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BOOK OF ABSTRACTS

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PHYSICIANS (WACP)

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WEST AFRICAN JOURNAL OF MEDICINE

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The West African Journal of Medicine (WAJM), a joint publication of the West African College of Physicians

And the West African College of Surgeons, is for clinicians, scientists and others interested in the field of medicine and the medical sciences. The Journal which accepts articles in English and French is indexed/ abstracted in EMBASE, Excerpta Medica, Medline/Index Medicus, African Journals on Line and African Index Medicus.

The mission of WAJM is to educate clinicians, improve the life and care of patients, stimulate and disseminate findings from research in medicine and allied biomedical sciences and related areas and provide a forum for the documentation and exchange of information in the clinical and biomedical sciences.

General information

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The Journal accepts only articles that have neither been published nor are being considered for publication by any other journal. WAJM publishes reports of experimental and clinical work on all aspects of research in medicine, dentistry and related subjects and disciplines. Manuscripts must be written in the form suggested in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication by the International Committee of Medical Journal Editors. http://www.icmjc.org/urm_full A detailed general write-up on "Information for Authors" is given in the ICMJE. This article should be consulted by all potential medical authors. WAJM will publish contributions dealing with all aspects of medicine and dentistry and related disorders particularly relating to Africans and black peoples. Articles submitted to WAJM should fall into one of the following types:

- (a) **Original research article,**
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- (6) **Results;**
- (7) **Discussion;**
- (8) **Acknowledgements;**
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- (10) **References; (11) Tables;**
- (12) **Figures;**
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Journals: List all authors when six or fewer; when seven or more, list first six and add et al

1. Standard article

Musumuta G, Miakama T, Okoro P. Pneumonia in Lagos Children. West Afr J Med 1997;234:45–49.

2. Special format

Letters or abstracts: As for articles with Letter or Abstract Oshare, EO. Tetanus in Lagos (letter) Niger Med J 1988; 1: 301.

3. Books

List all authors or editor when six or fewer; when seven or more, list the first six and add et al.

1. Author of a Book

Makamer EN. Diabetes mellitus for Medical Students. 6th ed. Nairobi. Princess Publisher; 1990.

2. Chapter in a Book

(Note: Previous Vancouver style had a colon rather than a p before pagination). Phillips SI, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis and management. 2nd ed. New York. Raven Press; 1995. p. 465–78.

4. Volume with supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 (Suppl) 1275–82.

Information for Contributors

5. Issue with supplement

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ETHICAL CONSIDERATION

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All manuscripts reporting experiments in human beings must be accompanied by a statement in the method section that the authors have complied with the requirements of the local ethical committee. If investigators have no access to an ethics committee, the principles outlined in the Helsinki Declaration (2) should be followed. Avoid using patient's names, initials or hospital numbers. If full-face photographs are to be used, such photographs must be accompanied by a signed or thumb printed informed consent of the person. Animal experimenters must also follow the institution's guidelines on the use of laboratory animals in research.

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Authors should meet conditions a, b, and c. Collecting and assembling data reported in a paper are not, by themselves, qualifications for authorship. The corollary also should not be over looked i.e. those who meet criteria for authorship should not be excluded.

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THE 47TH ANNUAL GENERAL AND SCIENTIFIC MEETING

**(LA 47EME ASSEMBLEE GÉNÉRALE
ET SCIENTIFIQUE ANNUELLE)**

Of the

WEST AFRICAN COLLEGE OF PHYSICIANS (WACP)

(HELD IN LOME, TOGO)

30TH - 31ST OCTOBER & 1ST NOVEMBER, 2023

BOOK OF ABSTRACTS

(LIVRE DES RESUMES)



FROM THE EDITOR-IN-CHIEF

THE ROLE OF MENTORSHIP AND LEADERSHIP TRAINING IN POSTGRADUATE MEDICAL EDUCATION: ECHOES FROM THE 47TH AGSM OF THE WEST AFRICAN COLLEGE OF PHYSICIANS

This issue presents the book of abstracts emanating from the 47th Annual General and Scientific Meeting of the West African College of Physicians which was held at Lomé, Togo. We congratulate the local organisers and the entire leadership of the college for the resounding success of the recent conference. The meticulous organization and unwavering dedication have not only elevated the stature of the event but created an invaluable platform for meaningful dialogue, collaboration, and exchange of knowledge. The success of the conference and especially the rich array of scientific presentations is a testimony of the triumph of hard work and resilience amid the constraints and challenging economic landscape in the sub-region. The challenges in the West Africa sub-region are indeed multifaceted, ranging from resource constraints to infrastructure limitations. Despite these impediments, the medical community in the region continues to exhibit an unwavering dedication to advancing knowledge, and ensuring continuous professional development.

The abstracts presented in this book covers diverse areas of the various field of Medicine and are products of research endeavours that not only make meaningful contributions to

the respective fields but has tangible implications for healthcare and societal development. There are many studies on non-communicable diseases such as the study on heart failure by Damorue et al, the relationship between anthropometric parameters and blood pressure among young people by Adebayo et al, serum lipid profile in patients with diabetes and hypertension by Ainawi et al, asthma control and management by Gafaraou and colleagues, and several focusing on the elderly, paediatric and adolescent health issues, oncological conditions, mental health issues like depression and suicidal ideation, and different communicable diseases, among others. The synopses of the annual college lecture and the various presentations at plenary sessions and symposia at the conference are also contained in this issue.

It is hoped that the various authors will promptly develop their full manuscripts and consider submitting them to the WAJM. The editorial board looks forward to reviewing such manuscripts for publication in subsequent editions of the journal.

One of the sub-themes of the conference focused on the threats and opportunities of postgraduate medical education in West Africa.

The pivotal role of mentorship in postgraduate medical education cannot be overemphasized. It serves as a guiding force for emerging professionals. The mentor-mentee dynamic not only imparts clinical knowledge but also cultivates crucial skills like critical thinking and decision-making. This relationship fosters a supportive environment crucial for the emotional and professional well-being of postgraduate learners. In an often demanding and high-stakes field, having a reliable mentor provides a sounding board for concerns, a source of encouragement during setbacks, and a repository of wisdom to draw upon during challenging times. This emotional support is instrumental in mitigating burnout and cultivating resilience among trainees. Furthermore, good mentors serve as role models, instilling values of professionalism and ethical conduct. In the ever-evolving landscape of healthcare, effective mentorship becomes a cornerstone in shaping competent and compassionate physicians. It is important to emphasize that mentorship is not parasitic but symbiotic and reciprocity is one of the drivers of an effective mentorship journey. Mentees must strive to also deliver tremendous value to their mentors. (1) All the institutions and stakeholders

involved in postgraduate medical education must recognize and prioritize the establishment and strengthening of robust mentorship programs to ensure the ongoing excellence and adaptability of the medical workforce.

Mentorship programs can also be deployed toward the development of administrative and leadership skills. It has been observed that while physicians excel in their medical expertise, they sometimes do not demonstrate the same level of effectiveness in handling the practical day-to-day challenges and nuances of the modern healthcare landscape. This implies that doctors often encounter difficulties when it comes to efficiently managing administrative or leadership tasks. This viewpoint highlights a potential gap between the specialized knowledge physicians acquire during their medical training and the distinct skill set required for successful administrative and leadership roles within healthcare organizations and public service.

Postgraduate medical training should therefore extend beyond the emphasis on clinical knowledge and expertise alone; it should also incorporate robust training in leadership skills. This is crucial to equip doctors with the capability to adeptly navigate governmental, political, and administrative challenges. By addressing this need, medical professionals can be better prepared to not only excel in their clinical roles but also to effectively contribute to the broader healthcare landscape, playing key roles in policy-making, administrative decision-making, and political spheres. This holistic approach

ensures that physicians are well-rounded leaders capable of positively influencing healthcare systems beyond our clinical practices.

The leadership of the West African College of Physicians has made significant strides by implementing initiatives that enhance training programs and improve examination processes. While these achievements are commendable, there is an imperative to further build on this progress, particularly in the area of mentorship and preparing doctors for leadership roles. By focusing on mentorship programs and placing a heightened focus on leadership preparedness, the WACP can further empower doctors to not only excel in their respective fields but also acquire the necessary skills to navigate leadership roles effectively, ultimately contributing to the broader advancement of healthcare policies and practices within the region.

Max Depree, a leadership expert, said: "The first responsibility of a leader is to define reality. The last is to say thank you. In between the two, the leader must become a servant and a debtor." (2) The reality of the present-day healthcare landscape requires that we change our strategic approach to our roles as leaders in the clinical space. In contemporary times, the assertion of leadership by doctors must evolve beyond a mere positional hierarchy within the clinical team. The traditional notion that leadership was synonymous with occupying the helm of the medical team no longer suffices. Today, leadership in the medical profession demands a broader skill set and a more nuanced

understanding of the complex healthcare ecosystem.

