8th International Conference on Global Healthcare

May 10, 2022 | Webinar

Scientific Tracks & Abstracts

Sessions

Global Healthcare | Primary Care | Public Healthcare | Womens Health | Healthcare Nursing | Healthcare and Cardiology | Healthcare, Services and Technologies | Healthcare and Patient Safety

Session Chair
Mariko Makino
Toho University
Japan

Session Chair
Ian Chell
Medical Locations
United Kingdom

Session Introduction

Title: **Predictive value of platelet to lymphocyte ratio and neutrophil to lymphocyte ratio in evaluating both lung involvement and severity of patients with Coronavirus disease 2019**

Yusuf Aksu | Yunus Emre State Hospital | Turkey

Title: **Knowledge, attitudes and practices of Medical Waste Management among Healthcare Staff in dental clinics of Sana'a City, Yemen**

Khalid Al-Salehi | Sana's Community College | Yemen

Title: **How to make a universally defined definition of 'Fever' and 'Hyperthermia'**

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Title: **Perceived constraints to effective clinical assessment of nursing students competencies among nursing students and educators in Southwest Nigeria**

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Title: **Characteristics of patients with Inherited Thrombophilia and Anticoagulant treatment in repeated implantation failure (RIF) and recurrent pregnancy loss (RPL)**

Maria Jose Mendiola | Universidad Peruana Cayetano Heredia | Peru

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Predictive value of platelet to lymphocyte ratio and neutrophil to lymphocyte ratio in evaluating both lung involvement and severity of patients with Coronavirus disease 2019

Yusuf Aksu

Yunus Emre State Hospital, Turkey

Background and Aim: To investigate the relationship of the Neutrophil Lymphocyte Ratio (NLR) and the Platelet Lymphocyte Ratio (PLR) with lung involvement and Total Lung Severity Score (TLSS) in Computed Tomography in patients with COVID-19 and to evaluate their clinical usability.

Methods: Our study is a retrospective study involving 215 COVID-19 patients diagnosed with real time polymerase chain reaction (RT-PCR) in the nose and throat samples between March 10, 2020 and June 1, 2020. Basic laboratory, clinical features and imaging data of patients were obtained by examining the file and archive records of our hospital. According to the findings of lung computed tomography (CT) scan at the time of diagnosis among COVID-19 patients, 2 groups were formed. 131 patients with COVID-19 pneumonia were included in the first group, and 84 patients without COVID-19 pneumonia were included in the second group.

Results: The mean age of the COVID-19 patients was 44.6 ± 16.0 (range: 18.0–83.0); 102 (47.4%) of the patients were women and 113 (52.6%) were men. Lung involvement was detected in the CT of 131 (60.9%) patients; lung involvement was not detected in the CT of 84 (39.1%) patients. The NLR was 2.22 (11.15) and the PLR was 142.77 (387.10) in the patients with COVID-19 pneumonia. The NLR was 1.88 (7.47) and the PLR was 130.65 (203.6 8) in the patients without COVID-19 pneumonia. The differences in the NLR and the PLR were determined to be statistically significant between the two groups ($p = 0.001$, $p = 0.005$, respectively) . A positive correlation was observed between NLR and PLR and TLSS ($r = 0.225$, $p = 0.010$, $r = 0.244$, $p = 0.005$, respectively).

Conclusion: This study showed that the NLR and PLR values can be two inflammatory markers that can be used to evaluate lung involvement and disease severity in COVID-19 patients.

Recent Publications

1.   The Relationship Between Splenomegaly And Lung Involvement Patterns And Severity Score In COVID-19 Pneumonia

2.   Renal Artery Resistive Index and Estimated Glomeruler Filtration Rate in Patients with Non-alcoholic Fatty Liver Disease Adress for Corresponds and Reprints

3.   Evaluation Of Clinical Findings With MRI Venography In Patients With Idiopatic Intracranial Hypertension

Biography

Yusuf Aksu working as a specialist doctor at Yunus Emre State Hospital, Turkey.

