

Public Health, Patient Care and Psychiatry PART I

Chairs: R Gibson and G Lowe

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Depressive symptoms among breast cancer patients at the University Hospital of the West Indies*N Sharpe¹, G Wharfe¹, S Ward-Chin¹, C Walters²**¹Department of Pathology (Haematology and Medical Oncology), University Hospital of the West Indies and**²Health Research Resource Unit, Faculty of Medical Sciences, The University West Indies*

Background: The diagnosis and treatment of cancer can be significant life stressors with some patients experiencing psychological reactions which can lead to anxiety and depression which may negatively affect quality of life. Breast cancer is the most frequently treated cancer in the Oncology outpatient Clinic at the University Hospital of the West Indies (UHWI). The aims of this project were to identify (i) the prevalence of symptoms of anxiety and depression in patients with breast cancer and (ii) contributory factors related to social support and physical symptoms. Understanding the issues that could lead to psychological distress may help with treatment planning to offer interventions to improve outcomes.

Material and Methods: Seventy-eight breast cancer patients attending the Oncology Clinic at the UHWI were recruited from December 2017 to January 2018. Participants completed two questionnaires, the Hospital Anxiety and Depression Scale, (HADS) and the Palliative Care Outcome Scale (POS). Clinical information was obtained from the medical records.

Results: Being less than two years from diagnosis was significantly associated with both anxiety and depressive symptoms, ($p = 0.04$ and 0.03 , respectively). Additionally depressive symptoms and recurrent disease showed a significant association ($p = 0.03$) and anxiety showed a significant association with worry from family and friends ($p = 0.01$).

Conclusion: Symptoms of anxiety and depression are prevalent in patients treated for breast cancer and are commonly seen in the first two years after diagnosis. Comprehensive breast cancer care should include assessment for the presence of these symptoms and appropriate referral if necessary.

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Knowledge, attitude and practice of physicians towards patients with postmenopausal symptoms*G Harrison, K Rattray, L Christie**Department of Obstetrics and Gynaecology, The University of the West Indies, Kingston 7, Jamaica*

Objective: To assess the knowledge, attitude and practices of physicians towards the management of postmenopausal patients.

Method: Self-administered questionnaires were completed by doctors of obstetrics and gynaecology (OBGYN) and non-OBGYN specialities over a two-month period. The respondents were identified based on employment at a primary government based facility, University Hospital of the West Indies (UHWI) and the Grabham Society's registry of OBGYNs Island-wide. Questions were adopted from a similar study done in Kuwait in 2011, by Medhat Elshazly. Univariate and bivariate analyses were done.

Results: There were 145 respondents of 195 questionnaires distributed. Consultants and residents accounted for 44.1% and 27.6%, respectively. Moderate knowledge of treatment options was reported by 66.2% whilst good knowledge and poor knowledge by 9.7% and 24.1%, respectively. The correct responses to statements for management of postmenopausal symptoms based on the 'Women's Health Initiative' (WHI) study were sought through a series of ten questions. The incidence of HRT associated breast cancer after two to five years was correctly stated by 34.5% of physicians, 86.9% correctly stated that severe liver disease and or venous thrombosis were absolute contraindications; the most often correctly answered question regarding the side effects of HRT 43.4% stated that severe depression was an uncommon side-effect. With regards to effectiveness of HRT re-management of the postmenopausal woman, respondents were more knowledgeable with 75.2% to 87.6% correct response rates. The most commonly selected response for not prescribing was a lack of exposure to such cases in 63.4%. Only 9.7% had a lack of interest in patients with these complaints.

Conclusion: Knowledge about menopause and the use of HRT is generally limited among physicians regardless of their area or level of specialist training.

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Outcome of neonates mechanically ventilated at the Bustamante Hospital for Children over a five-year period: 2009–2013

N Gordon¹, MA Richards-Dawson¹, H Trotman²

¹Bustamante Hospital for Children and ²The University of the West Indies, Mona

Aim: To document the indications for and outcome of mechanical ventilation in neonates at the Bustamante Hospital for Children over a five-year period.

Methods: A retrospective study looking at all neonates mechanically ventilated at the Bustamante Hospital for Children over a five-year period was conducted. Information on neonates' demographics, clinical status, indication for ventilation and outcome was recorded. Descriptive analyses were performed. Statistical significance was taken at $p < 0.05$.

Results: One hundred and twenty neonates fulfilled criteria for admission to the study, 68 (57%) neonates died. Sixty-four neonates were premature. The most common indications for admission were respiratory distress syndrome 45 (38%), meconium aspiration syndrome 25 (21%) and pneumonia 19 (16%). The most common complications were anaemia, 53 (44%), ventilator associated pneumonia 47 (39%) and sepsis 47 (39%) which were all significantly associated with prematurity ($p < 0.05$). Pulmonary haemorrhage and intraventricular haemorrhage seen in premature neonates were associated with high mortality ($p < 0.05$). Low birthweight < 1000 g and acidosis (bicarbonate < 18 mmol/L on arterial blood gas) prior to ventilation were associated with increased mortality ($p < 0.05$).

Conclusion: The most common indications for mechanical ventilation of neonates at the Bustamante Hospital for Children, Intensive Care Unit was respiratory distress syndrome, meconium aspiration syndrome and pneumonia. Mortality was high and low birthweight and pre-ventilation acidosis was associated with mortality.

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Outcome of very low birthweight infants at Victoria Jubilee Hospital over a 12-month period

SA Banton¹, H Trotman¹, Y Brown², O Olugbuyi¹

¹Department of Child and Adolescent Health, The University of the West Indies, Mona and ²Neonatal care Unit, Victoria Jubilee Hospital, Kingston

Background: To determine the mortality of very low birthweight infants (VLBW) at the Victoria Jubilee Hospital over a 12-month period.

Methods: This was a retrospective descriptive study. Mortality data were extracted from the charts of 113 singleton VLBW infants delivered between January 1, 2016 and December 31, 2016. Descriptive analyses were performed; continuous variables were analysed using measures of central tendency. Categorical variables were analysed using the Chi-square test. Statistical significance was taken at the level $p < 0.05$.

Results: Very low birthweight infants represented 1.5% of live births with a crude mortality rate of 8.6 per 1000 live births. Survivors, 47 (41.6%) were significantly larger 1276 (171) g and more mature 31.3 (2.5) weeks than non-survivors 981 (258) g and 28.3 (2.7) weeks, respectively ($p < 0.001$). Factors associated with mortality included respiratory distress syndrome, CPAP use, decreasing birthweight and gestational age ($p < 0.05$). Maternal hypertension offered a survival advantage. The need for CPAP, decreasing gestational age and extremely low birthweight were independent predictors of mortality.

Conclusion: Measures to increase survival of VLBW infants at the Victoria Jubilee Hospital must focus on obstetric interventions to prolong the intrauterine period combined with neonatal interventions utilising proven management technologies.