PP 11

Pharmacists' perception on providing medication dosing instructions to patients

Manchanayake MGCA[1], Bandara GRWSK[1], Samaranayake NR[1]
[1]*Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Objectives: We assessed the perception of pharmacists on providing medication dosing instructions to patients.
Methods: This is a sub-study of a larger study on completeness and comprehensibility of written dosing instructions provided by pharmacists. Pharmacists in a selected hospital and community pharmacy were interviewed using a self-administered questionnaire on demographics, current practices on providing medication dosing instructions, barriers and suggestions to improve.
Results: All pharmacists responded (N=32). Most were aged 30–50 years (75.0%) and were women (71.9%). Most pharmacists agreed that medicine name (75.0%), dosage form (68.8%), strength (71.9%), units per day (90.6%), frequency (93.8%), route of administration (90.6%), and relationship with meals (96.9%) needs to be communicated to patients irrespective of the type of medicine dispensed. However, only some pharmacists claimed to communicate both written and verbal instructions on medicine name (21.9%), dosage form (18.8%), strength (9.4%), units per day (34.4%), frequency (43.8%), duration (25.0%), route of administration (28.1%), relationship with meals (46.9%), special instructions (15.6%), common side effects (9.4%) and storage conditions (12.5%). Illegibility of prescriptions (100%), shortage of pharmacy staff (96.8%), and difficulty in contacting prescriber for prescription doubts (96.8%) were commonly agreed barriers. Improving patient awareness on importance of dosing instructions (100%), having workshops/training (96.9%), and improving available resources (96.9%) and pharmacy staff (96.9%) were suggested as improvements.
Conclusions: Pharmacists agree that key medication dosing instructions should be communicated to patients. However, their current practices on providing dosing instructions varied. A standard procedure on providing written dosing instructions needs to be defined to guide pharmacists.

PP 12

Personnel, anthropometric and environmental risk factors for domestic falls among persons over 50 years of age

Amarasinghe WMSY[1], Balasooriya TC[1], Eranga RAH[1], Fernando DTM[1], Fernando PTM[1], Ambawatta A[2], Wijesiri WAA[3], Prathapan S[4]
[1]*Faculty of Medical Sciences, University of Sri Jayewardenepura,* [2]*Colombo South Teaching Hospital, Kalubowila,* [3]*Department of Community Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura,* [4]*Department of Community Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Objectives: This research was undertaken to determine the personnel, anthropometric and environmental risk factors for domestic falls above age of 50 years.
Methods: It was a case control study involving 100 cases and 100 controls carried out in Accident Service Unit and Orthopedic wards of Colombo South Teaching Hospital. Controls were matched with cases according to the age and sex selected from the same hospital. Interviewer administrate questionnaire was used to collect data after gaining verbal consent. Collected data was analyzed by Statistical Package for the Social Sciences and significance was set at 95%.
Results: Identified statistically significant risk factors were cataract (OR=3.62; 95%CI=2.00-6.58), difficulty in walking (OR=2.20; 95%CI=1.09-4.44), previous history of falls after age of 50 years (OR=2.36; 95%CI=1.27-4.39), wearing foot wear inside the house (OR=4.24; 95%CI=2.28-7.90) Other risk factors were epilepsy (OR=2.02; 95%CI=0.18-22.64), diabetes mellitus (OR=1.08; 95%CI=0.62-1.89), hypertension (OR=1.56; 95%CI=0.89-2.74), osteoporosis (OR=2.59; 95%CI=0.88-7.65), malignancy (OR=2.09; 95%CI=0.61-7.17), some drugs such as insulin (OR=2.04; 95%CI=0.37-11.41), antihypertensive (OR=1.50; 95%CI=0.86-2.62), consuming alcohol (OR=1.31; 95%CI=0.47-3.68) which were not statistically significant. Among anthropometric factors height less than 150cm (OR=0.71; 95%CI=0.39-1.31), weight less than 50Kg (OR=0.64; 95%CI=0.34-1.19), BMI less than 23 Kgm^2 (OR=0.92; 95%CI=0.52-1.62) also had protective value according to our results. Among environmental factors tile floor (OR=1.50; 95%CI=0.86-2.64), and incomplete house (OR=2.03; 95%CI=0.82-5.03) had increase risk of