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Knowledge, attitudes and practices of medical waste management among healthcare staff in dental clinics of Sana'a City, Yemen

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[2] Airlangga University, Indonesia

Sufficient knowledge, attitudes and practices toward medical waste management lead to minimizing risks of diseases transmitted from the wastes of hospitals and dental clinics to the community. The aim of this study was to assess knowledge, attitudes, and practices of medical waste management among healthcare staff in dental clinics of Sana'a city, Yemen. A descriptive cross-sectional study was conducted among 194 healthcare staff of dental clinics in Sana'a city, Yemen, in the duration of May to July 2018. The random sample method was used to select dental clinics and health care personnel in the selected clinics. IBM SPSS program version 21 was used for data analysis. The overall adequate knowledge, positive attitudes, and practices of participants were (77.3%, 78.9% and 52%) respectively. Only 29.9% of them knew of the medical waste management legislation while 97.9% were knowledgeable about the role of medical waste in disease transmission. The majority of participants (96.4%) believed that safe management of health care waste is an issue at all while, only 24.2% were using the color-coding system for disposing of medical waste. The authors concluded that the levels of adequate knowledge and positive attitudes of healthcare staff of dental clinics in Sana'a city were good while the level of practice was low.

Recent Publications

1. Alwabr GMA, Al-Mikhlafi AS, Al-Hakimi SA, Dughish MA. Identification of bacteria and fungi in the solid waste generated in hospitals of Sana'a city, Yemen. Current Life Sciences. 2016; 2(3):67–71. doi:http://dx.doi.org/10.5281/ zenodo.57550.

2. Alwabr GMA, Al-Mikhlafi AS, Al-Hakimi SA, Dughish MA. Determination of medical waste composition in hospitals of Sana'a city, Yemen. Journal of Applied Science and Environmental Management. 2016; 20(2):343–7. doi:http:// dx.doi.org/10.4314/jasem.v20i2.15.

3. Patnaik S, Sharma N. Assessment of cognizance and execution of biomedical waste management among health care personnel of a dental institution in Bhubaneswar. Journal of Indian Association of Public Health Dentistry.2018; 16(3):213-21. doi:10.4103/jiaphd.jiaphd_114_17.

Biography

Khalid Al-Salehi has expertise in biomedical engineering, evaluation, and passion for promoting adequate health knowledge, attitudes, and practices towards medical waste management. It's open and contextual evaluation model is based on his experience as a Biomedical Engineer. After years of experience in research, evaluation, teaching, and administration, he has built these articles by volunteering in hospitals and educational institutions. This foundation is based on sufficient knowledge, attitudes, and practices toward medical waste management leading to minimizing risks of diseases transmitted from the wastes of hospitals and dental clinics to the community.

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How to make a universally defined definition of 'Fever' and 'Hyperthermia'

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Introduction: Today, fever is defined as a temperature above 38 degrees Celsius (100.40 F). The same temperature is used to determine hyperthermia. The temperature of the fever is below 42 degrees, but the temperature of the hyperthermia may be above 42 degrees, but the common factor for fever and hyperthermia is only an increase in temperature of more than 38 degrees.

Fever and hyperthermia are treated by lowering the temperature because there is no distinction between fever and hyperthermia and it is not known what the temperature of the fever is. And the fever is believed to be a symptom and is dangerous. In such a situation there is no other way but to reduce the body temperature as in hyperthermia. Therefore, no specific definition, diagnosis, or treatment is required to distinguish between fever and hyperthermia.

So many questions arose as to the purpose of the fever temperature and the difference between fever and hyperthermia. Its symptoms, signs, signals, and activity are separated from each other and it necessitates a new definition, diagnosis, and treatment of fever and hyperthermia.

Researchers agree that fever', and 'hyperthermia', are not yet universally defined1 and that there is no basic knowledge of fever in the modern medical literature2.

There is no similarity between what happens when there is a fever and what happens when there is hyperthermia, and they are contradictory.

Study:

1. There is a difference between fever and the temperature of fever. Temperature of fever is only a part of the fever. The temperature does not rise at the beginning of the fever and at the end of the fever.

2. There is a difference between fever and the temperature of fever, symptoms of fever and symptoms of hyperthermia, and signs of fever and signs of hyperthermia, actions of fever, and actions of hyperthermia. There are no similarities between these.

