The Role of Intraoperative Ropivacaine in Post-Tonsillectomy Pain: A Systematic Review and Meta-Analysis

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ABSTRACT

Background: Tonsillectomy is one of the most frequently performed procedures in otolaryngology. Controversy exists regarding the use of ropivacaine as a local anaesthetic agent for post-tonsillectomy pain. This systematic review and meta-analysis aimed to assess the safety and efficacy of ropivacaine compared to control or other active drugs as a means of reducing post-tonsillectomy or adenotonsillectomy pain.

Methods: We searched pubmed, scopus, cochrane central register of controlled trials (central), web of science, and ovid for relevant studies. We included randomized controlled trials (RCTs) that compared ropivacaine with control or other active drugs as bupivacaine in terms of postoperative pain scores and adverse events. Data were pooled as risk ratio (RR) or mean difference (MD) between the two compared groups in a random effects meta-analysis model. Subgroup and sensitivity analysis were conducted.

Results: Twelve RCTS were included in our meta-analysis with a total of 914 patients. For postoperative pain scores, the overall pooled estimate showed that ropivacaine significantly reduced postoperative pain scores at rest (md= -2.09, 95% CI [-3.49, -0.69], p=0.004) and swallowing (md= -1.31, 95% CI [-2.40, -0.22], p=0.02) compared to the control group. However, the pooled estimate did not differ significantly in terms of pain during the first 5 min following surgery, modified children’s hospital of eastern ontario pain scale (MCHEOPS), and visual analogue scale.
(VAS) pain score. The total incidence of adverse events was significantly lower in the ropivacaine group than in the control group (RR= 0.79, 95% ci [0.64, 0.97], p=0.02).

Conclusions: In comparison to control, ropivacaine reduced postoperative pain scores at rest and swallowing and the total incidence of adverse events. While, there was no significant difference between the two compared groups in terms of pain during the first 5-min following surgery, MCHEOPS, and VAS pain score.

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Regenerative Medicine for Treatment of Knee Osteoarthritis

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Background: Regenerative medicine holds great promise for orthopaedic surgery, a substantial need for new and emerging interventions for koa for prevention and modification of the disease process. Considering the current lack of clarity regarding cell source, methodological factors, clinical translation and outcome measurement, further analysis are required to synthesise and evaluate the quality of the available evidence regarding safety and efficacy of cellular therapy for koa. Moreover, various studies indicate the potential contribution of the metabolic, nutritional and genetic factors in the stabilisation of cellular therapy delivered by intra-articular injections for the treatment of orthopaedic conditions.

Methods: A systematic search was conducted in pubmed and web of science of relevant articles in english, french, german, portuguese and italian, through june 2018. The results obtained were combined with the data from patient registry established by eimsc. Patient reported outcomes, imaging results and biochemical and genetic results were compiled, and investigations were performed to identify the best approach for the use of regenerative medicine for koa.

Results: Investigations show koa patients with higher levels of plasma oxs parameters and lower levels of plasma antioxidant parameters dont significantly respond to regenerative medicine. Further investigations are required to identify the impact of nutraceuticals on regen in koa. Studies showed that the increased expression of mmp-1, mmp-2, and mmp-9 proteins might be associated with the pathogenesis of koa, as mmp activity is regulated by calcium and both zinc and calcium are dependent proteinases. Multiple genetic snps are associated with the predisposition rs7775228, rs4810485 and rs1883832. Other gene locations are associated with the pathogenesis of koa such as rs1871054 and rs143383.

Conclusions: Further investigations are required through clinical trials are required to identify the percentage of improvement or remission associated with various demographics of the patients.
prior to the introduction of regenerative medicine. Results show that although regenerative medicine is showing promising results, we still need more specific studies to optimise and standardise the use of regenerative medicine for orthopaedic conditions.

**Biography:** Research Assistant and patient educator specialised in human genetics and stem cell therapy. MSc in advanced biomedical sciences from De Montfort university, Leicester. A demonstrated history of working in the medical practice industry, and currently focusing on the applications of regenerative medicine for orthopaedic conditions. Running a project "Patient registry" sponsored by Emirates integra medical and surgery centre, to investigate the various treatment for orthopaedic conditions. Published many articles discussing the effects of regenerative medicine from different perspectives.

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Effect of Gender and Obesity on Analgesic Modulation of Tramadol in Rats

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Abstract

Background: Rosseland and stubhaug stated gender difference in response to opioids, but their findings are inconsistent. Some studies suggest that female patients experience greater analgesic efficacy compared to males following administration of mixed opioid agonist-antagonists, whereas other studies with morphine demonstrate that women require a higher drug dose compared to males to achieve analgesia of the same degree.

Methods: This study was carried out in two sets of experiments. In set I experiment - 48 rats (body weight ≤150 g), 24 each male and female rats were randomly divided into two groups (n=6/group) (group I - control; 0.9% nacl; 1 ml/kg/day i.p. and group II- tramadol 10 mg/kg/day i.p.) For each nociception model - plantar test and acetic acid-induced writhing test. The treatment duration was of 5 days. On the last day of treatment (i.e., on the 5th day), paw withdrawal latency (pwl) was assessed using plantar test, and writhing movements were observed following administration of 0.8% acetic acid; 10 ml/kg i.p. Set II experiment was repeated like set I experiment among rest 48 high-fat diet-fed rats (body weight ≥300 g).

Results: For both males and females, pwl was significantly decreased (p<0.05) in obese control groups compared to lean control groups. A number of writhing movements were significantly increased (p<0.01 for males and p<0.001 for females) in obese control groups compared to lean control groups. In tramadol-treated obese rats, pwl was significantly decreased (p<0.01 for males and p<0.05 for females), and number of writhing movements were significantly increased (p<0.01 for both males and females) in comparison with the tramadol-treated lean rats.

Conclusions: The present study revealed that obese female rats experience more pain sensation to noxious stimuli compared to lean male rats and the analgesic effect of tramadol is more pronounced in lean male rats compared to obese female rats.
Biography: Dr. Laxminarayana Bairy is presently working as Associate Dean and Chairperson, Pharmacology, at RAK College of Medical Sciences, RAK Medical and Health Sciences University, Ras Al Khaimah, United Arab Emirates. He obtained his MBBS degree from Government Medical College, Bellary, Karnataka. He got MD Pharmacology and PhD Pharmacology from Kasturba Medical College, Manipal in the year 1985 and 1991 respectively. He has published around 270 research papers in various national and international journals.

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MICROBIOLOGY

ABSTRACT ID
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ABSTRACT DETAILS
Antibiotic Resistant Bacterial Pathogens Associated with Blood Stream Infection and Urinary Tract Infection Causing in Intensive Care Unit Patients

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ABSTRACT

Background: Blood stream infection (BSI) and urinary tract infection (UTI) being leading causes of morbidity and mortality represent a common complication among critically ill patients. During the last decade, clinicians have observed a rising occurrence of bsis due to bacterial resistance. Likewise, catheter-associated uti is a main cause of morbidity and mortality affecting all age groups. The objectives of the study were to analyze the types of bacterial isolates cultured from blood and urine samples of ICU patients; to determine the bacterial drug resistance profile and to understand the bacterial resistance pattern among bsi and uti causing pathogens from icu in past 2 years.

Methods: This cross sectional study in ICUs of Saqr hospital in Ras Al Khaimah, uae was planned. The data on blood and urine cultures obtained from all the icu patients admitted during 2016-2017 was collected after obtaining institutional ethical clearance. The 2 years data was collected in 2018 to assess the trend of bacterial pathogens involved and evolution of antimicrobial resistance over the last two years. The data obtained was vitek 2 (biomérieux inc., durham, nc) established identification and susceptibility testing (minimum inhibitory concentration- mic based) system.

Results: Total of 49 icu admitted patients with BSI &/ or UTI during the period 2016- 2017 were included in the study. Of 49 icu patients, 21 (42.86%) were positive for blood culture only (BSI); 31 (63.3%) were positive for urine culture only (UTI); and only two (4.01%) were positive for both blood culture and urine culture (bsi+ uti). Among the isolates cultured from blood of icu admitted patients, klebsiella pneumoniae (24%) was the most common pathogen. The gram- positive bacteria were cultured from 37% of the subjects. Among the isolates cultured from urine of icu admitted patients, escherichia coli (24%) was the most common pathogen. Pseudomonas aeruginosa (20.4%) was the second most common pathogen, followed by acinetobacter baumannii
complex and klebsiella pneumoniae (16.33% each). of the urine pathogens cultured, 93.88% were gram-negative. Enterococcus faecalis was the only gram-positive pathogen cultured from urine (fig 3). Antimicrobial susceptibility trend of isolates cultured from blood of icu patients: Among klebsiella pneumoniae the resistance rate of 85.7% was observed against ampicillin and ceftriaxone. The isolates of klebsiella pneumoniae were uniformly resistant (50- 75% resistant) to range of antibiotics tested amikacin, ceftazidime, ciprofloxacin, cefepime, nitrofurantoin, imipenem, meropenem and beta-lactam+beta-lactamase inhibitor combinations. Interestingly, 85.7% klebsiella pneumoniae were susceptible to a conventional antibiotic, gentamicin. It was alarming to notice 42.9% resistance to tigecycline. Antimicrobial susceptibility trend of isolates cultured from urine of icu patients: Escherichia coli isolated from urine were 100% susceptible to carbapenems (imipenem and carbapenem). Isolates ranged 50-75% in resistance to array of antibiotics tested. of the isolates, 91.75% were susceptible to tigecycline.

Conclusions: Coliforms happen to be the prominent pathogens among our icu admitted patients. The rapid spread of these mdr pathogens demands for national and regional guidelines. Policies to treat icu related infections in uae should be designed based on local microbiological data and resistance profiles of pathogens.

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Dr. Godfred A Menezes received his Master’s in Medical Microbiology in 2003 at Kasturba Medical College, Manipal, india. He received his PhD in Medical Microbiology at JIPMER, a Post-graduate Medical institute of National Importance, Pondicherry, india in 2011. He has been a scientist at Erasmus MC, Rotterdam, The Netherlands. in 2018, he was promoted to Associate Professor in the Department of Medical Microbiology and Immunology at RAK College of Medical Sciences (RAKCOMS) RAKMHSU, Ras al Khaimah, UAE. He has worked in Ha’il University, Ha’il, Saudi Arabia as Assistant Professor & Scientist till 2016. He has set up Central Research Laboratories in couple of institutesHe was as a Junior Research Fellow and Research Scholar in the institute of National Importance, JIPMER, Pondicherry, india. He has worked as a short-term research worker on nanoscience in the renowned indian institute of Science (IISc, Bangalore, india). He has been working extensively on molecular characterization of Enterobacteriaceae members, particularly extended and expanded spectrum beta-lactamase producing bacteria and fluoroquinolone resistant bacteria. He has been a faculty of several Medical institutes and a Para-Medical institute. He has more than 50 research publications in reputed journals to his credit with more than 800 citations and h-index of 15. He has a RG (Researchgate) score of 36.92. He is an
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Background: Human immunodeficiency virus or acquired immunodeficiency syndrome remains one of the world’s most significant public health challenges, particularly in developing countries. Advances in antiretroviral therapy (ART) and availability of antiretroviral drug has led to longer longevity of AIDS patients. However, the diagnosis and effective treatment of depression in HIV/AIDS patients is really a challenging one.

Methods: We reviewed different published articles and literature related to our topic from search engines like PubMed and Proquest. We analyzed from these published results based on the efficacy and side effects profiles of different antidepressant drugs.

Results: Both pharmacological and non-pharmacological interventions are used to treat depression in these patients. Selective serotonin reuptake inhibitors (SSRIS) are the most widely used drugs to treat depression in HIV infected individual although they are slightly less effective than tricyclic antidepressant (TCA) for the reason that they are better tolerated. Depressive symptoms were reduced significantly by all SSRIS, but comparative effectiveness of the different SSRIS was yet to be established, to avoid interactions with ARVs, the better options are sertraline, citalopram, and escitalopram. The use of TCAs is associated with significantly more side effects; hence, TCAs should be used in this population with caution. Nefazodone is newer antidepressant that is useful in treating depression in HIV infected patients, but it has to be used with care because of the frequent occurrence of viral hepatitis. Another newer antidepressant namely mirtazapine is an effective antidepressant and has additional benefit of decreasing nausea and increasing weight, and can be useful in HIV wasting disease. Venlafaxine and reboxetine are other alternatives available to treat depression in HIV infected patients. Non-pharmacological therapies, including various psychotherapies and aerobic and resistance exercises, are effective in treating depression among HIV infected patients.

Conclusions: The prevalence of depression in HIV positive patients is high (up to 72%), but only two third of such patients receive antidepressant therapy. Depression increases the morbidity of HIV by
poor adherence to treatment and various other significant mechanisms. It is very important to
diagnose depression in such patients and treat them early so that they will have better quality of
life. Both pharmacological and non-pharmacological treatment are available. Ssri are safer and
better tolerated than tcas. Comparative efficacy of various ssris have not been established, but the
better options are sertraline, citalopram, and escitalopram based on the available data.

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ABSTRACT DETAILS
Epidemiology, Clinical Characteristics, and Outcomes of Candidemia in A Major Tertiary Care Hospital in Bahrain—a Retrospective Study

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ABSTRACT

Background: Candidemia represents a major cause of nosocomial invasive fungal infections worldwide leading to high mortality rates especially among patients with comorbidities. Identification of such comorbidities may help in improving the management and prevention measures. in this study, we sought to characterize the sociodemographic features, predisposing factors, and clinical outcomes of invasive candida infections in a major tertiary care hospital in bahrain.

Methods: We conducted a retrospective observational study of all patients with positive cultures for candida treated in salmaniya medical complex from january 2010 to december 2014. Demographic data, clinical data, underlying condition, and management and mortality for candidemias were recorded and analysed.

