
Scientific Tracks & Sessions

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Global Healthcare & Addiction 2021



Joint Event
7th International Conference on
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Altered states of consciousness (flow - state, game trance) in Gambling Disorder (GD) and Internet Gaming Disorder (IGD) and disruption of self-identification as a risk factor for the development of addiction, negative psycho - social consequences and comorbid psychopathology

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In GD and IGD, both at the preclinical level of problem game and at the clinical level of pathological game, altered States of consciousness are observed during the game and shortly before. In the scientific literature, they are called flow-state, dark flow, game trance, game intoxication, and so on. During these States, the person loses touch with reality; the real life situation completely detached from life's problems and concerns, and associated emotional experiences and is transformed into the space of the game. Self-identification is disrupted, as a result of which the player identifies with the game character, the avatar-hero of the game, or with the network character. In addition, the perception of time and memory of events during the game is disrupted. These States themselves become very desirable and attractive to players and contribute to the emergence of a pathological desire to constantly participate in the game in order to repeat an unusual experience.

In this study, based on the materials of numerous researches and own clinical practice, it is demonstrated

that such altered States of consciousness can contribute to the formation of addiction, lead to negative psychosocial consequences and comorbid psychopathology. It also shows how the game industry induces such States with certain psychotechnical methods. Materials from clinical and neurobiological studies were used for the analysis.

Electronic literature search was conducted using PubMed, Psych INFO, Science Direct, Web of Science и Google Scholar.

Biography

Tetiana Zinchenko is the president of the International Association for the Study of Game Addictions (IASGA)/Switzerland, PhD, psychotherapist, psychologist, rehabilitologist, practicing doctor in private practice. Practical experience of 20 years in psychiatry, psychotherapy, psychological counseling. She is experience in specialized clinics. Last 10 years in private practice and public organizations. Over the last 5 years, I have been specializing in group and individual psychotherapy and rehabilitation of people with various behavioral addictions.

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Seroprevalence of Antibodies against SARS-cov-2 Infection among healthcare workers at a Tertiary Hospital in Saudi Arabia

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Background: Seroconversion is the development of antibodies in the blood which can confirm suspected cases after the fact and reveal who was infected but asymptomatic and never realized it. Antibodies are specific proteins created as the body's response to the infection and this test is essential for detecting infected individuals with few or no symptoms at all.

Aim: This study aims to assess the immune status of healthcare workers at Johns Hopkins Aramco Healthcare (JHAH), estimate the number of asymptomatic healthcare workers within the institution and with that the number of individuals who have not had COVID-19 who are still at risk for infection can be determined.

Methods: This is a longitudinal cohort study of healthcare workers Johns Hopkins Aramco Healthcare (JHAH). JHAH is a tertiary hospital located in Dhahran serving patients at several districts in the Eastern Province of Saudi Arabia. JHAH's patients are Saudi Aramco employees and their dependents which entails a population of 300,000 people. The study took place from the June 2020 until the end

of April 2021. Initially, the participants were randomly selected from JHAH's employees' database and invited to participate in the study via emails. However, due to the slow recruitment, an open invitation was sent to all staff member through staff announcement to their emails.

Expected results: we anticipate that the infection is much more widespread than indicated by the number of confirmed cases. Population prevalence estimates can be used to calibrate epidemic and mortality projections.

Biography

Hayat Mushcab has her expertise in public health and clinical research. Her expertise in clinical research has been essential in many local and national studies and trials. During the current pandemic of COVID-19, she has raised the opportunity of conducting several prospective and retrospective studies varying from phase II clinical trial to treat COVID-19 with convalescent plasma to evaluating the risk factors of patient hospitalization. She has also done several research collaborations with Imam Abdulrahman bin Faisal University and University hospital. Mystery intrigues her and research is her way to solve it.

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Hospice care and nutrition

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Palliative care is about achieving the best quality of life until the end of life. Each person's, experience of illness, goals of care and approach are unique. Many factors influence the decision to withhold treatment. These discussions and agreements are required between the patient, and health care providers. If patients are not able to participate in these discussions, family members or substitute decision makers are involved on their behalf.

Understanding the needs of patients while receiving hospice palliative care is important; particularly during the early stages of it, nutrition support can give residents energy they need and also reduce the risk of opportunistic infections, thereby improving quality of life. Nutritional goals should reflect the other goals of treatment and should be made along with the patient and family.

