Awareness of health care workers about Autism at family medicine centers in Cairo

O.A. Samar1, A.M. Hassan2, G. Abdelrazek Mohamed1 and D.A. Marzouk1

From the 1Family Medicine Department, Faculty of Medicine, Ain Shams University, 2Community, Environmental and Occupational Medicine Department, Faculty of Medicine, Ain Shams University and 3Neuro-Psychiatry Department, Faculty of Medicine, Ain Shams University

Background: Autism is a serious neurodevelopmental disorder characterized by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. Poor knowledge about childhood autism among care providers could delay early recognition and interventions that could negatively affect prognosis.

Objective: was to assess and compare knowledge of health care workers in family medicine centers about Autism and to determine the factors that may have influenced such knowledge.

Methods: A Cross sectional study was carried out in three family medicine centers in Cairo on 110 participants 67 physicians and 43 nurses. Data was collected using an Arabic self-administered modified version of KCAHW (Knowledge about childhood autism among health workers)Questionnaire for general socio-demographic information and autism symptoms, signs, etiological factors and treatment modalities

Results: The study included family physicians (30.9%), General practitioners (GPs) (27.3%), pediatricians (2.7%) and nurses (39%), the mean age of the participant was 35.8 ± 8.21, with varying years of practice (1-35) years, mean knowledge score was (8.41 ± 2.34), (8.53 ± 2.54), (10.00 ± 1.73) and (4.21 ± 2.49) respectively. The knowledge score showed significant positive correlation among GPs with age and years of practice. The most significant association was found between dealing with autistic child and knowledge score among nurses.

Conclusion: Although, the current study showed that low level of knowledge among primary care workers about autism pediatricians have highest knowledge score followed by family physicians and GPs.

Recommendations: Increase awareness of primary health care providers and nurses towards autism through implementation of educational programs and screening of all children with standardized developmental tools at vaccination sessions (at the 9-18–24–30 months) for early detection of ASD.

Adherence to guidelines in management of irritable bowel syndrome in internal medicine outpatient clinic in Ain Shams University Hospitals and three Minister of Health Family centers

S.A. El Ezaby, M.M. Salama, E. Bayoumy and D.A. Marzouk

From the Family Medicine Department, Faculty of Medicine, Ain Shams University

Background: Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder, characterized by chronic abdominal pain or discomfort and altered bowel habits in the absence of detectable organic pathology. The majority of patients with Irritable bowel syndrome are managed in primary health care facilities. Therefore it’s very important for general practitioners and family doctors to be well trained in the approach to functional gastrointestinal disorders.

Irritable bowel syndrome, characterized by chronic abdominal pain or discomfort and altered bowel habits in the absence of detectable organic pathology. The majority of patients with Irritable bowel syndrome (IBS) is a functional gastrointestinal disorder. From the Family Medicine Department, Faculty of Medicine, Ain Shams University, and the first settlement centers - Cairo, Egypt.

Methods: A cross-sectional study was carried out on 30 physicians from Internal medicine department, Ain Shams University Hospitals and 30 physicians in three Family Medicine centers and every physician was evaluated by two of his patients.

Results: Almost half of physicians in both groups stated that they relied on diagnostic criteria in diagnosis of IBS, but by evaluating the practice on dealing with their patients it was found that only (23.3%) university staff and (10%) from family centers physicians were completely adherent to Rome III diagnostic criteria.

Conclusion: Low adherence to diagnostic criteria (Rome III) was observed among study participants from MOHP and it was higher among university physicians.

Surgical versus non-surgical management of obstructive sleep-disordered breathing in children: meta-analysis

A.A. Afifi, A. Askoura, M. Shehata, M.F. Allam and D.A. Marzouk

From the Family Medicine Department, Faculty of Medicine, Ain Shams University

Background: Obstructive sleep disordered breathing (OSDB) includes a wide spectrum of clinical entities with variable severity of recurrent partial or complete upper airway obstruction. OSDB is common in children, adenotonsillar hypertrophy account for most cases in children. Adenotonsillectomy is widely considered an effective treatment for obstructive sleep disordered breathing in children.

Objectives: To compare effectiveness of surgical versus non-surgical treatment of Obstructive sleep-disordered breathing in children in randomized controlled trials through a meta-analysis study.

Search methods: The Cochrane Central Register of Controlled Trials, PubMed, EMBASE, Google Scholar, Web of Science, were searched for available trials till August 2017.

Selection criteria: Clinical trials concerned in treatment of Obstructive sleep-disordered breathing in children aged 2 to 16 years.

Outcome measured: Apnea/Hypopnea Index, behavioral outcomes, neurocognitive performance, executive functions, health care utilization, disease specific quality of life and adverse events of treatment.

Results: Seven trials met the inclusion criteria. As regard disease-specific quality of life Four studies evaluated this outcome there was significant clinical improvement in the surgical group (REM: SMD = -1.013, 95% CI = -1.584 to -0.441, P-value = 0.001), while only one study measures health care utilization which states that Adenotonsillectomy significantly reduces health care utilization. As regard Apnea/Hypopnea Index, three studies present their data as continuous data evaluated the change in AHI among children with OSDB by pooling of these three studies there is no statistically significant difference between both management strategies surgical and non-surgical (REM: SMD = -0.248, 95% CI = -0.701 to 0.205, P-value = 0.283), Two other studies present their data as dichotomous data by pooling of these two studies there is no statistically significant difference.