

ABSTRACT

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“Healthy Society Beyond Frontiers”
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RS-109

Title: Social and Health Status of Older People

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Objectives: This study surveyed social and health status of elderly people residing in the service catchment area of Nawung Health Center, and examine the relationships between social and health status. The retirement situation, importance of the family on the interpersonal relationships and depressive symptom are emphasized.

Materials and Methods: 309 elderly people were randomly selected. The data were gathered by interviewing using the questionnaire which was validated from three experts. The questionnaire had acceptable reliability with KR-21 of 0.92. The depression questionnaire was also used for standard screening of depression. The data were analyzed using percentage and chi-square

Results: The results revealed that most of them were; female (61.43%), age range is 60-74 year of age (64.50%), living with a spouse(58.56%), living as a resident (48.81%), being unemployed (46.42%), responsible for cooking in the family (30.38%), visiting the neighbor as usual (38.91%), having a low level of access to health information and low level of knowledge for self-care, living with joint pain (61%), experiencing anxiety related with chronic disease, and reporting depressive symptoms (52.90%). Furthermore, Depressive symptoms were found in 52.90% of the elder. Factors were significantly related with depressive symptoms were; loneliness, anxiety over disease, quality of sleep, well-being of neighbor receiving, marital status, community activity receiving, receiving of self-care knowledge, patience, age, activities with the neighbors, and well-being of family member receiving, respectively

Conclusion: Social, health and educational services or programs should be put in place to promote social inclusion, health and well-being as well as self-care ability among older persons. Capacity building to care for older persons is also needed for families and the community as a whole.

Keywords: Older persons, social status, health status

RS-110

Title: Synergistic Effects of Acyclovir and Andrographolide Derivative on Drug-Resistant Herpes Simplex Virus Type 1

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Objectives: Acyclovir (ACV) is the common drug for therapy of herpes simplex virus (HSV) infections but ACV-resistant HSVs are frequently isolated from immunosuppressed patients. Therefore, the novel antiviral agents are still needed. In our previous report, andrographolide derivative or 3,19-isopropylideneandrographolide (IPAD) has inhibitory effect on HSV replication of both wild type and drug-resistant strains. Therefore, this study aimed to determine synergistic effects of ACV combining with IPAD on drug-resistant HSV-1.

Materials and Methods: Cytotoxicity of IPAD was determined on Vero cell line by MTT assay. Wild type HSV-1 (strain KOS 1-003) and drug-resistant HSV-1 consisting of dxpIII (phosphonoacetate- and phosphonoformate-resistant), ACGr4 (ACV-resistant with

thymidine kinase (TK)-deficient), and dlsptk (ACV-resistant with TK deletion) were titrated by plaque assay. Synergistic effects of ACV combining with IPAD on HSV infection was characterized by plaque reduction and combination assays.

Results: Minimal concentration of ACV and IPAD which completely inhibited wild type HSV-1 infection were 2.2 and 20.5 μ M, respectively. Interestingly, 20.5 μ M IPAD also inhibited all drug-resistant strains whereas ACV concentration was 2,220.2 μ M. The minimal concentration of ACV and IPAD in combination assay which produced synergistic effect and completely inhibited wild type HSV-1 infection were 0.04 and 12.8 μ M. In addition, synergistic effect of ACV and IPAD was also found in drug-resistant strains including ACGr4 (22.2 and 17.9 μ M), dlsptk (22.2 and 20.5 μ M) and dxpIII (22.2 and 12.8 μ M).

Conclusion: This result suggested that IPAD might be a candidate drug for HSV wild type and drug-resistant HSV-1 therapy.

Keywords: Synergistic effect, anti-herpes simplex virus activity, drug-resistant HSV-1, 3,19-isopropylideneandrographolide

RS-111

Title: Thai National Health Accounts: Health Expenditure in Thailand from 1994 to 2010

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Objectives: 1) to analyze trends in health expenditure in Thailand from 1994 to 2010 using three dimensional matrix of OECD System Health Accounts; 2) to develop and improve the methodology for data collection and estimation of country's health expenditure; 3) to strengthen the national capacity and key partners in conducting, updating and sustaining the Thai NHAs.

Materials and Methods: Thailand health expenditure is classified by types of financing sources, health care functions and health care providers following the OECD-SHA. Fifteen sources of finance were aggregated into 3 main categories, namely government and non-government sources, and rest of the world.

Results: In 2010, total health expenditure (THE), including capital formation, of Thailand was 392 billion Baht at current price indicating an increase of 3.1 times from 1994. The ratio of THE to GDP was 3.5 percent in 1994 and reached 3.9 percent in 2010. THE per capita in 1994 was 2,160 baht and increased to 6,142 baht in 2010. In 1994, the share of health spending by private financing agents was greater than their public counterparts, 55 percent from private and 45 percent from public. The proportion of public financing gradually increased and overtook the share of private spending to become the dominant financing agent after the economic crisis in 1997 and the emergence of the UHC scheme in 2002.

Conclusion: Thai NHA was locally initiated in 1995, institutionalized in 2000 and sustained to date. Today, NHA in Thailand was produce as routine reliable country's expenditure data of 17 years, from 1994-2010.

Keywords: National Health Accounts, health expenditure, financing source, healthcare function, healthcare provider, Thailand