According to Peter Drucker, leadership involves doing the right things, not just doing things right. It is thus essential that physicians undergo appropriate training that goes beyond mere managerial efficiency, emphasizing the development of leaders who prioritize doing the right things. As doctors, we must learn to exhibit leadership qualities not only within the confines of the clinical setting but also in broader contexts, encompassing healthcare administration, policy advocacy, and interdisciplinary collaboration. The changing landscape of healthcare requires physicians to be proactive agents of positive change, capable of influencing decisions beyond the immediate scope of patient care.

This paradigm shift acknowledges that effective leadership goes beyond titles and hierarchical structures. It emphasizes the need for doctors to cultivate qualities such as adaptability, strategic thinking, people management, and communication skills to address the multifaceted challenges of modern healthcare. Consequently, the contemporary medical leader is someone who can navigate the intricacies of interdisciplinary teamwork, contribute to policy development, and undertake appropriate political engagement necessary for shaping the future of healthcare. Embracing this shift will ensure that doctors remain not only competent clinicians but also impactful and influential leaders in a healthcare environment that demands a broader set of skills and

contributions. Without this, there is a risk of seeing our influence diminished in the evolving ecosystem. As Max Depree also said, "In the end, it is important to remember that we cannot become what we need to be, by remaining what we are." It is through collective acknowledgment and proactive engagement with this evolving paradigm that we can be well-equipped to meet the diverse threats and opportunities that define the contemporary healthcare environment.

Over the years, I have been an ardent believer and advocate of the transformative potential of good

leadership. Whether addressing audiences at conferences, engaging in discussions within professional circles, or contributing to academic forums, I have consistently emphasized the imperative for the cultivation of leadership skills that transcend traditional boundaries.

It is our hope that the lessons from the past conference will continue to impact positively on our practices and policies while we look forward to the next conference with great anticipation of wider participation.

Professor G.E Erhabor

Editor-in-chief, WAJM

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2023 MABAYOJE COLLEGE LECTURE

MCL

DEMENTIA IN THE WEST AFRICAN SUB-REGION: CHALLENGES OF CARE AND BEYOND

La démence dans la sous-région de l'Afrique de l'Ouest : les défis de la prise en charge et au-delà

Author: A. Ogunniyi, FWACP. Faculty of Internal Medicine, Nigerian Chapter

Address: Department of Medicine, University College Hospital, Ibadan, Nigeria

Dementia is one of the most devastating conditions affecting the older persons globally. It is projected to reach epidemic proportions due to demographic transition. The prevalence in the West African sub-region ranging between 2.9 and 10.1%, is projected to increase by over 300% by 2050. Alzheimer's disease, predominantly affects memory, is the most common subtype as in the rest of the world. Care provision is essential for the affected individuals and this is mostly home-based. Care provision is beset with the challenges of dwindling family sizes, search for paid employment, migration of health care workers and stigma arising from misinformation about the presumed aetiology. Caregivers are crucial in-home care but have limited education, were overworked and stressed. Alternatively, respite care can be obtained in hospitals while alternative approaches are patronized by others. The proffered solutions include task shifting for home care to involve community nurses and health workers, formation of support groups, innovative day care arrangements and deployment of affordable cognitive stimulation therapy. The most cost-effective approach for reducing burden is prevention through targeting the known risk factors particularly physical inactivity and boosting cognitive reserve. Collaborative international efforts can result in success with prevention and improvement in care provision.

TRAINING SYMPOSIUM

TS1:

THE ROLE OF MEDICAL LEADERSHIP IN POSTGRADUATE MEDICAL EDUCATION IN WEST AFRICA OR ESSENTIALS OF MEDICAL LEADERSHIP FOR TRAINEES AND FELLOWS

Le rôle du leadership médical dans la formation médicale postdoctorale en Afrique de l'Ouest

Dr Albert Akpalu, Ghana

Medical leadership is instrumental in shaping the landscape of postgraduate medical education in West Africa. In this region, postgraduate medical education goes beyond the foundational medical degrees and equips healthcare professionals with advanced skills and knowledge. Here are key facets of medical leadership's role in this context:

Curriculum Development: Medical leaders design and update postgraduate medical education curricula, ensuring they are up-to-date, evidence-based, and aligned with regional healthcare needs.

Quality Assurance: Maintaining and enhancing the quality of postgraduate medical education is paramount. Medical leaders establish standards, assessment tools, and oversee institutions and faculty to ensure compliance with national and international standards.

Faculty Development: Effective education requires a skilled faculty. Medical leaders promote faculty development through training, mentorship, and professional growth opportunities. This ensures that educators can deliver high-quality education and mentorship to postgraduate students.

Research and Innovation: Encouraging research and innovation is vital. Medical leaders foster a culture of inquiry

among students, supporting research skill development. This research can lead to advancements in medical knowledge and healthcare practices.

Advocacy: Medical leaders advocate for resources and policies that support postgraduate medical education. They work with relevant stakeholders to secure funding, facilities, and essential resources for education and training.

Collaboration: Collaboration with regional and international medical organizations is vital for knowledge sharing and resource exchange. Medical leaders facilitate these collaborations, enhancing the quality of education and research.

Accreditation and Certification: Medical leaders ensure that postgraduate programs meet established standards and facilitate accreditation and certification processes.

Ethical and Professional Development: Medical leadership instils ethical values and professionalism in postgraduate students, ensuring adherence to ethical principles and codes of conduct.

Continuous Assessment and Improvement: Regular assessment and improvement are essential in this evolving field. Medical leaders evaluate program effectiveness, making necessary adjustments based on feedback, research, and changing healthcare demands. **Mentorship and Role Modeling:** Medical leaders serve as role models and mentors, guiding postgraduate students and fostering a culture of leadership and lifelong learning.

In West Africa, where healthcare challenges are dynamic, effective medical leadership in postgraduate education is vital. Through these roles, medical leaders contribute significantly to developing a competent and compassionate healthcare workforce, adept at addressing the region's health needs.

TS2

QUALITY ASSURANCE IN POSTGRADUATE MEDICAL EDUCATION IN WEST AFRICA: EXPLORING BEST PRACTICES AND OPPORTUNITIES FOR IMPROVEMENT

Assurance qualité dans la formation médicale postdoctorale en Afrique de l'Ouest: exploration des meilleures pratiques et opportunités d'amélioration

Dr Taiwo Obindo, Nigeria

Quality Assurance (QA) is the process of maintenance of a desired level of quality in a service or product, especially by paying attention to every stage of the process of delivery or production.

ISO 9000 family of Quality Management Systems (QMS) defines Quality Assurance as “a part of quality management focused on providing confidence that quality requirement will be fulfilled.

Since the goal of QA is to identify and fix defects in the process and the products before they are released to the customers, interrogating the process is germane to improving the confidence. Both the internal (the College) and the external (government and institutions employing the specialists) confidences need to be taken into consideration.

The various stages in the process of producing these graduates, as mapped out in the PDCA model i.e. Planning, Doing, Checking and Acting/adjusting, would be examined.

Types of QA

1. Planning {Pre-Production Inspection (PPI)}
2. Doing {During Production Inspection (DPI)}
3. Checking {Pre-shipment Inspection (PSI)}
4. Acting/ Adjusting {Loading Supervision (LS)}

Why Quality Assurance by the College?

- The need to produce well-trained competent specialist with comparative global skills and competences

- The need to be the best training College and the preferred destination for the candidates with the increasing number of Postgraduate Medical Colleges traversing the West Africa subregion and each competing for the few available candidates
- The desire to continually maintaining and improving standards
- The need to ensure that the standards set at the outset are still being adhered to and not diluted by convenience and individual whims and caprices

There is, therefore, a need to revisit the process, strengthen areas we are doing well and shore up observed lapses. These will further improve the confidence in the quality of the specialists produced.

The College inaugurated the QA Committee for the College in January 2011 with a 14-item Terms of Reference. The Committee sub-divided Training process into three (3) domains for effective coordination.

There are three (3) stages/ areas identified for training:

- Accreditation of Training Centers
- Curriculum for the training
- Examination Process

This presentation will engage the above stages in line with the global best practices and proffer acceptable recommendations for improvements.