Results: A total of 43 patients (22 males and 21 females) were identified to have positive cultures for candida. of those, 45.2% were >70 years old. The most common predisposing factors were having central venous catheter placed (n = 37, 86%), diabetes mellitus (n = 31, 72.1%), and chronic kidney disease (n = 26, 60.5%). The most common site of bacterial infection was the blood accounting for 64.29% of infections, followed by sputum or deep tracheal aspiration (23.3%), with multiple cases having more than one infection site. The majority of cases needed mechanical ventilation during their hospital stay (79.5%) and 47.5% were admitted to the intensive care unit. in our hospital, the crude mortality rate was 67.4%. Diabetes mellitus (p= 0.001), and chronic kidney disease (p= <0.0005) were associated with higher mortality.

Conclusions: This study provided a baseline data of the clinical and epidemiological features of candida infections in a major tertiary care hospital in bahrain. It demonstrated the high prevalence
of candidemia among patients with advanced age, diabetes mellitus and chronic kidney disease and therefore the importance of targeting preventative measures against these patients.

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Dr Jameela Graduated with Honor Form The Medical School At Arabian Gulf University. Then She Joined The Salmaniya Medical Complex in 1996.

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Dr Jameela Went To United States and Has Completed Her Residency and Fellow Ship Programs in The United States Where, She Finished The internal Medicine Residency in Eason, Hahmenn Universit, Pennsylvania, Usa, Then She Did A Fellowship in Geriatric Medicine in Temple University in Pennsylvania, Then Did A Fellowship in infectious Diseases At Yale University in New Haven, Connecticut, Usa.

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Awarded For The Program of Antibiotic Stewardship For The Best Governmental Practices For 2016 By He The Prime Minister in Kingdom of Bahrain in 2016

She Did Also A Special Training For One Year in Hiv Management and Hepatitis C At Yale University. She Also Did A Special Training in infection Control At Yale University. She Is Carries The Board Certification in infection Control (cbic) and Has The America Board in Medical Quality
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ABSTRACT DETAILS
Vitamin-D Deficiency and Subclinical Renal Impairment in Rheumatoid Arthritis

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ABSTRACT

Background: Vitamin D deficiency is highly prevalent in patients with rheumatoid arthritis (RA), and it is linked to RA disease severity. Two steps of hydroxylation are required to activate vitamin-D, the first is carried out in the liver to be converted to 25-vitamin-D and then in the kidney to 1,25 vitamin-D; the active form. Subclinical kidney dysfunction is common in rheumatoid arthritis and might interfere with vitamin-D hydroxylation. This study investigates the relationship between vitamin-D level and kidney function in RA.

Methods: Patient diagnosed by ACR 1988 criteria for RA. 25-vitamin D level was obtained. Estimated glomerular filtration rate (eGFR) calculated with modification of diet in renal disease (MDRD) formula. Univariate regression analysis was carried out to determine the relationship between 25-vitamin-D level and eGFR, other renal parameters, and the inflammatory markers.

Results: 55 rheumatoid arthritis patients were included for the study. The mean age was 45 ± 15 year for females and 46 ± 21 year for males. The mean 25-vitamin-D level was 39 ± 28 nmol/l (normal range: 50-80). Mean eGFR was 130 ±25 ml/min/m².

Univariate linear regression revealed a positive linear relationship between 25-vitamin-D level and weight of the patients (p=0.03, CI: 0.06, 1.04), body surface area (p=0.02, CI: 11-119), body mass index (BMI) (p=0.009, CI: 0.60, 4.00), and calcium level (p=0.02, CI: 7.25, 130). 25-vitamin-D level was negatively associated with eGFR (p=0.040, CI: -0.20, -0.01), microalbuminuria level (p=0.040, CI: -0.63, -0.01), CRP level (p=0.01, CI: -1.16, -0.16) and neutrophil count (p=p=0.03, CI: -1.67, -0.010).

Conclusions: The negative linear relationship between 25-vitamin D level and the eGFR indicates high level of 25-vitamin-D due to kidney inefficiency in converting 25-vitamin-D to an active form; 1,25 vitamin-D. Extrarenal activation of vitamin D require a high level of 25-vitamin-D of more than 78 nmol/l (30 ng/ml) for sufficient activation. Vitamin-D receptors are present in most cells in the...
body and in the T and B lymphocytes. The active form of vitamin-D (1, 25 vitamin-D) is one of the most potent modulator of the immune system. Hence, the negative relationship between 25-vitamin-D and CRP indicate 25-vitamin-D deficiency role in exacerbation of the inflammatory status, and possibly in a further renal function deterioration. Screening for 25-vitamin-D deficiency might be an important step to detect subclinical renal insufficiency. Vitamin-D supplement might help in ameliorating the inflammation of rheumatoid arthritis.

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Her interest in The Public Health Motivated Her To Proceed with Getting A Master of international Public Health From University of Queensland, Australia, with Dean’s Commendation For High Achievement.

Dr. Hannawi Has Been Awarded As Best Young investigator in Australia “Princess Alexandra” Research Week and Awarded By The Mohap For Four Consecutive Years (2015, 2016, 2017 & 2018). In 2017 Dr. Hannawi Was Chosen As One of The Best 5 Physicians in The Federal Health institutes For The Prime Minister Medal.

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Existence of Subclinical Thyroid Dysfunction in Early Rheumatoid Arthritis Compared to Established Rheumatoid Arthritis Patients

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Background: Thyroid dysfunction is common in rheumatoid arthritis (RA). Subclinical hypothyroidism is the first most common, followed by clinical hypothyroidism. Thyroid dysfunction in RA had been found to increase the risk of cardiovascular disease. Subclinical hypothyroidism is defined as increased serum thyroid stimulating hormone (TSH) concentration with normal serum free thyroxine (T4) level. The aim of this study was to compare the thyroid function in early RA patients (of less than one-year duration of RA symptoms) versus established RA patients (of more than or equal to one-year duration of RA symptoms).

Methods: We recruited 35 early RA patients (ERA) and 52 established RA patients attending specialized rheumatology clinic. All the patients had no clinical evidence of thyroid dysfunction. Patients with diabetes, pregnancy, renal and liver impairment were excluded. Fasting free thyroxine (FT4), free triiodothyronine (FT3), and thyroid stimulating hormone (TSH) were assessed in all the participants. T-test was used to compare the RA disease characteristics and the thyroid function between early and established RA. P value of <0.05 was considered significant.

Results: Rheumatoid arthritis patients had been recruited through a specialized rheumatology clinic, 35 were with new onset rheumatoid arthritis (early RA; ERA of less than a year of RA symptoms onset) and 52 were with established RA (of more than a year of RA symptoms onset). The mean RA duration was 7.4 ± 2.0 months for era and 96 ± 92 months for the established RA group. There were no significant differences in age (45.76 ± 2.45 years for era vs. Established RA respectively, p=0.49), or in gender distribution (31 Females and 4 Males in ERA vs. 46 Females and 6 Males in established RA, p=0.9) between the two groups.

ERA compared to the established RA group had more active RA as manifested by more swollen 28-joints (5.7 vs 1.7, respectively, p=0.001), more tender 28-joints (17 vs 11, respectively, p=0.01), higher DAS-28-ESR score (5.8 vs 4.5, respectively, p=0.001), and higher DAS 28-CRP score (5.1 vs. 3.9,
respectively, p=0.001), and longer morning stiffness duration (in minutes) (p=0.04). As well, era had lower HDL level (1.4 vs 1.2, respectively, p=0.04). On the other hand, established-RA patients had RA disease onset at an earlier age than the ear group (36.5 vs 44 years, respectively, p=0.02).

While the mean TSH, t3 and T4 were within normal range in both groups, there were significant differences in the mean values between ERA and established RA. TSH was 2.12±1.52 in ERA vs. 5.8±8.3 in established RA (NR:0.27-4.2 mlu/l), p=0.04. Mean FT3 was 4.54± 0.53 in ERA vs. 3.61± 1.13 in the established RA (nr: 4-6.8 pmol/l), p=0.04. Average FT4 was 17.7 ± 4.77 in ERA vs. 15.3 ± 2.51 in the established RA (NR: 12-22 pmol/l), p=0.01.

Conclusions: RA patients with more than a year of ra symptoms are at a higher risk of silent autoimmune thyroid disease than their age sex matched ra patients with new onset RA; of less than a year of ra symptoms onset. Regular assessment of thyroid function might be an important part in the routine biochemical and immunological profile screening of RA.

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The Burden of Various Medical Comorbidities at Initial Presentations of Systemic Lupus Erythematosus Populations

Mohammed Abdalla Yousef¹, Issa Al Salmi¹, Farida Al Balushi¹, Faisal Al Ismaili¹, Abdelmassiah Metry¹, Alan Hola¹, Suad Hannawi²
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ABSTRACT

Background: Systemic lupus erythematosus (SLE) is a chronic inflammatory disease that has various manifestation among different population. This study aimed to estimate the various medical comorbidities associated with SLE at time of presentations among omanis.

Methods: This is a retrospective analysis using patients’ registry medical information system (Alshifa system). All patients diagnosed with SLE were reviewed by accessing their medical records and laboratory results investigations at the royal hospital from 2006 to 2014. The following comorbidities were analyzed: Diabetes mellitus (DM), hypertension (HTN), hyperlipidemia, lung disease, cardiovascular disease (CVD), cerebrovascular accident (CVA), chronic kidney disease (CKD), end-stage kidney disease (ESKD), infection, thyroid diseases, osteoporosis, malignancy, number of miscarriages.

Results: In oman, there were 966 patients diagnosed with SLE during the period from 2006 to 2014. The mean (SD) of age at presentation was 35.5 (11.5) years. The majority of patients were female (88.7 %) with mean age of 27.6 (1.4) years. At presentation, 24.5% had HTN, 19.1% hyperlipidemia, 12.2% miscarriages, 12.0% with thyroid diseases, 10.0% CVD, 5.81% DM, 5% CVA, 4.07% CKD, 2.8% with ESKD needing dialysis, 2.5% with osteoporosis, 1.49 with infections and 0.53% with malignancy.

Conclusions: SLE patients have a greater burden of various medical co-morbidities and are more likely to develop CVD, stroke, CKD, ESKD and even needing renal replacement therapy at time of diagnosis. Strengthen health system at primary level and education of public and health work force is the main challenge to further reduce these presentations and its consequences.
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SUBMISSION CATEGORY
RHEUMATOLOGY

ABSTRACT ID
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ABSTRACT DETAILS

In Rheumatoid Arthritis Kidney Dysfunction Increase the Carotid Intima Media Thickness

Suad Hannawi¹, Haifa Hannawi¹, Issa Al Salmi²
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ABSTRACT

Background: Reduced kidney function render patients with ra rheumatoid arthritis (RA), have an increased risk of cardiovascular disease (CVD), particulary ischemic heart disease (IHD). This higher risk is not related primarily to traditional cardiovascular/atherosclerosis risk factors but to the presence of high inflammation associated with ra. Also, subclinical decreased kidney function has been identified as an independent risk factor for CV events. The potential impact of impaired kidney function on atherosclerosis in ra requires more elucidation. The aim of the study is to assess the role of kidney parameters, alongside inflammation and traditional cardiovascular risk factors in predicting CVD; as manifested by carotid intima media thickness (cIMT) among ra population.

Methods: 68 patients with ra underwent measurement of cimt and correlated it with kidney function parameters with adjustment for traditional CV risk factors and ra associated inflammation. Glomerular filtration rate (GFR) was estimated with the abbreviated modification of diet in renal disease formula. Linear regression determined the association between renal parameters and cIMT.

Results: cIMT was positively associated with 1-demographic characteristics: Age of the participants (p<0.001), & age at RA symptoms onset (p=0.001). 2-traditional cardiovascular risk factors such as systolic blood pressure (p<0.001), diastolic blood pressure (p=0.016), triglycerid level (p=0.016), and low denstity lipoprotein (LDL) (p=0.001), and negatively with high density lipoprotein (HDL)(p=0.037), 3-inflammatory markers such as erythrocytes sedimentation rate (ESR) (p=0.020) and C-reactive protein (CRP)(0.020), and 4-renal function parameters such as uric acid level (p=0.006), urine microalbumin level (p=0.030), and negatively with 24 hours urine creatinine level (p=0.020) and glomerular filtration rate (p=0.008).

Conclusions: Even subclinical kidney function in conjunction with tarditional and non-traditional CVD risk factors work synergistically to accelerate atherosclerosis in ra population.
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Rheumatoid Arthritis and Hidradenitis Suppurative Occurs Together

Suad Hannawi¹, Issa Al Salmi¹, Haifa Hannawi²
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Background: Rheumatoid arthritis (RA) is chronic polyarthritis autoimmune disease that has many extra articular manifestations; including skin manifestations. Hidradenitis suppurativa is a suppurative condition of the apocrine sweat glands associated with induration, scarring, destruction of skin appendages and sinus formation. Hidradenitis suppurativa had not been reported with rheumatoid arthritis. We report a clinical case hidradenitis suppurativa that occurs in setting of RA.

Methods: Mr. X is a 46 years old man, who was diagnosed at his childhood to have juvenile ra. Mr. X is one of five siblings all had been diagnosed as juvenile RA. Mr. X was under the care of another hospital. At the first presentation to one of the mohap (Ministry of Health and Prevention) rheumatology clinic he reported recurrent boils in the genitalia, buttock and groin regions for 7 months. The boils are painful and break open releasing fluid or pus. As well it required several admissions to the surgical unit for the boils’ excisions. After excision scares left on the skin. Examination revealed short stature and growth retardation secondary to steroid overuse. Hands examinations showed deformed hands (figure 1). Right hand showed fixed flexion of all the metacarpophalangeal joints (MCPJs). Left hand showed z-thumb deformity and swan neck deformity; extension of the proximal interphalangeal joints and flexion of the distal interphalangeal joints of the left 2nd, 3rd, 4th, and 5th fingers. There were 2 boils at the buttock (figure 2) and number of scars of the previously excised boils (figure 3). investigations showed high erythrocytes sedimentation rate (ESR) of 143 mm/hr. and C-reactive protein (CRP) of 71 mg/dl, sterile culture of the pus obtained from the boils, and negative rheumatoid factor (RF). Mr. X had been diagnosed to have hidradenitis suppurativa which had been confirmed by the dermatology consultation.

