8:30 – 9:30

Next generations' health

Detection of developmental coordination disorders of schoolchildren from a public school in Bogotá

Jamie Alvarado Melo

Alvarado Melo J^{1}, Morales Eraso N², Riveros Medina M³, Gutierrez Galvis A⁴, Rubiano Espinosa O⁵*

¹Libre University - Minuto de Dios University, Bogota, Colombia

²Libre University - Rosario University, Bogota, Colombia

³Libre University - Manuela Beltran University, Bogota, Colombia

⁴Libre University

⁵Libre University - IDRD

*Contact details: jaimie.alvaradom@unilibre.edu.co

Background and aim

The increase in the prevalence of sedentary lifestyles and the insufficient participation of physical activity in children has led to a reduction in their movement tasks. Therefore, it is important to detect early problems of motor skills development. From early ages and even more in adolescence. The objective of the study is to detect developmental coordination disorders of schoolchildren from a public school in Bogotá.

Methods

This study was conducted on 63 schoolchildren (30 men and 33 women) with an average age of 16.24. The motor quotient was evaluated by the KTK test.

Results

The punctuation of different tests shows that in dynamic equilibrium the sample had: 100,08 (+13,206), monopodal jump: 80,90 (+20,43), lateral jump test: 106,73 (+26,13) and lateral transposition test: 47,38 (+7,34). In general, in terms of motor coordination, the motor quotient showed the following qualifications: symptomatic 11.1% (n= 7), normal 58.7% (n= 37) and good 30.2% (n = 19). Statistically significant differences (p<0,05) were found in the motor

quotient between boys (37,048) and girls (34,374), with girls being mainly in the symptomatic category. According to Pearson's statistic test, we found no correlation between age and analyzed variables (p>0,05) but exist a statistically significant correlation between different motor abilities analyzed and gender (p<0,05). It can be concluded that girls need to increase motor experiences to improve their coordinative abilities.

Conclusions

The timely detection of limited motor skills allows evidence of another important effect of sedentary behaviors, which affects negatively the motor development of the adolescent. It must be a fundamental axis of the public health agenda of developing countries, for which integral programs should be generated from the school with a multidimensional approach, among them, the motor skills as development strategies, at an individual and collective level that allow a better motor, cognitive and social performance.

Predictors of asthma morbidity among children with asthma: a cross sectional study

Maha Dardouri

Dardouri M^{1,2}, Mallouli M³, Pekarcikova J⁴, Sahli J³, Ajmi T³, Mtraoui A2, Bouguila J⁵*

¹Department of public health, Faculty of health sciences and social work, University of Trnava, Slovak Republic

²University of Sousse, Tunisia

³Faculty of Medicine of Sousse, University of Sousse, Tunisia

⁴Faculty of health sciences and social work, University of Trnava, Slovak Republic

⁵University Hospital Farhat Hached of Sousse, Tunisia

*Contact details: dardourimaha@gmail.com

Background and aim

Childhood asthma is a serious global health problem that imposes a substantial burden on children and their families. It is a leading cause of childhood morbidity as measured by acute health care use (AHCU). Several factors can determine the asthma morbidity, particularly symptoms control. Little was known about factors associated with asthma-related AHCU. In this study, we investigated the association between asthma-related factors (medication adherence, inhaler

technique, asthma control and severity, lung function, passive smoking, and asthma phenotypes) and asthma morbidity among children with asthma aged seven to seventeen years.

Methods

This was a cross-sectional study carried out in the pediatric ward of the University Hospital Center “Farhat Hached” in the center of Tunisia over a period of three months (April-June 2018). Participants were selected from the registration database of the pediatric ward from 2013 to 2018. AHCU was defined as one or more hospitalization or ED visit related to asthma during the in past 12 months prior to the study period. Logistic Regression analysis was performed in order to identify the predictors of asthma-related AHCU.

Results

A total of 90 children have participated in the study. The percentage of children aged 7 to 11 years was higher than the percentage of adolescents aged 12 to 17 years (67.8%; 32.2%, respectively). The majority of children was male (55.6%) and has no health insurance (65.6%). The final logistic regression model demonstrated that moderate stage of asthma severity and incorrect inhaler technique increased the odds of AHCU (OR a = 4.6; 95% CI: 1.1-18.1; p = .03, OR a = 2.9; 95% CI: 1.1-7.8; p = .02, respectively). Additionally, we established that the increase of QOL score with one unit greatly reduced the odds of AHCU one time or more per 12 months (OR a = 0.6; 95% CI: 0.4-0.9; p = .01).

Conclusions

Data suggest that advanced severity stage of asthma, incorrect inhaler technique and lower QOL score increased AHCU one time or more per year. These findings are useful for health care providers since they demonstrated the impact of modifiable risk factors on asthma morbidity. These factors could be targeted in future interventions designed to reduce ACHU.

Epidemiological patterns of traumatic brain injury in children and adolescents in European countries

Juliana Melichova

Melichova J, Majdan M, Rusnak M, Plancikova D, Sivco P, Zelinkova V, Taylor M*

Department of Public Health, Faculty of Health Sciences and Social Work, Trnava University, Slovak Republic

**Contact details: juliana.melichova@tvu.sk*

Background and aim

Traumatic brain injuries (TBIs) are a common cause of death and disability, especially in children and adolescents. World Health Organization states that 54 – 60 million people suffer from TBIs worldwide annually. In Europe every year 2.5 million people suffer from TBIs, 1 million are hospitalized and 75, 000 die. The main object of this study was to present a cross-sectional analysis of the epidemiological patterns of TBIs in the pediatric and adolescent population in Europe.

Methods

Age-standardized death, hospital discharge and years of life lost (YLL) rates caused by TBIs were calculated in the pediatric and adolescent population. Data obtained from Eurostat covering 30 European countries were stratified by country, sex, and age (5 categories, the range from 0 to 19 years).

Results

TBIs caused overall 2,303 deaths in the 0 – 19 years old group. The pooled age-standardized mortality rate was 2.8 (95% CI:2.4 – 3.3) per 100,000, with country rates ranging from 1.2 (95% CI:0.6 – 1.9) in Ireland to 9.0 (95% CI:6.8 – 11.6) in Lithuania. Overall 331,563 hospital discharges were identified in the 0 – 19 years old group. The pooled age-standardized hospital discharge rate was 354.3 (95% CI:248.9 – 459.7) per 100,000 with country ranging from 55.4 (95% CI:52.3 – 58.8) in Portugal to 924.1 (95% CI: 919.2 – 929.1) in Germany. Deaths due to TBIs resulted in 156,936 YLL. The pooled age-standardized YLL rate was 188.2 (95% CI:154.4 – 222.0) per 100,000 with country ranging from 80.1 (95% CI: 76.2 – 84.1) in Hungary to 570.6 (95% CI: 552.2 – 589.4) in Lithuania.

Conclusions

TBIs, as shown in this study, are major global health and socio-economic problem. Boys are also at higher risk of TBIs compared to girls in Europe.

Traumatic Brain Injuries – Silent Epidemics and How to React?

Martin Rusnak

Rusnak M, Majdan M*

Department of Public Health, Faculty of Health and Social Work, Trnava University, Trnava, Slovak Republic

**Contact details: martin.rusnak@truni.sk*

Background and aim

The term ‘silent epidemic’ is used to characterize the incidence of traumatic brain injury (TBI) worldwide, in part because many cases are not recognized and are, therefore, excluded from official statistics. The results of the Brain Injury Outcomes New Zealand in the Community (BIONIC) study suggest that the incidence of TBI, especially mild TBI, is far greater than would be estimated from the findings of previous studies conducted in other high-income countries. Recent years have witnessed considerable debate about the benefits of epidemiology for public health and clinical practice. The contribution aims to discuss consequences of the epidemics for public health in Slovakia and world-wide.

Methods

Statistical and epidemiological findings could be used for planning of interventions to prevent TBI, and to plan resource allocation for TBI management. In a broader context, they could be used in advocating for new research and development of projects and activities that will reduce the incidence of TBI. Public interest and allocation of both public and private resources to support research and development in this field should be stimulated by those findings, too.

Results

Public-health practice emphasizes the translation of epidemiological findings into actions and ultimately improved health outcomes. Epidemiological findings contribute to an essential first step towards this goal.

Conclusions

The contribution calls for closer cooperation among epidemiologists, public health experts and clinicians to improve prevention and management of TBI.

Perceived neighbourhood features and adolescents active play

Ferdinand Salonna

Salonna F¹, Vorlicek M¹, Badura P¹, Vasickova J¹, Mitas J¹, Kolarcik P²*

¹Palacky University Olomouc, Czech Republic

²Department of Health Psychology, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: ferdinand.salonna@upol.cz*

Background and aim

An emerging interest in the contribution of light-intensity physical activity, such as is typically obtained through Active Play, is evident in the recommendations from the WHO Commission on Ending Childhood Obesity. Neighbourhoods may be of particular importance during adolescence. They provide opportunities both for supportive networks and can also create stressful environment that are associated with adolescent behaviour. Consistent with this neighbourhoods represent an important aspect of adolescents lives during this time of increased autonomy. In this paper we aimed to answer the following research question: Are perceptions of neighbourhoods (such as, safety, availability of services, ties and relationships within the neighbourhood) associated with adolescent unstructured/unorganized active play?

Methods

Data was collected in 2018 as a baseline measurement of the ‘Social Norms Intervention for Active Adolescents (SONIAA)’ project using a web-based questionnaire (1586 students; age 11–15; 48% girls). Active Play was defined according Global Matrix 3.0 as % of children who engage in unstructured/unorganized active play at any intensity for more than 2hours a day. To address features of the neighbourhood that impact on adolescents daily lives we used “Neighbourhood“ package from HBSC study focused on: a) neighbourhood social features and b) neighbourhood structural features.

Results

Active play was higher during weekends compared to weekdays. There was no association between active play and structural neighbourhood structural features neither during weekdays or weekend. On the other hand, neighbourhood

social features were associated with adolescent unstructured/unorganized active play.

Conclusions

Active play, especially in the outdoors, seems to be increasingly replaced by use of electronic screens for entertainment, used almost always indoors. It makes the careful monitoring and surveillance of active play important for guiding future strategies and interventions.

Moderated poster session 1: 24 October 2019 (Thursday), 13:00 – 13:30

Improving health outcomes and quality of care in chronic conditions

Kolitída – nové možnosti prevencie a liečby

Emília Hijová

Hijová E, Bomba A, Štofilová J, Bertková I, Strojný L*

Ústav experimentálnej medicíny, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktné údaje: emilia.hijova@upjs.sk*

Úvod a cieľ

Kolitída je nešpecifické zápalové črevné ochorenie neznámej etiológie. Vysoká morbidita, závažné včasné a neskoré komplikácie s potenciálnou invalidizáciou, skrátenie života a výrazné zníženie kvality života pacientov s chronickými ochoreniami sú dôvodom hľadania nových možností prevencie, racionálnej diagnostiky a liečby. Dôležitú úlohu má narušenie bakteriálnej mikrobioty tráviaceho traktu a dlhotrvajúce pôsobenie negatívnych faktorov spôsobujúcich zápalový proces ktorý podnecuje rozvoj nádorového procesu. Z dlhodobého hľadiska má alternatívna, respektíve podporná liečba zameraná na celkové zlepšenie zdravotného stavu pacienta kľúčovú úlohu. Modulácia mikrobioty tráviaceho traktu prírodnými potravinovými ingredienciami/produktami predstavuje benefit, ktorý zabráni osídleniu tráviaceho traktu baktériami ktoré podporujú zápalové zmeny čo prispieva k zabráneniu rozvoja ochorenia.

Metódy

Za účelom získania informácií o účinnosti probiotického kmeňa *Lactobacillus plantarum* LS/07 (Pro) a prebiotického

inulínu (Pre) sme realizovali experimentálne-DSS vyvolanú kolitídu u potkanov kmeňa Sprague-Dawley. Sledované biochemické (aktivita beta-glukuronidázy), mikrobiologické (celkové počty laktobacilov a koliformných baktérií) a imunologické parametre (interleukíny IL-6, IL-8, IL-13, nukleárny transkripčný faktor-NFkB, myeloperoxidáza-MPO) umožnili zistiť zmeny v individuálnych skupinách potkanov a vyhodnotiť pôsobenie aplikovaných produktov.

Výsledky

Aplikácia Pro a Pre pozitívne znížila index aktivity ochorenia. Zápalová kaskáda zmien sprevádzajúca kolitídu podporila aktiváciu NFkB, MPO, interleukínov, zvýšila počty koliformných baktérií, aktivitu beta- glukuronidázy a znížila počty laktobacilov. Suplementácia diéty s Pro a Pre znížila produkciu IL-6 a IL-8 nie však IL-13, NFkB, MPO, znížila sa aktivita beta-glukuronidázy a zvýšil sa počet laktobacilov.

Zhrnutie

Výsledky nášho výskumu ukazujú na schopnosť prebiotického inulínu a probiotického kmeňa *Lactobacillus plantarum* LS/07 ovplyvniť patofyziologický proces rozvoja akútnej kolitídy potlačením expresie markerov, ktoré hrajú dôležitú úlohu v zápalovom procese sprevádzajúcom kolitídu. Práca bola podporená projektom APVV-16-0176.

Zdroje informácií pacientov so srdcovo-cievnyimi chorobami v klinickej praxi

Lucia Dimunová

Dimunová L^{1}, Nagyová I², Raková J¹, Zamboriová M¹*

¹Ústav ošetrovateľstva, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

²Ústav sociálnej a behaviorálnej medicíny, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktné údaje: lucia.dimunova@upjs.sk*

Úvod a cieľ

Európska kardiologická spoločnosť vyvíja množstvo intervencií zameraných na primárnu a sekundárnu prevenciu vzniku srdcovo-cievnych chorôb. Jej snahou je dostať do povedomia odbornej i laickej verejnosti informácie súvisiace s chorobami srdcovo-cievneho systému. Vysoký nárast mortality a klinická prax poukazujú na nedostačenú informovanosť a s tým súvisiacu non-compliance s predpísanou liečbou, čo potvrdzuje potrebu zvýšenia

edukačných aktivít zo strany zdravotníckeho personálu. Cieľom príspevku je poukázať na zdroje získavania informácií u pacientov so srdcovo-cievnyimi chorobami v súčasnej klinickej praxi.

Metódy

Súbor tvorilo 878 pacientov so srdcovo-cievnyimi chorobami. Priemerný vek pacientov bol 57.81±7.58 rokov. Súbor tvorilo 60% (n=527) žien a 40% (n=351) mužov. Zber dát prebiehal dotazníkovou metódou. Na vyhodnotenie dát boli použité metódy deskriptívnej štatistiky.

Výsledky

V nami sledovanom súbore uviedli pacienti, že najčastejším zdrojom poskytnutých informácií súvisiacich s ich ochorením bol lekár špecialista – kardiológ 67.5% (n=523), ďalej nasledoval lekár špecialista – internista 31.7% (n=311) a obvodný lekár 27.8 (n=27.8). Prekvapivým bolo zistenie, že sestry pracujúce v nemocničných zariadeniach sa na poskytovanie informácií z pohľadu pacienta podieľali len v 4.2% (n=24) zastúpení. Od iných pacientov so srdcovo-cievnyimi chorobami získalo informácie 6.2% (n=33) respondentov. Zaujímavá je aj skutočnosť, že žiadne informácie z letákov, brožúr a časopisov nezískalo 72.3% (n=390), pričom sú tieto zdroje považované za významný edukačný materiál.