TS3

COLLABORATIVE APPROACHES TO CULTIVATING EXCELLENCE IN POSTGRADUATE MEDICAL EDUCATION IN WEST AFRICA: EXPLORING PARTNERSHIPS, ALLIANCES AND NETWORKS

Approches collaboratives pour cultiver l'excellence dans la formation médicale postdoctorale en Afrique de l'Ouest : explorer les partenariats, les alliances et les réseaux

Dr Afolabi Lesi, Nigeria

Our College was established in 1976 with the aim of providing specialist medical manpower in the sub-region. It supervises the training, examination, and certification of medical specialists. Over the years, as we have evolved, our vision has included, as it should, the need to engage in dialogue and collaborations to achieve its mandate. We have had successful engagements among regional Colleges, irrespective of the language blocs. Our curricula are undergoing constant revision to address new challenges and maintain global competitiveness of our Fellows and Members. We have succeeded in engaging International Colleges, governments and financial institutions in fighting prevalent diseases and strengthening health systems in a sustainable way even to fight other emerging diseases like Ebola and Covid-19. The presentation highlights various benefits in exploring partnerships and collaborations on an equal footing with others despite challenges of issues like brain drain. It concludes by stating that we must continue to prioritize collaboration and building alliances as a key strategy in achieving the vision and mandate for our College. In continuing to do so, we must remain open and transparent in our dealings with partners without losing our identity and our obligations to the governments and the people of the sub-region we serve.

TS4

PROFESSIONAL STANDARDS FRAMEWORK FOR MEDICAL EDUCATORS TO TRAIN THE MEDICAL WORKFORCE OF TOMORROW

Cadre de normes professionnelles pour les enseignants en médecine pour former le personnel médical de demain

Dr Ibi Erekosima, UK

Introduction: Medical Education has thrived in Africa for several decades. It is described as a field of practice based on the knowledge, skills and behaviours required for the effective teaching and training of the medical workforce¹. Medical educators and clinical teachers are responsible for developing, delivering, managing teaching programmes and engage in scholarship and research into all aspects of teaching, learning and assessment hence the need for a Professional Standards Framework¹.

What is Professional Standard Framework? Professional Standards framework as described by the Academy of Medical Educators UK, has been developed in wide consultation with the international community of professional medical educators to demonstrate the values, skills, knowledge, and practical capabilities required of those engaged in medical education¹. It serves as a foundational guide to curriculum development and provides recognised framework of professional values and indicators. It means that those involved in medical education can demonstrate expertise and achievement through accreditation to an agreed national standard.

There are 5 practice domains. Each domain contains the expected skills and capabilities of medical educators¹. It includes:

- Design and planning of learning activities
- Teaching and facilitating learning
- Assessment of learning
- Educational scholarship and evidence-based practice
- Educational management and leadership

It is the responsibility of regulatory bodies, undergraduate and postgraduate medical colleges to use these Professional Standards domains to set expectations required of medical teachers².

Conclusion: Medical educators should be encouraged to use this framework to identify their development needs to support and guide their professional progress as educators by staff development through signposting, attending workshops and postgraduate programs in medical education to meet the changing needs of the medical workforce of tomorrow.

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PLENARY SESSION

PS1

WHO-PEN PLUS CONCEPT: A STRATEGY TO EXPAND HIGH-QUALITY CARE FOR NCDs TO THE POOREST WHO-PEN PLUS

Une stratégie pour étendre les soins de haute qualité pour les MNT aux plus pauvres

Presenter: Emmanuel Mensah, MD MBA

Managing Director, Center for Integration Science, Division of Global Health Equity, Brigham and Women's Hospital. West Africa Regional Lead, NCDI Poverty Network Co-Secretariat Faculty, Harvard Medical School

Chronic and severe non-communicable diseases like Type 1 diabetes (T1D), Rheumatic heart disease (RHD), Congenital Heart Disease, Sickle cell disease (SCD), more frequently affect children and young adults. Early diagnosis, treatment and care is critical to reducing the high mortality and morbidity that arises from these conditions. There is renewed regional and global opportunities to reduce the burden of chronic and severe NCDs in the African region.

As part of efforts to reduce the high burden of premature mortality from chronic and severe NCDs within the context of universal health coverage (UHC), in August 2022, "PEN-Plus – A regional strategy to address severe chronic noncommunicable diseases at first level health facilities", was adopted by all Member States at the 72nd Regional Committee, held in Lomé, Togo. This strategy aims to improve access to prevention, treatment, and care for chronic and severe NCDs to rural and peri urban populations by providing this care at first level referral facilities, using standardized protocol-based management. The strategy sets out clear activities which, if implemented, would strengthen capacity for comprehensive care for chronic and severe NCDs, as well as strengthen the implementation of WHO PEN.

PEN-Plus is a model for integrated health service delivery for severe or advanced chronic diseases at the first-referral hospital level, building on the World Health Organization's Package of Essential NCD Interventions (WHO PEN). Whereas WHO PEN addresses common NCDs at the primary care level, PEN-Plus focuses on first level hospitals and care for more severe NCDs by training integrated care teams of mid-level providers.

PS2

POINT-OF-CARE ULTRASOUND: A PROMISING TOOL TO IMPROVE ACCESS TO MEDICAL IMAGING IN DEVELOPING COUNTRIES

L'échographie au point de service : un outil prometteur pour améliorer l'accès à l'imagerie médicale dans les pays en développement

Presenter: Dr Veronique Suttels,

University Teaching Hospital of Vaud, Lausanne, Switzerland

Access to quality medical imaging remains a critical challenge in many developing countries due to limited resources and infrastructure. Point-of-care ultrasound (POCUS) has emerged as a potential game-changer in addressing this issue. This abstract explores the promise of POCUS as a tool to improve medical imaging access in developing nations.

POCUS devices are portable, low-cost, and require minimal training, making them suitable for use in resource-constrained settings. They offer real-time imaging capabilities, allowing healthcare providers to swiftly diagnose and manage a variety of medical conditions. POCUS applications span a wide range, from obstetrics and cardiology to trauma and infectious diseases such as tuberculosis and HIV, significantly expanding its utility in diverse clinical scenarios.

POCUS also has the potential to transform medical education and capacity building. Training programs tailored to local healthcare providers can empower them to effectively use POCUS technology. Telemedicine and artificial

intelligence (AI) initiatives further extend its reach, enabling remote consultations and expert or AI guidance. Despite its promise, challenges such as impact data, ensuring quality control, establishing training programs, and promoting sustainable adoption remain. Collaborative efforts involving governments, NGOs, the academic and the private sector are crucial to overcoming these hurdles and making POCUS a widespread reality in developing nations.

SCIENTIFIC SESSION I: ORAL PRESENTATIONS

OP1

HEART FAILURE AT THE CENTRE HOSPITALIER PRÉFECTORAL DE KPALIMÉ

Insuffisance cardiaque au Centre Hospitalier Préfectoral de Kpalimé

Damorou F, Pessinaba S, Zarami S, Tsambang DWL, Ehlo KS, Yayehd K, Togbossi E, Kpelafia M, Adzodo A.

Introduction: L'insuffisance cardiaque (IC) est une issue majeure de santé publique avec une prévalence croissante, touchant aujourd'hui 1 à 3% de la population mondiale. Le but de cette étude était de décrire les aspects épidémiologiques, diagnostiques et thérapeutiques de l'IC à Kpalimé.

Méthodes: Il s'agit d'une étude transversale descriptive réalisée sur quatre mois (janvier à mai 2023) portant sur les patients hospitalisés en médecine au CHP de Kpalimé et chez qui le diagnostic d'IC a été posé avec réalisation de l'échodoppler cardiaque.

Résultats: La prévalence de l'IC était de 5,6%. L'âge moyen des patients était de $64,6 \pm 17,7$ ans avec prédominance masculine et un sexe ratio de 1,07. L'hypertension artérielle (83,8%) était le facteur de risque cardiovasculaire le plus retrouvé. La comorbidité la plus fréquente était l'anémie (16,13%). L'IC globale (54,8%) était le tableau clinique le plus fréquent. La fibrillation atriale était présente chez 12,90% des patients. Une dysfonction systolique du ventricule gauche était retrouvée chez 83,9% des patients. Les lésions cardiaques étaient dominées par la cardiomyopathie dilatée (58%) suivi de la cardiopathie hypertensive non dilatée à part égal avec les valvulopathies organiques chez 12,9% des patients. Les étiologies des cardiomyopathies dilatées étaient hypertensive (38,9%) et ischémique (22,2%). Les IEC et bêtabloquants sont les traitements de fond les plus prescrits. Aucun décès n'a été enregistré dans la série. Le taux de rupture thérapeutique était de 70% au premier rendez-vous de suivi.

Conclusion: L'insuffisance cardiaque est une réalité à Kpalimé. Sa prévalence est sous-estimée en raison d'un sous-diagnostic. Sa prise en charge révèle un taux élevé de rupture thérapeutique. La prévention, le dépistage précoce et la prise en charge des facteurs de risque cardiovasculaire reste notre meilleure arme pour éviter sa survenue et ses complications.