Results: Dermatology consultation confirmed the diagnosis of hidradenitis suppurativa

Conclusions: Hidradenitis suppurative occurs with RA
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SUBMISSION CATEGORY
NEPHROLOGY

ABSTRACT ID
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ABSTRACT DETAILS
The Epidemiology of Hemolytic Uremic Syndrome: Clinical Presentation, Laboratory Findings, Management and Outcomes

Khalfan Alshaaili¹, Issa Al Salmi¹

ABSTRACT

Background: Hemolytic-uremic syndrome (hus) is a disease that has been initially identified in 1955 and described as a triad of sudden drop of hemoglobin (hemolytic anemia), thrombocytopenia and kidney dysfunction.

Hus and thrombotic thrombocytopenic purpura (ttp) are the two main variants of thrombotic microangiopathies (tma) and related disorders [10]. Hus remains a leading cause of acute kidney injury in north american children and is increasingly recognized as a cause of kidney dysfunction in adults. The annual incidence of hus in the united states is approximately 2.2 cases per 100,000 population, as well as in europe.

There was no study done in oman and very limited from the whole region about hus. Hence, the objective of our study is to evaluate the demographic features, clinical characteristics, management and outcome of hus in the omani population presented in the main tertiary hospital.

Methods: This is a retrospective descriptive study evaluating all cases of hus that have been admitted at royal hospital (rh) oman in the period between 2006 and 2015.

A list of all patients with a provisional international statistical classification of disease and related health problems (icd-10) diagnosis of hus during that period was retrieved from the rh electronic medical record system, 36 patients found and those were studied in details. Subsequently, they were divided into three main categories according to the final icd-10, typical hus, ahus and hemolysis with deranged renal function due to other causes.

The process of data entry and analysis were always rechecked by two researchers. An epidemiologist was involved throughout the study. This started from the first meeting and conception of the research idea until the end of the study. Quality control data was done as per our institute research guidelines. Statistical analysis was completed using stata software, usa.
Results: Thirty-six patients identified. The mean age (sd) of 10.68 (14.07) years. Eighteen (50%) presented with abdominal pain, nausea, vomiting and diarrhea, 9 (25%) with hypertension, 23 (64%) with acute kidney injury (aki), 6 (16.67%) with seizure, 2 (5.56%) with confusion and 1 (2.78%) with cerebrovascular accident (cva). Twenty-one (58.33%) diagnosed as typical hus of which 19 with shiga toxin producing escherichia coli (stec) hus and 2 had post-streptococcal hus. Six (16.67%) diagnosed with ahus, 2 (5.56%) with hellp, 2 (5.56%) with g6pd, 3 (8.33%) with autoimmune hemolytic anemia (aiha ), one (2.78%) with congenital ttp and 1 (2.78%) with postpartum hus. Twenty three (63.89%) needed renal replacement therapy (RRT), while remaining 13 (36.11%) did not require RRT (30.56%) received plasma exchange, 5 (13.89%) received eculizumab while 2 (5.56%) received plasma infusion and 1 (2.78%) patient received rituximab. The majority 22 (61.11%) had partial recovery after treatment, 5 (13.89 %) had a complete recovery and 3 (8.33% ) ended with end-stage kidney disease (ESKD) and 1 (2.78%) died from hypertensive crises.

Conclusions: This is the first study reporting hus from oman. Hus triad, of hemolytic anemia, thrombocytopenia, and kidney dysfunction was established, from a sudden drop in Hb, decreased platelets and abnormal kidney function as shown in table 1-3. The study results showed that hus populations were mostly due to shiga toxin producing escherichia coli (STEC). It showed that hus population were young, mostly male and only 25% have known medical comorbidities at the time of presentation. Also, the majority presented with aki requiring dialysis, of which PD was main-stay of therapy. The duration of RRT and recovery time was almost a month period.

Our results were in a concordance with the world-wide pattern of the disease's young age incidence and disease presentation and complications with lower mortality rates. It would be prudent to establish a national oman tma registry for better capturing of cases and to provide more extensive and accurate data to the health authority for future health care planning.

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Rheumatology

**ABSTRACT ID**
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**ABSTRACT DETAILS**

Inflammation Contribute To Low Glomerular Filtration Rate in Rheumatoid Arthritis Compared To Healthy Population

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**ABSTRACT**

Background: Rheumatoid arthritis-(RA) is associated with subclinical kidney impairment which contributes to increase mortality and morbidity. The role of inflammation on kidney function in inflammatory arthritis is not well studied. This study is to investigate the associations between estimated-glomerular-filtration-rates (eGFR), traditional cardiovascular risk factors, and markers of inflammation in RA compared to healthy controls.

Methods: Participants were recruited from a specialized Rheumatology clinic at Ministry of Health and Prevention of UAE, from January 2013 to January 2016. Healthy subjects recruited from the community through brochure advertisement. The modification-of-diet-in-renal- disease-study-MDRD-formula was used to calculate the eGFR. t-test and compare laboratory values and kidney function parameters between two groups. Linear regression analysis used to look for the correlation between the egfr and each of the traditional cardiovascular risk factors and inflammatory markers.

Results: 98 ra-patients and 82-controls were recruited. None of the participants has history of diabetes, atherosclerosis or kidney impairment. The mean age for total participants was 49 ±13 years (Min16 – Max 82). The mean egfr of inflammatory arthritis patients was 118 ± 30 ml/min (range 60 - 227) and 128 ±37 ml/min (range 62 – 286) for the controls. Patients and control had no significant difference in systolic-SBp and diastolic-blood-pressure-DBp.

Inflammatory arthritis patients had lower GFR, albumin (p<0.001), and total protein (p=0.03) levels, and had higher ESR (p<0.001), crp (p<0.001), and uric acid level (p=0.01),

Negative linear relationships were found as follow: Among RA patients and controls; there was a negative linear relationship between GFR and each of: Age of participants; (p<0.001, CI: -1.24, -0.40
for patients and p=0.01, CI: -1.82, -0.26 for controls, & SBp; p= 0.04, CI: -0.61, -0.09 for patients and p=0.022, CI: -0.61, -0.05 for controls).

Among RA patients: GFR had a negative linear relationship with age of participants, age at RA onset (p=0.002, CI: -1.18, -0.29), DBp (p=-2.14, CI: -1.24, -0.05), ESR (p=0.04, CI: -0.24, -0.01), CRP (p=0.02, CI: -0.47, -0.04), uric acid (p<0.001, CI -0.18, -0.05), and total protein (p= 0.01, CI: -0.91, -0.16). There was a positive linear relationship between eGFR and albumin level (p=0.03, CI 0.14, 2.35).

Conclusions: Non-traditional CVD risk factors such as inflammatory markers are associated with sub-clinical kidney injury in patients with RA. Inflammation is involved in the early stages of impaired kidney function in RA patients. Hence, anti-inflammatory therapies may be effective in slowing down the deterioration of kidney function in the arthritis diseases.

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Background: Chronic kidney disease (ckd) is a common condition characterized by irreversible kidney damage and reduced glomerular filtration rates that may progress to end-stage kidney disease (eskd), where renal replacement therapy (rrt) is necessary for long term survival. The number of patients receiving rrt worldwide in 2010 was estimated to be 2.6 million, whereas the estimated number of actual patients demanding rrt was 4.9 million. This rrt gap is one of the global challenges presented with the growing rate of eskd. However, there is no comprehensive data estimating the magnitude of inherited kidney disease in patients in oman. Here we review eskd patients commencing rrt in oman over a fifteen-year period and report the proportion and clinical characteristics of congenital and inherited kidney disease.

Methods: Data from newly registered omani patients with eskd commencing rrt from 2001 to 2015 was analyzed using renal replacement therapy register in oman. The registry contains baseline characteristics of patients at initiation of rrt and updates until patient death. The baseline characteristic information included is sex, comorbid conditions (including diabetes mellitus, hypertension, ischemic heart disease, cerebrovascular disease, and respiratory disease), family history of a disease, initial hypertension medications, and initial pre-rrt bmi, serum albumin, and creatinine. Haemodialysis data, peritoneal dialysis data, and renal transplantation data were also included in the registry. This data is completed by nephrologists in all renal dialysis units throughout the country once the patient reached eskd using a standardized form and sent to the main renal dialysis unit in muscat, where the rrt registry is maintained in a comprehensive database. The registry data collection in oman has been standardized as much as possible to allow meaningful comparisons to other countries. The data set collected is similar to that collected by the usrds (form 2728).

All potentially congenital, genetic, or hereditary causes of kidney diseases were extracted from the registry within the study period according to the coding protocol of this registry. Cases registered and classified under the code hereditary familial renal disease (hfrd) were reviewed. This code
includes the majority of inherited kidney diseases including adpkd, arpkd, alport syndrome, primary hyperoxaluria, cystic dysplastic kidney, nephronophthisis, bartter syndrome, and inherited renal tubular acidoses. The proportion of inherited kidney disease among those commencing rrt was calculated. Statistical analysis was performed using ibm spss statistics 20.

Results: From 2001 to 2015, a total of 2,922 new patients commenced rrt due to different causes. Males contributed 57.1% (n = 1668) of the patients and females contributed 42.9% (n = 1254). The mean age of rrt commencement was 50.14 ± sd 17.5 years, while the median age was 53 years. Overall, 1321 (47.1%) cases of eskd occurred among patients who were 45–64 years, whereas 884 (31.5%) occurred among patients who were ≤44 years and 599 (21.2%) in patients who were 65 years and over.

Diabetic nephropathy was the most prevalent cause of eskd (46%), followed by hypertensive nephropathy (19%), glomerulonephritis (15%), and inherited kidney disease (5%). For patients less than 20 years of age inherited kidney disease accounted for 32.5% of cases. of this cohort with inherited renal disease, 40.3% had autosomal dominant polycystic kidney disease, 11.5% had congenital anomalies of the kidney and urinary tract, 9.4% had alport syndrome, and 7.2% had autosomal recessive polycystic kidney disease.

Conclusions: This study represents a population-based etiological report of omani eskd commencing rrt from 2001 to 2015. It clearly shows that oman is facing major factors that globally are fundamentally responsible for the growing incidence of eskd in adults, namely, an aging population and a high burden of diabetes mellitus. Therefore, health care providers must concentrate on strategic actions that highlight primary prevention, early detection, and dynamic management of ckd population. For the first time, the prevalence of inherited kidney disease causing eskd in oman has been accurately described and this data emphasizes need to measure the frequencies of inherited kidney disease patients in earlier stages of ckd and assess their rate of progression to eskd.

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Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease of the joints with several extra-articular features. Cardiovascular disease (CVD) mortality accounts for 40-50% of all deaths in RA. Apart from atherosclerotic heart disease other cardiac abnormalities had been found to be prevalent in RA; including, pericarditis, heart failure, coronary vasculitis and valve disease. Due to scarcity of data regarding cardiac disease in the middle east population, we studied echocardiographic features in RA patients compared to their age, sex, and traditional CVD risk factors matched controls.

Methods: In a cross-sectional study, we recruited 39 RA patients meeting the 1987 revised criteria of RA and 37 age, sex and traditional CVD risk factors matched controls. Standard trans-thoracic echocardiography examination was carried out by a specialties cardio-sonographer who was blinded to the status of the participants. Left ventricular dimensions, wall geometry, ejection fraction, diastolic parameters, right ventricular size and function, valve structure and function, pericardium, pulmonary pressures and aortic root dimensions were assessed by echocardiography. t-test and chi-2 test were used to compare the echocardiographic findings between the two groups. P value of <0.05 was considered significant.

Results: Thirty-nine RA patients (34 F, 5 M) and 37 controls (32 F, 5 M) were studied. Among RA, 27 (69%) were rheumatoid factor positive. The two groups were similar in terms of age (p=0.86), gender (p=0.71), and traditional cardiovascular risk factors (hypertension (p=0.61), diabetes mellitus (p=0.51), hyperlipidemia (p=0.75), history of smoking (p=0.97), and obesity by body mass index definition (p=0.77))

No significant difference was found between RA and the controls in term of left ventricular ejection fraction, wall geometry, diastolic parameters, right ventricular size and function, valves diseases, pulmonary pressures, pericardium and aortic root dimensions. However, left ventricular end-
diastolic diameter (43.11 ± 1.14 vs. 39.35 ± 0.84 mm respectively, p=0.01) figure1, end-systolic diameter (24.39 ± 0.70 vs. 26.96 ± 0.96 mm, respectively, p=0.03), figure 2, and left ventricular mass index (79.83 ± 5.11 vs. 63.64 ± 3.15, respectively, p=0.01), figure 3, were significantly higher in ra patients than in the controls.

Conclusions: Patients with rheumatoid arthritis have higher left ventricular end-diastolic and end-systolic dimensions, and greater left ventricular mass index compared to their age, sex and traditional CVD risk factors-matched controls. As the increase in the left ventricular mass index is a predictor of cardiac sudden death, echocardiography might be a simple non-invasive tool for cardiac risk screening in RA.

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Background: Cytomegalovirus (CMV) is one of the most important opportunistic infections in kidney transplant recipients. Exposure to the virus, as indicated by the presence of detectable immunoglobulin g (IGG) anti-CMV antibodies in the serum, increases with age in the general population and is present in more than two-thirds of donors and recipients before transplantation. Nucleic acid amplification by polymerase chain reaction (PCR) has become a widely available diagnostic tool for CMV. PCR is extremely sensitive and specific in detecting the presence of cmv dna and is being touted as possibly one of the best diagnostic methods for diagnosis of CMV.

No previous studies were performed in oman or regionally; also very scanty literature is available about CMV presentation and clinical and laboratory parameters in both living related and unrelated kidney transplants in literature from other regions of the world. Hence, this study was undertaken to examine the clinical and laboratory data of kidney transplant recipients for the past 10 years. These data were assessed first at the time of renal transplantation, then at the time of diagnosis of cmv infection by CMV PCR being positive, and finally, after successful treatment denoted by CMV PCR being negative twice.

