OBJECTIVES: Problem of negative influence of social networks on human communication potential is global and needs psychological study. Our aim was to study introspection health status of medical students. METHODS: Testing students II-III years of studying at medical faculty (145 women, 130 men). Our self-administered forty item questionnaire was used for data collection. RESULTS: 97% of respondents use social networks: communicating 3.5-5 hours/day 50% of women and 60% of men; over 5 hours - 35% of women and 30% of men;70% of women and 60% of men look for information, 20% of women and 30% of men prefer Chat; 19% of both sexes. In very busy hours: use Facebook - 92%, use e-mail - 91%, interests/hobbies search - 84%; see weather - 81%; medical information search - 80%; see news - 76%, shopping - 71%, watching YouTube videos - 71%, finding information about people/organization - 69%, search help/supporting internet - 68%, use social sites - 64% scientific/research purposes - 51%, sending photos - 46%, gaming - 36%, commenting on material/blog posts - 33%, reading magazine/blogs - 32%, download videos - 27%; create/ work on webpages/ blogs - 14%. CONCLUSIONS: Main motivation for social networks use was dating and socializing with new people and entertainment (80%), finding friends, classmates and communicating with them (67%). Under present war conditions – find and share information, giving a lot of help to the students indicates that social networking helps in personal life, while the other half believes that social media does not impact on their lives. A significant number of respondents (96%) agree there is a tendency towards emergence of dependency particularly during the social networks. Results may be used for choosing right tactics and methodology to preserve and strengthen students’ mental health.

PHP287

ROLE OF ECONOMICS, HEALTH, AND SOCIAL AND POLITICAL STABILITY IN DETERMINING HEALTH OUTCOMES

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OBJECTIVES: Many middle-income countries continue to face significant health challenges, related to aging populations, rising disease rates, and cases socio-political unrest disrupting routine care delivery or economic progress. Consequently such countries struggle to deploy healthcare resources effectively and efficiently. Health outcomes are impacted not only by economics but by the role investments and stability of social support systems to augment the healthcare infrastructure. This study sought to determine the relationship between health outcomes, economic position, and sociopolitical stability for 20 middle-income countries. METHODS: Countries were profiled against an economic, socio-political, and healthcare indicators using data from the World Health Organization and World Bank. Indicators were chosen based on their perceived relevance in categorizing each country’s receptivity toward healthcare innovations, ability to bring technology into standard use, and the ability to develop and export healthcare innovations. Country performance was calculated based on a ranking system for the economic, socio-political, and healthcare indicators. Results were analyzed to identify where strong relationships between economic and healthcare; healthcare and sociopolitical; life expectancy and mortality rates and sociopolitical and economic strength exist. RESULTS: Overall, many countries with strong economic performance e.g. Panama had high healthcare scores. Countries with low scores on bread-based unrest like Nigeria and Congo(Cрап) seemed to fare the worst on sociopolitical and healthcare indicators, regardless of wealth. Malaysia, Vietnam, and Panama had strong performance in all three domains and all had good health outcomes. CONCLUSIONS: Policy makers, companies, and NGOs need to take into account the importance of a country’s economic backdrop, healthcare infrastructure, and social and political stability to improve health outcomes. Any one element on its own does not predict positive health outcomes, but the interaction plays a significant role. The recognition of health, and political stability is vital to determining opportunities for growth, development, and improvement.

PHP288

COMPARATIVE ANALYSIS OF PHYSICAL ACTIVITY, SENSE OF CONTROL AND SELF-REPORTED HEALTH OF ELDERLY IN CEE COUNTRIES

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OBJECTIVES: The transformation in fertility and life expectancy of Central and Eastern European (CEE) countries determines populations’ growth rates, sizes, and structure. This process underlines the importance of successful and healthy ageing and reduction of various physical and mental changes due to regular physical activity (RPA). The aim of our study was to assess the influence of RPA and sense of control (SC) on self-reported health (SRH) by the population of five transition countries of CEE: Estonia, Hungary, Slovenia, Slovakia, Poland, and Czech Republic. METHODS: 2549 adults aged 50 and older were included in this cross-national comparative examination. Data were derived from the European Social Survey (ESS). ESS data was used for the purpose of characterizing the proportion of respondents according to their SC. RESULTS: Value of poor SRH of CEE countries formed around 62% - the only exception was Hungary (66.6%). Furthermore, 20.3% of Hungarian respondents considered their health to be poor and 5.9% very bad. The Czech society’s 12.7% lacks PA, this ratio is 14.8% in Hungary (CEE average: 9%). SC and PA showed significant correlation, ρ = 239.163 (df=28, p<0.001). Like by PA, SC was significantly correlated with SRH: ρ = 606.364 (df=112, p<0.001). Examining the relationship between SRH and SC we used Spearman’s ρ for analysis. The correlation in acute illness cases was ρ=0.001, which indicates that the two variables are associated with SC differences. CONCLUSIONS: PA of Hungarian elderly is poorer than the mean of the five transition CEE countries. If we cannot influence the aging process, it is not likely to affect its quality: it is more important to create a SC over the healthy aging related by PA.

