

Going Forward: Support and collaboration from the MOH and the YSMU enabled the development of a program that was well-received by local healthcare providers and the Armenian populace. Due to the positive response from participants who expressed interest in future projects, we hope to build upon this foundation to continue improving access to health promotion materials, as well as establishing better screening practices by local providers.

Source of Funding: None.

Abstract #: 1.014_NCD

Malnutrition and Associated Factors among Community-dwelling Elderly in Sri Lanka

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Background: Malnutrition among elderly is a multi-dimensional problem which predisposes them to increased risks of disability, hospitalisation and mortality. This study aimed to investigate the prevalence of and associated factors for malnutrition in community-dwelling elderly.

Methods: A cross-sectional study was conducted in six divisional secretariats in Kandy district, Sri Lanka using multi-stage sampling. The nutritional status was categorised into three categories, ie: at risk of malnutrition, malnutrition and well nutrition using the Mini Nutritional Assessment- Short Form (MNA-SF). A standardised questionnaire was used to record demographic data and other potential factors associated with malnutrition. Physical activity and depression were assessed using International Physical Activity Questionnaire and Geriatric Depression Scale respectively. Complex sample multinomial logistic regression analysis was performed.

Findings: A total of 1200 participants were recruited. Majority of the participants were females with mean age of 70.8 years (95% confidence interval: 70.13-71.47). Out of 999 participants who completed the MNA-SF, the prevalence of malnutrition, risk of being malnutrition and well nutrition were 13.6%, 51.2% and 35.2% respectively. The prevalence of malnutrition was higher in very old (> 80 years of age) elderly. In the multivariate model after adjusted for sex, alcohol consumption, smoking, betel chewing, medication usage, age, number of people living with and having hypertension, elderly with hypertension (aOR: 1.71, 95% CI: 1.02, 2.89), alcohol consumption (aOR: 4.06, 95% CI: 1.17, 14.07), and age (aOR: 1.06, 95% CI: 1.01, 1.11) were positively associated with malnutrition. Increased number of people living with the elderly was protective of being at risk for malnutrition (aOR: 0.91, 95% CI: 0.85, 0.97).

Interpretation: The prevalence of risk of being malnourished in the community-dwelling elderly in Sri Lanka was high. Age, alcohol use and hypertension were independently associated with malnutrition while number of people living with the elderly was protective of being at risk of being malnutrition.

Source of Funding: None.

Abstract #: 1.015_NCD

The Prevalence of Proximal DVT in Orthopaedic Trauma Patients in Northern Tanzania Without the Routine Use of Thromboprophylaxis

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Background: The standard-of-care for lower limb orthopaedic trauma in Tanzania is associated with prolonged, bed-based immobilization. This, along with a nearly complete lack of thromboprophylaxis, significantly raises the risk for deep vein thrombosis (DVT). However, there have been few studies on DVT prevalence in East African patients. We aimed to estimate the cross-sectional prevalence of proximal DVT in lower limb orthopaedic trauma patients in northern Tanzania.

Methods: Over four weeks, we performed compression ultrasound on patients in the Orthopaedics and Traumatology Ward at Kilimanjaro Christian Medical Center (Moshi). All patients who were at least 15 years old, had sustained pelvic or lower limb trauma, had no spinal cord injury, were immobilized, were not on thromboprophylaxis at the time of initial study encounter, and provided assent/consent, were entered into the study. Patients were scanned weekly from the point of enrollment until either the end of the study period, hospital discharge, or voluntary withdrawal. 60 patients were scanned.

Findings: The mean±SD age was 40.4±19.6 yrs., 77% were male, 38% had more than one injury, and 46% had at least one open injury. Proximal DVTs were found in six patients, giving an estimated 10% prevalence. DVTs were found in the common femoral (CFV) and superficial femoral (SFV) veins in three patients, in the CFV in one patient, in the SFV in one patient, and in the popliteal vein in one patient. One patient showed clinical signs of pulmonary embolism. There were no mortalities. DVT was more prevalent in females (29% vs. 4%), giving a relative risk of 6.6 (95% CI [1.3, 32.2], p=0.0082). Multinomial logistic regression analysis confirmed female sex as an independent predictor, giving an odds ratio of 18.3 (95% CI [1.2, 289.2], p=0.039).

Interpretation: While limited in cohort size and degree of follow-up, our study offers a benchmark on proximal DVT prevalence in an at-risk Tanzanian patient population. The fact that females are at a significantly higher risk for DVT suggests a basis for prioritizing thromboprophylaxis in a resource-constrained hospital setting.

Source of Funding: Travel expenses were covered by the Center for Global Health at the University of Pennsylvania's Perelman School of Medicine. Siemens donated the ultrasound equipment.

Abstract #: 1.016_NCD

A Chance to Thrive, Not Just Survive Ebola: A Model for International Psychosocial Support Programming in Emergency and Disaster Settings

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