Methods: The royal hospital (RH) is the only transplant center in oman that receives all cases of transplantation for the management of complications including infections such as polyoma- virus, CMV, and tuberculosis. The RH has an internationally recognized electronic medical record system called al shifa that uses international classification of diseases (ICD) codes. A list of all patients who were diagnosed with CMV by different diagnostic methods was retrieved. This list was crosschecked with the pharmacy department and confirmed that anti-CMV medications were dispensed to those patients and these were confirmed with laboratory records. The data were obtained from the "patient face sheet" using “Al-Shifa 3plus,” a hospital information management system which provides validated patient-related information.
Other parameters that could be of help in the diagnosis of CMV infection such as fever of 38°C or more for more than three days, pneumonitis, diarrhea, and laboratory abnormalities such as anemia (Hb <11.5), leukopenia (<3500 cells/mm³), thrombocytopenia (<150,000), abnormal liver function tests [LFTs bilirubin >17 and alanine aminotransaminase (ALT) >40], and impaired renal functions [estimated glomerular filtration rate (eGFR) <90] were also included in the study.

All patients in whom the CMV DNA PCR was detected by quantitative RT-PCR were treated for three weeks with intravenous ganciclovir followed by prophylaxis with oral valganciclovir for an additional three to six months. The study was approved by the medical ethics and research committee at RH. The data entry was rechecked by two researchers. Quality control data were performed as per our institute research guidelines. Statistical analysis was done using stata software, statacorp llc, college station, texas, usa (www.stata.com).

Results: During the period from 2006 to 2015, a total of 703 renal transplant patients were seen in RH renal transplant clinic, of which 535 were living unrelated and 168 were living related donor renal transplant patients. During this period, 102 renal transplant recipients were diagnosed with CMV infection by PCR. Of those, 79 patients (77.5%) had undergone living unrelated (commercial) renal transplants and 23 (22.5%) had undergone living related renal transplants. Thus, the percentage of CMV was 17.7% and 13.6% in total living unrelated and living related renal transplant patients, respectively. There were 58 male and 44 female patients. The mean age at the time of renal transplant was 42 years, ranging from eight to 80 years.

The induction immunosuppression therapy in living unrelated (commercial) renal transplant recipients (all from outside Oman) was unknown, but in patients with living related renal transplants (almost all performed in Oman), was with antithymocyte globulin or anti-CD25 (basiliximab). The median time of diagnosis of CMV infection after renal transplant was 21 months, ranging from 15 days to 84 months. CMV prophylaxis with oral valganciclovir was administered in 15% of patients for six months before the detection of CMV infection.

The most common immunosuppressive regimen was cyclosporine (CSA), Mycophenolate Mofetil, and prednisolone. The serum csa levels were found to be high in 24 (23.5%) patients at the time of detection of CMV infection. All patients were CMV IGG positive at the time of renal transplant.

Most of the renal transplant recipients, at the time of detection of CMV infection, were asymptomatic (67%). Fever, mainly low grade, was the main presentation in 16% of patients, followed by diarrhea in 15% of patients and pneumonitis in 2% of patients.

There was an improvement in many laboratory parameters posttreatment compared to their values at the time of diagnosis.

All CMV-infected recipients were treated with intravenous Ganciclovir according to creatinine clearance for 21 days and then oral Valganciclovir for a total of three to six months duration. The CMV PCR became undetectable twice after treatment in 98 patients. Two patients died during treatment due to sepsis and two patients were lost to follow up.
Conclusions: To the best of our knowledge, this is the first paper from this region to evaluate the clinical and laboratory parameters at the time of transplant, during the infective period and posttreatment of CMV infection. In our study, 102 out of 703 renal transplant patients were diagnosed with CMV infection and that they were mostly young and males (56.8%). The CMV infection occurred mainly during the first two years postrenal transplant and mostly in patients who were not on CMV prophylaxis (Valganciclovir). Most of the renal transplant recipients at the time of CMV detection remain asymptomatic, but nephrologists should have a high index of suspicion for CMV infection when patients present with low-grade fever, diarrhea, anemia, or elevated serum creatinine. After successful treatment of CMV infection, there is a significant improvement in renal and liver functions and also a significant rise in hemoglobin.

**Biography:** Dr Wasim Is A Specialist Nephrologist Who Has Worked At Pakistan and Then He Moved To Oman. Just Recently, He Moved To The United Kingdom As A Nephrologist within The Nhs.


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Persistent Anemia in a Kidney Transplant Recipient with Parvovirus B19 Infection

Issa Al Salmi\(^1\), Suad Hannawi\(^2\),
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**ABSTRACT**

**Background:** The human leukocytic antigen (HLA) is the most polymorphic genetic system described in man. It contains several linked loci which encode for cell surface protein that present foreign and self-derived peptides to T-lymphocyte. Sequence polymorphisms in the antigen binding domains of the hla molecules determine the repertoire of peptides that can be presented and in turn influence an individual’s immune response.

HLA allele has been implicated as a potential risk in epidemiology and pathogenesis of some diseases such as diabetes and end-stage kidney disease. In addition, in organ transplantation, it was demonstrated that hla matching between donor and recipient was associated with better graft and patient survival.

Given the outburst of many of noncommunicable diseases (NCD) in the gulf cooperation council region that might be correlated partially to the local genetic makeup, knowledge of hla data at the level of a specific population is highly desirable. This paper aims to determine the frequencies of HLA class i (a, b, and c) and class ii (DRB1 and DQB1) in omani population.

**Methods:** Hla class i typing was conducted using the standard microlymphocytotoxicity test, 15–20 ml of blood taken into ethylenediaminetetra-acetic acid (EDTA) was used. Lymphocytes were separated by density gradient centri-fugation, and hla typing was performed using a modified two-stage cytotoxicity technique with ethidium bromide/acridine orange staining and observation with a semi-automated fluorescent microscope.

For HLA-class ii typing (DRB1 and DQB1), dna was extracted from 1 ml of EDTA blood using a commercial kit (puregene, USA). The separated dna was incubated in a thermal cycler, with class ii primers defining DRB1 and DQB1 alleles (dynal low-resolution sequence-specific primers, dynal, UK), together with PCR buffer, TAQ polymerase (promega), and dna nucleotides. The products were run on 1.2% agarose gels containing ethidium bromide, examined under ultraviolet illumination, and the class ii specificities were determined.
The study was approved by the medical ethics and research committee at the hospital. The data entry was checked by two researchers. Quality control data were done as per our institute research guidelines. Statistical analysis was done using stata software v13, (Statacorp, college station, Tx, USA)

Results: This is a retrospective, descriptive study evaluating hla frequencies of Omani individuals who underwent workup for kidney transplantation at the royal hospital (RH) from 2005 to 2016. Data on 870 subjects were collected from the oman kidney transplant registry at RH as well from electronic medical record system. The mean age (standard deviation) years for the cohort were 33.2 (13.0). Males constituted 56.3% (490) while females constituted 43.7% (380). Seven hla-a alleles accounted for more than 70% of the total alleles. of which, hla-a2 contributed the highest frequency (24%), followed by HLA a11 (9.4%), and a32 (8.1%). Ten alleles accounted for 70% of HLA-b alleles. of which, HLA-b51 was the most common (18.9%), followed by HLA-b-35 (13.6%), and HLA-b8 (7.9%). Seven HLA-DRB1 alleles accounted for more than 70% of the total HLA DRB1 alleles, of which HLA DRB1*16 contributed the highest frequency (29.56%). This was followed by HLA-DRB1*03 (14.57%) and HLA-DRB1*11 (9.48%). While three alleles accounted for more than 75% of the total hla dqb1alleles. of which, HLA-DQB1*05 contributed the highest frequency (37.56%). This was followed by allele HLA-DQB1*02 (26.48%) and HLA-DQB1*03 (17.18%).

Conclusions: This is the first and largest full hla – alleles study to analyze the HLA frequencies in the Omani population. It showed that for each hla locus 7–10 allele accounting for more than 70% of total alleles. HLA-a2, HLA-b51, HLA-DRB1*16, and hla-dqb1*05 occurring in 24.6%, 18.9%, 29.9%, and 37.56%, respectively were the most frequent alleles in the studied population.

HLA-a2 is the highest frequency in our population and that goes in concordance with other studies done in the region. As depicted from [table 5], HLA-a2 is common in all populations from the region, including the pakistani population while for HLA-b, b51 was most common in our cohort but also of high frequency in the saudis and emirates.

This work will help to advance the study of the kinship between omanis and others middle east populations. Furthermore, such studies will be helpful in making hla allele frequency database that would prove useful in clinical practice, especially in infection predisposition, ncd predisposition, and organ transplantation.

UPLOADED ABSTRACT (COPY PASTE TO BROWSER)

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Biography: Issa Is A Senior Consultant of Renal Medicine and Head of Research At The Royal Hospital. Cv Is Attached.

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The Determinants of Uric Acid Level in Rheumatoid Arthritis

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Background: Uric acid is a powerful independent predictor of onset and progression of renal dysfunction. On the other hand, increased uric acid serum levels are a common finding in patients with high blood pressure, insulin resistance, obesity and cardiovascular disease (CVD). Furthermore, subclinical renal impairment had been reported in ra patients, and it contribute to the increase risk of CVD. The role uric acid level as a link between the renal impairment and the CVD need to be investigated further. This study aiming at determining the factors contribute to the uric acid level in rheumatoid arthritis (RA) population

Methods: Ra patients attending the specialized rheumatology clinic at the ministry of health and prevention of uae, have been invited to participate in the study. All the laboratory test related to the study had been obtained all in one session. The modification of diet in renal disease (MDRD) formula used to determine the estimated glomerular filtration rate (eGFR). Simple and multiple regression analysis were used to determine the effect of demographic variables, blood pressure, lipid profile, and renal parameters of the uric acid level.

Results: 85 ra patients were recruited for the study (81 % female and 19% male) with mean age of 45 (±12) years. The mean uric acid level was 250 µmole/l while the GFR was 135 ml/min.

Uric acid level was found to be negatively affected by the GFR level (p<0.001, CI: -0.004, -0.002). It was positively affected by age of the participants (p=0.030, CI: 0.001-0.010), age at rheumatoid arthritis diagnosis (p=0.020, CI: 0.001, 0.010), systolic blood pressure (p=0.013, CI: 0.001, 0.098), diastolic blood pressure(p=0.020, CI: 0.001, 0.013), urea level (p<0.001, CI: 0.044, 0.130), microalbuminuria (p0.040, CI: 0.000, 0.001), microalbumin to creatinine ratio (p=0.020, ci: 0.001, 0.013), cholesterol level (p=0.030, CI: -0.142, -0.007) and triglyceride level (p=0.031, CI: 0.008, 0.210).
including variables with a significant p value in the multivariate model revealed persistent relation between uric acid level and the eGFR (p=0.004), microalbumin (p=0.01) and cholesterol level (p=0.007).

Conclusions: As the uric acid is level is determined by renal function, and on the other hand it is a risk factor for the kidney dysfunction and CVD. Uric acid might not by a simple bystander but is an active player in the vicious cycle of kidney impairment and increased CVD risk in rheumatoid arthritis patients.

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Biography: Suad Hannawi, BhSc; MD; MRCP (UK), FRCP (UK); MIPH (AUS), PhD (AUS), A Consultant of Rheumatology At The Ministry of Health and Prevention (MOHAP) of UAE. After Receiving Her Bachelor of Science (BhSc), and The Medical Diploma (MD), Dr. Hannawi Obtained The Fellowship of Royal College of Physicians of Edinburgh and Completed Her Clinical Training of Rheumatology in Australia. Dr. Hannawi Proceeded with Her Academic Attainment By Obtaining A PhD in Rheumatology.

Her interest in The Public Health Motivated Her To Proceed with Getting A Master of international Public Health From University of Queensland, Australia, with Dean's Commendation For High Achievement.

Dr. Hannawi Has Been Awarded As Best Young investigator in Australia “Princess Alexandra” Research Week and Awarded By The Mohap For Four Consecutive Years (2015, 2016, 2017 & 2018). in 2017 Dr. Hannawi Was Chosen As One of The Best 5 Physicians in The Federal Health institutes For The Prime Minister Medal.

Currently Dr. Hannawi Is The Chairman of The Rheumatology Committee of Mohap, Deputy Chair of The Central Research Ethic Committee (REC) of The MOHAP, Chairman of Dubai Health District Rec, and A Representative of The United Arab Emirates in The Gulf Cooperation Countries (GCC) Medical Research Committee.

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Prevalence of Obesity Among Adults in Ras Al Khaimah, United Arab Emirates

Dr Ramasamy Kalavathy¹, Dr. Sumaya Ahmed Al-araj Al-shehhi¹, Dr. Syed Arman Rabbani²
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Background: There is an increasing prevalence of obesity globally which is associated with non communicable diseases. This trend continues even in UAE due to which we decided to focus on determining the prevalence of obesity among adults in RAK, UAE.

Methods: This was a retrospective observational study done in adults between the age group of ≥ 18 to 77 years using convenience sampling technique in 544 subjects. Anthropometric, biochemical, clinical and demographic data was collected by direct interview for four consecutive years, i.e. From 2013 to 2016. Body mass index (BMI) was analyzed to classify individuals as overweight (BMI 25.0 - 29.9 kg/m²), obese grade i (BMI 30.0 - 34.9 kg/m²), obese grade ii (BMI 35.0 - 39.9 kg/m²) and obese grade iii (BMI ≥ 40.0 kg/m²).

Results: Data was obtained from 544 subjects and considered for analysis. Our results showed 67.6% of Rak population is either overweight or obese. The prevalence of overweight is 36.2% followed by obesity prevalence of 31.4% of which 22.8% were categorized as grade i obese, 5.5% grade ii obese and 3.1% grade iii obese. Males have higher obesity prevalence of 73.8% compared to 26.2% females in obese grade i category whereas the prevalence was 76.7% in males compared to 23.3% females in obese grade ii category. In case of grade iii obesity 64.7% were males 35.3% were females.