PHP289

SYSTEMATIC REVIEW OF THE IMPACT OF IMPROVED HOUSING INTERVENTIONS ON HEALTH IN LOW AND MIDDLE INCOME TROPICAL SETTINGS

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OBJECTIVES: Housing has a major impact on human health and wellbeing in the developing world directly (e.g. through household accidents) and indirectly (e.g. through mediating contact between occupants and disease vectors). The objective of this review was to investigate the impact of improved housing on health in tropical zones of low and middle income countries. METHODS: A systematic review of major health sites and architectural search databases was conducted in order to identify records reporting the impact of housing features on the health of people living in tropical regions. Information was extracted and reported using a standardised form. Results were grouped into four categories of housing interventions: (1) whole house, (2) sanitation, (3) social aspects, and (4) window interventions. We identified 120 studies that met the inclusion criteria. Studies covered vector-borne, gastrointestinal and respiratory diseases and household injuries. 76 were observational, 27 were trials (including 11 randomised controlled trials), 9 were models and 7 were studies considering economic aspects of housing interventions. Of the economic studies identified, 3 were cost benefit analysis, 3 were cost per disability-adjusted life year (DALY), while 1 measured burden of disease in DALY’s. Outcomes were classified as economic (7) such as DALY’s, direct health (57) such as incidence of diarrhoea, indirect health such as questionnaires (16) or surrogate (39) such as mosquito counts in a house. CONCLUSIONS: There have been a considerable number of studies investigating the impact of housing features on health in tropical regions. Most focused on the impact of one or more housing feature on one or more health outcome. A smaller number of studies looked at whole house interventions and there have been few economic evaluations of improved housing interventions. A holistic approach to assessing health in the context of housing and consideration of issues of economics and implementation would be valuable topics for future research.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

PHP290

ASSESSMENT OF DRUG USE PATTERN USING WHO PRESCRIBING AND PATIENT CARE INDICATORS IN A REFERRAL HOSPITAL IN ETHIOPIA

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OBJECTIVES: Drug therapy is considered to be a major component of patient management in health care settings. To promote rational drug use, it is important to assess the drug use pattern and policy indicators. Methods: A cross-sectional survey was conducted from February to April, 2014 at ARH pharmacy department. Data was collected from 422 prescriptions retained in the pharmacy and from 60 patients who attended MOPD during data collection period. WHO prescribing and patient care indicator forms were used for the data collection. RESULTS: The average number of drugs per prescription was 1.67 (SD 0.93) with a range of one to six. Generic prescribing and drug use from national formulary were 610(86.6%) and 663(94%), respectively. The percentage of antibiotic and injection use was found to be 32.9% and 41.9%, respectively. 32.7%, 51.2% and 16.1% of the prescriptions were prescribed by nurses, intern medical students and general practitioners respectively and 77.7%(108) of the prescribed drugs were dispensed from the ARH OPD. The average consultation time was 10.3 minutes while the average dispensing time was 74 seconds. 10.8% of the prescriptions were appropriate labeled. CONCLUSIONS: The study showed that there were deviations from standard WHO recommended rational prescribing practice with regard to antibiotic and injection use, generic prescribing and prescribing based on national formulary in ARH. Concerning patient care indicators, the results were far from the optimal values, especially for average dispensing time, drug labeling and patients’ knowledge of correct dose.

PHP291

ANTIBIOTIC PRESCRIPTION PRACTICES OF PEDIATRICIANS IN HOSPITAL CARE IN CYPRUS

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OBJECTIVES: To identify the antibiotic prescription practices of pediatricians in common childhood diseases in Cyprus. METHODS: A cross-sectional study was conducted in all public pediatric clinics, corresponding to 57 in total pediatricians and pediatric residents. The study took place from April to May 2015. For data collection, a self-administered questionnaire was used, standardized and validated into Greek. The questionnaire was based on respondents’ characteristics, their practices related to prescribing antibiotics in common childhood diseases and diagnostic uncertainty. Pearson’s Chi-square Test has been performed in order to determine statistical significance between antibiotic prescription practices and sociodemographic characteristics. RESULTS: In total 42 out of 57 pediatricians and pediatric residents filled out the questionnaire (RR=74%) and 54.8% of the respondents were female. The percentage of antibiotic and injection use was found to be 51.2% and 59.5% of the respondents prescribed often/very often antibiotics in pharyngitis, whereas 66.7% implemented the “watchful waiting” protocol. Moreover, 40.9% of the respondents prescribed antibiotics for the prevention of secondary respiratory tract infections in children without any other health problems. Moreover, the vast majority (90.2%) reported that they did not feel diagnostic uncertainty. Statistical differences were found between pediatricians and pediatric residents as far as the prescription prac-