

Monitoring Diseases Prevention in Health Care System

Akimbaeva A.A., Khaydarova T.S., Narzhanov B.A., Zhapparkulova G.R.

Academic adviser: Khaydarova T.S., M.D.

National Center for Healthy Lifestyle Development, Kazakhstan

In Kazakhstan diseases prevention is a matter of great concern and is one of the long-term priorities of "Kazakhstan - 2030" strategy. Diseases prevention includes monitoring of prevention and healthy lifestyle development. Widespread of risk factors among the country's population identified primary problem of health protection and promotion - high rates of chronic diseases, i.e. deterioration of health. In papers available, we found no studies on the impact of behavioral risk factors for complications in patients of surgical hospitals. Taking into consideration mentioned above and influence of bad habits on the disease course, there was a need for monitoring key healthy lifestyle indicators among population. In Kazakhstan 4 national population-wide surveys were carried out on risk factors for diseases associated with population lifestyle choices. Objective: To improve prevention and healthy lifestyle development by examining prevalence of behavioral risk factors among the population. The object of national survey was population of the country 11 years and older (up to 65 inclusive). Sociological survey of 5 Kazakhstan regions covered 2500 people (2007). In each region, according to the research objectives eight age groups living in urban or rural areas were identified. The questionnaire consisted of 32 questions. We examined behavioral risk factors such as smoking, alcohol consumption, nutrition, physical activity, quality of medical care and others. A comparative analysis of lifestyle indicators from previous 1st, 2nd and 3rd national studies (1998, 2001, 2004, and 2007) and results of surgical patients survey was conducted. According to the results of sociological survey (2007) the prevalence of chronic diseases observed in all age groups, averaging 38.8% for the republic, by regions - Eastern region dominated (51,2%). In-depth statistical analysis established a direct correlation between the prevalence of risk factors and chronic noncommunicable diseases. We determined prevalence of smoking among surgical patients, accounted for 30%, and prevalence of alcohol abuse - 49% among patients of planned surgery, and 38% among patients of urgent surgery. According to national sociological studies smoking rates among population was 22.7% - 27%, and prevalence of alcohol - 35,6%. Consequently, the rates of bad habits among surgical patients were higher than among the general population. Physicians of primary health care and hospitals must take into account smoking and alcohol consumption among patients. Thus, monitoring of behavioral risk factors for diseases, including surgical ones enables to making timely decisions on disease prevention and correction of diagnostic and treatment process through lifestyle changes and avoiding risk factors complicating pathological process.

Prevalence and Correlates of Common Mental Disorders among Incarcerated Men in Kerala, India

Saran S. Pillai, Shenthol Sasankan, Aravind Pillai

Academic adviser: Vijakumar K., M.D.

Medical College Trivandrum, India

Researches around the world have demonstrated the higher prevalence of mental illness in prisons when compared to the general population. However there is a dearth of data on mental illness, among prisoners from low and lower middle-income countries. We hypothesize that there is an increased prevalence of common mental disorders (CM.D.) in Indian prisons, when compared to the general population. The study aims to find the prevalence and correlates of common mental disorders among incarcerated men in a prison in Kerala, South India. Randomly selected sample of 329 male

prisoners were interviewed between November 2008 and May 2009. Prevalence was measured using the General Health Questionnaire (GHQ-12). Socio demographic information, reports of repeated incarceration, history of mental illness, hazardous alcohol use and substance abuse were also collected and compared. Prevalence of common mental disorder was 18.2% (n=60; 95% Confidence interval (CI) 14.2-22.8); and men from younger age groups were at an increased risk. After adjusting for age, we found higher risk among married men, those with two or more children and those who had experienced extreme poverty. Men affected were more likely to report history of psychiatric illness, suicidal attempt(s) and family history of psychiatric illness; and were also more likely to seek general medical care from the prison hospital. Associations were also found with repeated jail incarceration, prescription drug abuse and use of Marijuana during the past 12 months. The final multivariate model found poverty (OR 3.4; 95% (CI) 1.8-6.6), use of marijuana during the past 12 months (OR 3.8; 95% (CI) 1.8-8.2), seeking general medical care (OR 2.7; 95% (CI) 1.3-5.6), history of suicidal attempt(s) (OR 4.9; 95% (CI) 2-11.7), and repeated incarceration (OR 2.3; 95% (CI) 1.03-5.0) independently associated with common mental disorders. Our study found significantly higher rates of common mental disorder among incarcerated men (18.2%) compared to general Indian population (6.54%). It is closely associated with several high risk behaviors. Public health implication of the results will be discussed at the congress.

Competition in the Pharmaceutical Marketplace of Republic of Moldova: Problems and Perspectives

Priscu Victoria, Priscu Vitalie

Academic adviser: Goma Ludmila, Associate Professor
State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

The objective was to evaluate autochthonous pharmaceutical marketplace and to establish the strategically characteristics of companies which carry on pharmaceutical activity in RM. The commercial activity of pharmaceutical companies is accomplished on the consumption marketplace, the objectives of buy-sale of which are services and merchandising designated to satisfy the population necessities. Marketing pharmaceutical products, pharmaceutical companies become active participants of consumption marketplace and respective competitors. Now, number of operators of pharmaceutical marketplace is figured at number of 350, the main activities being import/export, distribution and promotion of pharmaceutical and para-pharmaceutical products. Estimated, for the whole 2007 year at 1,2 mlrd MDL (about 72 mil euro). Evaluated at 242 mln \$ in 2008, moldavian pharmaceutical market place is considered of a minim activity for multinational companies in Europe. The annual consumption range of pharmaceutical products per person, can't exceed 10 euro, comparatively with 30-40 euro, the unregistered range in neighbour countries as Romania and Ukraine. This fact tops the Moldavian marketplace on unfavourable 17th place between Central and East European Countries (ECE), corresponding of pharmaceutical & Healthcare Business Environment Classification for the third trimester of the current year, compiled by International Business Monitor (MBI). From another side State has increased the budget for medical insurance by 30% in 2009. This fact could stimulate the marketplace to increase the access to drug, as to medical insurance. An important increase is achieved towards the problem of counterfeit drugs; the main factor of this was introducing the automatized systems of book-keeping evidence in almost 74% of Pharmacies till the end of 2008. The evolution of pharmaceutical marketplace of RM will register little variation. In spite of the fact that BMI forecasts for future 5 years an increase of annual rate of 13,3% in pharmaceutical domain. The low value of Moldavian marketplace is the major factor that makes its attractivity to decrease, is told in a BMI publicised report.