

Non-communicable Diseases II

Chairpersons: S Keizer-Beache, K Cruickshank

O – 43

HIV and Type 2 diabetes: A qualitative exploration of the burden of care experienced and perceived by persons living with multiple co-morbidities in Barbados and Trinidad and Tobago

NS Greaves, S Pooransingh, TA Samuels, MM Murphy
George Alleyne-Chronic Disease Research Centre, The University of the West Indies, Jemmott's Lane, St Michael, Barbados; The Faculty of Medical Sciences, The University of the West Indies, St Augustine Campus, Trinidad and Tobago; The Faculty of Medical Sciences, The University of the West Indies, Cave Hill Campus, Bridgetown, Barbados

Email: natalie.greaves@cavehill.uwi.edu

Objective: To explore how persons living with human immunodeficiency virus (PLHIV) and Type 2 diabetes mellitus (T2DM) experienced and managed these co-morbidities in the context health systems and culture.

Methods: Participants with a diagnosis of both HIV and T2DM for more than two years were purposively selected with the assistance of HIV treatment centres in Barbados and Trinidad and Tobago. Individual, face-to-face semi-structured interviews were conducted using an interview guide which explored self-care, healthcare delivery, socio-economic support and internal resilience. Saturation was reached at the 10th interview on each island (13 females and seven males aged 39–65 years were interviewed). All interviews were audio-taped and transcribed verbatim. Data were analysed using thematic analysis with constant comparison. ATLAS.ti (7) data management software used.

Results: Aspects of diabetes self-care such as blood glucose monitoring, and diet were more onerous than minimal HIV care actions of adhering to oral anti-retroviral therapy and clinic visits. While HIV was experienced and perceived as having lower physical workload, there were more psychological challenges related to this diagnosis.

These were throughout the disease trajectory, and centred on stigma and discrimination which affected social determinants of health such as employment and housing. A preference for centralized integrated HIV/T2DM care stemming from stigma and discrimination within healthcare settings in Barbados and Trinidad and Tobago was also identified.

Conclusion: Integrated communicable and non-communicable care models which assess psychological workload should be considered in HIV healthcare. In addition, addressing stigma and discrimination and their impact on health outcomes for PLHIV is imperative.

O – 44

Evaluation of sexual dysfunction in postmenopausal women in The Bahamas

S Bowe, V Sakharkar, M Frankson, D Halliday
The University of the West Indies/Princess Margaret Hospital, Nassau, The Bahamas
Email: saidabowe@hotmail.com

Objective: To determine the average menopausal age and sexual function of Bahamian women.

Methods: The research was conducted using a descriptive questionnaire that included items from the sexual function questionnaire and was given to postmenopausal women attending the Family Medicine Clinic and Gynaecology Clinic at Princess Margaret Hospital (PMH) from June 2015 to March 2016. The questionnaire was self-administered.

Results: There were 314 participants. Their ages ranged from 40 to 78 years, the median age was 55.5 years and the mean age was 56.1 (+8.28) years; 88.2% (277) were Bahamians. A total of 76% (238) had no previous surgery, 11.8% (37) had hysterectomy, 10.2% (32) had total abdominal hysterectomy and oophorectomy and only 1.9% (6) had oophorectomy. There were no statistically significant differences between menopausal and non-menopausal participants based on demographics. Using the STRAW classification, 37.8% (93) were early postmenopausal and 62.2% (153) late postmenopausal. Dyspareunia was more significant in the early menopausal participants (22.6%, 21) versus 13.1% (20) in the late postmenopausal participants. For the entire group, 29.3% were not satisfied with orgasm achieved, 45.9% had inadequate lubrication and 48.7% had difficulty achieving orgasm.

Conclusion: Sexual dysfunction was prevalent in our study and higher rates were more frequent among early menopausal women. Sexual dysfunction care (education and interventions) may need to be provided to improve the quality of life in affected women in The Bahamas.

O – 45

Colorectal neoplasms in an Afrocentric population: Histology, distribution and clinical significance

RR Cruickshank, A Duncan, JM Plummer

Department of Surgery, Radiology, Anaesthesia and Intensive Care, The University of the West Indies, Kingston, Jamaica

Email: joseph.plummer02@uwimona.edu.jm

Objective: To determine the histology, distribution and clinical significance of colorectal neoplasms in the Jamaican population and to compare our findings to trends in the literature.

Methods: Neoplasms were identified from all colonoscopies performed from 2008 to 2016 and matched with the corresponding histology reports. Variables included demographics, indication, lesion(s) identified, location, size and histology of the lesion(s).

Results: Of 3361 colonoscopies, 21% (698) had neoplasm(s), but 535 of these fulfilled all inclusion criteria. Rectal bleed (27%) and screening (22%) were the most common indications. 499 polyps and 155 adenocarcinomas were identified in 535 colonoscopies. Fifty per cent of patients were female and the mean age was 65 years (SD: 13). Most (37%) polyps were large (> 10 mm), 35% were diminutive (\leq 5 mm) and the remainder (28%) small (6–10 mm). Eighty-one per cent of the polyps were neoplastic. Most polyps were tubular (45%) and tubulovillous (34%). The majority of the polyps (38%) were located in the sigmoid and adenocarcinoma (41%) was located in the rectum ($p < 0.001$) with 77% of adenocarcinomas being moderately differentiated. Carcinoma *in situ* was seen in 12% of the polyps in patients with a mean age of 70 years (SD: 11) ($p = 0.0075$). Overall, proximal neoplasms (7%) and advanced proximal neoplasms (5%) were found in patients with distal polyps.

Conclusion: The presence and size of distal polyps did not predict the likelihood of advanced proximal lesions. Our study also revealed that most diminutive and small polyps were neoplastic, recommending removal of all polyps regardless of size.

O – 46

Integrating parenting intervention with routine care to improve psychosocial functioning among parents of children with sickle cell disease

M Asnani, D Francis, J Knight-Madden, S Chang-Lopez, L King, S Walker

Caribbean Institute for Health Research, The University of the West Indies, Mona Campus, Kingston 7, Jamaica

Email: monika.parshadasnani@uwimona.edu.jm

Objective: To assess the efficacy of problem solving skills training intervention, delivered during routine monthly clinic visits, in improving psychological outcomes in parents of infants with sickle cell disease (SCD).

Methods: This randomized controlled trial recruited 64 babies with SCD, aged six to 12 months, and their parents from the Sickle Cell Unit, Jamaica. Baseline measurements assessed parents' coping and problem-solving skills, depression and parental stress. Parents were then randomly assigned to intervention or the control groups. Problem-solving skills intervention was delivered through six sessions, occurring a month apart when babies attended routinely for penicillin prophylaxis. All measurements were repeated for both groups at the end of the intervention period.

Results: The mean age of mothers in the intervention group was 28.7 years (\pm 6.4) and 28.8 years (\pm 5.4) in the control group. Intervention mothers had more household possessions compared to mothers in the control group at baseline ($p < 0.04$). The intervention had a significant positive effect on difficulty managing parental stress with mothers in the intervention arm experiencing a 10-point (95% CI: (-16.99 to -2.66)) reduction in level of difficulty managing stressful events compared to mothers in the control group. There were no other significant effects.

Conclusion: This education intervention targeting mothers of children with SCD had small benefits to mothers' ability to manage stressful events. The lack of any further significant benefits may reflect on the intensity of the intervention.