Zhrnutie

Zvyšovanie informovanosti pacientov o prevencii a liečbe srdcovo-cievnych chorôb je jedným z kľúčových zámerov štátnej politiky zdravia. Výsledky poukazujú na potrebu zlepšenia kooperácie a efektivity poskytovania informácií pacientom. Vnímame ako potrebné stimulovať aktívnejší prístup zo strany sestier pracujúcich v ambulantnej aj nemocničnej sfére v oblasti edukácie. Je potrebné sa zamyslieť nad spôsobom podávania informácií pacientom.

Teleošetrovateľstvo ako súčasť zdravotnej starostlivosti o pacientov s chronickými chorobami

Jana Raková

Raková J, Dimunová L, Zamboriová M*

Ústav ošetrovateľstva, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktné údaje: jana.rakova@upjs.sk*

Úvod a cieľ

Súčasný technologický rozvoj prináša nové možnosti v poskytovaní zdravotníckych služieb. Teleošetrovateľstvo (Telenursing) ako moderný ošetrovateľský prístup je súčasťou informatizovaného a elektronizovaného zdravotníctva, ktorého základnou ideou je využívanie telekomunikačných a informačných technológií pri poskytovaní ošetrovateľskej starostlivosti. Cieľom príspevku je priblížiť problematiku teleošetrovateľstva na Slovensku a v zahraničí.

Metódy

V rámci teleošetrovateľstva je osobný kontakt medzi sestrou a pacientom nahradený technológiami. K preferovaným zariadeniam patria telefóny (pevné linky, mobily, smartphony, inteligentné telefóny), faxovacie prístroje, tablety, počítače, internet, videohovory, teleroboti a iné. Cez telekomunikáciu je zabezpečená konzultácia medzi lekárom, sestrou a pacientom. Cestou teleprenosu je riešený napr. monitoring vitálnych funkcií, sledovanie stavu zdravia, sebaopatery, stavu chronickej rany a iné. Teleošetrovateľstvo sa premieta aj do edukácie, a poradenstva.

Výsledky

Na Slovensku je teleošetrovateľstvo v začiatkoch, je málo rozvinuté a preskúmané. Publikované sú lokálne výstupy zamerané najmä na oblasť domácej ošetrovateľskej starostlivosti. V zahraničí má teleošetrovateľstvo najdlhšiu históriu vo Švédsku, USA, Veľkej Británii a Brazílii. V klinickej praxi sa teleošetrovateľstvo aplikuje najmä pri podpore a ochrane verejného zdravia populácie, pri poskytovaní domácej ošetrovateľskej starostlivosti, u pacientov s chronickými chorobami a zníženou pohyblivosťou. Benefitom teleošetrovateľských zdravotníckych služieb môže byť zníženie nákladov na zdravotnú starostlivosť, šetrenie ľudských zdrojov, možnosť zotrvania pacienta v jeho prirodzenom prostredí a zabezpečenie lepšej kvality života vo vzťahu k zdraviu.

Zhrnutie

Prostredníctvom teleošetrovateľstva zainteresované strany zvyšujú svoju zdravotnú gramotnosť, získavajú potrebné zručnosti na zabezpečenie optimálnych postupov v rámci ošetrovateľskej starostlivosti ako aj pri dodržiavaní liečebných a režimových opatrení. Sestry implementáciu tohto nového ošetrovateľského prístupu môžu rozšíriť tradičnú ošetrovateľskú starostlivosť a podporiť zdravie

populácie. Teleošetrovateľstvo môže nájsť uplatnenie aj v rámci integrovanej zdravotnej starostlivosti.

Klientske násilie ako behaviorálny problém prijímateľov sociálnych služieb

Anna Bérešová

*Bérešová A**

Ústav sociálnej a behaviorálnej medicíny, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktné údaje: anna.beresova@upjs.sk*

Úvod a cieľ

Nepriaznivá životná situácia a napätie z nej plynúce, často prerastajú do násilných činov prijímateľov sociálnych služieb nasmerovaných aj voči pracovníkom poskytujúcim sociálne služby. Cieľom práce je analyzovať výskyt a frekvenciu jednotlivých foriem klientskeho násillia vo vybranej vzorke pracovníkov poskytujúcich sociálne služby.

Metódy

Kvantitatívny výskum bol realizovaný na vzorke 75 pracovníkov v priamom kontakte s prijímateľmi sociálnych služieb. Bol použitý dotazník klientskeho násillia autorov Jayaratne, Croxton a Mattison – JCM (2004) doplnený o triediace položky.

Výsledky

Najčastejšie označovanou položkou bolo slovné napadnutie pracovníka prijímateľom sociálnej služby alebo jeho rodinným príslušníkom, túto formu násillia zažilo 64% respondentov. Respondenti sa najčastejšie stretávajú s krikom – 77,3% a nadávkami – 62,7%. Vyhrážky zažíva 52,7% respondentov. Formy fyzického násillia sa vyskytovali v skúmanom súbore výrazne menej frekventovane než verbálne formy.

Zhrnutie

Dôsledky klientskeho násillia môžu pomáhajúceho profesionála poznamenať jednak krátkodobu alebo sú dôsledky dlhodobé - pracovník preceňuje hroziace násillie, neprimeraný strach z opakovaného napadnutia, zvýšená ostražitosť voči novým situáciám v osobnom živote.

Potenciál skupinovej arteterapie v procese zdravotno sociálnej starostlivosti

Monika Piliarová

Piliarová M¹, Lovašová S²*

¹Denné centrum duševného zdravia Facilitas n.o., Slovenská Republika

²Katedra sociálnej práce, Filozofická fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktné údaje: facilitas@post.sk*

Úvod a cieľ

Pomáhajúce profesie alebo pomáhajúce odbory majú široké využitie a spolupráca s pracovníkmi iných pomáhajúcich odborov a sprostredkovanie ich pomoci klientom je neodmysliteľnou súčasťou integrácie zdravotno sociálnej starostlivosti. Prínos skupinovej arteterapie pri práci s rôznou cieľovou skupinou je nesporný a preto je výzvou zamerať sa na potenciál skupinovej arteterapie z pohľadu zvyšovania odborných kompetencií u pracovníkov pomáhajúcich profesií k skvalitneniu poskytovaných zdravotno sociálnych služieb.

Metódy

Skupinový arteterapeutický program vychádza z tvorivého prejavu a osobných zážitkov účastníkov, ktoré sa integrujú pre poznávanie, sebazpoznávanie, rozvoj komunikačných spôsobilostí a uplatnenia ich v ďalšom osobnom a odbornom živote. Ideálna skupina sa v arteterapeutickej praxi ukazuje o veľkosti 15 až 20 členov, aby sa v nej mohli rozvíjať dialógy a dynamika sociálnych vzťahov. Usporiadanie je kruhové, ktoré vytvára hranicu medzi svetom výrazovej aktivity a vonkajšou realitou. Kruh je i symbolom rovnosti medzi ľuďmi, má teda aj symbolický význam.

Výsledky

Kompetenciu môžeme chápať ako prienik získaných vedomostí, nadobudnutých schopností, spôsobilostí, formujúcich sa postojov, hodnotovej orientácie, motívov k činnosti. Skupinové aktivity napomáhajú k vzájomnému spoznávaniu, učeniu sa starostlivosti o dobré vzťahy, citlivosti voči odlišnostiam, vnímaniu chyby pri poznávaní. Spoznávanie seba a druhých v interakciách s nimi prebieha v procese vzájomného učenia, osvojovaní si spôsobilostí a kompetencií ako sú: - Schopnosť komunikovať a kooperovať. - Schopnosť premýšľať a učiť sa. - Schopnosť prijať

zodpovednosť. - Schopnosť zdôvodňovať a hodnotiť. - Samostatnosť a výkonnosť. - Riešenie problémov a kreativita.

Zhrnutie

Zvyšovanie odborných kompetencií v skupine ponúka učenie sa kooperácie a uvedomovanie si kompetencií pre kooperáciu vzájomných väzieb a rolí, riešenie konfliktov prostredníctvom kompromisu a konsenzu, individuálne a sociálne spôsobilosti pre etické zvládanie záťažových situácií a sebahľadania sa. Vzťahy medzi pracovníkmi sa prenášajú do vzťahov ku klientom. Pri uvažovaní o integrovanej starostlivosti prinášame význam a potenciál skupinovej arteterapie v kontexte sociálno zdravotnej starostlivosti.

The Impact of Fatigue on Quality of Life in Patients with Multiple Sclerosis

Miriám Polanová

Polanová M¹, Nagyová I¹, Chylová M², Polan P³*

¹Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²1st Department of Psychiatry, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

³Department of Musculoskeletal and Sports Medicine, Faculty of Medicine, Safarik University, Kosice Slovak Republic

**Contact details: mgavelova@yahoo.com*

Background and aim

Multiple Sclerosis (MS) is a chronic neurological disease leading to a wide spectrum of clinical disabilities. MS has a significant functional impact on the patient and limits patient's ability to carry out normal activities. The disease may lead to a wide spectrum of physical and non-physical disabilities among young and middle-aged adults. Fatigue is one of the most common symptoms of multiple sclerosis.

Methods

Our study focused on the impact of fatigue on quality of life of patients with MS in relation to socio-demographic indicators and clinical parameters. We collected data from 223 patients from eastern Slovakia (67% females mean age 38.9±10.8 years, mean disease duration 5.8±4.2 years). Kurtzke's Expanded Disability Status Scale was used to assess functional disability. Fatigue was assessed by Multidimensional fatigue inventory (MFI-20). HRQoL was

assessed using the Physical and Mental Component Summary (PCS, MCS) of the Short Form-36 Health Survey (SF-36). Multiple linear regressions were used to analyze the data.

Results

Results of regression analysis confirmed, that fatigue significantly affects physical and even more mental components of quality of life. The total explained variance for the final model for PCS with added MFI-20 increased to 49%. The regression model for MCS with MFI-20 subscales increased the explained variance of MCS to 40%. In the final model MCS age ($\beta = 0,12, p \leq 0.05$), disease duration ($\beta = 0,15, p \leq 0.05$), MFI – general fatigue ($\beta = 0,27, p \leq 0.001$), MFI-mental fatigue ($\beta = 0,35, p \leq 0.001$) a MFI – reduced motivation ($\beta = 0,25, p \leq 0.001$) were shown to be significant for MCS.

Conclusions

Fatigue appears to be a significant contributor to poor quality of life. Its multidimensional construct can be used to develop strategies for improving specific aspects of fatigue to improve QoL for MS patients. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Beneficial effects of flavonoids in cerulein induced acute pancreatitis in mice

Mate Nagy-Penzes

Nagy-Penzes M, Hajnady Z, Virag L*

Department of Medical Chemistry, University of Debrecen, Debrecen, Hungary

**Contact details: nagy.mate@med.unideb.hu*

Background and aim

Acute (AP) and the chronic pancreatitis (CP) are one of the most common gastrointestinal diseases of the developed societies, with 30-40% mortality. The reason of the high mortality is the lack of specific therapy, which could reduce the progression of the diseases. In physiological condition the digestive enzymes are synthesized in zymogen granules in pancreatic acinar cells. Due to some insults, the enzymes are prematurely activated in the cells, from where they harm the tissues of the organ. In case of long term AP evolves the chronic form with multiorgan failure and diabetes mellitus because of a severe pancreatic injury. Our aim was to examine

the possible beneficial effect of antioxidant flavonoids (luteolin and tricetin) in the severity of the cerulein induced AP.

Methods

In vitro the effect of flavonoids was investigated in cerulein treated (in 100nM concentration) isolated acinar cells. Calcein, LDH, PI assays, cellomics, and qPCR were used in the examination. Then we investigated the effect of flavonoids in vivo by i.p. injection (10mg/kgBW) 1-h before the AP was induced by i.p. injection of cerulein (50µg/kgBW) eight times at 1-h intervals. The mice were sacrificed 10-h after the first cerulein injection. We examined α -amylase and lipase level of the serum, and MPO level from the pancreas. We made HE staining sections and qPCR from the tissues.

Results

In vitro the flavonoids significantly ($\alpha=0,05$) decreased the harmful effect of the cerulein treatment. In vivo they significantly ($\alpha=0,05$) decreased the level of the digestive enzymes and the MPO and also decreased the expression of inflammatory genes.

Conclusions

Our results show that used flavonoids successfully decreased the harmful effect of the cerulein in acinar cells, and decreased the severity of the cerulein induced acute pancreatitis in mice.

Nongenetic correlates of Type 2 Diabetes mellitus among Hungarian Roma and Hungarian General population: comparative cross-sectional study

Bayu Begashaw Bekele

Bekele BB^{1,2*}, Piko P^{1,3}, Fialat S^{1,4}, Kosa Z⁵, Sandor J^{1,4}, Adany R^{1,3,4}

1Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

2Public Health Department, College of Health Sciences, Mizan-Tepi University, Mizan -Aman, Ethiopia

3MTA-DE Public Health Research Group of the Hungarian Academy of Sciences, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

4WHO Collaborating Centre on Vulnerability and Health, Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary
5Department of Health Visitor Methodology and Public Health, Faculty of Health, University of Debrecen, Nyíregyháza, Hungary

**Contact details: bayu.begashaw@sph.unideb.hu*

Background and aim

Diabetes mellitus (DM) has been increasing rampantly throughout the world. The aim of our study was to investigate and compare the magnitude of type 2 diabetes mellitus (T2DM) and nongenetic determinants among adult Hungarians General (HG) and Hungarian Roma (HR) population.

Methods

Community based comparative cross-sectional survey was conducted with a sample size of 821 [HG: n=417 and HR: n=404] with random selection of study participants aged 18 years and above from each group. Biomedical, anthropometric, and clinical measurements were done with appropriately pre-calibrated instruments. Comparative descriptive and analytic results were conducted for both populations. Both linear and logistic regression were carried out. Stratified multivariable logistic regression was conducted to find independently associated factors with T2DM among HG and HR population.

Results

The prevalence of T2DM (FPG \geq 7mmol/L) was higher in HR than HG population with 13.2%, 95% CI, 9.9% – 16.8% and 18.1%, 95% CI (14.6% – 21.8% among HG and HR, p =0.054, respectively. Magnitude of comorbidities and macrovascular complications were significantly outweigh among HR than Hg population. Waist circumference and age were directly related with FPG level while physical activity has inverse relationship with the level of FPG. Obesity and aging were risk factors for T2DM among both populations.

Conclusions

In the current study, prevalence of T2DM showed a remarkable reduction among Roma population over past five years in Hungary. However, related comorbidities were showed dominance among HR than HG population. Having obesity and being old among were risk factors for T2DM among both populations. There was discordance between FPG and HbA1c tests in screening T2DM incidence. Thus,

further clarification for dissonance should be carried out. Overall, further emphasis should be given for aging population to reduce the magnitude and risk level regardless of ethnicity. Also, health promotion and disease prevention strategies and researches are needed to improve quality of life and reduce complications particularly macrovascular ones namely heart attack and stroke among HR population since related comorbidities significantly affecting them.

Association between chronic diseases in pregnant women and preterm birth

Dominika Plancikova

Plancikova D, Majdan M*

Department of Public Health, Faculty of Health and Social Work, Trnava University, Trnava, Slovak Republic

**Contact details: dominika.plancikova@truni.sk*

Background and aim

Preterm birth is considered to be a significant public health problem worldwide, with lifetime consequences for many survivors. The aim of this study was to analyse the association between chronic diseases in pregnant women and preterm birth in the population of the Slovak Republic in 2006 – 2013.