domestic falls. Wearing footwear inside the house (OR=4.24; 95%CI=2.28-7.90) had increased risk for domestic falls and it was statistically significant. Wearing spectacles (OR=0.44; 95%CI=0.25-0.78), cement floor (OR=0.76; 95%CI=0.43-1.32), dry floor (OR=0.29; 95%CI= 0.14-0.58) and concrete floor (OR=0.55; 95%CI 0.16' 1.95) were protective factors.

Conclusions: Medical co-morbid factors need to be advised on persons over 50 years in preventing domestic falls. To reduce the risk factors for domestic falls, a policy decision with the architecture in designing homes and proper care is helpful.

PP 13

Attitudes, willingness and factors associated with participation in Pap smear test among women in Ingiriya MOH area

Dodangoda TC[1], Meegoda MKDL[1]

[1]*Department of Allied Health Sciences, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Objectives: To describe attitudes, willingness and factors associated with participation in Pap smear test (PST) among 35-60 year old married women in Ingiriya MOH area.

Methods: A cross-sectional descriptive survey was conducted to collect data using interviewer-administered questionnaire. Cluster sampling technique was used to select participants from the gramasewa divisions of the selected MOH area. Ethical approval from the ethical review committee of Faculty of Medical Sciences and informed consent from the participants were obtained. Frequency distribution with percentages and chi square statistics were calculated using SPSS version 21.

Results: Of the sample (n=456) only 41.3% has had a PST done at least once. Most (73.1%) of the participants believed that cervical cancer is preventable if it is detected early through a PST. Findings of the attitudinal dispositions for PST revealed that negligence (58.7%) shyness (63%) and fear (52.7%) were the obstacles for participating PST. More than 93% participants were willing to participate in a PST. Having at least one PST was significantly related to age, OR=1.7 (95% CI: 1.2-2.4); education level, OR=1.2 (95% CI: 1.0-1.4) and current employment status, OR=1.2 (95% CI: 1.0-1.4). Willingness to participate in a PST was associated with age, OR=5.9 (95% CI: 2.3-15.2); marital status, OR=4.6 (95% CI: 1.8-11.6) and level of education OR=2.1 (95% CI: 1.0-4.1).

Conclusions: Though most of the women were willing, negligence, shyness and fear were the main obstacles for participating in PST. Having at least one PST and willingness to participate in a screening program were significantly associated with age and education level of the participants.

PP 14

Impact of one time in service staff training on newborn care practices at a Teaching Hospital

Pathiraja P[1], Gunasekera D[2]

[1]*Department of Gynaecology and Obstetrics, Faculty of Medical Sciences, University of Sri Jayewardenepura,*

[2]*Department of Paediatrics, Faculty of Medical Sciences, University of Sri Jayewardenepura*

Objectives: To evaluate outcome and sustained improvement in labour room (LR) and breast feeding (BF) practices (over six months) after one Essential Newborn Care Workshop for staff

Methods: 60% of nurses and midwives involved in newborn care, were assessed on certain LR and BF practices, before, one and six months after the above workshop. Certain essential newborn care practices were assessed during the routine labour room shift. BF practices were assessed by observing BF mothers for correct positioning and attachment. Assessments were done by trained Senior House officers.

Results: LR practices which improved significantly were hand washing before delivery, delivering the baby onto the abdomen, changing gloves before cord care, skin to skin contact at birth, initiating breast feeding within one hour and cleaning around the bed after delivery. Counting the baby's respiration improved only after six months. Using APGAR scores, changing suction tubes after delivery were not done even after the workshop. In BF mothers, positioning was correct even before the workshop while attachment improved only at one month and deteriorated thereafter.