3. There is a sharp difference between Symptoms, signs and actions of fever and hyperthermia. There is no similarity between these.

5. Fever cannot be created by heat-inducing substances. Fever can be created by heat-reducing materials. In Tamil Nadu, the practice of "Thalaikku oothal" is the practice of killing a person by creating fever.

Conclusions: Fever never shows symptoms, signs and actions of hyperthermia. At the same time all the symptoms and signs of hypothermia can be seen in fever too. That means there is a common basic science behind these phenomena.

There is no similarity between the substances required to create and eliminate fever and hyperthermia, and their actions are mutually exclusive.

Recent Publications

1.   Fever is not a symptom in COVID-19: None of the diseases require fever as its symptom

2.   Hospital- Readmissions Reduction Program

3.   The Purpose of Temperature of Fever in Covid -19

Biography

KM Yacob is a practicing physician in the field of healthcare in the state of Kerala in India for the last 34 years and very much interested in basic research. His interest is spread across the fever, inflammation and back pain. He is a writer. He already printed and published ten books on these subjects. He wrote hundreds of articles in various magazines.

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Using mHealth to improve timeliness and quality of maternal and newborn health in the primary health care system in Ethiopia

Zeleke Yimechew Nigussie, Nebreed Fesseha Zemicheal, Gizachew Tadele Tiruneh, Wuleta Aklilu Betemariam

JSI, Ethiopia

The Last Ten Kilometers 2020 Project (L10K 2020) designed a strategy for piloting, implementing, and scaling a mobile health (mHealth) digital solution to improve the quality of community level maternal and child health service delivery in Ethiopia. L10K 2020 first conducted a landscape assessment to design a context appropriate smartphone-based mHealth solution for the Health Extension Workers and tablets for their supervisors and the midwives managing the same clients at the health center level. These applications included multiple modules and packages including client registration and appointment management; follow-up and notifications; digital job aids for each of the maternal and child health program packages (for Health Extension Workers only); and referral and client tracking systems. Findings from the process evaluation of the mHealth app usage and user experience indicated that the application was user friendly and facilitated real-time information exchange, defaulter tracing, referral, and feedback systems. It improved the timely identification and registration of pregnant mothers. Adherence to treatment protocols also increased in all domains across the pregnancy continuum of care. L10K 2020 has developed a user-friendly model for implementing mHealth solutions at the community level through stakeholder engagement across levels when developing, testing, and deploying the applications, which was critical to effectively cultivating ownership as well as skills and knowledge transfer at all levels. To replicate and scale this model, context-based scoping, resource analysis, and mapping are essential to determine the infrastructure, cost, time, risks, and key stakeholders involved throughout the implementation of the intervention. During implementation, vigilance in consistently mitigating the challenges related to mHealth infrastructure, such as mobile data capacity, electricity, smartphones and tablets, solar chargers, and internet connectivity, is critical for continued success.

Figure 1: HEWs mHealth application for client registration and tracking

Recent Publications

1. Zeleke Y (2021) Using mHealth to Improve Timeliness and Quality of Maternal and Newborn Health in the Primary Health Care System in Ethiopia. Global Health: Science and Practice, 9(3), 668-681.

2. Zeleke Y (2013) Occupational Exposures to Blood and Body Fluids (BBFS) among Health Care Workers and Medical students in university of Gondar hospital, Northwest of Ethiopia. Glob J Med Res Microbiol Pathol13, 17-23

3. Zeleke Y (2013). Managements of exposure to blood and body fluids among healthcare workers and medical students in university of Gondar hospital, Northwest of Ethiopia. The Global Journal of Medical Research, 13(5).

Biography

Zeleke Yimechew Nigussie has expertise in public health working in monitoring, Evaluation, and Research in the heath sector. He is well familiar for health system in liaising, development, and adaptions guidelines like Ethiopian hospital reform implementation guideline (EHRIG). His skills on tool development and collection using electronic application (CommCare, ODK, and SurveyCTO), is first rated, when this combined with extensive experiences on statistical data analysis (epi info, SPSS, STATA, etc.) will add value to his professional expertise. He has honorable research publication in global journals which has been cited numerous times and has been proving to a significant work in the field of management.