Conclusions: The results derived from our study shows that obesity and overweight are widespread among Ras Al Khaimah population with the obesity prevalence of 31.4%. Hence, policy makers should focus on preparing national nutritional strategies and implement protocols to overcome this burden by giving practical solutions.
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SUBMISSION # 20

SUBMISSION CATEGORY
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ABSTRACT ID
URF2018-A-1011

ABSTRACT DETAILS
Physicians with Higher BMI Contribute to Increased Bias in Obesity Management of their Patients

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ABSTRACT
Background: Obesity is becoming a worldwide problem. The arab world, and particularly the middle east, has witnessed a recent dramatic rise in obesity and obesity-related diseases. Yet, little is known about physician attitudes toward or management of obesity in this region of the world.

The purpose of this study is to explore physician perceptions and attitudes toward obesity in the United Arab Emirates.

Methods: A Cross-sectional, Self-administered Anonymous Survey of Primary Care Physicians was performed between December 2015 and January 2017 at academic medical centers in the UAE.

Results: A total of 573 of 698 physicians (82% response rate) completed the survey.

Thirty-seven percent of respondents met body mass index (BMI) criteria for overweight and 12% for obesity. Physicians had sufficient knowledge but lacked training in obesity management.

Physician subspecialty impacted knowledge with internal medicine physicians showing better Obesity Knowledge (Chi-square 392, Df 210, P = 0.00). There was no significant relationship between knowledge and attitudes with physician age, gender, or nationality. Attitudinal responses toward obesity management were generally positive. However, there was an inverse correlation between Physician BMI and Positive Attitudes Toward Obesity Management (Chi-square 1551, Df 323, p = 0.00).

Conclusions: Although, our study did not find significant weight bias, negative attitudes were directly correlated with physician bmi, and a significant concern as half of the physicians surveyed reported Bmis consistent with overweight and obesity.
MAIN AUTHOR DETAILS

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ABSTRACT DETAILS

Effect of Intradialytic-Aerobic Exercise on Clinical Outcomes of Hemodialysis Patients in the United Arab Emirates

Mirey Karavetian¹, Nada Salhab¹, Mona Alrukhaimi², Jeroen Kooman¹, Enrico Fiaccadori³, Harith Aljubori⁴, Rana Rizk¹
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ABSTRACT

Background: Intradialytic exercise (IDE) is still not a routine practice in hemodialysis (HD) units. This study examines the effect of aerobic IDE on HD patients’ clinical outcomes and the barriers to physical activity in the United Arab Emirates (UAE).

Methods: The largest HD unit in Sharjah Emirate was chosen; ethical approval was received from Zayed University and Ministry of Health’s ethical committees. Patients were their own controls, and study parameters were collected at baseline, post-intervention and at follow-up (3 months post-intervention). Inclusion criteria were: Stable HD patient ≥ 18 years, dialyzing 3 times per week, cognitively aware, able to sign a consent form and received a clearance from nephrologist to enter the study.

The intervention included a low intensity aerobic IDE of 45 minutes per HD session, tailored to each patient’s fitness scale ( Borg scale) for 6 months. Patients were educated on the importance of exercise, its effect on quality of life and efficacy of dialysis. Main outcomes measures were serum phosphorus (p), urea reduction ratio (URR), malnutrition inflammation score (MIS), barriers to exercise and quality of life.

Results: 41 patients were included in the study. At 6 months, drop out rate was ¼, and at follow-up, 1 patient transferred. Results at follow-up showed a decrease in p (p=0.06) in patients who were hyperphosphatemic at baseline. IDE resulted in a non-significant increased in URR (p=0.47). MIS remained stable in normo- and hyperphosphatemic patients (p=0.97 and p=0.16, respectively). Five patients had no barriers to exercise at follow-up, a category that was non-existent at baseline. Furthermore, the QOL visual analogue scale increased (p=0.34).
Conclusions: This is the first trial in the UAE to introduce IDE. Aerobic IDE for 45 minutes is safe and could be beneficial especially for hyperphosphatemic patients.

**UPLOAD ABSTRACT (COPY PASTE TO BROWSER)**


**MAIN AUTHOR DETAILS**

**Biography:** M Karavetian Earned Her PhD in “health Promotion” From Maastricht University, Netherlands; and Her Dietetics Degree From American University of Beirut, Lebanon.

She Has Extensive Experience in Nutrition Management of The Chronically and Critically Ill Patients; She Shares Her Experience in Conferences and Workshops Locally and Regionally in The Aim of Training Health Care Professionals For Better Health Care. She Also Is Trained and Specialized in Health Care Quality Management.


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# Abstract Details

**A Study To Evaluate Gingival Blood As A Screening Tool For Blood Glucose Concentration**

Asmaa Khaleifah Alhmoudi

1 Ministry of Health and Prevention

## Abstract

**Background:** The prevalence of type 2 diabetes mellitus (DM) in emirati nationals is amongst the highest in the world. Recent national guidelines advise screening of all adults aged 30, to identify undiagnosed diabetics. In this study we assess the feasibility and accuracy of identifying undiagnosed diabetes and prediabetes by testing gingival crevicular blood during dental visits.

**Methods:** Observational cross-section study of 40 adults (30-70 years). Twenty healthy controls with no relevant medical history (group i) and twenty known diabetics (group ii) were recruited from the periodontics department, dubai dental clinic. All were diagnosed with chronic moderate to severe periodontitis. After obtaining consent, gingival crevicular blood, obtained during routine periodontal examination was analyzed by accu-chek performa self-monitoring device measuring blood glucose concentration and the patients underwent capillary figure blood glucose concentration measurement with the same device. Diurnal effects were controlled.

**Results:** There was a strong correlation between mean blood glucose from finger capillaries and gingiva (0.996; p<0.001) within each group. This correlation had a strong linear relationship regardless of gender, age, periodontal diagnosis (moderate or severe) and duration of diabetes within this sample. Diabetes duration was highly predictive for gingival crevicular blood glucose concentration (p<0.001). Within group i, 5 of the 20 patients were identified as pre-diabetic with a blood glucose concentration above 140 mg/dl. They were referred to dubai diabetes center for further investigation to confirm their pre-diabetic status. In group i, 13 (65%) had chronic moderate periodontitis while 7 (35%) had chronic severe periodontitis. In group ii, 11(55%) had chronic moderate periodontitis and 9 (45%) chronic severe periodontitis.

**Conclusions:** This study shows the potential of gingival crevicular blood as a simple, intra-oral, screening tool in identifying undiagnosed diabetes and prediabetes and its acceptance could lead to the screening of all dentals patients with bleeding on probing.
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Evaluating the Risk Factors that Link Obesity and Dental Caries in 11–17year Old School Going Children in the United Arab Emirates.

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Abstract

Background: The objective is to study the effect of obesity on dental caries among schoolchildren in Sharjah, United Arab Emirates.

Methods: The sample comprised 803, 11–17-year-old schoolchildren. The study was in the form of a randomized cross-sectional manner. Method used was two questioners. The first assessed socioeconomic and general health and the second detailed their demographic, oral hygiene, and dietary habits. Dental examination included dental caries assessment using the World Health Organization 1997 criteria and gingival health valuation. Clinical examination consisted of height, weight, and body mass index (BMI). Data analysis was done by descriptive, univariate, and multiple regressions.

Results: In this sample, 75% had dental caries and the mean decayed, missing, and filled teeth (DMFT) was 3.19 (standard deviation: 2.9). Obesity was seen in 15% of the adolescents and the mean BMI was 21. The link between DMFT and BMI, when evaluated using univariate analysis, showed a significant correlation (r = 0.097, p = 0.006), indicating that the rise in BMI by 10 points resulted in an increase in DMFT by 0.57. However, in the multivariate analysis, a significant relationship was observed only between father’s education (p < 0.001), adolescent’s age (p < 0.001), gender (p = 0.008), ethnicity (p = 0.001), and soft drink consumption with DMFT while BMI showed a significant association with age (p < 0.001), school fees (p = 0.005), obesity in family (p < 0.001), and soft drink consumption (p < 0.001).
Conclusions: Obesity and dental caries were not significantly associated. The most important predictor for obesity and dental caries was soft drink consumption

**UPLOADED ABSTRACT (COPY PASTE TO BROWSER)**

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**Biography:** Dr. foroogh Consultant Paediatric Dentist in Ministry of Health and Preventive Since 2000 Until Date, Qualified with A Bachelor’s Degree in Dental Surgery From Charls University in 1998. From 1998 - 2003 Joined Ministry of Health. in 2003, Dr. al-khadhri Joined University of Queen Mary in London For Her Post Graduate Study in Master of Clinical Dentistry in Paediatric Dentistry. During This Time, She Worked in The Royal London Hospital. in 2006, She Carried On with Her Phd in Paediatric Dentistry in University of Queen Mary in London. in 2010, She Successfully Completed Her Phd, Mean While She Was Titled Adjunct Assistant Professor in Dental Collage of University of Sharjah and Adjunct Lecturer in The Bart’s University in London., Where She Holed Multiple Positions and Being A Head Member in Different Committees in Both Government and Private Sector. Furthermore

She Is A Member of international Paediatric Association and Board Member of Emirate Paediatric Society-ema

Dr. Al-khadhri, She Has Conducted Multiple Studies and Research in The Field of Paediatric Dentistry. in Addition To Being A Speaker in Many Educational Gatherings and National and international Conferences. She Obtained Multiple Academic and Clinical Excellence Awards.


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Background: Scholarly activity during residency is very important; however, it is faced by multiple barriers. This study was conducted to study family medicine resident’s/graduates’ attitudes and perceived barriers toward research activity during residency at oman medical specialty board.

Methods: A cross-sectional survey was conducted by self-administered questionnaire on all family medicine residents of all years (four years) and graduated residents of the last three years, testing their attitudes and barriers toward research activity.

Results: In general, the residents and graduates had positive attitude toward scholar activity. Lack of time (87%), lack of research curriculum (77%), lack of research skills (76%), and lack of mentor support (60%) are the most common barriers perceived by the residents and graduates. On the other hand, when asked about the factors that might influence the scholarly activity, the majority of residents and graduates agreed that providing time for research (86%), conducting journal club (85%), and mentor encouragement (86%) are the commonest factors.

Conclusions: Family medicine residents have positive attitudes toward scholarly activity. But their scholarly work is faced by multiple barriers like lack of time and supervision. However, suggested facilitators might help to overcome these barriers and improve scholarly activity and research outcome among family medicine residents.
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Missed Hemodialysis Treatments: International Variation, Predictors, and Outcomes in the Dialysis Outcomes and Practice Patterns Study (DOPPS)

Issa Al Salmi
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Background: Missed hemodialysis (HD) treatments not due to hospitalization have been associated with poor clinical outcomes and related in part to treatment nonadherence. Using data from the dialysis outcomes and practice patterns study (DOPPS) phase 5 (2012-2015), we report findings from an international investigation of missed treatments among patients prescribed thrice-weekly HD.

Methods: Prospective observational study. A total of 8,501 patients participating in dopps, on hd therapy for more than 120 days, from 20 countries. Longitudinal and cross-sectional analyses were performed based on the 4,493 patients from countries in which 4-month missed treatment risk was > 5%.

The main predictor of patient outcomes was 1 or more missed treatments in the 4 months before dopps phase 5 enrollment; predictors of missed treatments included country, patient characteristics, and clinical factors.

The main outcomes were mortality, hospitalization, laboratory measures, patient-reported outcomes, and 4-month missed treatment risk.

Outcomes were assessed using cox proportional hazards, logistic, and linear regression, adjusting for case-mix and country.

Results: Results:

The 4-month missed treatment risk varied more than 50-fold across all 20 DOPPS countries, ranging from < 1% in Italy and Japan to 24% in the United States. Missed treatments were more likely with younger age, less time on dialysis therapy, shorter HD treatment time, lower k_t/V, longer travel time to HD centers, and more symptoms of depression. Missed treatments were positively associated with all-cause mortality (HR, 1.68; 95% CI, 1.37-2.05), cardiovascular mortality, sudden
death/cardiac arrest, hospitalization, serum phosphorus level > 5.5mg/dl, parathyroid hormone level > 300pg/ml, hemoglobin level < 10g/dl, higher kidney disease burden, and worse general and mental health.

Limitations that are possible include residual confounding; temporal ambiguity in the cross-sectional analyses.

Conclusions: In the countries with a 4-month missed treatment risk > 5%, hd patients were more likely to die, be hospitalized, and have poorer patient-reported outcomes and laboratory measures when 1 or more missed treatments occurred in a 4-month period. The large variation in missed treatments across 20 nations suggests that their occurrence is potentially modifiable, especially in the united states and other countries in which missed treatment risk is high.

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• Certificate of Achievement (advance Trainee Certificate in Clinical Nephrology): Australia, 2003
• PhD, The University of Queensland, Australia, 2008
• Master of international Public Health (high Distinction Health Development, Health System and Health Organization)), The University of Queensland, Australia, 2009
• FASN, The American Society of Nephrology, USA, 2012

Other Certificates

• Remediation, Probation and Mentoring Workshop, March 13th, 2018 At Al Razi Hall, Omsb Building in Al Azaiba, Muscat.
Examination Development Workshop By Maastricht University From 30th October To 1st November 2016: Item Reviewing with Applied Psychometrics, Item Writing, Blue Printing and Current Status, Blue Printing and Adjustment and Standard Setting.


Student Assessment Workshop; College of Medicine and Health Sciences, Muscat, Sultanate of Oman, 11-13 February 2012.

Critical Appraisal Advanced Workshop with Statistics, 19-20 October, Dubai, UAE

The Royal College of Physician: Oman Evidence Translation and Utilisation Project Evidence-healthcare Workshop, 17-18 Oct 2011

Certificate Course in Health Professional Education. College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Sultanate of Oman, 8-10 February 2011.