Methods

Data about preterm birth and chronic diseases (hypertension, cardiovascular disease, type 1 and type 2 diabetes) in pregnant women on an individual level were obtained from the National Health Information Centre. Preterm birth was defined according to WHO as birth before the completed 37th week of gestation. Only livebirth singletons were included in analyses. The associations were analysed separately for spontaneous preterm birth and for initiated preterm birth. Multivariate logistic regression was used to adjust for possible confounders. Program R-project was used for statistical analyses. P-value < 0.05 was considered to be statistically significant.

Results

Diagnosed cardiovascular disease was associated with higher chance of initiated preterm birth (OR = 1.70 (95% CI: 1.17 – 2.45); $p < 0.01$). However, neither spontaneous preterm birth nor initiated was affected by hypertension of pregnant woman. Pregnant women with diagnosis of type 1 diabetes had higher chance of spontaneous preterm labour (OR = 1.75

(95% CI: 1.29 – 2.38); $p < 0.001$) as well as initiated preterm labour (OR = 2.27 (95% CI: 1.59 – 3.25); $p < 0.001$). Type 2 diabetes was associated only with spontaneous preterm birth (OR = 2.86 (95% CI: 1.43 – 5.74); $p < 0.01$).

Conclusions

An appropriate prevention and management of chronic diseases in women of childbearing age are important not only in terms of health improvement of a particular woman but also in terms of health outcomes in newborns.

Acquisition of competences in computed tomography in Bachelor's degree program Radiological technology at University of applied Sciences FH Campus Vienna - a longitudinal study

Gabriele Schwarzmüller-Erber

Schwarzmüller-Erber G, Schneckleitner CH, Guevara G*

University of applied studies Campus Vienna and Medical University of Vienna, Vienna, Austria

**Contact details: gabriele.schwarzmüller-erber@fsh-campuswien.ac.at*

Background and aim

Computed tomography (CT) is an essential modality in radiology which is operated by radiographers. At the University of Applied Sciences FH CAMPUS Vienna a special modular lecture program in CT for radiographer students has been implemented. Not only theoretical inputs and practical in-house trainings in CT, but also a clinical internship is part of the six semester radiological technology bachelor's degree program. This study aims to assess the effect of the lecture concept on self-efficacy in a long term comparison.

Methods

Self-efficacy was assessed by a validated ten items questionnaire and a self-designed questionnaire (41 items) enquiring overall and detailed improvements based on the lecture concept. Statistical analysis was performed using IBM SPSS Statistics 25 and Microsoft Excel 2010. Participants of this study were bachelor's degree students of the 3rd and 5th

semester prior and after finishing the computed tomography module in the year 2017, 2018 and 2019.

Results

We found differences in self-efficacy and the confidence to master a difficult situation prior and post clinical internship. Overall students assessed benefits from their clinical internship, regardless of the year of training. Evidence based theoretical inputs combined with in-house lab trainings improve self-efficacy in practical placements, improving acquisition of computed tomography knowledge.

Conclusions

For performing computed tomography examinations radiographers - as professionals - are essential. Radiographer students profit due to their specialized knowledge, regarding technical, medical, and scientific aspects, which is essential for practical implementation. Not only basic knowledge but also recurrent clinical exercises facilitate further competence gain and to deal with complex situations.

Plenary session 4:

25 October 2019 (Friday) 9:00 – 10:00

Strengthening public health capacities and services

Public Health workforce capacity development: Rapid assessment of the current state of the public health profession in the Czech Republic

Alena Petrakova

Petrakova A¹, Prikazsky V², Dlouhy M³*

¹Institute of Public Health, Faculty of Medicine and Dentistry, Palacky University in Olomouc, Czech Republic

²National Institute of Public Health, Prague, Czech Republic

³President of the Czech Society of Public Health and Management of Health Services

**Contact details: alena.petrakova@upol.cz*

Background and aim

Knowledge transfer and information sharing is an integral part of public health capacity development. Successful

international cooperation, in particular cooperation of neighbouring countries, is an important approach. Working group of V4 (Visegrad) countries, established in 2016 as one of the working groups of The Association of Schools of Public Health in the European Region (ASPHER), is focused on public health capacity development in V4 countries. ASPHER V4 Working group, co-chaired by the Faculty of Medicine and Dentistry, Palacký University in Olomouc, supports the Coalition of Partners (CoP), established by the World Health Organization, Regional Office for Europe, in close collaboration with many other key public health partners, in particular testing Rapid assessment tool and development of a Road Map for further professionalization of the public health workforce in V4 countries.

Methods

The Rapid assessment tool, developed by the World Health Organization, Regional Office for Europe, in close cooperation with the ASPHER and Maastricht University, was piloted in the Czech Republic in close cooperation of the Institute of PH, Faculty of Medicine and Dentistry, Palacký University in Olomouc, with the National Institute of PH in Prague and the Czech Society of Public Health and Management of Health Services.

Results

Outcomes of the first rapid assessment, managed in close cooperation of the Institute of Public Health, Faculty of Medicine and Dentistry, Palacký University in Olomouc, with the National Institute of Public Health in Prague and the Czech Society of Public Health and Management of Health Services, are reported.

Conclusions

First results of this rapid assessment will be used for further discussion on public health capacities development in the Czech Republic. New two-year public health programme at the Faculty of Medicine and Dentistry, Palacký University, supported by university project CZ.02.69/0.0/16_015/0002337, will contribute to the overall objective of improving public health in the Czech Republic.

Session 3:

25 October 2019 (Friday) 10:30 – 12:00

Transition towards integrated care systems

CHRODIS-Plus: An EU cross-country initiative for implementing and sustaining innovative practices to tackle the burden of NCD (Opening speech)

Zuzana Matlonova

Matlonova Z^{1}, Aszalos Z², Sarria-Santamera A³, Pinilla Navas L³, González Soriano P³*

¹Office of the General Secretary of the Ministry of Health of Slovak Republic, Slovak Republic

²Semmelweis University Health Services Management Training Centre, Hungary

³Institute of Health Carlos III, Spain

**Contact details: zuzana.matlonova@health.gov.sk*

Background and aim

Europe is paying a heavy price for Non-communicable Diseases (NCD). The increase of life expectancy in European countries has been accompanied by an increase in the prevalence of NCD that are associated with the extension of life expectancy and the presence of unhealthy lifestyles. The goal of JA-CHRODIS+ during its 36 months of operation is to support Member States through cross-national initiatives identified in JA-CHRODIS (2014-2017) to reduce the burden of NCD, while assuring health systems sustainability and responsiveness with the participation of 21 countries and 43 partners.

Methods

The methodology of CHRODIS+ includes: -The implementation of pilot Good Practices focused on Health Promotion & Disease Prevention, Integrated Multimorbidity Care Model, Fostering Quality Care for People with NCD, including ICT-based Patient Empowerment, according to an implementation strategy built up on a local implementation process. -The development of tools for the employment sector to improve the workability of workers with NCD problems. -

The elaboration of a Consensus Statement endorsed by National Ministries of Health and the development of National and European Policy Dialogues, with the involvement of relevant stakeholders.

Results

The project aims to provide with tangible and sustainable solutions that could be scaled up to contribute to tackling the burden of NCD Consensus Statement document.

Conclusions

CHRODIS-PLUS will obtain cross-national information of a selected sample of valid interventions (which aim to prolonging the quality of life delaying the onset of CD and their complications) that can be transferred or implemented in a relatively short time. The interventions will follow the idea of integrated care in the sense of coordination of different agents and closing the gaps between them, improving the involvement of health care systems in promotion and prevention activities. Moreover, equity and efficiency will be promoted as well as the value of “Health in All Policies”.

Facing the challenge of chronicity with the support of ICT tools, National Operational Programme on Governance and Institutional Capacity ESF-ERDF 2014-2020

Silvia Boni

Boni S*

National Agency for Regional Health Services (AGENAS) Public Body, Technical Agency of the Italian Ministry of Health, Italy

**Contact details: boni@agenas.it*

Background and aim

The Project is carried out by the Italian Ministry of Health, in collaboration with the Italian National Agency for Regional Healthcare Services (AGENAS). The main intent of this 5-year project (2018-2023), funded by ESF (20.192.469 Euros), is to set up an integrated national strategy, within the Italian National Health Service, to face population ageing and the increasing burden of chronic diseases. The project's activities aim to tackle the challenge of chronicity within a sustainable and high quality public healthcare system supported by digital interventions.

Methods

The basic steps of the Project will be: - An analysis of the 2016 National Chronicity Plan's implementation by each of the Italian Regions, finalized to the identification of the good practices, supported by the adoption of ICT tools; - An evaluation of the basic components of these practices (innovative approach, data integration, transferability, scalability) performed with tools appropriate for their validation and possible implementation in developing Regions; in this perspective Project PON GOV on Chronicity will adopt, in the process of evaluation of the Italian regional/local practices on chronicity, the quality criteria recommendations QRC tool, as it has been elaborated and tested by WP7 in the Chrodis Plus Project. This connection represents an added value for both the projects;- The definition of a toolkit to help all Regions develop a homogeneous approach to services;- The supervision of the adoption of the toolkit by all Regions, to facilitate the access to health and social care services;-The communication and dissemination of the results to all the stakeholders.

Results

An improved network of integrated health and social services for chronic patients all over the Country, set up on the basis of a common frame of references.

Conclusions

The Project, which has a strong commitment of the Italian Ministry of Health, represents a significant investment focused on the improvement and implementation of innovative services for elderly population in all the Country, according to integrated care and chronic care models.

Effectiveness of General Practitioners' Cluster model according to the routine indicators of the National Health Insurance Fund of Hungary

Sandor Janos

*Janos S**

Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

**Contact details: janos.sandor@med.unideb.hu*

Background and aim

General Practitioners' Cluster (GPC) model of primary health care (PHC) was to complete the traditional core PHC team

with other health professionals. It was a multimodal intervention based on organized, population level general health check implemented by public health expert and nurse, on follow-up of patients at risk providing care by the extended PHC team, on new services of non-medical activities (counselling by dietitian and psychologist, treatment by physiotherapist, supporting patient-GP cooperation by mediators), and on supervision by GP. Our study aimed to demonstrate whether the GPC operation could improve the PHC indicators of the National Health Insurance Fund.

Methods

Data for the period from 2012Q1 to 2015Q4 were provided by the National Health Insurance Fund for each adults of Hungary. Data were stratified by sex and age groups. Standardized indicators aggregated for the intervention area were calculated and related to the time trend of the country reference data. Time trend of the relative standardized indicators have been evaluated by their 95% confidence intervals.

Results

Improvements were observed for the following indicators: proportion of patients aged 40-54 receiving care for high blood pressure; proportion of patients aged 55-69 receiving care for high blood pressure; proportion of patients with high blood pressure undergoing serum creatinine examination; proportion of patients with high blood pressure and/or diabetes undergoing lipid metabolism examination; proportion of beta-blockers treatment among patients with ischemic heart disease; and referral rate to secondary care. Other indicators (for influenza vaccination; breast cancer screening; diabetes care, COPD care, antibiotics use) showed no change in the intervention area.

Conclusions

GPC could improve the care for cardiovascular diseases but was not effective in other monitored fields. This improvement was accompanied with decreased referral rate showing that the extra needs for secondary care services generated by intensified preventive services were overcompensated by the non-medical professionals' PHC integrated services.

Implementation of an integrated care package: Cross country lessons from Cambodia, Belgium and Slovenia

Irena Makivic

Makivic I^{1}, Martens M², Danhieux K³, Te V⁴, Chham S⁴, van Olmen J², Poplas Susic A⁵*

¹Community Health Centre Ljubljana, Slovenia

²Institute of Tropical Medicine, University of Antwerp, Belgium

³University of Antwerp, Belgium

⁴National Institute of Public Health, Cambodia

⁵Community Health Centre Ljubljana, Slovenia

*Contact details: irena.makivic@zd-lj.si

Background and aim

Type 2 Diabetes (T2D) and Hypertension (HT) are increasingly dominant in the global burden of disease. Effective interventions for prevention and control of both conditions are available in an Integrated Care Package (ICP) which comprises of: (a) identification of people with T2D and/or HT; (b) treatment in primary care, (c) health education and (d) self-management support, and (e) collaboration among caregivers. Evidence on how to scale-up the ICP is limited. Knowledge on how health care organisation relates to implementation of ICP in different countries is unclear. This study examines the implementation of the ICP in different types of health care organisations in a three different countries, namely Cambodia, Belgium and Slovenia.

Methods

In each country, a minimum of two sites (i.e. a primary care health care structure with its target population) are purposively selected, based upon difference in context and/or organisational structure for assessment of the ICP implementation. The developed quantitative assessment framework is based on the Innovative Care of Chronic Conditions framework situation assessment (ICCC) and the Assessment of Chronic Illness Care (ACIC), and contextualised for each country. Optimal outcomes, especially for chronic disease management, are in line with the integration of patients and families, health care teams and community partners. Data collection comprises multi-method approach through observations at the health facility; informal semi-structured interviews with key informants or health

facility managers; and through inspection of documentation at the health facility, when needed.

Results

The implementation of the five elements of the ICP will be scored for each site in each country. The quantitative score will provide an indicator for the depth and width of ICP implementation and the qualitative analysis will provide understanding of the organisational context.

Conclusions

This study illustrates the variation in implementation of integrated care for diabetes and hypertension within countries and the lessons that could be learned through different countries' approaches. The ICP framework is unique as it measures both structure and process elements. The results can inform the development of scale-up strategies in those and similar countries.

Srovnání systému sociálních služeb pro seniory v České a Slovenské republice v kontextu dlouhodobé péče

Karolína Dobiášová

Dobiášová K^{1,2}, Kotrusová M²*

¹*Lékařská fakulta, Univerzita Karlova, Česká Republika*

²*Fakulta sociálních věd, Univerzita Karlova, Česká Republika*

*Kontaktné údaje: karolina.dobiasova@fsv.cuni.cz

Úvod a cíle

Česká i Slovenská republika jsou v komparativních studiích politiky dlouhodobé péče zařazovány do společné skupiny zemí charakteristických nízkou mírou veřejných i soukromých výdajů, vysokou mírou využívání rodinné péče a střední mírou finančních příspěvků. Je to nepochybně dáno i společnou historií obou zemí do roku 1993, odkdy po rozdělení společného státu šla každá země vlastní cestou. Cílem navrhovaného příspěvku je srovnat systém sociálních služeb pro seniory v ČR a SR v kontextu dlouhodobé péče. Popisujeme hlavní rozdíly a podobnosti v obou zemích a identifikujeme problémy, s nimiž se senioři, jejich rodiny a poskytovatelé služeb potýkají.

Metody

Využíváme kvalitativní přístup kombinující studium veřejně politických dokumentů a systematizující expertní šetření.

Dotazovaly jsme celkem 8 expertů na politiku sociálních služeb, 4 z každé země.