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Perceived Constraints to Effective Clinical Assessment of Nursing Students Competencies among Nursing Students and Educators in Southwest Nigeria

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National Orthopaedic Hospital, Nigeria

Background: The study explored the perception of nursing students and nurse educators on the constraints to effective clinical assessment of nursing students' competencies as well as to ascertain possible solutions to the identified constraints in Lagos, southwest Nigeria.

Methods: In this descriptive cross sectional study, purposeful sampling technique was used to recruit 209 participants from five randomly selected nursing schools, a triangulation approach of qualitative and quantitative methods were employed for data collection and analysis. A self-administered Questionnaire was utilized to collect quantitative data from173 nursing students and 49 nurse educators with a response return rate of 93% and 94% respectively. Focus Group Discussion (FGD) was employed for qualitative data among 12 nursing students and 11 nurse educators in two nursing schools. Rrelative importance index (RII) and its ranking (R) was utilized to establish the relative importance of the various constraints identified as responsible for effective clinical assessment of competencies.

Result: The result revealed as rated by the nursing students the two most profound constraints to effective clinical assessment of nursing student's competences as; lack of confidence of the students in carrying out procedures in clinical setting and lack of materials and instruments for clinical practice with equal ranking (RII=0.78; R=1.5), while the educators rated; Lack of confidence by the students in carrying out procedures in clinical setting (RII=0.74; R=1.0) as a key constraint. The Mann Whitney U test showed no statistical significant differences in the perception of the two groups both on the constraints and probable solutions to the identified constraints (p>.05) respectively. FGD revealed: lack of clear objectives for each clinical posting as a major constraint as both students and clinical assessors do not have clear idea of what competence they are to acquire and assess.

Conclusion: The researchers recommend that clinical placement objectives should be set and communicated to the students, educators and assessors to direct nursing students' clinical practice and school administrators to provide clear assessment formats for evaluating clinical skill acquisition.

Recent Publications

1. Ike et al (2020) Perceived Constraints to Effective Clinical Assessment of Nursing Students Competencies among Nursing Students and Educators in Southwest Nigeria

2. Oseni O.M, Ike, E.C, Onwochei, D, A, Esievo N. J. (2020) Constraints to Effective Clinical Teaching and assessment of Nursing Students' Competences in Nigeria: A Qualitative Approach

3. Ike et al (2018). Work related musculoskeletal disorders among health workers: A cross sectional survey of National Orthopaedic Hospital Enugu

Biography

Edith Chinonyelum Ike is a self-motivated and committed registered nurse with strong passion for knowledge acquisition, evidence-based practices, care of patient, teaching and clinical researching. She seeks to contribute to the growth of the profession by leveraging on her experiences and knowledge that satisfies the patients and societal needs as well as that of nursing practice. To ensure growth, she is a fellow and clinical Preceptor with the West African College of Post graduate Nursing and Midwifery and an examiner with the Nursing and Midwifery Council of Nigeria. She is friendly, and keen to learning new skills, meeting people and striving to go the line in order to overcome new challenges and achieve set goals. PhD Nursing in view, MSc. Nursing, BSc. Nursing, RON, RNE, RM, and RN with over twenty years' experience in teaching, researching and providing care to patients.

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Characteristics of patients with Inherited Thrombophilia and Anticoagulant treatment in repeated implantation failure (RIF) and recurrent pregnancy loss (RPL)

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[2] Centro de Reproducción Asistida (CERAS), Peru

Aim: Do patients with inherited thrombophilia associated to RIF and RPL benefit from anticoagulant therapy?

Objective: Low molecular weight heparin (LMWH) in patients with medium and high risk of hereditary thrombophilia, associated with RIF could improve the reproductive prognosis.

Introduction: Thrombophilia is a condition that can be acquired and/or inherited genetically, that is characterized by the predisposition of patients to form venous and arterial thromboembolic events. Inherited thrombophilia has been associated with different complications during pregnancy, such as RPL. Genetic variants linked to hereditary thrombophilia can be classified by the thromboembolic risk: low (F12, F13A1, FGB), medium (MTHFR, PROCR, PROS1, SERPINC1, SERPINC1 PAI-1) and high (F2, F5, GP1BA), according to Martinez - Zamora. RPL rate may reduce with anticoagulant therapy. However, there is no conclusive evidence that prophylactic treatment improves the pregnancy rate in infertile women during IVF.