Mots clés: insuffisance cardiaque, épidémiologie, Kpalimé.

OP2

RELATIONSHIP BETWEEN SELECTED TRADITIONAL & NOVEL ANTHROPOMETRIC PARAMETERS AND BLOOD PRESSURE AMONG YOUNG PEOPLE

Relation entre certains paramètres anthropométriques traditionnels et nouveaux et la tension artérielle chez les jeunes

*Oladimeji Adebayo^{*1,2}, Oiwoh Sebastine Oseghae³, Kehinde Kanmodi^{4,5}, Adedayo Williams⁶, Oluwafemi Adewumi Oyabambi⁷, Oluwaseyi Folasade Ojo⁸, Joshua Martins Agbogidi⁹, Morohunmubo J. Ibiyo¹⁰, Akinjopo Samuel¹¹, Oluwaseyi Ogunsuji¹², Isioma Lawretta Mukoru¹³, Luqman Ogunjimi¹⁴*

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Background: Many anthropometric measures have been developed in the last two decades to evaluate cardiovascular health and disease. However, the relationship between these measures and blood pressure is not commonly explored among young population.

Objective: This study sought to explore the relationship between selected traditional and novel anthropometric metrics and blood pressure among young people as part of The profile of anthropometry And psychosocial issues on campus (TERRACE) study.

Methods: A total of 375 participants were included in the study. Basic demographic details, standard methods were used to measure blood pressure, and anthropometric measures Height, weight, waist circumference, hip circumference, and neck circumference were measured. Derived waist and hip indices included the waist-hip ratio, waist-to-height ratio, weight-adjusted waist index, abdominal volume index, neck-to-height ratio, and conicity index. The linear relationships between the anthropometric parameters and systolic blood pressure, diastolic blood pressure, and pulse pressure were explored. Those that were strongly correlated, moderately correlated, weakly correlated, and effectively uncorrelated were graded 0.50-1.0, 0.30-0.49, 0.10-0.29, and less than 0.10, respectively. The analysis was done using SPSS version 23. A p-value <0.05 was considered significant.

Results: The mean age \pm standard deviation (SD) and proportion of females were 21.1 ± 3.5 years and 245 (65.3%), respectively. The mean \pm SD systolic blood pressure, diastolic blood pressure, and pulse pressure were 109.2 ± 11.2 mmHg, 67.5 ± 8.8 mmHg, and 41.6 ± 11.1 mmHg, respectively. Most of the variables have a statistically significant relationship with the blood pressure parameters; however, all are neither moderately nor strongly correlated.

Conclusion: Most of the anthropometric indicators, including the novel ones, are correlated with BP parameters in this young population. However, further research is needed to unravel newer one with better correlations in this population.

Keywords: Young health, Cardiovascular diseases, Anthropometry, blood pressure

OP3

COMPLICATIONS OF THROMBOLYSIS IN LOMÉ UNIVERSITY HOSPITALS

Complications de la thrombolyse dans les centres hospitaliers universitaires de Lomé

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Introduction: Les thrombolytiques sont des agents antithrombotiques capables de lyser un thrombus fibrinoplaquettaire et utilisés dans les pathologies thrombotiques artérielles et veineuses même si cette utilisation n'est pas anodine. L'objectif principal de notre étude était d'évaluer de façon générale les complications de la thrombolyse au cours du syndrome coronarien aigu ST+ et de l'embolie pulmonaire (EP).

Matériel et méthode: Il s'agit d'une étude rétrospective et descriptive réalisée sur sept ans (janvier 2014 à décembre 2021) incluant les patients hospitalisés en cardiologie des CHU Campus et Sylvanus Olympio et ayant bénéficié d'une thrombolyse.

Résultats: Soixante-cinq dossiers ont été colligés. L'âge moyen des patients était de $54,6 \pm 15,5$ ans dont 36 (55,4%) hommes et 29 (44,6%) femmes. La thrombolyse avait été réalisée dans le cadre d'une EP grave (54%) et d'un SCA ST+

(46%). La streptokinase était le seul thrombolytique utilisé, en association dans 87,7% des cas à une anticoagulation parentérale par l'héparine. Le succès de la thrombolyse était notifié chez 52 (80%) patients. Néanmoins des complications étaient survenues chez 25 (38,5%) patients dont 18,5% de réactions anaphylactiques, 17% d'hémorragies mineurs et 10,8% d'hémorragies majeures. Leur prise en charge était marquée par l'arrêt de la thrombolyse ou des anticoagulants, l'injection de corticoïdes ainsi que les mesures de réanimations et d'hémostase. La létalité de ces complications était élevée à 52%.

Conclusion: La thrombolyse systémique est souvent le seul moyen thérapeutique d'urgence disponible dans nos régions pour le traitement des maladies cardiovasculaires aiguës (SCA ST+ et EP). La survenue des hémorragies peuvent engager le pronostic vital des patients. Il faudrait mettre en évidence les facteurs favorisant la survenue de ces complications.

Mots clés: thrombolyse, complications, embolie pulmonaire, syndrome coronaire aigu.

OP4

ANALYSIS AND COMPARISON OF SERUM LIPID PROFILE IN PATIENTS WITH DIABETIC MELLITUS AND HYPERTENSION IN A TERTIARY HEALTH CENTRE IN NORTH WEST NIGERIA

Analyse et comparaison du profil lipidique sérique chez les patients atteints de diabète sucré et d'hypertension dans un centre de santé tertiaire du nord-ouest du Nigeria

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Back ground: Serum Lipid profile is an important biochemical parameter that can be used as a marker of adverse cardiovascular events.

Aims and objectives: This study aim to analyze and compare serum lipid profile among hypertensive and diabetic patients.

Methods: Serum lipid profile of 172 and 142 patients with diagnosis of hypertension and diabetes mellitus respectively seen over a 4year period were retrieved from the electronic data base of chemical pathology department of Barau Dikko Teaching Hopital, Kaduna. Percentages of patients with abnormal lipid values were calculated for the various lipids in the two groups of hypertension and diabetes and comparison of the mean was carried out in between the groups.

Results: Among hypertensives; 16.0%, 25.6%, 31.8% and 14.0% had abnormal HDL, LDL, total cholesterol and triglycerides respectively with 5.8% having both elevated cholesterol and triglyceride. In the diabetic group; 22.4%, 16.9%, 30.1% and 13.8% had abnormal HDL, LDL, total cholesterol and triglyceride respectively with 7.3% having both elevated total cholesterol and triglyceride. Comparison of mean of the various lipids among hypertensive and diabetic patients respectively is as follows: HDL (mean value 1.3 ± 0.8 vs 1.2 ± 0.3 , t 1.737, p 0.08), LDL (mean value 3.3 ± 1.0 vs 3.1 ± 1.1 , t 2.170, p 0.03), total cholesterol (mean value 5.3 ± 1.2 vs 5.2 ± 1.7 , t 0.598, p 0.55) and triglyceride (mean value 1.6 ± 1.0 vs 1.6 ± 0.6 , t 0.389, p 0.70).

Conclusion: In this study, the predominant abnormality of lipids among the patients in the two groups was total hypercholesterolaemia and hypertensive patients had significantly higher LDL levels when compared to that of diabetic patients.

OP5
FACTORS OF NON-CONTROL OF ASTHMA IN LOMÉ
Facteurs de non contrôle de l'asthme à Lomé

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Introduction: L'absence de contrôle de l'asthme fait partie des causes d'exacerbation sévère d'asthme. Les objectifs de ce travail étaient de déterminer la prévalence de l'asthme non contrôlé au centre hospitalier universitaire (CHU) Sylvanus Olympio de Lomé et de décrire les facteurs de non contrôle à Lomé.

Méthodes: Il s'est agi d'une étude transversale prospective et descriptive par questionnaire administré à des patients asthmatiques ayant consulté ou ayant été hospitalisés dans le service de Pneumo-Phtisiologie du CHU Sylvanus Olympio de Lomé du 1^{er} janvier 2019 au 31 décembre 2020.

Résultats: Nous avons recruté 80 patients. L'âge moyen des patients était de 46,49 +/-19,73 ans avec une prédominance féminine (68%). L'asthme était non ou partiellement contrôlé chez 75% des patients. L'asthme était significativement moins contrôlé chez les patients qui avaient un bas revenu mensuel ($p=0,012$), qui disposaient à domicile de fauteuils bourrés en tissus ($p=0,049$), et qui subissaient une pollution de l'air dans leur milieu ($p=0,03$).

Conclusion: Notre étude a révélé que l'asthme non contrôlé est très fréquent au CHU Sylvanus Olympio. Plusieurs facteurs de non contrôle de l'asthme, surtout modifiables, y ont été identifiés. Une sensibilisation de la population, une éducation thérapeutique des patients, et une prise en charge gratuite de l'asthme amélioreront le contrôle de l'asthme et la morbi-mortalité liée à l'asthme.