Výsledky

K prohlubování rozdílů mezi systémy sociálních služeb v obou zemích dochází po roce 2006 přijetím nových zákonů o sociálních službách v obou zemích. V obou zemích proběhla decentralizace sociálních služeb a do hry vstoupil soukromý a neziskový sektor. Hlavní rozdíly v obou zemích se týkají způsobu financování a postavení seniorů, jejich rodin a poskytovatelů. V ČR jdou finance díky příspěvku na péči za seniorem, zatímco v SR za poskytovatelem péče, i když v obou zemích jsou výrazným zdrojem financí pro poskytovatele i rozpočty municipalit a státu. Reforma financování sociálních služeb v ČR posílila roli seniora v rozhodování o typu péče. V SR se situace pro seniory nezměnila. V ČR také na rozdíl od SR již probíhá v praxi hodnocení kvality poskytovaných služeb. I přes rozdílné nastavení systému, obě země se potýkají s nedostupností služeb a přetrvávajícím akcentem na rezidenční péči.

Zhrnutí

V důsledku demografického stárnutí a proměn rodiny bude nutné v obou zemích přistoupit k dalším reformním krokům, např. zavedení pojištění na dlouhodobou péči.

Session 4:

25 October 2019 (Friday), 10:30 – 12:00

Cardiovascular disease and obesity

Increased genetic susceptibility to atherosclerosis and thrombosis among Roma (Opening speech/Invited lecture)

Roza Adany

Adany R^{1,2}, Piko P¹, Fiatal S³, Bereczky Z⁴*

¹MTA-DE Public Health Research Group of the Hungarian Academy of Sciences, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

²WHO Collaborating Centre on Vulnerability and Health, University of Debrecen, Debrecen, Hungary

³Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

⁴Division of Clinical Laboratory Science, Department of Laboratory Medicine, Faculty of Medicine, University of Debrecen, Debrecen, Hungary

*Contact details: adany.roza@sph.unideb.hu

Background and aim

Roma have significantly poorer health status than the general population independently from the country where they live. In our previous studies we have suggested that genetic risk factors may also contribute to the high prevalence of cardiovascular diseases (CVDs) among them.

Methods

In three independent comparative studies on the DNA samples of the Hungarian general (HG) population and Roma living in segregated colonies (sample size varied between 646 and 1542) the prevalence of 73 different nucleotide polymorphisms involved in the development of atherosclerosis and venous thrombosis (VT) to a highest extent was defined. Genetic risk scores, unweighted (GRS) and weighted (wGRS), were computed and compared.

Results

Majority of the susceptible alleles both for atherosclerosis (reduced HDL-C level) and thrombophilia were more prevalent in the Roma population, and both GRS and wGRS were found to be significantly higher in Roma than in the HG population. About 1.5% of Roma were in the bottom fifth of the wGRS compared with 1.8% of those in the HG ($p=0.025$), while 5% of Roma were in the top fifth of the wGRS compared with 2.6% of those in the HG population ($p=0.004$). For risk to venous thrombosis only 2.39% of Roma were in the bottom fifth of the wGRS compared with 3.62% of those in the HG ($p<0.001$), while 2.88% of the general subjects were in the top fifth of the wGRS compared with of those 4.26% among Roma ($p<0.066$). In about 3% of Roma the Budapest3 mutation, which is fully absent in the general population, for inherited antithrombin deficiency could also be detected.

Conclusions

Our results strongly suggest that beside modifiable risk factors genetic susceptibility may also exist behind the high cardiovascular disease burden. Genetic factors result in a higher risk of atherosclerosis and venous thrombosis. Interventions aiming to improve Roma health status need to consider their increased genetic susceptibility to CVDs.

Cardiovascular disease risk factors prevalence in clients of health counseling centers in the Slovak Republic - 25 years of monitoring

Alexandra Brazinova

Brazinova A^{1}, Avdicova M²*

¹Institute of Epidemiology, Faculty of Medicine, Comenius University, Slovak Republic

²Regional Public Health Authority Banská Bystrica, Slovak Republic

**Contact details: alexandra.brazinova@gmail.com*

Background and aim

Cardiovascular diseases (CVD) contribute to the societal burden of chronic diseases with high mortality and morbidity. The majority of their risk factors are preventable. This study aimed to describe and analyze risk factors of cardiovascular diseases in adult clients of health counseling centers at Slovak regional public health authorities in 1993-2017.

Methods

The studied sample consisted of 360399 examinations performed by all 36 regional health counseling centers in 1993-2017, 60% were first visits. We have described biochemical and anthropometric health indicators and analyzed their association with age, sex, region, education, family status and factors of lifestyle and family history. Logistic regression stratified by age was used for the analysis, performed in STATA 12.1 program. We have evaluated a set of risk factors as the presence of the metabolic syndrome.

Results

Abnormal values of studied parameters were found in the following proportions of the sample: 21% had increased fasting blood glucose (men more often), 34% had decreased HDL cholesterol (women more often), 25% had increased triglycerides (men more often), 40% had increased blood pressure (men more often), 47% had increased waist circumference (women more often). The prevalence of metabolic syndrome in the sample was 26%. A higher risk of metabolic syndrome was associated with being male, smoking, lower level of physical activity, a higher amount of perceived stress, lower level of education, being widowed or divorced.

Conclusions

Health counseling centers at regional public health authorities provide free-of-charge CVD risk factor assessment and consultation. It is important to increase public awareness of individual lifestyle-based health promotion measures.

Scaling-up strategies of evidence-based diabetes and hypertension prevention and management

Viera Rusnakova

Rusnakova V, Rusnak M, Pekarcikova J, Taylor M*

Department of Public Health, Faculty of Health and Social Work, Trnava University, Trnava, Slovak Republic

**Contact details: viera.rusnakova@truni.sk*

Background and aim

Three quarters of all NCDs deaths are in Low- and Middle-Income Countries (LMIC). While countries in Europe struggle with ever-increasing costs of chronic diseases, Indonesia, Myanmar and Vietnam have developed innovative strategies to curb the epidemic of NCDs in an early phase. The overall aim of the SUNI SEA project is to validate effective and cost-effective scaling-up strategies of evidence-based diabetes and hypertension prevention and management programmes and apply results to enhance sustainable action. The contribution depicts activities of the Work Package 3, being coordinated by the Trnava University team.

Methods

Scaling-Up Noncommunicable Diseases Interventions in Southeast Asia (SUNI-SEA) project is funded by the Horizon 2020, coordinated by the University of Groningen and implemented in Indonesia, Myanmar and Vietnam from 2019 to 2022. General approach is based on identifying a set of evidence-based interventions and scaling-up strategies for prevention and management of hypertension and diabetes. In the same time perform cost-effectiveness analysis of ongoing interventions to identify the most cost-effective strategies. Finally, to improve and test guidelines and instruments for scaling-up prevention and management of hypertension and diabetes worldwide. The latter component is being coordinated from Trnava University.

Results

It is expected, that the Work Package 3 will provide capacity building to professionals in primary health care services and community organisations. It will transform evaluated research outputs into existing training modules and clinical guidelines, and coordinate educational activities, based on clinical guidelines and internationally recognised best practices. Trnava University is involved in the preparation of the MOODLE-based learning platform.

Conclusions

The vision of the SUNI-SEA project is to have a set of evidence-based guidelines and instruments that can be used in South-East Asia and worldwide to scale-up hypertension and diabetes prevention and management programmes. The project results will be available for health institutions in Slovakia to be applied for the same purpose.

Prediction and modelling of atherogenic index of plasma against cardiometabolic syndrome

Charles Chukwuemeka Onoh

Onoh ChCh^{1}, Nwaogazie IL², Achalu EI²*

¹Department of Health Services, Federal University of Technology, Owerri, Nigeria

²Centre for Occupational Health, Safety and Environment, University of Port Harcourt, Nigeria

**Contact details: drcharlesonoh@gmail.com*

Background and aim

Cardiometabolic Syndrome is a constellation of cardiovascular risk factors which include diabetes, hypertension, obesity and dyslipidaemia. Atherogenic Index of Plasma (AIP) is gaining prominence as a screening tool for dyslipidaemia however, these tools are expensive, time consuming, cumbersome and beyond the reach of an average Nigerian. The purpose of this study was to determine the predictors and modelling of AIP against some cardiometabolic parameters among workers in Owerri, Nigeria. Prediction and modelling of AIP will give cost effective options in the assessment of cardiometabolic syndrome.

Methods

This was designed as a work-site based cross sectional study carried out on three hundred and sixty one (361) transport

workers. The respondents were anthropometrically examined. Blood glucose estimation was determined using glucose oxidase/oxidase method of Trinder. Lipid indices were determined using Freidewald's method. Data were facilitated using XLSTAT 2016. Principal component analysis and Logistic probit regression models were employed to determine the degree of relationship and superiority.

Results

AIP was shown to be statistically significant and positively correlated with waist circumference (WC), body mass index (BMI) and systolic blood pressure (SBP) based on the Logistic regression analysis with a Goodness of fit of 69.97%. WC is the most powerful anthropometric tool in predicting cardiometabolic syndrome. AIP was shown to be a principal and dominant predictor of cardiometabolic syndrome.

Conclusions

This study has established that AIP correlates statistically and significantly with WC, BMI and SBP. A set of predictive regression models for AIP was developed for WC, BMI and SBP. AIP as a calculated factor can be used in the clinical setting as a cost-effective diagnostic tool in assessing cardiometabolic syndrome beyond the routinely done lipid profile especially where others have failed and most importantly in resource-poor setting like Nigeria. The authors have declared that there are no conflicts of interest.

Pohybová inaktivita ako rizikový faktor pre vznik obezity

Veronika Danihelová

Danihelová V, Ochaba R, Miličková L*

Úrad verejného zdravotníctva Slovenskej republiky, Slovenská Republika

**Kontaktné údaje: veronika.danihelova@uvzsrsk*

Úvod a cieľ

Fyzická inaktivita, resp. sedavý spôsob života, je dlhodobou pretrvávajúcim problémom verejného zdravotníctva, ktorý vedie k mnohým chronickým neprenosným ochoreniam a k zvyšovaniu telesnej hmotnosti. Zo štatistik OECD vyplýva, že podľa posledných známych údajov z roku 2016 bolo na Slovensku 16,3% obéznych z celkového počtu dospelých.

Naším cieľom bolo popísať vývoj pohybovej aktivity obyvateľov SR.

Metódy

Na základe údajov z dotazníkového prieskumu Zdravotné uvedenie a správanie sa obyvateľov Slovenskej republiky z rokov 2013 a 2016 sme porovnávali 3679 a 3773 respondentov. Súbor tvorili respondenti respondentí vo veku od 15 rokov. Respondenti súboru spĺňajú znaky pohlavie a vek.

Výsledky

V roku 2013 bol zaznamenaný vyšší počet respondentov ktorí sa venovali počas týždňa viac ako 3,5 hodín športu, s porovnaním v roku 2016. Z výsledkov prieskumu Zdravotné uvedenie z roku 2013 vyplýva, že viac ako polovica respondentov (62,5%) sa nevenuje pravidelne akémukoľvek športu, z toho 66,5% žien a 58,2% mužov. Z výsledkov z roku 2016 vyplýva že sa nevenuje pravidelne akémukoľvek športu až 64,7% žien a 57,7% mužov. Z prieskumu vyplýva, že so stúpajúcim vekom sa znižuje záujem u respondentov o namáhavé cvičenie alebo vrcholový šport. Tiež stúpajúcim vekom u ľudí klesá štatisticky významne počet hodín venovaných pohybovej aktivite počas týždňa.

Zhrnutie

Obezita je významným rizikovým faktorom, ktorý sa podieľa na vzniku chronických ochorení. Preto je dôležité poradenstvo u týchto klientov, orientované hlavne na motiváciu k zvýšeniu pohybovej aktivity a k ozdraveniu ich životného štýlu. Na zníženie nedostatku fyzickej aktivity je potrebné posilniť inštitucionálnu časť, zlepšiť a tematicky rozšíriť ďalšie vzdelávanie zamestnancov systému verejného zdravia a zlepšiť prepojenosť realizácie programov a projektov.

Characterization of body composition and healthy lifestyle habits in people over 18 years old from Bogotá – Colombia

Oscar Fabian Rubiano

Rubiano OF1, Baron J, Rodriguez JO2, Rodriguez L, Gutierrez AR3, Valencia EA1*

1Recreational Sports and Recreation Institute (IDRD)

2National Learning Service SENA

3Libre University of Colombia

**Contact details: fisiorubiano@yahoo.es*

Background and aim

The objective of this study was to characterize the habits of healthy life in relation to corporal comparisons in adults over 18 years of age who attended the World Physical Activity Day event in Bogotá - Colombia.

Methods

This study is descriptive with a non-probabilistic convenience sampling. The rules of the International Society for the Advancement of Cineantropometry (ISAK) were followed. The anthropometric variables were: height, weight, body mass index (BMI) by Quetelet (Quetelet 1871). The prehensile force was performed by the protocol of the American Society of Hand Therapists (ASHT). The instruments used were an INKIDS digital ultrasonic stadiometer (InBody®), a Tanita BC585F FitScan®, a Rosscraft® measuring tape and a Takei 5001® analog dynamometer. The questionnaire Fantastic was applied. With respect to the data analysis, they were carried out using the statistical software SPSS (version 22). For the analysis of the data, descriptive statistics were used for the linear association with measures of central tendency, dispersion, distribution of frequencies and inferential and Chi-square.

Results

To analyze bivariate associations, the value of $p \leq 0.05$ was used. The results show the BMI is normal in a 47.5% and 37.5% they are overweight. The cardiometabolic risk was determined through the waist / height index, 42.8% of the people evaluated showed a high risk of suffering cardiometabolic diseases. According to the score of the FANTASTIC instrument, 85% is classified as good which means that these people are on the right path, ideally they have a Fantastic lifestyle. The domain with the best score was the nutritional habits $Md = 12$ (10-14). Por otro lado, la puntuación más baja se obtuvo con los bajos niveles de la actividad física de las personas $Md = 4$ (2-6).m In the self-perception of the general physical condition, 45.8% consider it to be good.

Conclusions

In conclusion, the results show a good health perception of the people who participated in the study. The concern focuses on the high levels of overweight and low levels of physical activity. If people have met the WHO recommendations of

150 minutes of moderate physical activity or 75 minutes of vigorous intensity a week, plus good nutritional habits, it is possible to obtain a decrease in overweight and thus a lower prevalence of chronic diseases. non-communicable (CND) such as arterial hypertencipon (AHT) Diabetes or high blood cholesterol levels.

Body composition and overactive bladder symptoms in overweight woman

Magdalena Hagovska

Hagovska M^{1*}, Svihra J², Bukova A³, Nagyova I⁴

¹*Department of Physiatry, Balneology and Medical Rehabilitation, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

²*Department of Urology, Jessenius Faculty of Medicine, Martin, Comenius University Bratislava, Slovak Republic*

³*Institute of Physical Education and Sport, Safarik University, Kosice, Slovak Republic*

⁴*Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

**Contact details: magdalena.hagovska@upjs.sk*

Background and aim

Several studies have confirmed the relationship between overweight and obesity and an increasing incidence of incontinence. However, there is not enough data to investigate the impact of overweight by means of a direct segmental multi-frequency bioelectrical impedance analysis in relation to the occurrence of overactive bladder (OAB), and its impact on quality of life. Objectives of our study was to compare body composition in young overweight women with OAB compared to women without OAB, as well as to investigate the impact of OAB on quality of life.

Methods

We used the Voiding Diary, the Overactive Bladder Questionnaire(OAB-q),and the Incontinence Quality of Life (I-QoL) scale. Body composition was measured using direct segmental multi-frequency bioelectrical impedance analysis, with assessment of: skeletal muscle mass(kg)(SMM), body fat mass (kg)(BFM), body fat percentage (%)(BFP), visceral fat area (cm²/level)(VFA), and waist to hip ratio(WHR).