Train The Trainers Workshop. On Workplace Based Assessment, Supporting The Trainee & Teaching Skills, Sultan Qaboos University, 15-16 December 2010

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Senior Consultant Renal Medicine Physician: The Royal Hospital Since July 2010 To Date

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Chairman of The Committee On The Development of Treatment Services For Kidney Disease in The Sultanate of Oman: Moh, Muscat, Oman

Current Committee Membership of The Isn-ync Mentoring Program

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• President of Oman Renal Failure Patients Association; February 2012
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**SUBMISSION # 30**

**SUBMISSION CATEGORY**
NEPHROLOGY

**ABSTRACT ID**
URF2018-A-1001

**ABSTRACT DETAILS**

**Low Birthweight Predisposed to Higher Rates of Kidney Disease in Adult Life**

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**ABSTRACT**

Background: To examine the relationship of birthweight, and prematurity, to risk factors and markers for chronic kidney disease (CKD) in postnatal life.

Methods: The AusDiab study is a cross-sectional study where baseline data on 11,247 participants, aged ≥ 25 years, were collected in 1999-2000. During the 2004-05 follow-up AusDiab survey, questions about birthweight were included.

Also, we approached four hundred and twelve ckd patients, and 339 agreed to participate in the study. The patients filled the same questionnaire. Medical records were reviewed to check the diagnoses, causes of kidney trouble and sCr levels. Two control subjects, matched for gender and age, were selected for each CKD patient from participants in the AusDiab study who reported their birthweight.

Also, we studied children and teenage subjects of a cohort, of VLBW due to prematurity. This cohort and a control group were enrolled in our study. Data were collected from participants, their medical records and clinical examination and laboratory investigations.

Results: Among 7,157 ausdiab participants who responded to the questionnaire, 4,502 reported their birthweights, with a mean (SD) of 3.4 (0.7) kg.

GFR was strongly and positively associated with birth weight, with a predicted increase of 2.6 ml/min (CI 2.1, 3.2) and 3.8 (3.0, 4.5) for each kg of birthweight for females and males, respectively. The or (CI) for low GFR (<61.0 ml/min for females and < 87.4 males) in people of LBW compared with those of NBW was 2.04 (1.45, 2.88) for females and 3.4 (2.11, 5.36) for males.

189 chronic kidney disease (CKD) patients reported their birthweight; 106 were male. Their age was 60.3(15) years. Their birthweight was 3.27 (0.62) kg, vs 3.46 (0.6) kg for their AusDiab controls, p<0.001 and the proportions with birthweight<2.5 kg were 12.17% and 4.44%, p<0.001. Among CKD
patients, 22.8%, 21.7%, 18% and 37.6% were in CKD stages 2, 3, 4 and 5 respectively. Birthweights by CKD stage and their AusDiab controls were as follows: 3.38 (0.52) vs 3.49 (0.52), p=0.251 for CKD2; 3.28 (0.54) vs 3.44 (0.54), p=0.121 for CKD3; 3.19 (0.72) vs 3.43 (0.56), p= 0.112 for CKD4 and 3.09 (0.65) vs 3.47 (0.67), p=<0.001 for CKD5.

37 premature children (17 girls) of premature cohort children and 23 full-term children (9 girls) consented for clinical examination, urine, blood and ultrasound examinations of their children. Kidney volume was calculated using the ellipsoid formula: Volume (ml) = [length x width (depth1+depth2)/2)] x 0.523. The gestational age for the preterm cohort was 26.7 (2.6) and ranged from 23 to 35 weeks. Their birthweight was 867 (248) grams vs. 3433 (285) for full-term babies. The age of premature children was 12.1(3.8) years vs. 11.5 (3.5) years for full-term children. Children born prematurely had lower lower kidney volumes (99.7 ml (89.3, 110) vs. 131 (111, 151), p=0.01 and lower gfr (87.0 (78.5, 113) vs. 113 (99.1, 128), p<0.001. Kidney volume correlated well with GFR (0.83).

Conclusions: In an affluent country with a good adult health profile, lbw people were predisposed to higher rates of lower GFR in adult life. In addition, the more advanced the CKD stages, the lower the birthweights.

Thus lower birthweights appear to predispose to CKD, and to its progression. Among possible explanations is the documented association between birthweight and nephron number.

Children born prematurely had smaller kidney volume and lower GFR. Their smaller kidneys may indirectly reflect small functioning kidney units, which, in addition to the hostile extra-uterine environment, might predispose this population to a high risk for kidney dysfunction in the long term.

in all instances it would be prudent to adopt policies of intensified whole of life surveillance of lower birthweight people, anticipating this risk. The general public awareness of the effect of lbw on development of chronic diseases in later life is of vital importance. The general public, in addition to the awareness of people in the medical practice of the role of LBW, will set a trend towards a better management of this group of our population that is increasingly surviving into adulthood.

**UPLOADED ABSTRACT (COPY PASTE TO BROWSER)**


**MAIN AUTHOR DETAILS**

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Qualifications:

- Scottish Higher Secondary School, Ayr College, Scotland, UK 1987
- BA, MB, BCH, BAO, Trinity College, University of Dublin, Ireland 1993
- MRCP (UK), and FRCP, The Royal College of Physician of Edinburgh 1999, 2010 and Fellowship of The Royal College of Physician of Ireland
- PhD, The University of Queensland, Australia, 2008
- Master of international Public Health (high Distinction Health Development, Health System and Health Organization)), The University of Queensland, Australia, 2009
- FASN, The American Society of Nephrology, USA, 2012

Other Certificates

- Remediation, Probation and Mentoring Workshop, March 13th, 2018 At Al Razi Hall, Omsb Building in Al Azaiba, Muscat.
- Examination Development Workshop By Maastricht University From 30th October To 1st November 2016: Item Reviewing with Applied Psychometrics, Item Writing, Blue Printing and Current Status, Blue Printing and Adjustment and Standard Setting.
- Student Assessment Workshop; College of Medicine and Health Sciences, Muscat, Sultanate of Oman, 11-13 February 2012.
- Critical Appraisal Advanced Workshop with Statistics, 19-20 October, Dubai, UAE
- The Royal College of Physician: Oman Evidence Translation and Utilisation Project Evidence-healthcare Workshop, 17-18 Oct 2011
- Certificate Course in Health Professional Education. College of Medicine and Health Sciences, Sultan Qaboos University, Muscat, Sultanate of Oman, 8-10 February 2011.
- Train The Trainers Workshop. On Workplace Based Assessment, Supporting The Trainee & Teaching Skills, Sultan Qaboos University, 15-16 December 2010

Current Positions:

- Head of OMSB Renal Medicine Fellowship Program
• Head of Research Committee of internal Medicine Program, Oman Medical Speciality Board
• Associate Professor of Medicine, Sharjah University, UAE
• Senior Consultant Renal Medicine Physician: The Royal Hospital Since July 2010 To Date
• Chairperson For The Medical Ethics and Research Committee, The Royal Hospital Since January 2014 To Date.
• Chairman of The Committee On The Development of Treatment Services For Kidney Disease in The Sultanate of Oman: Moh, Muscat, Oman
• Current Committee Membership of The Isn-ync Mentoring Program
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• Host Examiner For Royal College of Physician of Uk For Clinical Examination (paces)
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• President of Oman Renal Failure Patients Association; February 2012
• Member of The Committee of Organ Transplantation Centre For The New Medical City, Moh, Muscat, Oman
• Oman Representative At The Gcc Cooperation Council For Organ Transplantation
• Member of The Committee of Human Right and Organ Trafficking and Human Organ Harvesting, Muscat, Oman
• Vice President and Board Member of Oman Diabetic Centre, Muscat, Oman

**Biography link (COPY PASTE TO BROWSER):** https://submit.medgress.com/wp-content/uploads/gravity_forms/75-ec66416ae75b59912c108e7d9ef4af96/2018/11/issa-cv-July-20181.docx

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CHOOSE CATEGORY
MICROBIOLOGY

ABSTRACT ID
URF2018-A-1043

ABSTRACT DETAILS
Study of bacterial pathogens and their antibiogram from Neonatal Intensive Care Unit Subjects

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ABSTRACT
Background: Bacterial Infection is a major cause of morbidity and mortality in newborns admitted to NICU. Emergence of resistant bacteria is a major problem in the management of infections. The changing sensitivity profile of bacteria warrants need for review of the causative pathogens and their antibiograms.

Aim and Objectives:
1. To identify the most common organisms isolated from subjects admitted to NICU
2. To review their antibiotic sensitivity profile to improve decisions related to antibiotic therapy

Methods: Using retrospective analysis, prevalence of bacterial pathogens in blood, urine, throat samples from NICU at Saqar hospital (2016 -2018) was performed. Bacterial isolates were identified and antibiograms were generated using automated Biomerieux (VITEK-2) system at Saqar hospital.

Results: Out of a total 66 isolates, (69.7%) yielded gram-negative bacteria, belonging to Enterobacteriaceae and include E.coli (41.3%). Klebsiella pneumoniae (34.7%) and Serratia marcescens (10.8%). Correspondingly, amongst the gram-positive (30.3%) were identified as cocci, the most frequently isolated bacteria was Staphylococcus aureus (55%).

Among the gram-negative, most isolates revealed high resistance to Ampicillin (52%), and 3rd generation Cephalosporins (63%). Most of the isolates were susceptible to carbapenems (97.8%), Tazocin (82.6%), fluoroquinolones (76%), gentamicin (61%), cefepime (52%) and cotrimoxazole (63%). On the other hand, majority of the gram-positive cocci were sensitive to Vancomycin (100%),
Penicillin (70%), Fluoroquinolones (80%) and clindamycin (65%). In addition, most staphylococci were sensitive to oxacillin and only two isolates were identified as MRSA.

Antibiogram of Klebsiella pneumoniae isolated in 2016 was compared to K.pneumoniae isolates in 2017-2018 to observe antibiotic resistance trends over time period of 2-3 years

Conclusions: E.coli, klebsiella pneumoniae and Staphylococcus aureus remain the principal organisms isolated from NICU at Saqar hospital. The most sensitive among the tested antibiotics for gram-negative organisms were carbapenems, Tazocin and fluoroquinolones and most sensitive antibiotics among gram-positive organisms were Vancomycin, penicillin and fluoroquinolones

The increase in the sensitivity of klebsiella pneumoniae to Amoxi-Clav, 3rd and 4th generation Cephalosporins, Ciprofloxacin, Gentamicin, Tazocin and Cotrimoxazole from 2016 to 2018 gives an evidence that NICU at Saqar hospital is adopting a policy of exchanging antibiotic regimens over a period of time thereby causing reversal of antibiotic sensitivity.

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Main Author Details

Biography: Dr Hafiz Ahmad has extensive teaching and research experience in Medical and Molecular Microbiology. His past research focus has been on HIV/TB drug resistance and co-infections especially intestinal parasites. He has served as an Assistant professor of Microbiology at various Medical colleges and has been involved for over 10 years in MBBD/MD teaching programs in India and the U.A.E. He has contributed to over 30 scientific international publications, published over 20 abstracts with 2 book chapters and is a frequent invited speaker at various national & international scientific conferences.

He is a strong educational professional with a Doctor of Philosophy (Ph.D.) from the top ranked medical institute, All India Institute of Medical Sciences, New Delhi. He has also been awarded with the prestigious National Institute of Health (NIH) Fellowship in at Dr Margolis’ lab. in Bethesda, where he worked on HIV pathogenesis, ex-vivo 3D tissue culture and role of Herpes viruses on HIV transmission dynamic and HIV pathogenesis. Dr Hafiz has expertise in all types of PCR, DNA Sequencing, Flow cytometry, MALDI-TOF, Medical Devices, Molecular Biology and Biotechnology.

Dr Hafiz blends his academic experience as an Assistant Professor of Medical Microbiology with Clinical Microbiology. He is responsible for undergraduate medical teaching MBBS (Pre-clinical to a batch of 100 students) /BDS/Pharmacy/Nursing at RAK college of Medical Sciences under RAK Medical and Health Sciences University (RAKMHSU). Dr Hafiz also serves as adjunct
Microbiology consultant at RAK Hospital and is responsible for routine Microbiology testing and reporting service at RAK hospital, Ras al Khaimah, U.A.E

His research team conducts research broadly in Diagnostic Microbiology and infectious disease encompassing: Microbiome, Diabetes, Exosomal microRNA, HIV & Tuberculosis, Intestinal Parasitic infections, HIV Genotyping and HIV Drug resistance, HPV and oral cancer, HBV/HCV molecular epidemiology, Diagnostic Microbiology & Molecular Diagnostics of Sexually Transmitted Diseases, Antibiotic activity and screening of natural plant products, Microbial diversity etc. At RAKMHSU, he leads various undergraduate student research projects apart from his core research and setting up of the central research lab.

Dr Hafiz is the recipient of Hamdan award in 2016 for his outstanding work on liver disease at the 9th International conference of medical sciences by Sheikh Hamdan awards, Dubai for his research work entitled "Evaluation of Dried Blood Spot (DBS) as a method of sample collection for Hepatitis C Virus (HCV) RNA quantification”.

Dr Hafiz also serve as reviewer and editorial board member of several medical scientific journals; namely, Asian Council of Science editors, Journal of AIDS and HIV Research, HIV Advance Research and Development, Jacobs Journal of HIV/AIDS etc. He is an active member of RAKMHUS Continuing Medical Education (CME) Committee, Research and Ethics committee Member along with others

Presently, he is selected as member of the national UAE ASP (Antibiotic Stewardship program) committee and is a distinguished scientific committee member of Emirates Society for Clinical Microbiology (ESCM), Dr Hafiz brings along his vast experience of conference organizing and coordination along with techno-commercial scientific marketing experience from Abbott.

Above all, Dr Hafiz is a strong advocate of rural education and is keen on pursuing his philanthropic dream of working towards female education and empowerment at his rural hometown - Azamgarh, Uttar Pradesh, India.


