

many friends especially health workers from hospice, my room was always having classes, I mean my hospital room was always full".

Spiritual life: Generally, participants reported frequent praying and increased interaction with religious leaders. **Care and treatment before palliative care:** subthemes; unknowledgeable of condition, suffering and financial constraints. **Care at hospice:** subthemes; pain controlled, knowledgeable, hospitality and affordability.

Interpretation: Although family and social support networks play a prominent role in provision of support, patients continue to experience gaps in psychological wellbeing, As a result solace is sought from spiritual support. Interventions to improve the quality of life of patients with prostate cancer should take into consideration the prominent complimentary roles of family, social and spiritual support.

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Global health in action: Chronic disease outreach in Armenia

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Program Purpose: The purpose of the Armenian Global Health program is to create collaborations between health organizations to allow better access to medicine for Armenians. The program had the opportunity to host the first Armenian Global Health Conference at Yerevan State Medical School. Prior to this conference, the program conducted meetings with Armenian dignitaries to determine which medical concerns are the top priority to Armenians. Armenians chose to focus on how to prevent and treat chronic diseases.

Design and Methodology: The World Health Organization estimated that 55.5% of Armenian adults were overweight and 24% were obese in 2008 (1). Obesity is the largest contributor to preventable chronic diseases such as diabetes and hypertension. The Global Health Armenia program at the University of Utah collaborated with the Ministry of Health of Armenia and Yerevan State Medical University to reach over 517 men and women between the ages of 18 and 89. Outreach events were open to the public and held at medical centers in Gyumri, Dilijan, Ararat, Yerevan, and Sevan during the summer of 2015.

Outcome and Evaluation: Six booths provided one-on-one education about nutrition, body mass index, cholesterol, hypertension, type 2 diabetes and breast cancer. Blood pressure, blood glucose, and BMI screenings were provided as a tool to increase each individual's awareness regarding their health status. In addition, workshops were organized to provide in-depth information and practical tools about disease prevention and management for cardiovascular disease, cholesterol, and type 2 diabetes. The Global Health Armenia team were well-received by attendees who gave the presentations an average of 4.8 and 4.7 out of 5 for the helpfulness of the information and likelihood of sharing what was learned with their friends and family.

Going Forward: The prevalence of non-communicable chronic disease states within Armenia continues to rise and remains the leading cause of death among adults (WHO, 2014). Health

education and outreach programs are essential for addressing the rising epidemic of obesity in CIS countries such as Armenia. The Global Health Armenia program continues to focus its efforts in education to raise awareness and empower individuals to make healthier life choices.

Funding: None.

References:

1. World Health Organization (2014). Noncommunicable Diseases (NCD) Country Profiles. Retrieved from http://www.who.int/nmh/countries/arm_en.pdf?ua=1.

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Traumatic head injury in a low resource country: Profile and predictors of mortality in a tertiary care center in South-Eastern Nigeria

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Background: Head injury is of significant concern to resource poor countries due to the paucity of neurosurgical services and subpar healthcare system, which can lead to poor outcomes. Yet few studies have been conducted that systematically examine head injuries in these countries. The Glasgow Coma scale (GCS) is used as a tool to determine the severity of head injury and response to treatment. Despite its usefulness, GCS has inadequacies and attempts have been made to enhance its functionality and simplicity. Our objective is to assess the strength of admitting GCS in predicting mortality among head injury patients in South-Eastern Nigeria.

Methods: This is a retrospective review of clinical head injuries admitted from January 2007 till December 2012 into the wards of Federal Medical Center Owerri, Nigeria: a regional referral center in the South-Eastern Nigeria. Charts were reviewed to obtain data on demographics, admitting GCS, mechanism of injury, hemoglobin, hospital stay and treatment. Binary logistic regression was performed to examine factors predicting mortality in SPSS V 21.

Findings: Of 194 cases analyzed, 86.6% were male while 13.4 were female. Average age was 30.2 years \pm 18.5 and the most affected age group was 21-30 years (30.4%). The most common mechanism of injury was the road traffic accident (84.5%) followed by assault (7.3%), and then falls (6.7%). Overall mortality was low, 2.6 % (n=5). Sixty-percent of fatal cases had severe head injury and 40% had moderate injury. Mean admitting GCS was 11.78 \pm 3.80 for the survival group and 7.20 \pm 3.11 for the mortality. Mannitol use in treatment was the strongest predictor of mortality. Older age and higher admitting GCS were additional independent predictors of mortality.

Interpretation: Head injuries affect mostly young male in productive age groups and road traffic accident (RTA) is the most common cause. Higher death rates were seen in the elderly, patients with low GCS at admission and those who receive mannitol as treatment. Policies aimed at making roads safer and a review of protocols for