Results

The voiding diary and OAB-q results confirmed OAB in 102 women. There was no significant difference in BMI between groups. The body composition analysis showed significant differences in BFP, VFA, and WHR, with higher values in the OAB group(p < 0.01). SMM, however, was higher in the group without OAB(p < 0.01). Recorded I-QoL scores showed worse parameters in the OAB group(p < 0.001). Women with a body fat percentage above 32% have a 1.95 times greater chance of developing OAB. Odds ratio [OR] = 1.95,(95%CI:1.09–3.52,p < 0.02).

Conclusions

Body fat percentage, visceral fat area, were significantly higher in overweight women with OAB, compared with women without OAB.

Moderated poster session 2: 25 October 2019 (Friday), 13:00 – 13:30 Prevention and management of chronic conditions: Life course- approach

The Role of Nutrition Literacy in Prevention of NCDs

Yelena Khegay

Khegay Y^{1*}, Aringazina A²

¹*Kazakhstan Association of Family Physicians, Republic of Kazakhstan*

²*Kazakhstan School of Public Health, Republic of Kazakhstan*

**Contact details: elena.hegai@gmail.com*

Background and aim

Kazakhstan ranks #9 among European countries with poorest diets and has the highest diet-related deaths rate in the WHO European region - 306 per 100 000 population. Better nutrition knowledge can improve population health outcomes, still there were no previous studies focused on the specific parts of health literacy - nutrition and food literacy - conducted in Kazakhstan. The aim of the study was to

evaluate nutrition literacy of parents of school-aged children 6-13 y.o. living in Almaty, Kazakhstan, and factors, potentially influencing it.

Methods

A cross-sectional survey was conducted, using a validated tool - Nutrition Literacy Assessment Instrument (NLit). 363 participants took part in the study, additional information (age, sex, education, nationality and children's weight, height, age, sex) was self-reported. Pearson correlation and multiple linear regression were used.

Results

The results have demonstrated that the most problematic areas of NL were "Food Portions" (41.6% of participants demonstrated inadequate and marginal NL levels) and "Label Reading" sections (25.8% respectively). Factors influencing nutrition literacy were respondents' level of education education ($p=0.0292$) and the number of children aged 6-13 y.o. per family ($p=0.0312$).

Conclusions

This study has demonstrated the importance of the assessment of population nutritional literacy in Kazakhstan. Further research in this field is needed to address the gap in overall food knowledge and consumer skills and improve diet-related population health outcomes.

FLOURISH - Civil Society's comprehensive approach to alcohol policy

Kristina Sperkova

*Sperkova K**

IOGT International

**Contact details: kristina.sperkova@iogt.org*

Background and aim

Alcohol is a major risk factor for NCDs, including mental ill-health. There is a strong link between alcohol and NCDs, particularly cancer, cardiovascular disease, digestive diseases and diabetes, as well as mental ill-health. Alcohol consumption caused an estimated 1.7 million NCD deaths in 2016. This equals: 4.3% of all NCD deaths and 65.5 million NCD DALYs. Globally, of the 9 million cancer deaths, an estimated 0.4 million were attributable to alcohol consumption, in 2016. Alcohol was responsible for the largest proportion of cancer deaths in the European and Americas

regions, where 6.2% and 4.6% respectively of all cancer deaths were attributable to alcohol consumption. A comprehensive study published in The Lancet (2019), shows alcohol itself directly increases blood pressure and the likelihood of stroke. Overall, the study found alcohol increases the stroke risk by ca. one-third for every four additional alcoholic drinks per day. The study found no protective effects for low dose alcohol use. The role of alcohol as a contributory cause of CVDs was highest in the European and African Region, in 2016. Alcohol is causally related to an increase in the risk of both liver cirrhosis and pancreatitis causing an estimated 637 000 digestive disease deaths and 23.3 million digestive disease DALYs in 2016. There are associations of alcohol use and alcohol use disorders (AUD) with almost every mental disorder, including depression, post-traumatic stress disorder (PTSD) and suicide. In 2016, an estimated 283 million people aged 15+ years had an AUD. Despite all these facts, alcohol is often an overlooked substance both by decision makers in policy making and by general population in their lifestyle choices. The aim was to develop an approach implemented by Civil Society to easier communicate the complexity of measures preventing and reducing alcohol related harm.

Methods

Desk study, advocacy approach analysis, analysis of effective prevention approaches.

Results

FLOURISH - Development through alcohol prevention. A comprehensive tool guiding advocacy and activities of civil society organisations wanting to address alcohol related harm.

Conclusions

Development of FLOURISH has helped Civil Society Organisations in their advocacy work towards decision makers, various institutions and other civil society organisations to advance the cause of effective approach to alcohol-related harm.

Smoking and Alcohol Use: Joint Risk Factors Among Slovak Adolescents

Jana Babjakova

Babjakova J, Vondrova D, Filova A, Jurkovicova J, Argalaso L*

Institute of Hygiene, Faculty of Medicine, Comenius University in Bratislava, Slovak Republic

**Contact details: jana.babjakova@gmail.com*

Background and aim

Tobacco use and alcohol consumption in youth are modifiable risk factors for many noncommunicable diseases. Understanding the distribution and determinants of both behaviors is necessary to design effective public health interventions that curb behavior.

Methods

The Youth and Parents Risk Factor Behavior Survey in Slovakia is a cross-sectional, school-based survey of students (N=525, 15-19 years) from 8 selected secondary schools in Bratislava and their parents.

Results

The occurrence of classical cigarettes smoking in the students' sample was 19.9%. Older students, boys and students from vocational schools smoke significantly more. The experience with different forms of alternative tobacco products has 63.1% of students. There were no differences in experience with vaping of electronic cigarettes (>40%) among age groups. Almost 60% of students who are current smokers have tried to stop smoking (54.4% boys, 64.2% girls). Only 12.5% would appreciate help from professionals with smoking cessation (17.5% boys, 7.6% girls). Approximately 60% of all students reported consuming alcoholic beverages at least once a month, 19.9% more than 3 times a month, significantly increasing with age. Smokers were 7.3 times more likely to drink alcohol at least once per month, compared with non-smokers (OR 7.3 (95% CI 3.7–14.5)), students whose fathers drink alcohol occasionally vs. non-drinkers (OR 2.1 (95% CI 1.3–3.5)), between students whose fathers often drink alcohol vs. non-drinkers (OR 3.5 (95% CI 1.6–7.8)). Excessive drinking was more prevalent among smokers vs non-smokers (OR 18.4 (95% 8.2–41.6)), ex-smokers vs. non-smokers (OR 6.0 (95% CI 3.0–12.0)). Father's lower education was significantly associated with

the smoking prevalence of adolescents. Students from vocational schools smoke more (OR 1.8 (95% 1.1–2.9)). Adolescents from incomplete families had more experiences with drunkenness (OR 1.6 (95% 1.1–2.4)).

Conclusions

Alcohol consumption and smoking are prevalent among adolescents in Slovakia. There is an urgent need for targeted primary interdisciplinary prevention.

Problematic internet use, social networking and online gaming among high school students

Gabriella Nagy-Penzes

Nagy-Penzes G, Balogh B, Biro E*

Department of Preventive Medicine, Faculty of Public Health, University of Debrecen, Hungary

**Contact details: penzes.gabriella@sph.unideb.hu*

Background and aim

The internet can be used for many useful things in our daily life, but internet activities may become problematic, which can have negative impacts on health, health behaviour, and social relationships. The young generation is particularly exposed to the risk of problematic internet activities. Because of this reason, our aim was to assess the problematic internet use, social networking and online gaming among high school students, and to examine the relationship between these factors and mental health and social support. Methods: The target group of the research contains 9th and 10th grade students (n=236). The data collection was carried out with an online questionnaire which was based on international surveys. The determinants of problematic internet activities were investigated with binary logistic regression.

Methods

The target group of the research contains 9th and 10th grade students (n=236). The data collection was carried out with an online questionnaire which was based on international surveys. The determinants of problematic internet activities were investigated with binary logistic regression.

Results

All of the respondents were internet user, 96.6% used social media, and 54.2% was online gamer. Nearly two-fifths of students was problematic internet and 18.2% problematic social media user, 11.9% problematic online gamer. Those

who had higher family (OR: 0.89; 95%CI: 0.82-0.97), peer (OR: 0.88; 95%CI: 0.80-0.97) and classmate (OR: 0.63; 95%CI: 0.49-0.82) support, appropriate self-esteem (OR: 0.20, 95%CI: 0.56-0.75), and higher life satisfaction (OR: 0.14, 95%CI: 0.03-0.64) has lower odds for problematic online gaming. While the presence of psychosomatic (OR: 1.09; 95%CI: 1.01-1.17) and depressive (OR: 14.14; 95%CI: 2.79-71.39) symptoms increases the odds of this.

Conclusions

Our results show that problematic internet activities are present among high school students and can be linked to social support and mental health, so it is important to prevent these problematic activities.

A life-course and multifactorial approach to dementia prevention

Marta Nemicikova

Nemicikova M, Katreniakova Z, Mikula P, Timkova V, Nagyova I*

Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: marta.nemicikova@upjs.sk*

Background and aim

Preventive strategies and effective treatment of dementia is one of the greatest global public health challenge in the 21st century. In 2018, 50 million people lived with dementia and it is predicted its triple by 2050 worldwide. Dementia is likely to be a clinically silent syndrome that begins at midlife, caused by a brain disorder, and currently includes more than 100 types. The cognitive dysfunction, behavioural and psychological symptoms present devastating experience for patients, their families and other carers, as well as a whole society. The aim of the poster is to provide an overview on the latest recommendations for dementia prevention in a life-course perspective.

Methods

Narrative review based on existing available evidence based findings was carried out.

Results

Low educational level in childhood, hearing loss, hypertension, obesity, smoking, depression physical inactivity, social isolation, and diabetes were identified as

potentially modifiable risk factors, which might prevent more than a third of cases of dementia. Since 2006, three large studies were carried out in Europe including 6400 participants. A common benefit of these studies is the proposal for conditions for the implementation of the randomised controlled trials. If pharmacological, psychological, environmental, and social interventions are implemented, people with dementia optimise their cognition, reduce agitation, depression or psychotic symptoms, and the burden of carers is reduced. Effective services should be available, scalable, and give value.

Conclusions

The multiple role of public health is manifested mainly in reduction of risk factors and in raising awareness of protective factors. Recognised potentially modifiable factors present 35% of all risk factors related to dementia and need to be tackled from early, through middle to late life phase. The current estimates suggest that even a delay in onset of 1 year could prevent more than 9 million cases of dementia by 2050. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Gender differences in mortality due to circulatory diseases in the Slovak Republic 2000 – 2017

Jana Buckova

Buckova J, Nagyova I*

Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: janabuckova1@gmail.com*

Background and aim

Circulatory diseases are one of the leading causes of death worldwide. Male mortality due to circulatory diseases is higher in productive age, but it is increasing in women around the age of 60. Diabetes, obesity, and hypertension bring a higher risk in the post-menopausal period. The aim of this study is to evaluate gender differences in mortality due to circulatory diseases, myocardial infarction and cerebrovascular diseases in the Slovak Republic (SR) in the period from 2000 to 2017.

Methods

Data were obtained from the National Center of Health Information and the Statistical Office of the SR. Data were processed as a mid-year population and as of December 31 every reference year and entered per 100 000 men and women. Statistical analyses were performed in SPSS v. 22 and Excel.

Results

Overall, time trends show a decreasing number of deaths among both genders. Mortality rates in 2000 were 518,1 and 585,8 deaths per 100,000 males and females, respectively, and 443,5 and 512,7 deaths per 100,000 males and females in 2017, respectively. It could be caused by declining trends of risk factors such as smoking, cholesterol, and hypertension. We found that there is a higher mortality rate due to circulatory system diseases among women compared to men in Slovakia. It could be possibly linked to diabetes, which shows higher time trends among women.

Conclusions

Although circulatory disease mortality is declining, changes to improve health are still needed. Particularly, changing the lifestyle such as healthy diet, regular physical activity, and smoking cessation are key behavioural factors that can lead to decrease of the cardiovascular diseases.

Social and cognitive factors associated with self-esteem in people with multiple sclerosis

Pavol Mikula

Mikula P, Nagyova I*

Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: pavol.mikula@upjs.sk*

Background and aim

Multiple sclerosis (MS) is a chronic neurological, demyelinating disease with unpredictable course which affects all aspects of patient's life. Self-esteem is often impaired as a result of various changes in central nervous system and symptoms arising from these changes. The aim of this study is to examine associations between factors that could possibly impair or protect self-esteem, such as level of cognitive and motor impairment, social support, and social participation.

Methods

This cross-sectional study included 158 patients (74.1% women; mean age 40.12±9.75 years). Patients performed Trail Making test versions A and B focused on measuring cognitive functions of visual attention and task switching. Later they were subjected to Paced Auditory Serial Addition test (PASAT) which measures cognitive functions of speed processing, flexibility and calculation ability. Patients also filled in questionnaires focused on perceived social support (Multidimensional Scale of Perceived Social Support) and social participation (P-Scale). Results were controlled for age, gender, education, functional disability and disease duration.

Results

Linear regression analyses showed that variance in self-esteem was significantly associated with social participation and social support in all three models (with TMT A, TMT B and PASAT). Out of three TMT A model explained 30.7% of variance, TMT B model explained 31.9% of variance, and PASAT model explained 29.1% of variance. Beta coefficients for social support were $\beta=0.35$; $\beta=0.34$, and $\beta=0.33$ respectively, and coefficients for social participation were $\beta=-0.42$; $\beta=-0.42$, and $\beta=-0.44$ respectively.

Conclusions

Both cognitive (visual attention and task switching) and social factors were significantly contributing to the self-esteem in MS patients. Patient educational programs and interventions focused on management of MS should focus on cognitive as well as social factors as a way to mitigate decline in self-esteem in patients with MS. Grant support: Scientific Grant Agency of the Ministry of Education of Slovak Republic - VEGA 1/0594/17 (90%); Slovak Research and Development Agency - APVV 15-0719 (10%).

Intimate and sexual functioning in male patients with obstructive sleep apnoea: the role of mastery

Vladimira Timkova

Timkova V^{1*}, Nagyova I¹, Tkacova R²

¹Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²Department of Pneumology and Phitiseology, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

*Contact details: vladimira.timkova@upjs.sk

Background and aim

Poor sexual functioning and impaired relationships are under-recognized problems in obstructive sleep apnoea (OSA) patients. A sense of personal mastery was found to be associated with positive sexual adjustment in various long-term chronic conditions. However, so far, very little is known about the association between mastery and sexual outcomes in OSA. Thus, the aim of this study was to assess whether mastery is associated with intimate and sexual functioning in male OSA patients when controlled for age, gender, BMI, OSA severity, sleep-related problems, and psychological distress.

Methods

Participants in this cross-sectional study were 98 male OSA patients (Apnoea-Hypopnoea Index–AHI \geq 5; mean age 47.5 \pm 9.5 years). All patients completed the Pittsburgh Sleep Quality Index, the Epworth Sleepiness Scale, the Beck Anxiety Inventory, the General Health Questionnaire-28, the Pearlin Mastery Scale, and the Functional Outcomes of Sleep Questionnaire focused on assessing intimate and sexual functioning. Multiple linear regressions were used to analyse data.