Mots clés: Asthme-Contrôle-Education-Togo

OP6:
THE PHARMACIST'S ROLE IN ASTHMA MANAGEMENT IN AFRICA: A SURVEY OF PHARMACISTS IN TOGO
Rôle du pharmacien dans la prise en charge de l'asthme en Afrique: une enquête auprès des pharmaciens du Togo

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Introduction: La prise en charge de l'asthme nécessite le concours de l'entourage des asthmatiques et de plusieurs partenaires de soins dont les pharmaciens. Les objectifs de l'étude étaient d'apprécier l'attitude des pharmaciens dans la délivrance des médicaments de l'asthme et d'évaluer leur connaissance sur la technique d'utilisation des aérosols doseurs pressurisés.

Méthodes: Il s'est agi d'une enquête transversale réalisée du 5 janvier au 31 mars 2015 par auto-questionnaire auprès de pharmaciens d'officines privées de la ville de Lomé. Toutes les pharmacies privées figurant sur la liste actualisée de la direction générale des pharmacies du Togo étaient retenues. Les pharmaciens non répondeurs après six passages de l'investigateur étaient exclus. L'analyse des données a été faite sur un micro-ordinateur grâce à un logiciel Epi-info version 3.3.2.

Résultats: Le taux de participation était de 76,36 %. Tous les pharmaciens ont affirmé recevoir la visite d'un asthmatique à l'officine en période de crise et ou en inter crise. Les asthmatiques se présentaient à l'officine sans aucune prescription médicale. Les médicaments de l'asthme sont délivrés sans exigence d'une ordonnance médicale surtout en période critique. Une prise en charge de la crise d'asthme est assurée par le pharmacien dans 51,20 % des cas à l'officine. L'aérosol doseur était la forme de médicaments la plus proposée. Seulement 27,38 % des pharmaciens ont une maîtrise parfaite de la technique d'utilisation. Les pharmaciens avaient prodigué des conseils aux patients sur la nécessité du traitement de fond, la régularité du suivi médical, l'éviction des allergènes et de la fumée du tabac.

Conclusion: Les pharmaciens loin de se limiter seulement à la délivrance des médicaments, doivent s'impliquer dans l'éducation des malades asthmatiques.

Mots clés: Asthme-Pharmacien-Education-Togo

OP7

LOWER DIGESTIVE HEMORRHAGE IN ADULTS IN COTONOU FROM 2017 TO 2022: EPIDEMIOLOGICAL, DIAGNOSTIC, THERAPEUTIC AND PROGNOSTIC ASPECTS

*Les hémorragies digestives basses chez l'adulte à Cotonou de 2017 à 2022 :
aspects épidémiologiques, diagnostiques, thérapeutiques et pronostiques*

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Introduction

L'objectif de ce travail était d'établir le profil épidémiologique, diagnostique, thérapeutique et pronostique des hémorragies digestives basses (HDB) à Cotonou.

Méthode : Il s'agissait d'une étude rétrospective, descriptive sur une période de janvier 2017 à décembre 2022 dans deux unités d'endoscopies digestives à Cotonou. Elle avait porté sur les dossiers médicaux des patients admis pour HDB.

Résultats: Au total 674 patients avaient été inclus, d'âge moyen $49,2 \pm 2,5$ ans, de sex-ratio à 2,0. L'hématochézie était le mode d'HDB le plus fréquent (94,4% ; n=636). La durée d'évolution des symptômes était inférieure à un mois chez la majorité des patients (50,6% ; n=365). L'HTA étaient l'antécédent le plus retrouvé (38,0% ; n=203). La majorité des patients avait réalisé l'endoscopie 48 h après leur première consultation (51,1% ; n=405). L'étiologie la plus fréquente était la maladie hémorroïdaire (35,9% ; n=621), suivie des polypes coliques (23,0% ; n=621). La ligature élastique était le moyen thérapeutique le plus utilisé dans les maladies hémorroïdaires (74,4% ; n=223) et la polypectomie endoscopique dans les cas de polypes (100% ; n=143). L'évolution était favorable dans la majorité des cas (90,0% ; n=559) avec une récurrence hémorragique dans 10,0% (n=56). La mortalité était de 2,7% (n=18). **Conclusion**

Les HDB sont fréquentes à Cotonou. Les moyens diagnostiques disponibles sont performants et la prise en charge est de bonne qualité dans les principaux centres de Cotonou

Mots clés : Hémorragies digestives basses, endoscopie, étiologies, Cotonou

OP8

HUMAN SCABIES IN THE GENERAL POPULATION OF PARAKOU (BENIN): EPIDEMIOLOGICAL AND CLINICAL ASPECTS IN 2022

Gale humaine en population générale à Parakou (Bénin) : aspects épidémiologique et clinique en 2022

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Introduction: La gale, "maladie tropicale négligée" depuis 2017, est un problème de santé publique dans de nombreuses régions tropicales. L'objectif était d'étudier les aspects épidémiologique et clinique de la gale humaine en population générale à Parakou en 2022.

Méthodes: Il s'est agi d'une étude transversale descriptive et à visée analytique menée à Parakou du 16 mai au 26 juin 2022. Un échantillonnage par sondage en grappes a été réalisé et l'analyse des données a été effectuée avec le logiciel Epi info version 7.2.4.

Résultats: Au total, 727 sujets ont été enquêtés et 653 répondaient aux critères d'inclusion parmi lesquels 49 présentaient la gale humaine (7,5%). Parmi ces derniers, une prédominance masculine 51,1% a été observée (*sex-ratio* 1,23). L'âge moyen était de 21,4±14,4 ans avec des extrêmes de 1 et 70 ans. Le prurit généralisé est observé chez tous avec une notion de contagion familiale dans 40,8% des cas. La vésicule perlée était le principal signe (77,1%) et les mains constituaient le siège de prédilection des lésions cutanées (79,2%). Le bas niveau d'instruction universitaire ($p=0,027$), l'utilisation de lait corporel dépigmentant ($p=0,023$), les faibles fréquences de changement de vêtements ($p=0,034$) et de la literie ($p=0,001$) ainsi que le nombre élevé de personnes par lit ($p=0,001$) étaient les principaux facteurs associés.

Conclusion: La prévalence de la gale humaine demeure non négligeable à Parakou. Il urge d'œuvrer à divers niveaux pour limiter sa propagation au sein de la population béninoise

Mots clés : Gale, épidémiologie, clinique, Parakou

OP9

ATTITUDES AND PRACTICES OF HEALTH PROFESSIONALS REGARDING BLOOD EXPOSURE ACCIDENTS (BSE) IN PARAKOU IN 2022

Attitude et Pratique des Professionnels de la santé sur les Accidents d'Exposition au Sang (AES) à Parakou en 2022

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Introduction: Les professionnels de la santé sont souvent victimes d'AES au cours des activités de soin.

Objectif: Étudier les attitudes et pratiques des soignants sur les AES dans la commune de Parakou en 2022.

Méthodes: Il s'est agi d'une étude transversale descriptive à visée analytique avec recueil prospectif des données réalisée du 1^{er} avril au 30 juin 2022. Étaient inclus dans l'étude, les professionnels de la santé des établissements sanitaires publics et privés ainsi que les étudiants en médecine. Les données ont été saisies grâce au logiciel Epi-Data 3.1 puis apurées et vérifiées dans le logiciel STATA MP 14. Le seuil de significativité était de 0,05.

Résultats: Au total 791 professionnels de la santé avaient participé à l'étude dont 465 (58,8 %) de travailleurs et 326 (41,2 %) étudiants. L'âge moyen était de 32,2 ans ± 8,9 avec des extrêmes de 19 ans et 62 ans. Il y avait plus de femmes 60,4 % pour 39,6 % d'hommes, la sex-ratio étant de 0,7. La prévalence des AES du personnel soignant était de 116 (25 %) et celle des étudiants de 79 (24,2 %) ($p=0,819$). La piqûre était la principale cause d'AES (79,3

%) du personnel soignant et (72,2 %) des étudiants. Les gestes incriminés étaient les injections (98,7 %), les prélèvements sanguins (40,5 %) et le recapuchonnage d'aiguille (25,3 %). Pour la prise en charge, le rinçage à l'eau (54,3 %), le lavage au savon (50,9 %) et la désinfection à l'eau de javel (48,3 %) étaient les principaux gestes adoptés. La déclaration d'AES avait été effective pour 50 (43,1 %) du personnel soignant et pour 22 (27,9 %) d'étudiants. Le patient-source était connu dans 80,0 % des cas. La catégorie professionnelle ($p = 0,000$), l'âge ($p = 0,005$) et le corps du personnel soignant ($p = 0,008$) étaient associés de façon significative à l'attitude et pratique sur les AES.

