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# Abstracts - Oral Presentations

## 1. Socioeconomic Factors Affecting Cardiovascular Risk Factor Screening in an Asian Urban Low-income Setting at Baseline and Post Intervention

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**Background:** Not all segments of society might have equal access to screening. We determined predictors for regular participation in screening for cardiovascular risk factors (hypertension, diabetes and dyslipidemia) at baseline amongst those of low socio-economic status (SES) and evaluated the effectiveness of a six month intervention on screening in this group compared to a high SES group.

**Methods:** The study population involved all residents aged  $\geq 40$  years in two housing estates comprising owner-occupied housing (high SES) and rental flats (low SES) in Singapore. From 2009 to 2011, residents not being screened regularly at baseline for hypertension, diabetes and dyslipidemia were offered blood pressure, fasting blood glucose and lipid testing over six months, in an access-enhancing outreach intervention. Screening was brought into the residents' homes via mobile healthcare team (increasing convenience) and made available at no charge. Chi-square and multi-level logistic regression identified predictors of regular screening at baseline; likelihood-ratio and Cox regression analysis identified predictors of screening participation post-intervention.

**Results:** Participation was 78.2% (1081/1383). At baseline, in the low-SES group, 41.7% (150/360), 38.8% (177/456), and 30.8% (128/416) had gone for regular hypertension, diabetes and dyslipidemia screening, respectively; compared with 54.1% (139/257), 59.6% (254/426) and 50.2% (165/329), respectively, in the higher-SES group (all differences  $p < 0.001$ ). Sociodemographic factors predicting regular screening in the low-SES community included being married and not smoking. Post-intervention, screening rates rose significantly ( $p < 0.001$ ) by similar proportions in both communities, for all three diseases (hypertension, diabetes, dyslipidemia). Staying in a lower-SES community (adjusted relative risk (aRR)=0.61, 95%CI=0.37-0.99,  $p=0.048$ ) was associated with lower take-up of the intervention; being of majority Chinese ethnicity (aRR=1.84, 95%CI=1.00-3.43,  $p=0.050$ ) and being currently employed were associated with higher take-up (aRR=1.57, 95%CI=1.03-2.60,  $p=0.040$ ) of the access-enhancing intervention.

**Conclusion:** Participation in cardiovascular health screening was poor amongst those of low-SES; a 6-month intervention program improved participation in this population. Access-enhancing screening should be targeted at those of lower SES and ethnic minorities in order to increase take up amongst disadvantaged segments of the population.

## 2. Negotiating with Patient about Insulin Initiation

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**Background:** Patients with type 2 diabetes often have difficulty making decision about starting insulin. Healthcare professionals (HCPs) play an important role in helping patients make decision and negotiation is an essential part of the decision making process.

**Aims:** This study aimed to describe the negotiation strategies used by HCPs in Malaysia when initiating insulin in patients with type 2 diabetes.

**Methods:** In depth interviews and focus group discussions were conducted in Klang Valley and Seremban in 2010-11. A total of 38 HCPs who were involved in the initiation of insulin for patients with diabetes were interviewed. A topic guide was used to guide the interviews, which were transcribed verbatim and analysed using a thematic approach with Nvivo9 software.

**Results:** Allowing time for the patient to accept the reality of the need for insulin therapy is essential when negotiating with patient. Patients often took several visits before coming to a decision. HCPs allayed patients' fear of needles and pain by demonstrating the injection process during the negotiation process. In addition, the HCPs used HbA1c chart to set targets and negotiate the timing of insulin initiation with the patients. Another strategy used was to reassure patients of the reversibility of insulin therapy. The HCPs encourage patients to agree to a short 'trial' of insulin. Throughout the negotiation, HCPs emphasized to patients that they acted in patients' best interest.

**Conclusion:** Negotiating with patients about insulin initiation requires time. HCPs need to address patients' concerns and set goals during the negotiation process.

**Keywords:** Type 2 diabetes, Insulin initiation, Negotiation.

## 3. Validation of the Malay Language Version of "Measure of Patients' Preferences" Questionnaire in Communication of Bad News to Cancer Patients

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**Background:** Communicating bad news to cancer patients should ideally take the patient's individual preferences into consideration. The Measure of Patients' Preferences (MPP) measured patients' preferences regarding the process of communicating bad news.

**Aims:** A validated Malay language tool to look into cancer patients' preferences in communication of bad news was required for further research regarding communication in cancer care in this region. This study aimed to translate the Measure of Patients' Preferences (MPP) into the Malay language (MPP-BM) and to validate it for use in the Malay speaking population.

**Methods:** Double back-to-back translation and pre-testing was done to produce the MPP-BM. The MPP-BM was tested on 200 cancer patients from the Oncology clinic of a tertiary teaching hospital in Malaysia. The samples were recruited via purposive quota sampling. Exploratory factor analysis was used to determine its construct validity. The internal consistency reliability was determined.