Results

Mastery over ones' life and circumstances was found to be positively associated with intimate and sexual functioning even when controlled for age, gender, OSA severity, BMI, sleep-related variables ($p\leq 0.01$), anxiety ($p\leq 0.01$) and severe depression ($p< 0.05$). No association between mastery and intimacy-sexual functioning was found when controlled for social dysfunction ($p=0.69$) and somatic symptoms of emotional distress ($p=0.06$).

Conclusions

We found that adequate mastery may help to improve intimacy and sexual relationships in male OSA patients with sleep-related problems, anxiety, and severe depression. Thus, interventions focused on enhancement of mastery over ones' life and circumstances may help to optimize intimacy and sexual relationships. However, mastery may not be adaptive in patients suffering from social dysfunction and somatic symptoms of emotional distress. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

Životná spokojnosť ako dôležitý faktor sebahodnoteného zdravia u diabetikov 2 typu s dlhotrvajúcim ochorením.

Marcela Linková

Linková M^{1*}, Rác O², Čisláková L³, Link R⁴

¹Ústav sociálnej a behaviorálnej medicíny, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

²Ústav patologickej fyziológie, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

³Ústav epidemiológie, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

⁴Univerzita veterinárneho lekárstva a farmácie v Košiciach, Slovenská Republika

*Kontaktné údaje: marcela.linkova@upjs.sk

Úvod a cieľ

Dosiahnutie optimálnych terapeutických výsledkov v liečbe diabetu 2 typu (T2DM) vo veľkej miere závisí od prístupu pacienta ku vlastnému zdraviu. Identifikácia faktorov, ktoré ovplyvňujú sebahodnotenie vlastného zdravia je kľúčová, na zmiernenie rastúcej záťaže dlhotrvajúceho ochorenia. Cieľom našej štúdie bolo skúmať dynamické vzťahy medzi sebahodnoteným zdravím - self-rated health (SRH) a jeho determinantami u pacientov s T2DM. V práci prezentujeme čiastkové výsledky vplyvu psychologických faktorov na SRH u diabetikov T2DM.

Metódy

Štúdie sa zúčastnilo 145 dospelých s diagnózou T2DM (62,1% mužov, vek 59,2 \pm 6,3 rokov, trvanie ochorenia 11,7 \pm 8,0 rokov). Pacienti boli liečení diétou 4 %, orálnymi prípravkami 44%, inzulínom 52 %. Za závislú premennú do

nášho výskumu bol vybratý indikátor self-rated health (SRH, 5-1 bod), miera sebaúcty bola meraná dotazníkom Rosenberg's Self-Esteem Scale (RSES; 0 – 40bodov) a celková spokojnosť zo životom pomocou škály Cantril's Ladder of Life (0 – 10). Výsledky boli analyzované štatistickým balíkom pre spoločenské vedy 16.0 (SPSS Inc, Chicago, IL, USA).

Výsledky

V korelačnej analýze vyššie skóre SRH pozitívne korelovalo so spokojnosťou s liečbou ($r=0,17$, $p<0,05$) a vysoko signifikantne s vyšším skóre RSES Rosenberg Self-Esteem Scale ($r=0,44$, $p<0,001$) a celkovou spokojnosťou so životom v Cantrill's ladder ($r=0,46$ $p<0,001$). Následne regresné analýzy v našej štúdiu potvrdili, že miera sebaúcty spolu s celkovou spokojnosťou so životom boli najsilnejšími psychologickými faktormi, ktoré vysvetľovali 14% variancie sebahodnoteného zdravia SRH.

Zhrnutie

Na subjektívnom hodnotení vlastného zdravia u diabetikov T2DM sa výraznou mierou podieľa celková spokojnosť so životom a sebaúcta. Pre adekvátnu compliance pacienta, s cieľom dosiahnuť jeho dobrú glykemickú kompenzáciu, je preto úlohou lekára pristupovať k pacientovi s rešpektovaním a s vnímavosťou na jeho individuálne preferencie a hodnoty.

Session 5:

25 October 2019 (Friday), 13:30 – 15:00

Improving the quality of health and social services

Rethinking Sustainable Development Goals to Address Disability

Dilek Aslan

Aslan D, Sengelen M*

Department of Public Health, Faculty of Medicine, Hacettepe University, Ankara, Turkey

**Contact details: diaslan.dr@gmail.com*

Background and aim

Disability is a prior concern of public health as it affects almost one in seven people globally. Today there are almost

one billion disabled persons in the world. Disabled people are facing with various difficulties due to discrimination, labelling, stigmatization and the negative influences of other determinants of health. A global perspective can be helpful to eliminate such obstacles. United Nations (UN) Sustainable Development Goals (SDGs) can play crucial role to lead the international science and social platforms to improve the situation.

Methods

In this presentation 17 SDGs of the UN has been analyzed with disability perspective and other UN documents have also been searched to understand both the strong and the lacking points which can potentially influence the practical implementations/life.

Results

Although more than one SDG can be linked with disability, Goal 10 “reducing inequalities” seems to tackle the issue with a stronger emphasis among all. Within Goal 10, universal policies to pay attention to the needs of the disadvantaged people has been addressed clearly. Goal 4, 8, 11 and 17 also have some comments on disability. There can be found many other documents which UN has produced about disability.

Conclusions

Disability can be a separate title/concern within SDGs, when the frequency and the sensitivity of the subject is considered. Horizontal and vertical links among the Goals and their targets should strongly be established which will facilitate to follow the developments in an easier manner.

Self-perceived and functional health literacy of Hungarian adults

Eva Biro

Biro E¹, Kosa K²*

¹Institute of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

²Institute of Behavioural Sciences, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

**Contact details: biro.eva@sph.unideb.hu*

Background and aim

Health literacy has become the focus of scientific interest in the last few decades due to the recognition of the association between health status and health literacy. Despite its

significance, only few studies have been carried out previously regarding it in our country. The aim of this cross-sectional survey was to provide a snapshot of the health literacy of the Hungarian adults.

Methods

Data was collected by a polling company in a representative sample of 1200 persons of the adult population with a paper-based questionnaire that included items on demographic and socioeconomic data, subjective well-being, social support and two newly adapted scales in order to measure self-perceived (Brief Health Literacy Screening Tool, BRIEF) and functional (Newest Vital Sign, NVS) health literacy. The determinants of health literacy were investigated with binary

logistic regression.

Results

The mean age of the respondents was 49,1 years (SD: 17,1 years), 46% of them were male. Based on the results of the BRIEF scale, 34% of respondents had limited, 36% marginal, 30% adequate health literacy, while the NVS test showed that 18% of respondents had inadequate, 28% limited and 54% adequate functional health literacy. From the sociodemographic determinants only with educational level was found a clear relationship.

Conclusions

Findings suggest that the level of health literacy depends on the used instruments, therefore the conceptual difference between the measures have to take into consideration when the researchers decide which tool will be preferred during the data collection.

Healthcare Professionals' Attitudes Regarding Patient Safety Culture – a National Cross-Sectional Survey in Bulgaria

Rositsa Dimova

Dimova R¹, Stoyanova R¹, Doykov I²*

¹Department of Healthcare Management and Health Economics

²Department of Otorhinolaryngology

**Contact details: ros_dimova@yahoo.com*

Background and aim

Patient safety culture (PSC) is an essential component of healthcare quality and is being seen as an

increasingly important topic and challenge to healthcare systems, worldwide. The issue of safety culture in healthcare delivery is comparatively new for our country. This study is aimed to evaluate the attitude of healthcare professionals regarding PSC in hospitals, using the Bulgarian version of Hospital Survey on Patient Safety Culture (B-).

Methods

In total, 546 healthcare professionals from hospitals in different regions of Bulgaria were enrolled. The survey was organized as a multistep process with the aid of a specialized Internet-based software platform for registration and evaluation of PSC. The B-HSOPSC includes 42 questions, grouped in 12 different dimensions measuring patient safety culture. Our version incorporated two additional items. The data were exported to SPSS 19.0 statistical software and analyzed with descriptive statistics, T-test and Pearson's correlation coefficient. The significance level was set at 0.05.

Results

The mean scores in some of the dimensions differ among the study groups. In “non-punitive response to error” dimension, physicians scores were higher compared to those of other health professionals (P=0.003). On the other hand, health professionals achieved higher scores in the dimensions “supervisor expectations and actions promoting safety” (P=0.026), “organizational learning”(P=0.000), “communication openness” (P=0.001) and “feedback and communication about error” (P=0.001). “Hospital management support for patient safety” and “teamwork across hospital units” was proved to have the most significant correlation with PSC (r=0.803, r=0.774), whereas “staffing” and “non-punitive response to error” had the least significant correlation (r=0.288, r= 0.531).

Conclusions

The results of this study showed in Bulgarian hospitals, a number of dimensions of patient safety need improvement. The creation of positive PSC is necessary for the efficient management of the medical care.

Národní dobrovolnický program v ČR jako nástroj zvýšení kvality a bezpečí pacientů

Helena Hnilicová

Hnilicová H^{1}, Chaloupková V², Kalvachová M³, Zemanová L³*

¹1. lékařská fakulta, Univerzita Karlova v Praze, Praha, Česká Republika

²Státní zdravotní ústav Praha, Česká Republika

³Ministerstvo zdravotnictví ČR, Česká Republika

**Kontaktné údaje: hnil@lf1.cuni.cz*

Úvod a cieľ

Koncem minulého stololetí začali do českého zdravotnictví vstupovat dobrovolníci, aby podle zahraničních vzorů přispěli ke zvýšení pohody a komfortu pacientů v lůžkových zařízeních. Program nastartovaly neziskové organizace, které spolupracovaly s nemocnicemi a zajišťovaly dobrovolníky pro práci ve zdravotnictví. Brzy se ovšem ukázalo, že to má své limity. Společným jmenovatelem je existence rozdílů v naplňování dobrovolnictví a jeho kvalitě a nejistá udržitelnost dobrovolnictví v konkrétních zdravotnických zařízeních. Dobrovolnická činnost jako celek je nesystematická a nekoordinovaná, což v konečném důsledku omezuje jeho přínos pro pacienty. Z celonárodního hlediska tak stávající podoba dobrovolnictví ve zdravotnictví zcela nenaplnuje smysl a cíle dobrovolnické práce. Cílem příspěvku je informovat o novém národním projektu dobrovolnictví ve zdravotnictví a diskutovat o významu dobrovolnictví při poskytování integrované zdravotní péče.

Metódy

Není relevantní.

Výsledky

Ministerstvo zdravotnictví ČR je proto realizátorem inovačního projektu Efektivizace systému nemocniční péče v ČR prostřednictvím dobrovolnické činnosti CZ.03.3.X/0.0/0.0/15_018/0007517, v rámci Operačního programu Zaměstnanost, spolufinancovaného Evropskou unií z Evropského sociálního fondu. Jeho cílem je vytvoření jednotného národního dobrovolnického programu jakožto nástroje zefektivnění programu dobrovolnictví v ČR tak, aby prokazatelně přispíval ke zvýšení kvality péče a bezpečí pacientů. Celostátně koordinovaný dobrovolnický program by měl plnit roli „zlatého standardu“ pro dobrovolnické

programy v lůžkové péči. Součástí je inovovaná Metodika dobrovolnictví ve zdravotnictví a vytvoření pozice koordinátora dobrovolníků ve zdravotnickém zařízení, včetně akreditovaného vzdělávacího programu, který by se stal kvalifikačním předpokladem pro tuto pozici.

Zhrnutie

Národní projekt rozvoje dobrovolnictví v ČR je v počáteční fázi. Závěrem budou diskutována některá rizika, která při jeho realizaci lze očekávat.

Portál Malina, prvý národný navigátor dostupnej služby

Alena Mochnáčová

Mochnáčová A, Fabianová Z*

ZSS Slnecný dom, n.o., Slovenská Republika

**Kontaktné údaje:*

mochnacova@osetrovatelskecentrumhe.sk

Úvod a cieľ

Autori sa vo svojom príspevku zamerali na vážny pretrvávajúci problém súčasnej organizácie následnej starostlivosti. V zložitej spleti služieb sa ťažko orientuje aj profesionál. Ľudia sa bezradne pýtajú, čo majú robiť, keď im bezvládneho člena rodiny prepustia z nemocnice. Prolongácia pomoci môže vyústiť do zbytočných komplikácií, či utrpenia. Slabá organizácia následnej starostlivosti sa skrýva za sériou opakovaných hospitalizácií z prozaických dôvodov, ako je vynechanie liekov alebo podcenenie niektorého z bežných rizík, ako napríklad neprimeraná výživa či príjem tekutín.

Metódy

Analýza, syntéza, dedukcie, komparácia.

Výsledky

Pre kritického pacienta môže byť aj zopár dní neodbornej starostlivosti po prepustení z nemocnice fatálnymi. Portál Malina prináša efektívne riešenie pre pacientov aj nemocnice – jednoducho a rýchlo vyhľadá vhodný typ zariadenia následnej starostlivosti. Ambasádorkou projektu je herečka Kristína Svarinská. Skupina špecialistov v oblasti dlhodobej starostlivosti už roky neustále posúva hranice kvality i možností pomoci. MALINA je výsledkom skúseností z praxe, s ktorými sa denne stretávajú poskytovatelia s ľuďmi hľadajúcimi vhodné zariadenie pre svojho blízkeho. Dlhoročné skúsenosti jeho autoriek na jednotlivých stránkach

umožňujú jednoduchú, rýchlu a efektívnu orientáciu v problematike.

Zhrnutie

Výber vhodnej služby vo vzťahu k skutočným potrebám je nesmierne dôležitý. Od správneho výberu sa totiž odvíja kvalita a často i dĺžka života chorého a bezvládneho človeka. Pre správny výber je potrebné orientačne posúdiť stav a kondíciu osoby, ktorej chcete pomôcť. Priamo na portáli stačí vybrať a označiť možnosti, ktoré najviac vystihujú skutočný stav osoby v oblasti jeho vedomia a orientácie, príjmu potravy, vo vylučovaní, schopnostiach mobility a pohyblivosti, zmien na koži, indikácie paliatívnej starostlivosti, celkového popisu stavu a pripravenosti rodiny postarať sa o blízkú osobu doma. Na základe vyhodnotenia týchto údajov portál ponúkne typ zariadenia, ktorý je pre pacienta najvhodnejší. Následne stačí pri vyhľadávaní zadať vzdialenosť zariadenia, akceptovateľné náklady, a vyhľadávač ponúkne voľné miesta s ponukou služieb na základe zvolených kritérií. Z pobytových zariadení ide o domy ošetrovateľskej starostlivosti, zariadenia sociálnych služieb so zabezpečením ošetrovateľskej starostlivosti cestou zdravotnej poisťovne alebo zariadenia sociálnych služieb bez zabezpečenia ošetrovateľskej starostlivosti cestou zdravotnej poisťovne.

Integration of cervical cancer screening and prevention into HIV-care at the family AIDS Care and education services (faces) clinics in Abuja Nigeria

Adeyemi Adeniyi Abati

*Abati AA**

Lagos University Teaching Hospital, Lagos, Nigeria

**Contact details: abati_adeyemi@yahoo.com*

Background and aim

HIV-infected women are at higher risk of human papillomavirus infection, cervical pre-cancer and invasive cancer. The risks are increased in resources limited setting, where cost and infrastructure requirements limit access to tradition, cytology-based screening programs. Integration of cervical cancer screening and prevention (CCSP) services

into HIV care Service may be a feasible and effective way of impacting a high – risk population of women.