Conclusion: Les AES constituent une menace réelle pour les professionnels de la santé. Une bonne attitude et pratique est gage d'une prise en charge adéquate

Mots clés : Attitude, Pratique, AES, Personnel soignant, Parakou.

OP10

MOTHERS WILLINGNESS TO VACCINATE THEIR IN-SCHOOL ADOLESCENTS AGAINST HPV INFECTION IN LAGOS STATE NIGERIA

Volonté des mères de vacciner leurs adolescents scolarisés contre l'infection par le papillomavirus dans l'État de Lagos, au Nigeria

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Introduction: Human Papillomavirus (HPV) vaccine uptake rates for adolescents are still low in Nigeria despite the availability of safe and effective vaccines. The knowledge and attitudes of mothers to HPV infection and vaccines play a role in adolescents HPV vaccination uptake. This study assessed mothers' willingness to vaccinate their in-school adolescents against HPV infection in Lagos State Nigeria.

Methods: A cross-sectional descriptive study involving mothers of in-school adolescents was conducted using a multi-stage sampling technique. A self-administered questionnaire was used for data collection. Chi square test was used to determine association between categorical variable and the level of significant was set at 5%.

Results: The mean age of the respondents was 43.0 ± 5.8 . Majority (92%) had poor knowledge of HPV infection and vaccination. However, majority (79%) of the respondents had a positive attitude to HPV vaccination. More than half (65.8%) of the respondents' were willing to vaccinate their adolescents against HPV. There were statistically significant associations between respondents' number of daughters and attitude about HPV vaccination ($p=0.021$), previous pap smear screening and willingness to vaccinate their children against HPV ($p=0.012$) and overall knowledge of HPV vaccination and willingness to vaccinate their children against HPV ($p=0.041$).

Conclusion: There is a need to increase public awareness and health education of mothers on HPV infection and cervical cancer in order to increase HPV vaccine uptake for their children. Health and education sectors can collaborate to achieve this using school-based HPV education programme.

Keywords : Human Papillomavirus, vaccination, in-school adolescent; mothers, knowledge, willingness.

OP11

FAMILY PLANNING SERVICE UPTAKE IN HOSPITALS IN RIVERS STATE, NIGERIA

Utilisation des services de planification familiale dans les hôpitaux de l'État de Rivers, au Nigeria

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Introduction: Family planning refers to a couple's ability to have the number of children they want by spacing out their children appropriately or a person's ability to avoid unintended pregnancies by using various contraceptive methods and infertility treatment. All hospitals in Rivers State, Nigeria, that provide primary care, offer family planning services.

Aim: To describe the pattern of family planning service uptake in the hospitals in Rivers State.

Methodology: An 8-year retrospective review of data collection from the District Health Information System 2 (DHIS 2) platform in the Health Management Information System in Rivers State was conducted. Data from 387 health facilities were collated and keyed into the DHIS2 platform. Data was analysed using SPSS version 21 and represented as frequencies, percentages and charts.

Results: During the period under review, the Family Planning clinics counselled a total of 931,774 individuals, of whom 421,785 (45.3%) accepted family planning services. Condoms (65.3%) were the most widely utilized contraceptive, whereas bilateral tubal ligation (0.1%) was the least utilized. Other methods were injectable, implant, oral contraceptive pills and intrauterine contraceptive devices accounting for 16.1%, 9.4%, 7.8%, and 1.3%, respectively. A significant increase was observed in the trend of use of condoms, injectables and oral contraceptive pills between 2016-2021.

Conclusion: The findings were that there was an increasing trend in the yearly utilization of family planning services among women of childbearing age in the State from 2014 – 2021. Condom being the most utilized indicates that it is the most accepted and approved by clients in family planning clinics in Rivers State. The knowledge of contraceptive utilization trends can be used to monitor and appraise the acceptance and approval of each method and family planning program over a period.

Keywords: Contraceptive uptake, family planning clinic, trend, new acceptor

OP12

MEDICAL OUTREACH AND IMPROVED ACCESS TO SPECIALIST SERVICES FOR THE RURAL COMMUNITY OF BAUCHI STATE, NIGERIA: THE REQUIREMENTS FOR SUSTAINABILITY

Extension des services médicaux et amélioration de l'accès aux services spécialisés pour la communauté rurale de l'État de Bauchi, au Nigéria : Les conditions de la durabilité

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Introduction: The West African College of Physicians (Nigeria) conducted its Annual General and Scientific Meeting (AGSM) in Bauchi State, Nigeria on 11th-15th of July, 2023. The theme of the AGM is HEALTH-RELATED SDGs IN NIGERIA: THE PROGRESS SO FAR. The sub- themes included challenges of health care in the face of Disaster and the menace of brain drain on health care manpower and medical education. Part of the activities for the AGSM was a medical outreach conducted at Durum community of Bauchi LGA, Bauchi State on Saturday, 8th July, 2023 between 8:00AM to 5:00PM at Durum primary school premises.

Objectives: We examined the role of specialist medical outreach in supporting primary health care services and overcoming the barriers to health care faced by the rural dwellers and also examined issues affecting sustainability.

Methods: Durum community was chosen from the list of 3 rural communities submitted to the Local Organizing Committee (LOC). A community entry was conducted to the relevant stakeholders. A descriptive cross-sectional design was used for the study. A semi-structured data form was used to collect information from 1062 participants. The activities included health talk and consultations on common health problems in the community as well as referral services. Relevant screenings tests for HBV, HCV, DM, Kidney diseases (Urinalysis), HIV and Tuberculosis were conducted. Medications for common diseases affecting the community were prescribed by the Doctors and dispensed during the outreach. The data were analyzed using SPSS version 26 at 5% significance level and 95% confidence interval.

Results: A total of 1,062 filled forms were retrieved. The results show that majority of the participants are females 615(58%) while 447(42%) are males. Half of the respondents are illiterate 526(50%) and only 1%(11) attended tertiary institution. Majority are unemployed 646(61%) and only 1%(13) are civil servants. The commonest existing chronic medical conditions among the participants are hypertension 43(4%) and diabetes 15(1%). The commonest presenting complaints of the respondents are fever 404(38%), headache 170(16%), cough 53(5%), dizziness 53(5%), skin

rashes 43 (4%), abdominal pain 159 (15%), diarrhoea 53(5%) and vaginal discharge 127(12%). Regarding medical check-up, 481(45%) of the respondents have never ever had a medical check-up. 44(4%) had a check-up in the last preceding month, 41(4%) had check-up in the last preceding week, 40(4%) had check up in the last 6 months, while 34(3%) had check-up in the last one year. 84(42%) and 81(41%) among those tested had positive results for hepatitis B and C respectively and were counseled and referred. None tested positive for Tuberculosis and 1(1%) tested positive for HIV among those screened. 301(80%) among those tested had positive results for malaria and were counseled and offered treatment. The commonest health problems in the community were malaria (41%), enteric fever (26%), PUD/Dyspepsia (19%), UTI(9%) and skin diseases (5%).

Conclusions: The study found out that half of the participants are illiterate and unemployed. The commonest health problems in the community were malaria, enteric fever, PUD/Dyspepsia, UTI, skin diseases, Hepatitis B & C. Thus, we recommend that the Primary Health Care Centre in the community should continue to provide the basic health services to the community. The Drug Revolving Fund (DRF) of the facility should be upgraded with relevant drugs and medical consumables at an affordable cost and a Doctor should be posted to the centre on temporary basis. These require the support of Ward Development Committee, Department of Primary Health Care of Bauchi Local Government Area, Bauchi State Primary Health Care Development Agency and the Bauchi State Ministry of Health. In addition, the State Government should improve the allowances for the health care personnel working in the rural areas and support the community in educational enrollment and poverty alleviation as well as collaborating with health institutions like the WACP in providing quality services to the State.

Keywords: Medical Outreach, WACP(NG) AGSM, Bauchi-2023, Durum, Bauchi, Nigeria.

COLLEGE SYMPOSIUM

CS1

HEALTH SYSTEMS BUILDING BLOCK: A SITUATION ANALYSIS OF THE WEST-AFRICAN SUB-REGION

Bloc de construction des systèmes de santé : Analyse de la situation dans la sous-région de l'Afrique de l'Ouest

Presenter: Dr Obioma Uchendu

The World Health Organization (WHO) defines health systems as “all the activities whose primary purpose is to promote, restore or maintain health”. Health systems are essential for achieving universal health coverage and the health-related Sustainable Development Goals. However, many health systems in sub-Saharan Africa face multiple challenges that affect their performance and resilience. This paper aims to provide a situation analysis of the health systems in the West African sub-region using the WHO building blocks framework some of which are governance and leadership, health financing, health workforce, service delivery, and access to essential medicines and technologies.