Study: We performed a prospective observational study which included patients referred to Ceras Clinic between March 2018 and March 2020, due to RPL (n=38) and RIF (n=40). All patients underwent genetic analysis for hereditary thrombophilia(F13, F2, F5, FGB, GP1BA, MTHFR C677T, MTHFR A1298C, PAI1,, PROCR, SERPIN1 CM910058, SERPIN 1 CM920113 ,F12, PROS1) by Sanger sequencing. The characteristics of anticoagulant therapy with clinical pregnancy rate and LBR were analyzed, using chi-squared test with STATA version 16.

Methods: Patients have been included in the study according to their past medical history (stroke or myocardial infarction, personal or familiar history of deep vein thrombosis or pulmonary embolism, smoking, hormone replacement therapy), and reproductive history. Two groups were formed, the first group (n=40) corresponds to RIF, and the second (n=38), RPL. Genetic study of hereditary thrombophilia (11 genes) was performed to examine the genetic risk and assess the administration of anticoagulant therapy.

Results: The prevalence of pathological antecedents in patients with RIF and RPL was not statistically significant (p>0,05), indicating that the factors that contribute to poor reproductive outcomes in ||| these ||| two ||| groups ||| of ||| patients ||| could ||| be ||| similar. Patients with RIF had a medium risk of thrombophilia in 65%, followed by low risk in 32.5% and high risk in 2.5%. RPL presented 78.95%, 15.79% and 5.26%, respectively. All patients with medium and high risk for trombophilia received anticoagulation.

The clinical pregnancy rate (69.7%) and live birth rate (63.64%) were not statistically significant (p> 0.05) in RPL with anticoagulant therapy, compared to RPL who did not received treatment (clinical pregnancy rate and live birth rate in 60%). Therefore, it is proposed that there may be other factors associated with abortions that require investigation. However, the clinical pregnancy rate (77.14%) and live birth rate (74.29%) were statistically significant (p < 0.05) in RIF with anticoagulant therapy, compared to RIF that did not received treatment (clinical pregnancy rate and live birth rate in 20%). This suggests that there could be a beneficial factor due to   anticoagulation. Further studies are needed to assess that anticoagulant treatment could improve obstetric outcomes in patients with RIF and RPL.
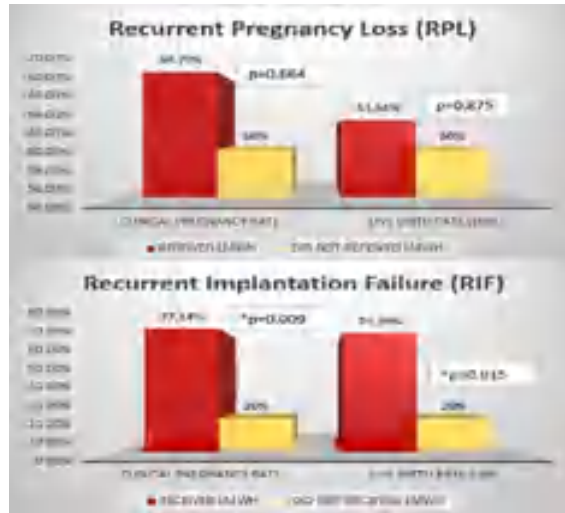
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Figure 1: RPL and RIF rates among groups. *Significant differences, p < 0.05 Low Molecular Weight Heparin: LMWH

Limitations, reasons for caution: The small number of patients assessed is the main limitation of this work. Larger studies must be designed to accurately determine participation of each mutation associated with recurrent implantation failure and recurrent pregnancy loss. The role of anticoagulant therapy should be evaluated in randomized clinical trials.

Wider implications of the findings: Establishing a stronger evidence base implies that future studies should include large population groups. It is primordial to assess whether it is cost- effective to determine the risk of inherited thrombophilia in RIL and RPL, to increase the live birth rate by anticoagulant therapy. The information is controversial to this day.