Methods

In October 2010 CCSP was integrated into routines care at the family AIDS care and education services (faces) program in Abuja Nigeria during regular visits, non pregnant women over 25 are invited to undergo cervical cancer screening using visual inspection with acetic acid (VIA) followed by colposcopy and biopsy to confirm positive result. Women who are tested negative were re-screened every 3 years. Treatment of cervical intraepithelial naoplasia 2/3 (CIN 2/3) is done with loop electrosurgical excision procedure (LEEP) on site, with referrals given for more advance diseases.

Results

Between October 2010 and April 2015 we screened over 94567 women using VIA and diagnosed 1657 case of CIN 2/3. We performed 1243 LLEPS with no serious adverse events. We have trained 890 clinical officers and nurses to perform via and 80 clinical and medical officers to perform LEEP. Based on the program success, services are now being scaled up to outpatient's facilities in multiple districts through out the maitama provincein partnership with the Nigerian ministry of health.

Conclusions

This is an example of successful integration of cervical cancer screening and prevention services with an HIV Care setting. Building local capacity while providing services to prevent invasive cancer, screening using low-cost, easy –train approaches can results in high coverage of HIV- positive women, with follow up nested within ongoing HIV care services. With continued mentorship, mid-level HIV care providers can carry –out the cervical cancer screening techniques safely and effectively.

Potenciál dát zdravotných poisťovní pri hodnotení efektivity a prínosu skríningu tyreoidálnych ochorení v gravidite

Ján Bielik

Bielik J^{1}, Kmečová V², Bielik M³, Faktor M²*

¹Fakulta zdravotníctva, Trenčianska univerzita Alexandra Dubčeka v Trenčíne, Trenčín, Slovenská Republika

²Zdravotná poisťovňa Dôvera, a.s, Slovenská Republika

³KAMEAT, s.r.o., Endokrinologická ambulancia, Nové Mesto nad Váhom, Slovenská Republika

*Kontaktné údaje: jan.bielik@tnuni.sk, jbielik@mail-t-com.sk

Úvod a cieľ

Hlavným cieľom práce bolo zistiť dodržiavanie ustanovení „Usmernenia pre skrining tyreoidálnych ochorení v tehotenstve“ v gynekologickej praxi a následne aj ich klinickú a nákladovú efektívnosť. Vedľajším cieľom bolo porovnať dosiahnuté výsledky s výsledkami analogickej štúdie z r. 2011.

Metódy

Do hodnotenia boli zaradené ženy z evidencia zdravotnej poisťovne Dôvera, ZP, a.s., s diagnózami E.00 až E.07, ktoré ako tehotné absolvovali prvú návštevu u gynekológa v r. 2016, pričom nemali záznam o návšteve endokrinológa v r. 2015. Pri návšteve gynekológa mali urobený odber krvi na vyšetrenie TSH a aTPO (výkon 4434- stanovenie ultracitlivého TSH). Do hodnotenia boli zaradené ženy, ktoré boli odoslané gynekológom na endokrinologické vyšetrenie do 3 mesiacov od odberu TSH, pričom sa sledovali až do konca r. 2017. Ako samostatná skupina sa hodnotili tehotné ženy so známou tyreopatiou.

Výsledky

Súbor tvorilo 16 891 žien. Dokumentovaný odber TSH malo 5 901 žien (34,9%). Z tejto skupiny absolvovalo následné endokrinologické vyšetrenie 526 žien (3,1%). V tejto skupine boli predpísané tyreoidálne lieky u 210 žien (1,2%). Z tohto počtu bolo 6 žien liečených tyreostatickou liečbou (2,9%) a 204 žien bolo liečených substitučnou tyreoidálnou liečbou (97,1%). Náklady na TSH a odber krvi na gynekologickej ambulancii v tejto skupine činili 47 857,11€, na USG vyšetrenia štítnej žľazy – 6 423,70 €, na endokrinologické vyšetrenia – 13,314,00 € a na lieky – 1 055,37 €. Žien, ktoré boli už pred tehotenstvom evidované u endokrinológa, bolo 2 587 (15,3%), pričom 905 z nich bralo lieky na štítnu žľazu (5,4%). Náklady na 1 prípad novozistenej tyreopatie činili 130,5 €, a náklady na 1 prípad liečenej novozistenej tyreopatie činili 326,9 €, pri prepočte na 1 prípad hypotyreózy to bolo 336,5 € a na 1 prípad hypertyreózy to bolo 11 441,6 €.

Zhrnutie

Skriningový program je klinicky i ekonomicky efektívny, problematickou sa javí nízka úroveň podielu laboratórných vyšetrení u gynekológov.

Session 6:

25 October 2019 (Friday), 13:30-15:00

Current trends in diabetes management

Integrated management of Type 2 Diabetes Mellitus: Recommendations for establishing National Diabetes Registry at Health & Wellness Centers in India

Taneya Singh

Singh T¹*, Kaur N²

¹Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

²National Institute for Transforming India (NITI Aayog)

*Contact details: singh.taneya@gmail.com

Background and aim

India-the 6th largest country by nominal GDP with a population of 1.3 billion has a rapidly increasing incidence of chronic lifestyle diseases such as Type 2 Diabetes Mellitus (T2DM). According to the American Diabetes Association, 109 million Indians would be suffering from T2DM by 2035. Currently 70 million Indians are diabetic, while a large proportion remains undiagnosed. This paper discusses Ayushman Bharat: the flagship two-tiered health protection program of the Government of India; possible solutions of establishing National Diabetes Registry (NDR) at Health & Wellness Centers (HWCs) in India for early screening and diagnosis of T2DM; and integrated management of T2DM by promoting traditional eating habits and Yoga.

Methods

This paper is based on available secondary literature. The authors thoroughly reviewed Diabetes Registries (DR) in 2 Indian states of Goa and Puducherry; peer reviewed research papers focusing on importance of Yoga in preventing T2DM and policy guidelines of MoHFW* for establishing HWCs in India.

Results

Robust primary healthcare is imperative for the control of chronic diseases. Learning from Indian States with an already established DR, a National Diabetes Register with a dedicated HMIS can be established at HWCs across the country. This will promote gathering of epidemiological data, prediction of disease trends and following up vulnerable patients for disease progression and complications. Within the established Indian Public Healthcare System, HWCs will additionally focus on long ignored components of health promotion and disease prevention to provide holistic healthcare to the masses. Integrating traditional lifestyle practices can aid in achieving glycemic control by weight regulation, physical exercise, and hormonal balance.

Conclusions

Incorporating NDR within HWCs will develop a database which would provide demographic, epidemiological and complication trends of the disease. Furthermore, by combining the modern medicine with traditional health practices, patients can effectively manage and control diabetes by gaining the impetus to modify their lifestyle.

*MoHFW- Ministry of Health & Family Welfare.

In Depth Interviews of Healthcare District Leaders and Workers (HDLW) and Risk Factor Participants using Hurricane Diagram for Diabetic Health Promotion and Prevention Educational Program at Mahasarakham Province, Northeastern Region of Thailand Buavaroon Srichaikul

Srichaikul B*

Mahasarakham University, Thailand

**Contact details: buacanada@gmail.com*

Background and aim

Thailand currently has a gradual incidence increase of substandard nutrition resulting in diabetes. The study data was collected from 3 districts in Mahasarakham province, northeastern region of Thailand. Objectives: The aim of this study was to investigate barriers and supports for implementing Hurricane Diagram for Diabetic Health Promotion and Prevention Educational Program for

Healthcare District Leaders in Mahasarakham Province, Northeastern Region of Thailand in order to receive preliminary betterment and effective inputs to develop appropriate current designs for a 2017 diabetes prevention educational program.

Methods

The samples were 3 health care district leaders and Workers (HDLW) in Mahasarakham province, Northeastern Region (n = 75) selected from each district participated in in-depth interviews and screened risk diabetic participants from interviewing (n = 158) and from focus groups (n = 163 participants). Coded transcripts from audio-taped interviews or focus groups were analyzed using SPSS software. Descriptive concepts from Hurricane diagram were used as research tools for reliable interviews and focus group discussions among the samples in order to receive the mean ages from the samples.

Results

The result found that Hurricane diagram lacked certified health policy sustainability supports. Healthcare District Leaders in Northeastern of Thailand should require integrated healthcare promotion and disease prevention toward responsibilities and duties. Healthcare District Leaders should establish small-group workshops, learning activities, case studies, and video presentations in each district which could bring knowledge to practice within their cultural context and eliminate various risk factors from diabetic participants who lack knowledge of nutrition, health care ,dietary program and also lack accessibility to current healthcare information. The directive of the program should be developed for more attractive and not repetitive training. Diabetic participants should have two-way communication between Healthcare District Leaders and or healthcare providers in the district.

Conclusions

This research revealed an effective sustainable program conveying knowledge to risk diabetic participants in the communities.

HbA1c as the gold standard in monitoring of glycaemic compensation in patients with diabetes mellitus – how to interpret and use the results in a creative way?

Oliver Racz

Racz O^{1*}, Linkova M², Heriban V³, Lakatosova K⁴

¹Institute of Pathological Physiology, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

³General Health Insurance, Bratislava, Slovak Republic

⁴Department of Clinical Biochemistry, Kralovsky Chlmec, Slovak Republic

*Contact details: olliracz@gmail.com

Background and aim

To provide a comprehensive treatise about the proper interpretation of the results of HbA1c assay values measured with currently available International Federation of Clinical Chemistry (IFCC) certified methods. 2. To propose a connection of the integrated retrospective marker of compensation with currently available other systems (continuous monitoring, flash monitoring and classic self-monitoring) into a complex system as the prerequisite of achieving ideal glycaemic compensation in patients with diabetes mellitus.

Methods

50 years after its serendipitous discovery HbA1c is considered as the gold standard in the monitoring of glycaemic compensation in patients with diabetes mellitus. An important milestone to achieve this status was the preparation of the IFCC certified primary standard was (2004) and from this time all analytical methods are fully traceable to this standard and therefore all certified methods are from the point of view of everyday practice fully equivalent. From year 2016 a task group of IFCC conducts a worldwide survey of the precision of available methods. Last year more than 5000 laboratories were evaluated and most of them were evaluated in the range as sufficiently precise. The situation with the precision of POCT assays of HbA1c is also improving.

Results

Despite its central role HbA1c as a retrospective integrated parameter is not able to cover the whole picture of glycaemic compensation in individual patients and despite the introduction of new methods of glucose monitoring (continuous and flash monitoring) and a plethora of treatment modalities both in type 1 and 2 diabetes mellitus the level of compensation of majority of patients is not good enough to prevent the development of microangiopathic complications.

Conclusions

According to the authors there is a real possibility to improve this situation through a system of complex evaluation of 3 basic markers of glycaemic compensation: HbA1c, "time in range" and the frequency of hypoglycaemic episodes calculated from continuous or flash monitoring.

Program riadenej zdravotnej starostlivosti o diabetikov: Ako ho vnímajú lekári?

Roman Mužik

Mužik R*, Sidor J, Ištokovičová P, Melo M1, Lendvay M

DÔVERA zdravotná poisťovňa, a. s., Slovenská Republika

*Kontaktné údaje: muzik.roman@dovera.sk

Úvod a cieľ

V októbri 2015 spustila zdravotná poisťovňa Dôvera vo vybraných regiónoch (v Košickom, Prešovskom, Nitrianskom a v r. 2018 aj v Trnavskom kraji) program manažovanej zdravotnej starostlivosti pre pacientov s diabetom druhého typu, DôveraPomáha diabetikom (DPD). Cieľom programu je zvýšenie kvality života u (pre-) diabetikov. Jeho hlavnými piliermi sú: edukácia a motivácia (pre-) diabetikov, špecifický kontrakt a individuálna práca s vybranou skupinou diabetológov a zlepšenie dostupnosti špecializovaných lekárov starajúcich sa o diabetikov formou objednávkového systému. V programe je k júnu 2019 zapojených 35 diabetológov, zaregistrovalo sa doň 6 048 pacientov, z toho 3191 (53%) absolvovalo prvú edukáciu a 1 686 (28%) absolvovalo celý cyklus (4-8) edukácií. Cieľom príspevku je zanalyzovať subjektívnu spokojnosť lekárov zapojených do programu DPD.

Metódy

Vzorku tvorili lekári zapojení v DPD (n=34). Vo februári 2019 im bol zaslaný elektronickou formou 21-položkový dotazník. Miera návratnosti dotazníka dosiahla 47% (n=16).

Na vyhodnotenie boli použité základné metódy deskriptívnej štatistiky.

Výsledky

Vynikajúcu (25%, n=4) alebo veľmi dobrú (56%, n=9) spokojnosť s programom uviedlo 81% (n=13) diabetológov. Zvyšných 19% (n=3) uviedlo dobrú spokojnosť. Totožne bola vnímaná aj užitočnosť programu pre pacientov. Zapojiť sa do programu DPD by svojmu kolegovi určite (63%, n=10), pravdepodobne (31%, n=5) alebo možno (6%, n=1) odporučil každý zapojený diabetológ. Určite (81%, n=13) alebo pravdepodobne (19%, n=3) by svojmu známemu/členovi rodiny s diabetom odporučil zapojenie do programu každý zapojený diabetológ. Pre 75% (n=12) diabetológov je najdôležitejšia súčasť programu edukácia (pre-)diabetikov.

Zhrnutie

Prieskum naznačuje pozitívne vnímanie programu DPD zapojenými diabetológmi. Na základe zistení z iných štúdií, ktoré poukazujú na (1) vysokú spokojnosť pacientov s edukáciami, (2) lepšiu informovanosť edukovaných pacientov, (3) zvyšovanie kvality zapojených diabetológov meranej mierou vykonávania vyšetrenia glykovaného hemoglobínu v súlade s odporúčaniami, (4) nižšie náklady na zdravotnú starostlivosť u poistencov, ktorí absolvovali edukácie v rámci programu sa program DPD prejavuje ako vhodný nástroj na zvyšovanie kvality starostlivosti o pacientov s diabetom a kvality ich života.

Family functioning and health-related quality of life of young children with type 1 diabetes compared to healthy peers

Veronika Bettina Zagraj

Zagraj VB^{1*}, Bartkóné Kovács A², Andrea L³

¹*Faculty of Health Care, University of Miskolc, Miskolc-Egyetemváros, Hungary*

²*Borsod-Abaúj-Zemplén County General Hospital, Miskolc, Hungary*

³*Faculty of Health Care, University of Miskolc, Miskolc-Egyetemváros, Hungary*

**Contact details: zagrajbettina@gmail.com*

Background and aim

The study aimed to compare the generic health-related quality of life (HRQoL) of preschool-aged children with type 1

diabetes (T1D) to those being healthy. We also aimed to compare the family functioning (FF) between families raising children with and without T1D.

Methods

Children with T1D were from a pediatric diabetes centre representing the northeast region of the country, controls were recruited from kindergartens of three settlements. HRQoL was measured using the Pediatric Quality of Life Inventory 15-item Generic Core Scale. FF was evaluated by the Family Impact Module Family Functioning subscale (8 items). Mothers completed additional questionnaires regarding their well-being, depression symptoms, life satisfaction and resilience. Data were analysed using SPSS 24.0 version.

Results

113 mothers provided data from which 28 mothers had a child with T1D. Mothers' and children's age did not differ as well as the gender distribution between the two groups. Children's age was between 2 and 7. There were no statistical differences neither in HRQoL between children with and without T1D nor in FF. We found no gender differences in either group. In the hierarchical regression analysis, the family functioning ($\beta = .46, p < .001$) and the mother's depression symptoms ($\beta = -.26, p < .01$) were significant contributors for the children's generic HRQoL.