A desk review of literature on the health systems in the West African sub-region using the search term “Health Systems Building Block: A Situation Analysis of the West African sub-region” was conducted. This presentation is an overview of the current status, challenges, and recommendations on the health systems in the West African sub-region.

The health systems in the West African sub-region are characterized by low levels of health financing, inadequate health workforce, weak health information systems, poor service delivery, insufficient access to essential medicines and technologies, and weak governance and leadership. The COVID-19 pandemic disrupted health services and further exposed the fragility of the health systems. Some recommendations to address these challenges include increasing domestic and regional resource mobilization, strengthening human resources development and management, and promoting multisectoral collaboration and accountability. Collaboration among stakeholders - governments, international organizations, and Postgraduate Medical Training Colleges such as the West African College of Physicians (WACP), are essential to address the identified weaknesses and strengthen the health systems building blocks.

Health systems in the West African sub-region need to be reformed and strengthened to cope with the current and future health challenges. It underscores the need for collaborative interventions and policy reforms to develop a health workforce for quality health service delivery towards achieving universal health coverage and improving health outcomes in West Africa.

Keywords: Health systems building blocks, governance, health financing, health workforce, service delivery, universal health coverage.

CS2

HUMAN RESOURCES FOR HEALTH: ADDRESSING THE CHALLENGES AND CAPACITY BUILDING FOR RETENTION IN SIERRA LEONE

Ressources humaines pour la santé : Relever les défis et renforcer les capacités de rétention en Sierra Leone.

Presenter: Sartie Kenneh

Background: Sierra Leone like many low income countries is suffering from severe shortage of professional health workforce particularly medical doctors, registered nurses and midwives. This can be attributed to several factors. Efforts have been made to improve attraction and retention of professional health personnel mainly by addressing the financial factors and capacity building. It is the aim of this presentation to highlight the causes of poor retention of professional health personnel, its effect on the health care system and the efforts made by the government of Sierra to address the challenges

Methods: This is a descriptive literature review and personal experience working in the health care delivery system at all levels for over three decades. English-language material published between 2010 and 2020 were reviewed.

Results: There has been improvement in the production and retention of health professionals (doctors, nurses and midwives) over the past ten years with 64% growth of the workforce in 2023 from 24% in 2016. Addressing financial remuneration and establishment of continuing medical education programmes have contributed to retaining professional health personnel

Conclusion: There is no one-size-fits-all solution to addressing the challenges of retention and brain drain. Multiple interventions focusing on both pull and push factors are required to address the problems

CS3

QUALITY & DELIVERY OF SERVICE: FORECASTING CHANGES AND PROVIDING SERVICES THAT MEET EVOLVING DEMANDS

Qualité et prestation de service : prévoir les changements et fournir des services qui répondent à l'évolution des demandes

Presenter: Musu Duworko

Ensuring that quality healthcare services are accessible to those who need them requires an understanding of not only demand-side stakeholders and processes, but also the external factors that influence them. The needs of healthcare consumers generally evolve in more predictable ways, such as in response to changes in the quality of service delivery. However, as has been observed during periods of widespread outbreaks, national political instability, and climate-related events, demands also change due to less predictable—although increasingly frequent—shocks that may be external to the healthcare delivery system. This symposium talk will discuss how triangulating routine data from across sectors could aid health system decision-makers ensure that countries remain on track to achieve the SDGs. Examples of how diverse data sources and forecasting approaches offer insight into evolving health demands will be presented, with a focus on both demands for routine services and also emergency services. The talk will also discuss how filling capacity gaps that affect quality data collection, analysis, and utilization could bolster efforts to achieve the SDGs.

CS4

GOVERNANCE, LEADERSHIP AND FINANCE IN HEALTH SYSTEMS: DRIVING CHANGE AND ACCOUNTABILITY

Gouvernance, leadership et finances dans les systèmes de santé : moteur du changement et responsabilisation

Presenter: Dr Emilia Udofia

Making progress towards achieving Universal Health Coverage (UHC) has never been more urgent. In response to important lessons learned from the COVID-19 pandemic, it has become clear that strengthening health systems, with a focus on leadership and governance will be critical. Leadership is required to articulate a vision and motivate the health workforce to achieve organizational goals. Governance embodies the specific efforts and processes to achieve a given priority. Global priorities for development have been summarized as the Sustainable Developmental Goals (SDGs), one of which is the promotion of good health and well-being.

Indicators for governance across sectors and in health in Africa indicate slow progress from 2012 to 2021. Financing has increased slowly over the years, but it fails to meet the 15% of GDP target of the Abuja Declaration. Current health systems are volatile, uncertain, complex and ambiguous. This poses a major challenge to health system leaders in the wake of emerging and waning pandemics. The question that begs to be answered is whether current leadership training effectively prepares our residents to build resilient health systems to prevent and control the tripartite crises of disease pandemics, socioeconomic and climate vulnerabilities, as well as improve accountability.

A desk study of relevant literature in West Africa was conducted to highlight current performance. Unstructured discourse with residents and trainers was applied to explore perspectives on the form leadership training should take. Sector workshop presentations and a brief internet survey were examined to identify examples for discussion. A proposition was made to expand the present training syllabus to a blended learning course that includes simulation of routine and crisis situations in the sub-region. The aim is to prepare the physician for a role in a complex system continually confronted with emerging challenges superimposed on the interrelated wider governance issues in Africa.

CS5

HEALTH INFORMATION, PRODUCTS & TECHNOLOGY: ENHANCING HEALTH SYSTEM RESPONSIVENESS THROUGH DIGITALIZATION, AND INNOVATIONS FOR EVIDENCE-BASED DECISION-MAKING IN WEST AFRICA

Information, produits et technologies de la santé: améliorer la réactivité du système de santé grâce à la numérisation et les innovations pour une prise de décision fondée sur des données probantes en Afrique de l'Ouest

Presenter: Dr Effua Usuf

The healthcare landscape in West Africa faces various challenges, including limited access to quality healthcare, inadequate infrastructure, workforce shortages, and insufficient health information systems. Health information systems, the collection, management, retrieval, and storage of healthcare-related data and information are designed to facilitate the organization and analysis of health data, which can vary in complexity and scope ranging from simple manual record-keeping systems to sophisticated electronic health record systems. Around the globe, the field of digital health is expanding and evolving with new developments and use of digital technologies to improve health. These interventions include mobile technologies telemedicine, wearables, big data, and artificial intelligence. This presentation explores the potential of digitalization and innovative technologies to enhance health system responsiveness and promote evidence-based decision-making in the region. It highlights the current challenges faced by West African countries and provides insights into the benefits and risks of embracing these technologies citing local examples. As West Africa takes steps towards integrating technology into its healthcare system, the focus should be on local adaptations of global technological solutions to meet the region's unique needs.

SCIENTIFIC SESSION II: ORAL PRESENTATIONS

OP13

DEPRESSION AND MEDICATION ADHERENCE AMONG ALDER ADULTS WITH SELECTED CHRONIC MEDICAL CONDITIONS IN MAIDUGURI, NIGERIA

Dépression et adhésion aux médicaments chez les adultes âgés souffrant de certaines maladies chroniques à Maiduguri, au Nigéria

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Introduction: Older adults constitute a rapidly growing population whose healthcare needs are unique, with a higher prevalence of physical and psychiatric morbidities. A knowledge gap exists regarding the association of chronic medical conditions with Depression and how they affect medication adherence. This may be linked to their chronic nature and impacts on the mood of older adults. This study assessed Depression among older adults with Hypertension, Diabetes Mellitus, and Arthritis; and compared its relationship with medication adherence in the speciality clinics of UMTH, Maiduguri.

Methods: A comparative cross-sectional analytic study was employed to recruit 327 older adults aged ≥ 60 years for six months. They were proportionally distributed into groups of Hypertension only (140), Diabetes only (85), Arthritis only (43), hypertension and diabetes (59). The socio-clinical proforma, Geriatric Depression Scale (GDS-30), and Morisky Medication Adherence Scale (MMAS-8) were administered. Data were analysed using SPSS version 26.0. The mean adherence scores for those with depression were compared with the mean scores of those without depression using a t-test.

Results: The study found that the mean medication adherence score was lower in those with depression than those without depression. The difference is significant among the group with arthritis only ($t = 1.943$ and $p\text{-value} = 0.049$) where those with depression had an adherence score (2.299 ± 0.500) while those without depression scored (3.177 ± 1.267); and also, among the group with HTN + DM ($t = 2.769$, $p\text{-value} = 0.006$) where those with depression had an adherence score (2.000 ± 0.001) while those without depression scored (4.299 ± 2.026).