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Antimicrobial Resistance in Clinical Isolates from Ras Al Khimah

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ABSTRACT

Background: Antibiotic resistance is a global issue that humanity has, and is still, suffering from for a long time. True, it has a multifactorial cause, but the fact that over prescribing antimicrobials as an essential factor leading to resistance is undeniable. Awareness programs aimed particularly at this behavior have been set for many years, which, although achieved good results, but did not provide the optimum expected outcome. As resistant microbes are still commonly encountered in clinical practice, it is important to reassess the current magnitude of the problem in order to be able to set plans of action.

Methods: Study type: Cross-sectional and retrospective. The study was conducted with help from Saqr Hospital, Ras Al Khaimah, UAE. Study period: One year –2017. Ethical clearance: Study approved by Institutional Ethical Clearance (2018). Bacterial isolation, identification and antibiotic susceptibility testing:

Both Gram positive and Gram-negative bacteria isolated from patient’s were included. Bacterial identification and antibiotic susceptibility testing (Minimum Inhibitory Concentration- MIC based) were performed using Vitek 2 (bioMérieux Inc., Durham, NC). Quality control (QC) procedures for Vitek panel preparation had included QC strains as recommended by Clinical & Laboratory Standards Institute (CLSI) guidelines for routine QC.

Results: A total of 893 bacterial isolates were cultured from various samples during 2017. Of 893, 597 were Gram-negative pathogens and 296 were Gram-positive pathogens. Among Gram-positive pathogens, Staphylococcus aureus, Streptococcus pneumoniae, Enterococcus faecalis and Streptococcus pyogenes were the prominent pathogens. Whereas, among Gram-negative
pathogens, Escherichia coli, Klebsiella pneumoniae and Pseudomonas aeruginosa were the most common pathogens.

In our study, the Gram-negative pathogens were largely resistant to ampicillin, ciprofloxacin, trimethoprim-sulphamethoxazole, 3rd generation cephalosporins, imipenem and meropenem. Whereas, the Gram-positive pathogens were mainly resistant to erythromycin, fluoroquinolones, and beta-lactam antibiotics.

Conclusions: Antimicrobial resistance is a major clinical problem. In certain clinical scenarios, limited or no treatment alternatives available to be effective against common infections. The mobile gene pools of bacterial pathogens regulate the epidemiology of existing antibiotic resistance. Enterobacteriaceae family pose a significant problem with ever escalating number of antibiotic resistant strains globally. Enterobacteriaceae are commonly resistant to aminoglycosides, fluoroquinolones and beta-lactams. Further, resistance to polymyxins has also been documented lately. Optimization of dosing of accessible antimicrobial agents and combination therapy happens to be the most suitable treatment approach. We need to know the right steps to slow down the resistance rate and increase the lifespan of available antibiotics. Further, global collaboration and persistent research is critically essential to find the most suitable treatment options.

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Research area of interest:

Infectious diseases Molecular Microbiology Antimicrobial resistance

Dr. Godfred A Menezes received his Master's in Medical Microbiology in 2003 at Kasturba Medical College, Manipal Academy of Higher Education (MAHE), Manipal, India. He received his PhD in Medical Microbiology at JIPMER, a Post-graduate Medical Institute of National Importance, Pondicherry, India in 2011. He has been a scientist at Erasmus MC, Rotterdam, The Netherlands. In 2018, he was promoted to Associate Professor in the Department of Medical Microbiology and Immunology at RAK College of Medical Sciences (RAKCOMS) RAKMHSU, Ras al Khaimah, UAE. He has worked in Ha'il University, Ha'il, Saudi Arabia as Assistant Professor & Scientist till 2016. He has worked as the In charge/ Scientist of Central Research Laboratory (CRL) and also as an Assistant Professor of Microbiology at Sree Balaji Medical College & Hospital, Chennai, India for 3 years. He has set up Central Research Laboratories in couple of Institutes. He has worked as Assistant Professor in the Department of Microbiology at SSR Medical College, Belle Rive Mauritius. He was as a Junior Research Fellow and Research Scholar
in the Institute of National Importance, JIPMER, Pondicherry, India. He has worked as a short-term research worker on nanoscience in the renowned Indian Institute of Science (IISc, Bangalore, India). He has been working extensively on molecular characterization of Enterobacteriaceae members, particularly extended and expanded spectrum beta-lactamase producing bacteria and fluoroquinolone resistant bacteria. He has been a faculty of several Medical Institutes and a Para-Medical Institute. He has more than 50 research publications in reputed journals to his credit with more than 800 citations and h-index of 15. He has a RG (Researchgate) score of 36.92. He is an editorial member of more than dozen journals. He has research grants from Department of Biotechnology – (DBT), New Delhi, Govt. of India and King Abdulaziz City for Science and Technology (KACST), Government of Saudi Arabia. He has received International travel grant from CSIR, ICMR, DBT and RAKMHSU, Ras al Khaimah, UAE. For Recognition for medical teaching and research activities- Marquis Who’s Who has printed his biography in 2011 to 2018 Edition of Who’s Who in the World, the world-renowned reference directory by the publisher of Who’s Who in America. (Marquis Who’s Who VIP Number is: 35535126). He is a recognized PhD guide for Medical Sciences, under Bharathiar University (State Govt.), India. He is a life member of Indian Association of Medical Microbiologists (IAMM) and Emirates Medical Association (Emirates Society of Clinical Microbiology- ESCM) and The International Association of Medical and Biomedical Researchers (IAMBR). He is a member of RAKMHSU REC and RAK REC (Ethical committee). He has organized International conference and workshop (ACRUS, 2018 and SAMR, 2018) in UAE.

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CHOOSE CATEGORY
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ABSTRACT ID
URF2018-A-1041

ABSTRACT DETAILS
The Effect of Over Use of Electronics Vision Device on Low Vision Among Girl School Student

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ABSTRACT
Background: Studies about prevalence of visual impairment in the Arabian population was very few, and surveys about the adverse effects of electronic screen viewing on visual impairment of children was less, and no survey done in UAE targeting this problem for school age group ,other studies done on adult, in my study my target was children who are the future for every society ,study on large governmental girl school at Dubai, age group form 5to 13 years old, grade from 1-5 , population for the school is 700 student , cross section study was done ,339 student are included in the study , E chart eye test done by me for student at school clinic ,to test visual acuity on addition to survey for student to evaluate screen timing ,how many hour daily and on the weekend they are in front of TV ,smartphone and tablet ,which digital signs accompanied by using digital device ,also around 208 parents responded by quick survey on line to measure screen time for them on daily basis, parents invited to share in that survey because they are role model for their children , their behavior in dealing with electronic affect their children , the result support the effect of electronic devise on students vision. 

Methods: Quantitative ,descriptive cross sectional study ,done at largest governmental girl elementary school at Dubai , ALsaada school , most of student are UAE nationality ,20% are other residents from Arab country and gulf region ,from grade 1-5,age group 5-13 years old,total number are700 students .Primary data collected through form, it was two parts questionnaire and vision assessments.

Students questionnaire was in three parts, section (A) was demographic data for student, including students name, grade, class, date of birth, and sex which was fixed female, section (B) vision
assessment, B1 if student wearing corrective lenses or not, B2 visual acuity with corrective lenses in both eyes, B3 visual acuity with uncorrected lenses, and reasons for not taking visual acuity, section (C) questions about frequency of using TV, computers, smart phone and tablet, the answer was from five always, usually, sometimes, rarely, and never, and second question how often students using the previous electronic devise daily and on the weekend from never to more than 4 hours, the fourth question about the most sign student had after using electronic devise including headache, eye pain, itching, tearing, and blurred vision, the questionnaire was filled by school nurse after taking approval from students and parents, and explained in easy way to students, interview and vision test was done one by one by arrangement with school administration.

Assessment of visual acuity done by school nurse (ME), at school clinic, the vision test is explained for the students, purpose and how to apply, E chart from the distance of six meter, the student read the chart in both eyes, by covering left eye, and read with right eye, then right eye is covered and student read with left eye, result recorded on the student form, in both eyes, also vision acuity is recorded with glasses for students who had, reading 6/6 is normal vision, 6/9, 6/12, 6/24, 6/36, 6/60 are abnormal vision and need referral for more screening according to procedure manual of school health (Ministry of Health), students who couldn’t read the E chart from first time, had other chance for assessment of vision.

The form were accepted by the adviser, and piloting done for 20 students from different grades to assess if the question is easy and understandable from students, to assess validity.

Parent’s survey was designed in both language Arabic and English with cover letter about study, one question to measure how many hours parents spent on electronic devise, the answers rating from 2 hours to more than 8 hours, the link of quick survey sent to all parents through parents group on what’s up and telegram, to be easy access for parents, and one question to be easy and enhance more response rate.

Variables recruited are dependent variable which is vision testing in both eyes, independent variables are age, sex, grade, how many hours student spent on TV, tablets, smart, phone.

Results: Low vision is important public health problem, this is first survey done at UAE to examine the impact of electronic devise among school children on vision and prevalence, the prevalence in RT eye 45.4% and left eye was 47.2%, and uncorrected visual acuity 35.1% in right eye and 36.9 in the left eye, children wearing glasses 35.1%, its near Result in study about prevalence in Dubai 2016 were prevalence of refractive error, was 38.9% [9], its more than the study on Saudi Arabia were prevalence was 13.7%, [10] and other study in Saudi Arabia were prevalence in right eye 34.9% with and without glasses.

In this study screen time for one hour 41.3%, two-three hours 31.6%, three-four hours 10%, its same as study on Qatar where screen time for three hours and more was 46%, [13], and survey on UAE, Turkey, and Saudi Arabia about screen time its above recommended time four hours and half [26], and other survey on Abu Dhabi screen time were 3 hours on the internet [25], and survey on
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Survey on Hong Kong showed that 50% of students had unclear vision and eye strains [21], and study on Ajman showed that 53.3% had headache and burning sensation, and 54.8% had tired eyes due to effect of computer [12], study on Egypt showed that uses of electronic devise had effect on vision and cause itchy eyes [15], study on impact of computer on children supported that computer had effect on vision and common signs occur which are headache and double vision [16][17], in my study students who had headache 9.7%, 13.9% had eye pain, blurred vision 1.8%, itchy and watery eyes 5.6%, in which percentage is less than the previous studies.

Study on Qatar confirm that strong relationship between internet and TV viewer and low vision [14], in comparison to my study that support relationship between low vision and over use of electronic devise.

Conclusions: Low vision is important public health problem, this is first survey done at UAE to examine the impact of electronic devise among school children on vision and prevalence, the prevalence in RT eye 45.4% and left eye was 47.2%, and uncorrected visual acuity 35.1% in right eye and 36.9 in the left eye, children wearing glasses 35.1%, its near Result in study about prevalence in Dubai 2016 were prevalence of refractive error, was 38.9% [9], its more than the study on Saudi Arabia where prevalence was 13.7% [10] and other study in Saudi Arabia where prevalence in right eye 34.9% with and without glasses.

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Survey on Hong Kong showed that 50% of students had unclear vision and eye strains [21], and study on Ajman showed that 53.3% had headache and burning sensation, and 54.8% had tired eyes due to effect of computer [12], study on Egypt showed that uses of electronic devise had effect on vision and cause itchy eyes [15], study on impact of computer on children supported that computer had effect on vision and common signs occur which are headache and double vision [16][17], in my study students who had headache 9.7%, 13.9% had eye pain, blurred vision 1.8%, itchy and watery eyes 5.6%, in which percentage is less than the previous studies.

Study on Qatar confirm that strong relationship between internet and TV viewer and low vision [14], in comparison to my study that support relationship between low vision and over use of electronic devise.

conclusion; The study finding revealed that electronic vision devise had an effect on vision, over use of electronic devise lead to digital signs including eye pains 13.9%, headache 5.6%, blurred
vision a, itchy and watery eyes, prevalence of low vision is high among girl students, and screen
time is above the recommended time for children which was three hours and more, health
education program needed to raise awareness about prevention and control measures of using
electronic devise as it become an integral part in our life.

UPLOADED ABSTRACT (COPY PASTE TO BROWSER)


MAIN AUTHOR DETAILS

Biography: Hedaya M.A.Kullab was born in Palestine, had a high diploma of nursing from Gaza college of nursing (1998), BS of nursing from Palestine college of nursing (2000), training and working as a therapist in Gaza community mental health program, due to the challenging environment and need for health professional to work in community mental health, especially with high rate of post-trauma stress syndrome and other psychiatric disorder, its my passion to work in this field, then travel and work at MOHAP at school setting as school health nurse, at different governmental school at Dubai, my latest achievement is getting master in health care management from Swiss business school, I am looking forward Ph.D. IN RESEARCH.


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Abstract Details

Evaluation of synergistic activity of lactoferrin with antibiotics against drug resistant bacterial pathogens

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Abstract

Background: The Multidrug-resistant (MDR) bacterial infections have escalated as one of the world’s utmost health issues. The progress of novel antibiotics has declined over the last half century. The aim of this study was to determine the effect of lactoferrin (human, bovine and camel) on minimum inhibitory concentrations (MICs) of important antibiotics in use against drug resistant bacterial pathogens encountered in the region of Ha’il, Kingdom of Saudi Arabia (KSA).

Methods: The methods employed were MALDI-TOF for identification, Microscan Walkaway system for Identification, susceptibility testing and LF synergism testing. PCR-Sanger sequencing was done (before and after exposure to LF synergism) to study the molecular biology aspects of the study.

Results: Totally 147 clinical bacterial isolates were successfully isolated [Pathogens included were: Methicillin resistant Staphylococcus aureus (MRSA)- 30 isolates. b. Methicillin resistant Coagulase negative Staphylococcus- 30 isolates. c. Extended- spectrum beta-lactamase (ESBL) producing Enterobacteriaceae- 40 isolates. d. Fluoroquinolone resistant Gram negative pathogens- 30 isolates. e. Multidrug resistant Pseudomonas species- 05 isolates. f. Carbapenem resistant Gram negative pathogens- 05 isolates. g. AmpC beta-lactamase producing Gram negative pathogens- 05 isolates. h. Vancomycin resistant Enterococci (VRE)- 02 isolates].