Conclusions

Our results indicate that young children with T1D live similar life than their healthy peers, and the family everyday life did not differ from those where healthy children were bringing up. It seems that the treatment of diabetes is well integrated into the daily activities of the family and the diabetes care is accepted by the family members. The proper family functioning is important because it affects the child HRQoL which is the ultimate aim of diabetes treatment and care.

Prekonávanie subjektívnych prekážok pri dodržiavaní zdravotných odporúčaní pri diebetes mellitus

Monika Hricová

Hricová M*

Katedra psychológie, Filozofická fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

**Kontaktne údaje: monika.hricova@upjs.sk*

Úvod a cieľ

Zámerom výskumu bolo ozrejmiť najčastejšie subjektívne prekážky, ktoré bránia pacientom s diabetes mellitus II. pri dosahovaní zdravotných cieľov. Zároveň zistiť ako sa adaptujú na to, keď im tieto prekážky znemožňujú dosiahnuť pre nich dôležitý zdravotný cieľ.

Metódy

Výskumu sa zúčastnilo 60 pacientov, ktorí sa dlhodobo liečia na diabetes mellitus II. typu- Adaptácia na prekážky na ceste za cieľom bola meraná dotazníkom General adaptation scale od Wrosha et al. (2003).

Výsledky

Oslovený pacienti uviedli, že najčistejšími prekážkami je nedostatok energie a ich subjektívna neochota. V prípade vnútornej motivácie pre zdravotné ciele, pacienti napriek prekážkam pokračovali v dosahovaní zvoleného cieľa alebo ho len minimálne pozmenili. Pacienti, ktorí boli externe motivovaní sa pri problémoch v dosahovaní cieľa ľahšie vzdali.

Zhrnutie

Prostredníctvom metódy GAS sme sa v našom výskume zamerali aj na skúmanie rozdielov s diabetes mellitus II. typu v reakciách na prekážky, ktoré sa objavovali v prograse dosahovania vytýčeného cieľa.

Session 7:

25 October 2019 (Friday), 13:30 – 15:00

Understanding mental health and well-being

Trends of the mental health of the Hungarian adult population between 2000-2019

Karolina Kosa

Kosa K^{1}, Biro E²*

¹Institute of Behavioural Sciences, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

²Institute of Preventive Medicine, Faculty of Public Health, University of Debrecen, Debrecen, Hungary

**Contact details: kosa.karolina@sph.unideb.hu*

Background and aim

Several data have been published on the mental health of the Hungarian population by different research teams but much less information is available about the change in mental status based on comparable research methods. Our aim is to provide data on the long-time trends of mental status in Hungary.

Methods

Three representative surveys on the mental health of the adult population designed by the authors and implemented by an opinion polling company were carried out between 2010 and 2019. Self-filling questionnaire was used to collect information on demographic data, socioeconomic status, and validated scales of mental health. Data obtained by identical methodology were compared to those of earlier national surveys carried out in 2000 and 2003.

Results

Distribution of the respondents by permanent residence, age and sex in all five surveys largely reflected that of the adult population of the country. The proportion of the population struggling with severe psychological distress ranged between 14.5-7.36% from 2000 to 2019 showing a decreasing trend. A significantly higher proportion of women were severely stressed compared to men in 2000 and 2003 but this female surplus became non-significant from 2010 onwards. Sense of coherence – a measure of psychological resilience – also showed an improving trend, without gender difference. Educational level and social support were found to be consistent and significant determinants of mental health between 2010-2019.

Conclusions

Mental health status seems to be improving among Hungarian adults in the past decade. Further research is warranted to uncover the underlying causes of this positive development.

Psychotherapeutic community for obsessive-compulsive patients – 10-year follow-up

Simona Vasilkova

Vasilkova S^{1}, Kovanicova M², Palova E²*

¹Bona o.p.s, Praha 8 – Bohnice, Czech Republic

²1st Psychiatric Clinic, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: simona.vasilkova@gmail.com*

Background and aim

Community care in psychiatry, although a long-term announced vision of psychiatric care beginning by the Reform of psychiatric care (1999) consists still of a few isolated islands in the official mental health net. Among several chronic course psychiatric disorders, the obsessive compulsive disorders (OCD) are disorders where continual interventions create observable improvement of therapeutic effect and observable improvement of quality of life. Our work describes ten years experience working with the OCD community.

Methods

We present a/ empirical observations in the development of therapeutic community in the frame of 10 years of systematic work and b/ clinical observations of individual changes illustrated by case studies. We describe foundations of the complex organizational structure based on the interconnected line: 1. educational cycles, 2. contacts through OCD counseling unit and 3. three-days residential stays. We evaluate also the contribution of the nongovernmental organization OZ OCDSTOP

Results

The therapeutic community enhances the motivation to pharmacological and psychotherapeutic treatment, creates a safe relationship net, enable authentic self-expression (what seems to be for OCD patients a highly valuable experience), and also enable open communication channels in basic relationship systems. Changes in functioning are documented by selected case studies.

Conclusions

The group aspect of therapeutic community is a productive form of long term care of patients with OCD.

Profesijný syndróm ako dôsledok stresu v práci v náročných profesiách

Martina Chylová

Chylová M*

1. psychiatrická klinika, Lekárska fakulta, Univerzita P.J. Šafárika v Košiciach, Slovenská Republika

*Kontaktné údaje: martina.chylova@upjs.sk

Úvod a cieľ

Doposiaľ bol syndróm vyhorenia v MKCH-10 súčasťou kategórie "ťažkosti so zvládaním života". Najnovšie, od r. 2022, mu WHO dáva oficiálne postavenie diagnózy, ktorá vzniká dôsledkom nezvládnutého stresu na pracovisku pod názvom profesijný syndróm. Cieľom práce bolo zistiť, ktoré premenné stresu vedú k profesijnému syndrómu v niektorých náročných povolaniach.

Metódy

Profesijný syndróm bol zisťovaný dotazníkom Maslach Services Survey (MBI-HSS). Obsahuje faktory: emocionálne vyčerpanie (EE), depersonalizácia (DP), osobné uspokojenie s pracovným výkonom a kompetenciami (PA). Úroveň stresu meralo Inventórium zamestnaneckého stresu (OSI-R). Analýzy zahŕňali deskriptívnu štatistiku a lineárnu regresnú analýzu, metódu stepwise. Prediktormi profesijného syndrómu boli: 1. vek, pohlavie; 2. časové parametre práce; 3. škály OSI-R: rola preťaženia (RO), nedostatočnosti (RI), nejednoznačnosti (RA), hranice (RB), zodpovednosť (R), fyzické prostredie (PE), vypätie osobné (VS), psychologické (PSY), v medziľudských vzťahoch (IS), fyzické (PHS), rekreácia (RE), starostlivosť o seba (SC), sociálna opora (SS), racionálne-kognitívne zvládanie (RC).

Výsledky

Súbor tvorilo 276 pracovníkov na rizikových pozíciách (policajt, colník, lekár, väzenský dozorca). Priemerný vek respondentov bol 36,6 roka, v rozpätí 18-77 rokov. Z nich bolo 72,1% mužov. Na zmeny pracovalo 51,4%, nočné zmeny vykonávalo 75,7%, nadvázy 62,3% a pracovnú pohotovosť 48,2% pracovníkov. Štatisticky významné prediktory nočná práca, škály R, PHS a RC vysvetľovali 40,2% variancie faktora EE. V druhom modeli významné prediktory pohlavie, RI, R, IS, PHS, RE vysvetľovali 30,4% variancie faktora DP. Štatisticky významné prediktory pohlavie, RI, RA, RE vysvetľovali 37% variancie faktora PA.

Zhrnutie

Podľa výsledkov, skúmaní pracovníci by mali obmedziť nočnú prácu, delegovať zodpovednosť, mať jasno v očakávaniach, dbať o fyzické zdravie, efektívne riešiť problémy, mať pocit užitočnosti, neizolovať sa od priateľov a vykonávať voľnočasové aktivity. Rizikovým bolo ženské pohlavie. Pracovníci v náročných profesiách by mali aktívne pristupovať k rozvoju schopností zvládať stres a znižovať riziko vzniku profesijného syndrómu. Práca je súčasťou

projektu APVV-16-0002 Duševné zdravie na pracovisku a posudzovanie zdravotnej spôsobilosti zamestnanca.

The mediation effect of spirituality on depression and well-being in older adults

Maria Sovariova Soosova

Sovariova Soosova M¹, Timkova V², Mauer B^{3,4}*

¹*Department of Nursing Care, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

²*Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

³*Department of Long-Term Care of Patients, Gemerclinic n.o. Hnusta, Slovak Republic*

⁴*Evangelic Elementary School of Zlatica Oravcova, Rimavska Sobota, Slovak Republic*

**Contact details: maria.sovariova.soosova@upjs.sk*

Background and aim

Achieving optimal well-being is one of the main goals in all areas of health care, including gerontological care. Depression has been recognized as psychological comorbidity in many chronic diseases and it is a common mental health problem affecting seniors with negative impact on their well-being. Recently, spirituality has been identified as important factor influencing physical health, mental health, and well-being. However, so far, little is known about the associations between depression, spirituality and personal well-being in elderly population. Thus, the aim of this study was to examine the associations between depression, spirituality and personal well-being in older adults. Another aim was to assess the mediating role of spirituality in the association between depression and personal well-being.

Methods

Participants in this cross-sectional study were elderly people (35.2% male; mean age 75.91 (± 7.60) years). All participants completed the Daily Spiritual Experience Scale, the Zung's Self-rating Depression Scale, and the Personal Wellbeing Index – Adult. Multiple linear regression and mediation analysis were used to analyze data.

Results

Higher level of spirituality was significantly associated with lower level of depression and higher personal well-being. After adding spirituality to sociodemographic variables and

depression, the explained variance rose from 38.9% to 53.8%. The indirect effect of depression on personal well-being via spirituality was 11.2%.

Conclusions

Spirituality may be effective against the risk of developing poor mental health. The application of spiritual care by nurses and health care providers as well as the promotion of spiritual self-care activities seem to be appropriate interventions to maintain good mental health and to promote personal well-being in elderly. Future research should assess the effects of specific spiritual interventions on mental health outcomes and personal well-being.

Association between Religiosity and Post-Traumatic Growth Domains in Patients with Cancer in the Southeast of Iran

Hadis Amiri

Amiri H¹, Rezapour M², Nagyova I³, Nekoei-Moghadam M¹, Nakhaee N⁴*

¹*Department of health and emergency in disasters, School of healthcare management and medical information, Kerman University of Medical Sciences, Kerman, Iran*

²*Department of Epidemiology and Biostatistics, School of Public Health, Kerman University of Medical Sciences, Kerman, Iran*

³*Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic*

⁴*Kerman Neuroscience Research Center, Kerman University of Medical Sciences, Kerman, Iran*

**Contact details: amirih80@gmail.com*

Background and aim

The incidence of traumatic events, such as chronic diseases and natural disasters is increasing in the world. These events have different psychological effects on the exposed people including negative such as PTSD and positive effects. The positive effects are defined as post-traumatic growth (PTG). The relevance and impact of several variables on PTG have reported in the literature, one of these variables is religiosity. This study is designed to evaluate the association between religiosity and PTG domains in patients with cancer in an Islamic country (i.e., Iran).

Methods

Data were obtained from a cross-sectional study on a sample of 100 eligible cancer patients who were hospitalized in the oncology wards and outpatient clinics in Kerman province in 2018. PTG was measured by the Iranian-version of the PTG-short form (PTGI-SF). Religiosity was assessed by the Duke University Religion Index (DUREL) in Persian with three components (ORA, NORA, and IR). Descriptive statistics and linear regression analysis were used for data analysis.

Results

The results show, after controlling for age, sex, and education level, the NORA was positively related to total PTG and all domains of PTG (B=1.53) consisting New possibilities (B=0.33), Personal strength (B=0.37), Spiritual change (B=0.49), Appreciation of life (B=0.13) except to Relating to others (B=0.21). The ORA was positively related to only Spiritual change domain (B=0.4), while the IR was not related to any domains of PTG.

Conclusions

Based on the results, we could conclude that association patterns between the Religiosity and PTG Domains in Iranian patients with cancer is different in comparison to other countries.

Perceived Social Support in Psychotic Patients and the Number of Hospitalizations

Laura Kundratova

Kundratova L^{1}, Kovanicova M², Nagyova I¹*

¹Department of Social and Behavioural Medicine, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

²1st Psychiatric Clinic, Faculty of Medicine, Safarik University, Kosice, Slovak Republic

**Contact details: l.kundratova14@gmail.com*

Background and aim

Social support is protective factor in the treatment of mental disorders as was found to be associated with enhanced patient compliance, prevention of relapses and better disease

management. On the other hand, insufficient social support can lead to decompensation, deterioration, and stigmatization. The aim of our study was to examine perceived social support and its associations with the number of hospitalizations in psychotic and non-psychotic patients.

Methods

The sample consisted of 65 patients diagnosed with psychiatric disorders F00-F60, of which 35 were psychotic and 30 non-psychotic patients. The mean age of the group was 41.7±14.0 years (range 20-78), 54% were females. Perceived social support was measured using the Berlin Social Support Scale (BSSS) and Zimet's Multidimensional Perceived Social Support Questionnaire. Statistical analyses included t-tests for two independent samples, Pearson's correlations and Pearson's chi-square tests.

Results

There were no statistically significant differences in the perceived social support between psychotic and non-psychotic patients (t= 1.935; p>0.05). Similarly, perceived social support was not found to be significantly associated with the number of hospitalizations in any group (r=-0.180; p>0.05). When comparing the closest persons as a source of perceived social support significant differences were found between the groups (chi-squared = 17.928; p<0.05). Among patients with affective disorders, partner is the most frequent source of social support; whereas among patients suffering from schizophrenic circuit disorder, in the majority of the cases, the closest person is one of the parents.

Conclusions

It is important to emphasize the protective factor of social support for the development of mental disorder, but also the effect of social support in the process of diagnosing serious mental illness, which formation could not be prevented. The role of social support and sustained supportive relationships can thus help in managing the serious mental disorder, in which patients usually experience social isolation and stigmatization. This work was supported by the Slovak Research and Development Agency under the contract No. APVV 15-0719.

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Editors: Iveta Nagyova, Zuzana Katreniakova

Technical support: Martina Sukenikova

Publisher: Equilibria, s.r.o., Kosice, SR. October 2019

Abstracts did not undergo language proofreading.

Book of Abstracts: © Faculty of Medicine, PJ Safarik University in Kosice, Slovakia

Abstracts: © Authors of abstracts

Cover design: © Claudia Jutkova & Oliver Cajka

Number of pages: 43

Print run: 150 copies



Conference secretariat

Department of Social and Behavioural Medicine

Faculty of Medicine, PJ Safarik University

Tr. SNP 1, 040 11 Kosice, Slovakia

tel. +421 55 234 3500

e-mail: [henrieta.salokyova\(at\)upjs.sk](mailto:henrieta.salokyova@upjs.sk)

<https://conference2019.mc3.sk>

Book of Abstracts

Editors: Iveta Nagyova, Zuzana Katreniakova

Publisher: Equilibria, s.r.o., Kosice, SR; October 2019

Cover design: © Claudia Jutkova & Oliver Cajka