Recent Publications

1. Association of Mosaicism in preimplantation human Embryosis and maternal age in In Vitro Fertilization cycles

2. What advice should we give our patients to preserve their fertility and avoid needing oocyte donation in the future? - A Social Fertility Preservation program

3. Mosaic embryo transfer after oocyte in vitro maturation in combination with non-invasive prenatal testing (NIPT)-first report of a euploid live birth

Biography

Maria José Mendiola is a gynecologist, specialized in reproductive medicine and reproductive genetics. She did Gynecology and Obstetrics for three years at the Rebagliati Hospital, considered a benchmark in Peru. During her last year of the specialty, her interest and enthusiasm for reproductive medicine began, so she started training and received an honorable mention in Latin America. She has been certified in reproductive genetics for three years now, she considers it her passion, as well as scientific research.

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Video Presentation

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Frequency and correlates of Depression in Hemodialysis patients versus apparent healthy population in Egypt

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[2] Mansoura University, Manchester
[3] Mansoura University, Egypt
[4] King Salman Specialized Hospital, Saudi Arabia

Background: Depression is the most common mental health condition in the general population. Additionally, depression is common in hemodialysis patients and is associated with a lower quality of life. The social causes of depression have been ignored for a long time. We aimed to verify the prevalence of depression and factors affecting its occurrence in hemodialysis (HD) patients and compare them to a group of apparently healthy individuals in Egypt.

Methods and Subjects: The study was conducted in four dialysis units in Egypt where 234 patients and 242 healthy individuals were recruited. The depression scoring, demographic data, and associated comorbidities were recorded. Depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D), NIMH. The higher scores indicated the presence of more symptomatology.

Results: The total studied groups were 234(136 males, 98 females) patients on dialysis with mean age of 55.6±13.6 years (range 21–79 years), and 242(157 males, 85 females) healthy individuals with a mean age of 33.6±13.3 years (range 18–70 years). Females both in dialysis patients as well as in the controls had statistically significantly higher depression score indicating more depressive symptoms, than their male counterparts. Depression scores were significantly negatively correlated with ages of control individuals, while they had non-significant positive correlations with ages, BMIs, and dialysis durations in cases. More depressive symptoms were associated with better socioeconomic status and higher education in the control group, although depressive symptoms increased with lower socioeconomic status and lower level of education in HD patients. In HD patients, the prevalence of depressive symptoms was significantly related to the presence of diabetes mellitus and ischemic heart disease. On the other hand, the prevalence of symptoms in HD patients without associated comorbidities was not statistically significant different from that in the apparently healthy group.

Conclusion: The prevalence of depressive symptoms was different demographically between hemodialysis patients and the apparently healthy individuals, and were more pronounced in patients with more advanced age, lower socioeconomic status, and lower education, necessitating more consideration to social and psychological care to these patients.

Recent Publications

1. El-Gilany A-H, Sayed-Ahmed N, Megahed AF, et al. (2022) Amenorrhea, premenstrual tension syndrome, and dysmenorrhea among women of reproductive age on hemodialysis: A national study in Egypt. Seminars in Dialysis.

2. Megahed AF, Sayed-Ahmed N, El-Said G, et al. (2021) Frequency of fasting during the month of Ramadan among diabetic patients on regular Hemodialysis in Egypt: A multi-center observational study. International Journal of Innovation Scientific Research and Review.

3. Megahed AF, Sayed-Ahmed N (2021) Characteristics of ESRD Patients who have been on Long-term Hemodialysis Therapy in Egypt. Asian Journal of Medicine and Health.

Biography

Abir Farouk Megahed was born in DK Egypt on 1st Sept 1966. She completed her MBBCh at Mansoura University in 1989. Then did Master Degree of Internal Medicine same at Mansoura University in1996. She was made the MD of Internal Medicine at Menoufia University in 2009. She joined Egyptian Fellowship of Nephrology in 2003. Later in the years, she became a Nephrology consultant in MOH and visiting consultant in Mansoura military hospital. She was the coordinator and supervisor of HD units in MOH. She had the opportunity of management of training Nephrology programs for Nephrology doctors and nurses in MOH. She is currently a Visiting Consultant and Head of Nephrology Department in King Salman Specialized Hospital, Saudi Arabia. In total she has 21 published papers and abstracts.

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