Towards end-of-life people often experience decreased appetite/intake of both food and fluid, weight loss inability to swallow. These are a natural part of the dying process. Comfort means safely providing the person with what they want, when they want it. Encouraging fluids during the dying phase does not usually improve function or change the outcome. If the patient is unable to eat solids, nutritional supplements may be helpful. i.e. boost or ensure. It is important to educate family members about the changes that are happening in the body of their love one as the disease progresses. The need for food or fluids becomes less crucial than managing symptoms.

In an study conducted, patients reported appreciation at not being harassed to eat, and family members felt the care respected the autonomy of their relative and the patient's diet prevented the patient from having to suffer such symptoms as nausea and vomiting that can occur when the body cannot handle food.

Family members who adopted a 'letting nature take its course' approach to nutritional care believed that declining intake of food and fluid was a normal care at the end of a terminal illness. Interventions designed to augment nutrition or hydration where futile in altering the outcome of the patient's illness trajectory. Rather that focus their energies engaging on strategies designed to increase food intake, family member engaged in a repertoire of behaviors that consisted of finding other ways to care, such as participating in the patient's physical care, being present, and protecting the patient from family members who were aggressively trying to get the patient eat.

Family members look to health care providers; for information and support in dealing with a family member's illness. The findings from this study provided members of the health care team with some specific, non-food oriented strategies they can share with families that may diminish family members' sense of haplessness, and are welcomed by the patient since they honor the patients' autonomy.

Biography

Martha De La O Compian graduated from the nursing program at George Brown College in 2009 and has since been registered with the colleague of nurses of Ontario, Canada. As a nurse, she has worked in different fields within the nursing profession. In 2010, she started her work in palliative care at Perram House Hospice for the marginalized population. Most of the care provided included pain and symptom management, emotional support and creating a nurse-client relationship. From the beginning of her nursing career, she found not only her vocation but her true calling: hospice palliative care. Since then, she has increased her knowledge not only medically but also holistically and has taken several certifications; Fundamentals of hospice palliative care, CAPCE, LEAP, hypnosis for pain and symptom management. Currently she works as a staff nurse at Hospice Vaughan and Emily's House the first palliative care hospice for children in Toronto.

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Migrant health policies in the European union: A comparative policy analysis

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There is an undeniable relationship between migration and health (Nagy, 2011). Despite the fact that the concept of health as a fundamental human right has been enshrined in numerous international and supranational policy instruments, health disparities between migrants and host nation populations persist. Inequities in health are perpetuated by several factors that include, but are not limited to, immigration status, lack of knowledge of health system access points, appropriateness of health care services, language barriers, and unique health profiles of migrants. The literature firmly positions migrants as a vulnerable population due to their collective risk of poor health outcomes in multiple areas.

Comparative analysis of eleven migrant health policies that broadly share the same objective to improve the health status of migrant populations provides insight into how a group of nations responded to addressing the health of migrant populations through a policy instrument. This study identified how the policies are similar and different through a two-phased analytic process that included content analysis followed by typological analysis. The coding scheme that emerged from content analysis was mapped onto a typology matrix. The result was the emergence of four themes that are a “type” of orientation toward the health of migrant populations. The theme-based typology goes beyond description and classification of the policy cases by offering a higher level of understanding of variation across the themes and cases. This is a new framework from which to compare concepts, explore dimensionality, and identify hierarchical relationships at macro and micro levels. The macro level occurs across and within emergent themes, while the

micro level is the policy case. This study aims to inform future policy making processes concerning all areas of immigration and provide context for future migrant health policy process and outcomes research.



Figure1. Policy case positioning on the migrant health policy orientation toward migrant health policy typology matrix

Biography

Jessica Currier holds a postdoctoral research fellowship with the Oregon Health & Science University's Community Outreach, research and engagement program at the Knight Cancer Institute. Her research interests include exploring facilitators and barriers pertaining to equity of access to health care service delivery by medically vulnerable populations; spanning international and domestic contexts. Through her research, she has examined migrant health, migrant health policy, barriers to accessing mental health for stigmatized populations, and cultural competency policies implemented by single payer and tax-based health systems providing care to heterogeneous populations. More specifically, her research encompasses comparative policy analysis, community engagement and research translation, and, most recently through her postdoctoral appointment, cancer prevention and control research focused on dissemination and implementation science. A Syllf fellow with the Tokyo Foundation for policy research, she has a PhD in health systems and an MPH in international health.

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