Conclusions: In our study, the reproducible synergism effect of LF with antibiotics were found to be remarkable. To specify the phenotypic effects of LF in synergism with antibiotics: the isolates
producing ESBL had turned non-ESBL; quinolone resistant isolates had turned susceptible; MRSA had turned MSSA (Methicillin susceptible) and VRE had turned susceptible. The molecular biological study suggests changes only in the gene expression after the exposure to LF compounds. The results of this study demonstrated similar effect with comparable results for the LF tested from 3 different sources (human, bovine and camel). The outcome knowledge of the study would certainly help the Ministry of Health (MOH) in planning the LF adjuvant treatment methods for locally faced drug resistant pathogens causing different infections.

UploadeD AbstrAcT (COpY PASE to Br OwsEr)

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Research area of interest:

Infectious diseases, Molecular Microbiology, Antimicrobial resistance

Dr. Godfred A Menezes received his Master’s in Medical Microbiology in 2003 at Kasturba Medical College, Manipal Academy of Higher Education (MAHE), Manipal, India. He received his PhD in Medical Microbiology at JIPMER, a Post-graduate Medical Institute of National Importance, Pondicherry, India in 2011. He has been a scientist at Erasmus MC, Rotterdam, The Netherlands. In 2018, he was promoted to Associate Professor in the Department of Medical Microbiology and Immunology at RAK College of Medical Sciences (RAKCOMS) RAKMHSU, Ras al Khaimah, UAE. He has worked in Ha’il University, Ha’il, Saudi Arabia as Assistant Professor & Scientist till 2016. He has worked as the In charge/ Scientist of Central Research Laboratory (CRL) and also as an Assistant Professor of Microbiology at Sree Balaji Medical College & Hospital, Chennai, India for 3 years. He has set up Central Research Laboratories in couple of Institutes. He has worked as Assistant Professor in the Department of Microbiology at SSR Medical College, Belle Rive Mauritius. He was as a Junior Research Fellow and Research Scholar in the Institute of National Importance, JIPMER, Pondicherry, India. He has worked as a short-term research worker on nanoscience in the renowned Indian Institute of Science (IISc, Bangalore, India). He has been working extensively on molecular characterization of Enterobacteriaceae members, particularly extended and expanded spectrum beta-lactamase producing bacteria and fluoroquinolone resistant bacteria. He has been a faculty of several Medical Institutes and a Para-Medical Institute. He has more than 50 research publications in reputed journals to his credit with more than 800 citations and h-index of 15. He has a RG (Researchgate) score of 36.92. He is an editorial member of more than dozen journals. He has research grants from Department of Biotechnology – (DBT), New Delhi, Govt. of India and King Abdulaziz City for Science and Technology (KACST), Government of Saudi Arabia. He has received International travel grant from CSIR, ICMR, DBT and RAKMHSU, Ras al Khaimah, UAE.
For Recognition for medical teaching and research activities- Marquis Who’s Who has printed his biography in 2011 to 2018 Edition of Who’s Who in the World, the world-renowned reference directory by the publisher of Who's Who in America. (Marquis Who's Who VIP Number is: 35535126). He is a recognized PhD guide for Medical Sciences, under Bharathiar University (State Govt.), India. He is a life member of Indian Association of Medical Microbiologists (IAMM) and Emirates Medical Association (Emirates Society of Clinical Microbiology- ESCM) and The International Association of Medical and Biomedical Researchers (IAMBR). He is a member of RAKMHSU REC and RAK REC (Ethical committee). He has organized International conference and workshop (ACRUS, 2018 and SAMR, 2018) in UAE.

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Is intra-bladder pressure measurement a reliable indicator for raised intra-abdominal pressure? A prospective comparative study

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Background: Intra-abdominal pressure (IAP) can be measured by several indirect methods; however, the urinary bladder is largely preferred. The aim of this study was to compare intra-bladder pressure (IBP) at different levels of IAPs and assess its reliability as an indirect method for IAP measurement.

Methods: We compared IBP with IAP in twenty-one patients undergoing laparoscopic cholecystectomy under general anesthesia. Measurements were recorded at increasing levels of insufflation pressures to approximately 22 mmHg. Pearson’s correlation coefficient was calculated to establish the relationship between the two pressure measurements and Bland-Altman analysis was used to assess the limits of agreement between the two methods of measurements.

Results: The urinary bladder pressures reflected well the pressures in the abdominal cavity. Pearson correlation coefficient showed a good correlation between the two measurement techniques (r = 0.966, p < 0.0001) and Bland-Altman analysis indicated that the 95% limits of agreement between the two methods ranged from −2.83 to 2.64. This range is accepted both clinically and according to the recommendations of the World Society of Abdominal Compartment Syndrome (WSACS).

Conclusions: Our study showed that IBP measurement is a simple, minimally invasive method that may reliably estimates IAP in patients placed in supine position. Measurements for pressures
higher than 12 mmHg may be less reliable. When applied clinically, this should alert the clinician to take safety measures to avoid abdominal compartment syndrome (ACS).

UPLOADED ABSTRACT (COPY PASTE TO BROWSER)

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1. Lecturer, Clinical Decision Making September, 2007
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Professional Activities

• Planning and conducting a training Course in "Elementary Statistics & SPSS Program Application Workshops": 3rd – 7th April, 2004 AND 17th – 21st December, • 2005, Ras Al khaimah Medical District, U A E. • Introduced the concept of Evidence Based Medicine by giving a series of lectures & practical sessions to Surgical & other Departments of Saqr Hospital. • CME organizer for Saqr Hospital & CME Unit Member, Ras Al Khaimah Medical District, UAE, since Nov. 2002. Deputy Chief of CME Unit, Ras Al Khaimah Medical District, UAE, since 2007.

UAE Ministry of Health Professional Excellence Award for 2007

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Knowledge and attitude of premarital couples attending Ras-Al-Khaimah health center towards prevention of thalassemia

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Abstract

Background: Thalassemia is the most common inherited disorder in the world with a wide geographical variation in incidence. Early genetic counseling, diagnosis, health educations as community based preventive measures are necessary for the improvement of this inherited disorder in United Arab Emirates. The aim of this study was to assess the knowledge and attitude of premarital couples visiting Ras Al Khaimah health care center towards prevention of thalassemia.

A descriptive study was conducted involving 100 participants (50 couples) to assess knowledge and attitude of premarital couples towards prevention of thalassemia. Non probability convenience sampling method was used to select study participants. Participant’s knowledge and attitudes were assessed with self-administered questionnaire.

Methods: A descriptive study was conducted involving 100 participants (50 couples) to assess knowledge and attitude of premarital couples towards prevention of thalassemia. Non probability convenience sampling method was used to select study participants. Participant’s knowledge and attitudes were assessed with self-administered questionnaire.

Results: Majority (79%) of the participants heard about thalassemia. About 55% of the couples agreed that thalassemia is an inherited disease. Majority (89%) of the respondents stated that thalassemia is not a communicable disease. Only 49% of the respondents were aware that thalassemia can be caused to the child if one of the parents is carrier of the disease. Majority (85%) of the respondents stated that they cannot recognize the patients with thalassemia only by looking at their faces. About 46% of the premarital couples stated that thalassemia can cause anemia.
66% of the premarital couples did not agree that thalassemia patients need regular blood transfusion. Majority (88%) of the respondents were aware that premarital screening and counselling program can creates awareness in preventing thalassemia

Conclusions: The present study about knowledge and attitude of premarital couples towards prevention of thalassemia indicated that there were few premarital couples having right knowledge and attitudes towards prevention of thalassemia whereas some of them were not having enough knowledge and proper attitudes towards prevention of thalassemia. Overall, the results showed that the participants had fair knowledge and attitudes towards prevention of thalassemia.

There is great need to increase the health education measures to educate the premarital couples towards prevention of thalassemia before undergoing the screening test.

UPLOADED ABSTRACT (COPY PASTE TO BROWSER)

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Background: Counterfeit & Substandard drugs are a threat to public health and have devastating consequences for patients; increased mortality and morbidity added to the ever-present danger of evolving drug resistance. There is an urgent need to systematically examine drug quality, potency and efficacy to assess the extent and effect of replicas and to implement effective counter measures.

Methods: This project has been designed to study in-vitro equivalency evaluation of solid dosage forms of a branded drug and its generics within the grasp of patients in the UAE. Five brands of 50mg Diclofenac Sodium tablets were purchased from different retail pharmacies in Emirate of Ajman which are representative of the brands available within the UAE. All the tablets were in blister packs. Tablets were examined from unique production batches, within the validity of the product shelf-life. These brands were from Switzerland, Saudi Arabia and UAE.

Results: Conducting the quality tests of commercially-registered & marketed tablet formulations available in the UAE to determine the pharmaceutical equivalence of the brands was the goal. This focus demanded studying their physicochemical characteristics as defined in the Pharmacopeal procedures. Validation was obtained via Uniformity of Content & Weight, Identification, Disintegration, Friability & Hardness tests, as well as Dissolution Studies.

Conclusions: The outcome of the project, subsequently, will help to comprehend the extent of compliance to US & British Pharmacopoea of various generic formulations in the UAE.
The five brands of Diclofenac Sodium Enteric Coated tablets evaluated in this study could be regarded as being pharmaceutically and chemically equivalent. Can therefore be freely interchanged.

Drug Content, Hardness, Friability, Disintegration Time and Dissolution profiles of all enteric coated products used in the study were within specified limits.

The study emphasized the need for constant surveillance, by the government, on marketed drug product manufactures and independent research groups to ensure supply and availability of quality medicines for the patients.

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I have participated in Dubai international Pharmaceuticals & technologies Conference & Exhibition 2016 and awarded the 11th best pharmacy student oral presentation award in 2016.

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ABSTRACT DETAILS
Evaluation of Antihypertensive Drugs Prescribed in a Secondary Care Hospital, Dibba, Fujairah, United Arab Emirates

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ABSTRACT
Background: The prevalence of hypertension and associated cardiovascular problems are increasing globally. Evaluating antihypertensive prescriptions and assessing blood pressure control of hypertensive patients are important steps in the management and reduction of hypertension-related morbidity and mortality. The present study was designed as there was paucity of data on the prescription patterns of antihypertensive drugs in United Arab Emirates (UAE) and to our knowledge no study in Fujairah has address prescription pattern of antihypertensive drugs.

The aims of our study were to evaluate the prescription patterns of antihypertensive drugs and to assess their rationality as per NICE and JNC guidelines, to compare the Prescribed Daily Doses (PDD) with the Defined Daily Doses (DDD) of different antihypertensive drugs and to identify the different drug related problems associated with the use of antihypertensive drugs.

Methods: It was a prospective, observational study carried out in 588 adult hypertensive patients of either gender presenting to the medicine out-patient and in-patient departments of Dibba hospital, Al Fujairah, UAE. The study was conducted for period of six months. The electronic patient case records, laboratory reports and treatment charts of the hypertensive patients were reviewed and documented. The rationality of the antihypertensive prescriptions were assessed as per NICE and JNC guidelines. The PDDs were calculated for all the antihypertensive drugs and compared with the respective DDDs. All the adverse drug reactions (ADRs) and drug-drug interactions were documented in the study forms. The causality, severity and preventability assessment was also
done for all the ADRs. Statistical analysis of the data was performed using the Statistical Package for the Social Sciences (SPSS) version 22.0. Pearson $\chi^2$ test was used for establishing relationship between categorical variables. Logistic regression analyses were carried out to identify the different predictors. $P \leq 0.05$ were considered statistically significant.

Results: Out of 588 patients enrolled in this study, 252 (42.9%) patients were male and 336 (57.1%) patients were females. The mean age of the study participants was $63.2 \pm 14.33$ years. Majority was the study participants belonged to Emirati nationality (79.6%). Majority of the study participants ($n=192, 32.7\%$) were suffering from diabetes mellitus and hyperlipidaemia in addition to hypertension. Combination of anti-diabetic, antiplatelet and anti-hyperlipidaemic drugs were the most common concomitant medications (21.6%). Among 588 of the study participants, majority of the patients were on two drug combination therapy ($n=210, 35.5\%$) followed by monotherapy ($n=188, 32.1\%$) and three drug combination ($n=136, 23.1\%$) CCBs were the most frequently (51%) prescribed class both in monotherapy as well as in combination therapy while ARBs and ACEIs (55.9\%) were the most preferred agents for monotherapy. Among the individual antihypertensive drugs, Amlodipine was prescribed the most (266 prescriptions), irrespective of monotherapy or combination therapy. Furthermore, our analysis revealed that patients aged $\leq 55$ years were more likely to receive ACEIs & ARBs compared to patients aged $>55$ years. However, diuretics and CCBs were less likely to be prescribed to patients aged $\leq 55$ years compared to $>55$ years. Patients with diabetes mellitus were more likely to be prescribed ARBs compared to patients with no comorbidity. ADRs were reported in 25% of the in-patients in the present study. The incidence of ADRs in females (59.1\%) was higher than the males (40.9\%). The PDDs were higher than the DDDs for ACEIs, ARBs and, CCBs and lower than the DDDs for BBs and Diuretics. Overall, 69\% of our antihypertensive prescriptions were adherent to the JNC 7 guidelines and 55\% of the study prescriptions were adherent to NICE guidelines.

Conclusions: In conclusion, the present study represents the current prescribing trends of antihypertensive drugs in a secondary care hospital in UAE. Our findings showed that majority of the study participants were on combination antihypertensive therapy. CCBs were the most frequently prescribed class both in monotherapy as well as in combination therapy while ARBs and ACEIs were the most preferred agents for monotherapy. We report discrepancies between the PDDs and the DDDs of the different antihypertensive drugs prescribed at our study site. The PDDs were higher than the DDDs for ACEIs, ARBs and, CCBs and lower than the DDDs for BBs and Diuretics. Overall, most of our antihypertensive prescriptions were adherent to the JNC 7 guidelines more than adherent to NICE guidelines. The use of antihypertensive in our secondary care hospital does not entirely conforms to the international guidelines and there is significant room for improvement in terms of rational drug prescribing.

**UPLOADED ABSTRACT (COPY PASTE TO BROWSER)**

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