

ABSTRACT

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“Healthy Society Beyond Frontiers”
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RS-106

Title: Propofol-Based Deep Sedation for Small Bowel Enteroscopy Procedure in Elderly Patients

Authors: Somchai Amornyotin, Siriporn Kongphlay

Institutions: Department of Anesthesiology and Siriraj GI Endoscopy Center, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand.

Objectives: The aim of the study is to compare and evaluate clinical efficacy of propofol-based deep sedation (PBDS) for small bowel enteroscopy (SBE) procedure between patients aged < 65 years and patients aged ≥ 65 years in Thailand.

Materials and Methods: We undertook a retrospective review of the sedation service records of elderly patients who underwent SBE procedure. All patients were classified into two groups according to age of the patient: group A (age < 65 years) and group B (age ≥ 65 years). The primary outcome variable of the study was the successful completion of the procedure. The secondary outcome variables were sedation-related complications.

Results: 75 elderly patients underwent SBE procedure during the study period. After matching gender, weight, height, ASA physical status, duration of endoscopy and indications of procedures, there were 45 patients in group A and 28 patients in group B. There were no significant differences in type of enteroscopy and route of intubation. All sedations were used successfully. Mean dose of propofol and fentanyl in both groups was comparable, but mean dose of midazolam in group B was significantly lower than in group A. Overall complication rate and cardiovascular-related adverse events including hypotension in group B was significantly higher than in group A. However, there were no significant differences in the procedure-related complications, anesthetic personnel and mortality rate.

Conclusion: In the setting of developing country, propofol-based deep sedation for small bowel enteroscopy procedure in elderly patients by experienced anesthesiologist with appropriate monitoring was relatively safe and effective. Serious adverse events were rare in our population.

Keywords: Deep sedation, propofol, small bowel enteroscopy, elderly

RS-107

Title: The Prevalence of Atypical Femoral Fractures at Siriraj Hospital

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Objectives: The American Society of Bone and Mineral Research (ASBMR) described major radiographic features for diagnosing atypical femoral fracture (AFF). This study's objective was to evaluate the prevalence of AFF based on the ASBMR major radiographic criteria at Siriraj Hospital.

Materials and Methods: We retrospectively reviewed plain radiographs of 734 patients who were diagnosed with subtrochanteric/femoral shaft fractures from January 2002 to May 2011 at Siriraj Hospital. Patients with inadequate radiographs, multiple or pathological or periprosthetic fractures were excluded. From a total of 378 cases, only those who had major radiographic features of AFF were included. AFF were then divided into 2 groups based on mechanism of injury: low-energy and high-energy fractures. Low-energy fracture was defined as fracture after fall from a standing height or less.

Results: Seventy-six patients (20.1%) had the ASBMR major radiographic criteria of AFF. Of 76 patients, 17 (22.4%) occurred after sustaining a low-energy trauma. Patients with low-energy AFF were older, more females, associated with higher scores of Charlson comorbidity index and higher rate of bisphosphonates use ($p < 0.01$). Forty-seven percent of patients with low-energy AFF had history of bisphosphonates use while none in the high-energy AFF group used bisphosphonates. The odds ratio of bisphosphonates use in low-energy AFF was 106.5 (95%CI, 5.7 to 2000.5).

Conclusion: The prevalence of low-energy AFF in Thai patients at Siriraj Hospital was 4.5% (17/378). This study found that radiographic features for diagnosing a low-energy AFF are not specific since the majority of patients with the ASBMR major radiographic features had high-energy trauma.

Keywords: Fracture, atypical, subtrochanteric, femoral diaphysis, bisphosphonates

RS-108

Title: Equity in Access to and Utilization of Reproductive Health Services in Thailand: Analysis of National Reproductive Health Survey Data 2006 and 2009

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Objectives: To assess trends in equity in access to reproductive health services and service utilization in terms of family planning, antenatal care, and skilled birth attendance in Thailand.

Materials and Methods: Secondary data analyses of two nationally representative household surveys, the 2006 Reproductive Health Survey containing 56,658 women aged 15-49 years and the 2009 survey with 37,511 women aged 15-59 years were carried out. Stratified two-stage sampling methods which covered all 76 provinces of Thailand were employed. Equity was measured against the combined urban-rural areas and geographic regions, women's educational level and quintiles of household asset index.

Results: Very high coverage of family planning (79.6%), universal access to antenatal care (98.9%) and skill birth attendance (99.7%), with very small socio-economic and geographical disparities were observed. The public sector played a dominant role in providing maternity care (90.9% of all deliveries in 2009). The private sector also had a role among the higher educated, wealthier women living in urban areas. Public health facilities, followed by drug stores were a major supplier of contraception. However, the low contraceptive prevalence rate at 52.4% in 2006 and 56.8% in 2009 among the southernmost Muslim majority provinces were observed and highly concerned.

Conclusion: High coverage and low inequity were the result of extensive investment in the Thai health care system by successive governments, in particular primary health care at district and sub-district levels, and implementation of the policy on universal health coverage in 2002.

Keywords: Family planning, antenatal care, skilled birth attendance, equity in health, reproductive health