



# Asia Pacific Primary Care Research Conference 2012

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# APPCRC2012

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13.7% (40/293) were willing to participate in mental-wellness programmes; non-Chinese ethnicity and presence of medical co-morbidities associated with participation.

**Discussion:** Low area-SES was significantly associated with cognitive impairment in our study population, independently of individual-level SES, age and education. Age and education are important determinants of cognitive impairment in the local context, as is functional impairment, which leads to increased caregiving burden. In the low-SES community, a third did not have a family caregiver. Given the primacy of family caregiving in Singapore and potential for caregiver stress, support programs for family carers and alternative options for those without carers are necessary. Amongst cognitively normal residents in a low SES area, Chinese ethnicity was associated with reduced interest to participate in mental wellness programs. This could be due to cultural perceptions that dementia is inevitable with advanced age.

**Conclusion:** Staying in a low-SES community is independently associated with cognitive impairment after controlling for individual SES. A higher percentage of cognitively impaired in the low-SES community accepted referral compared to those in the higher-SES community. Within the low-SES population, mental well-being initiatives are also better accepted by those with chronic medical conditions (hyperlipidemia and depressive symptoms).

#### 4. Involving the Family during Insulin Initiation: Views from Malaysian Healthcare Professionals

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**Background:** Traditionally, Asian family units are close-knit and are often actively involved in the care of the patient. An emerging trend is that full-time domestic helpers are becoming more involved in patient care.

**Aims:** This study aimed to explore how healthcare professionals (HCPs) involved family members in the process of insulin initiation.

**Methods:** In-depth interviews and focus group discussions were conducted in Klang Valley and Seremban in 2010-11. HCPs consisting of general practitioners (n=13), medical officers (n=8), diabetes nurses (n=3), government policy makers (n=4), family medicine specialists (n=8) and endocrinologists (n=2) were interviewed. A topic guide was used to guide the interviews, which were transcribed verbatim and analysed using a thematic approach.

**Results:** HCPs often involve parents, children or spouses of patients to support patients in making decisions about insulin initiation. Family members were asked to assist patients with insulin injections. Sometimes, the family would assign the task of injections to the domestic helper. Some HCPs presented insulin as a cost-saving measure if families paid for patients' expenses. Older patients were told that insulin would help save costs especially if they were concerned about not burdening their children. The family was made aware of the risks of diabetic complications if insulin initiation was delayed.

**Conclusion:** HCPs play an important role in encouraging supportive family environments for patients during insulin initiation. More research is needed on the role of domestic helpers in the care of patients.

**Keywords:** Type 2 diabetes, Insulin initiation, Family, Decision making

#### 5. Gynecological Cancer Screening in the Urban Poor - A 1 year Prospective Study in a Low Socioeconomic Status Asian Population

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**Abstract Introduction:** Inequalities in cancer screening are little studied in Asian societies. We determined whether area and individual socio-economic status (SES) affected female cancer screening and evaluated an access-enhancing intervention.

**Materials & Methods:** All female residents aged >40 years in two Singaporean housing estates comprising of owner-occupied (high-SES) and rental (low-SES) flats were included. From 2009-2011, females non-adherent to regular breast/cervical cancer screening were offered free mammogram/pap smear over six months via mobile clinics. Subsequently, rental-block residents were followed-up for six additional months to determine whether they participated in the screening. Multi-level logistic regression identified factors of regular screening at baseline; Cox regression analysis identified predictors of screening post-intervention and 12 months from baseline.

**Results:** Participation was 90.2% (623/691). At baseline, in the high-SES area, 41.9% and 15.9% had regular cervical and breast cancer screening, respectively. In the low-SES area, 20.4% and 14.3% had regular cervical and breast cancer screening. Staying in low-SES areas independently associated with irregular pap smears at baseline (aOR=0.34, CI=0.20-0.57); higher income associated with regular mammograms (aOR=1.58, CI=1.20-2.08). Amongst those in low-SES areas, 84.3% without regular pap smears and 81.5% of those without regular mammograms were followed-up. After 6 months of access-enhanced intervention, 7.6% had pap smears; 4.5% had mammograms. In the intervention, having regular exercise (aRR=7.9, CI=1.72-36.92) predicted pap smear uptake while employment (aRR=5.71, CI=1.53-21.36) predicted mammogram uptake. A year from baseline, 79.1% and 83.6% had yet to have pap smears and mammograms, respectively. Employment predicted pap smear (aRR=2.26, CI=1.06-4.82) and mammogram uptake (aRR=2.33, CI=1.19-4.59).

**Conclusion:** Individual SES is associated with breast cancer screening, whereas area-SES is associated with cervical cancer screening. A free access-enhancing intervention was effective in increasing cervical cancer screening.