Conclusion: Depression is associated with low medication adherence in older adults with chronic medical conditions. This underscores the need for consultation-liaison practice and proactivity in assessing for depression in older adults with chronic conditions to improve their adherence.

Keywords: 'Adherence', 'Depression', 'Medication', 'Older adults'.

OP14

FEAR OF FALLING AND ITS RELATIONSHIP WITH QUALITY OF LIFE IN THE ELDERLY ATTENDING A FAMILY MEDICINE CLINIC IN SOUTH-SOUTH NIGERIA

La peur de tomber et sa relation avec la qualité de vie des personnes âgées fréquentant une clinique de médecine familiale dans le sud-sud du Nigeria

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Introduction: Aging is linked to increased morbidity, higher fear of falling (FOF), and decreased activity, with attendant hampered of quality of life (QOL) in the elderly. Therefore, this study determined the relationship between Fear of falling and Quality of life among the elderly attending a tertiary hospital in Port Harcourt, Rivers State.

Method: This was a hospital-based cross-sectional study where 292 participants were recruited by a systematic sampling method and the data was collected using an interviewer-administered questionnaire (which includes age and gender, the Modified Fall Efficacy scale to assess FOL and the 12-item short health survey form [SF-12] to assess QOL). The SPSS version 26.0 was used to perform the data analysis.

Results: The mean age of the respondents was 68.5 years \pm 6.6 years. More of the participants were females and they were more likely than males to be very fearful of falling (37.7% vs 11.1%, respectively). Females aged 60–69 (36.3%) were most likely to express a fear of falling. The PCS-12 correlated with fear of falling as the scores were very low indicating that respondents had some level of loss of physical function. MCS did not correlate with Fear of falling as the scores were fair in both those with a FOF (MFES < 7.99) and those without a FOF (MFES > 8). **Conclusion**

The observed correlation between FOF and QOL domain scores suggests that Fear of falling should be routinely investigated among the elderly irrespective of reason(s) for encounter. **Keywords:** Fear of Falling, Quality of Life, Elderly, Modified Fall Efficacy scale, 12-items short health survey form.

Conflict of Interest: Ni

OP15

MORBIDITY, COMORBIDITY AND MULTIMORBIDITY AS PORTALS FOR SUBJECTIVE WELL-BEING AMONG OLDER PERSONS IN A RURAL NIGERIAN ENVIRONMENT: A CROSS-SECTIONAL HOSPITAL-BASED STUDY

Morbidité, comorbidité et multimorbidité en tant que portails pour le bien-être subjectif des personnes âgées dans un environnement rural nigérian : Une étude transversale en milieu hospitalier

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Background: Subjective well-being (SWB) has been described as a new vital sign that predicts the overall health and future health status of individuals. Despite the process of natural ageing, older persons in addition suffer morbid, comorbid and multimorbid medical conditions that affect their SWB.

Aim: The aim of the study was to determine the morbidity, comorbidity and multimorbidity as predictors of SWB among older persons in a rural environment of Nigeria.

Methods: This was a cross-sectional study that was carried out on 214 older persons from January to December 2022 in Nigeria. Data collection was done using structured, pretested and interviewer guided questionnaire. Subjective well-being was assessed with self-rated health status questionnaire. Morbidity was determined by self-reported health problems, clinical, laboratory and radio-diagnostic methods. Co-morbidity was assessed using Self-Reported Comorbidity Questionnaire (SCQ) while multimorbidity was evaluated using multimorbidity Assessment Questionnaire for Primary Care (MAQ-PC).

Results: The study participants were aged 60-99 years with mean age of 68 \pm 4.5 years. There were 123(57.5%) females. Ninety-three(43.5%) of the study participants had good SWB. The three most common morbidities were malaria(97.2%), hypertension(69.2%) and musculo-skeletal disorders(67.8%). The commonest cardiovascular comorbidity was musculoskeletal disorders(56.1%) and one hundred and five(49.1%) of the study participants had three co-morbid chronic conditions. The prevalence of multimorbidity was 45.3%.

The independent predictors of poor SWB were age \geq 75 years(ORs=2.103; 95%CI(1.215-4.214), P =.026); poor health-seeking behaviour(ORs=2.005; 95%CI(1.351-5.090), P =.041); presence of \geq 3 comorbidities(ORs=3.111; 95%CI(1.465-6.910); P =.019) and presence of \geq 3 multimorbidities(ORs=3.309; 95%CI(1.899- 7.921); P = .001).

Conclusion: The study has shown the overall SWB of the study participants. The independent predictors of poor SWB were age \geq 75 years, poor health seeking behaviour, presence of \geq 3 comorbidities and multimorbidities. Health-

seeking behaviours, comorbidities and multimorbidities should be explored during clinical consultations with older persons with poor SWB.

Keywords: Comorbidity, multimorbidity, Nigeria, older persons, subjective-wellbeing.

OP16

SUICIDAL IDEATIONS AMONG STUDENTS IN THE FACULTY OF HEALTH SCIENCES AT PUBLIC UNIVERSITIES IN TOGO

Idéations suicidaires chez les étudiants en faculté des sciences de la santé des universités publiques du Togo

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Introduction: Le but de ce travail était de déterminer la prévalence des idéations suicidaires et leurs facteurs associés chez les étudiants en faculté des sciences de la santé au Togo.

Méthodes: Il s'est agi d'une étude transversale auprès des étudiants de médecine, pharmacie et odontostomatologie des universités publiques du Togo, du 1^{er} juillet au 30 septembre 2021. Les données ont été recueillies à partir d'un questionnaire individuel en formulaire GoogleForm dont le lien a été partagé à travers des groupes WhatsApp préexistants. Les données ont été traitées par le logiciel EPI INFO version 7.2.5.0. Les facteurs associés ont été étudiés en analyse univariée et multivariée.

Résultats: Au total 587 étudiants de médecine, pharmacie et odonto-stomatologie ont été enquêtés. La plupart des étudiants étaient de sexe masculin (62,86%) et en première année en sciences médicales. La prévalence des idéations suicidaires était de 26,24%. Les facteurs associés aux idéations suicidaires étaient le sexe féminin, un résultat universitaire non satisfaisant, une mauvaise qualité des relations parentales, un manque d'activités sportives, le niveau de 1^{er} cycle d'études médicales, la consommation d'alcool, la consommation de substances

psychoanaleptique et psycholéptiques, et un antécédent de dépression. Les idéations suicidaires étaient indépendamment associées à la consommation d'alcool, de substances psycholéptiques et un antécédent de dépression.

Conclusion : le quart des étudiants en faculté des sciences de la santé au Togo avaient des idéations suicidaires.

Mots-clés : idéations suicidaires - étudiant en science de la santé - Afrique subsaharienne.

OP17

CORRELATION BETWEEN DIGNITY, EMPATHY AND EMPLOYEE PRODUCTIVITY AMONG WORKERS IN PRIVATE HOSPITALS IN RIVERS STATE

Corrélation entre la dignité, l'empathie et la productivité des employés dans les hôpitaux privés de l'État de Rivers

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Background and aim: Workplace humanization, when effectively managed can be instrumental in steering an organization towards efficient, and effective work processes. It is on this backdrop that this study aimed at determining the inter-relationship between employee productivity, dignity and empathy.

Materials and methods: This was a cross-sectional study that identified the relationship between the study variables. It was conducted among 233 randomly selected employees of private hospitals in Port Harcourt, Rivers State, Nigeria. A self-administered structured questionnaire was used to assess the study variables. Data analysis was conducted using the Statistical Package for Social Sciences (SPSS) software and the relationship between variables tested using the Spearman correlation test. Statistical significance was set at 0.05.

Results: The indicators of employee dignity, empathy and productivity were found to have high mean values which were above the threshold of 2.0. A strong positive significant correlation was found to exist between dignity and task accomplishment (r^2 : 0.796, p -value: <0.001) as well as empathy and task accomplishment (r^2 : 0.843, p -value: <0.001). Also, a moderate positive statistically significant correlation was found to exist between dignity and service quality (r^2 = 0.373, p -value: <0.001) as well as between employee empathy and service quality (r^2 = 0.402, p -value: <0.001).

Conclusion and Recommendations: The dignity of an employee alongside empathy as measures of work humanization are significant correlates of employee productivity which can be exploited for organizational growth. It is recommended that organizations through institutionalized policies can successfully manage their workplace for optimal productivity via improved employee dignity and empathy as a means of increasing job satisfaction and reduce brain drain.

OP18

PROFILES AND PREDICTORS OF SUBJECTIVE WELL-BEING AND HEALTH-SEEKING BEHAVIOUR AMONG OLDER PERSONS WITH MULTIMORBIDITY IN A RURAL PRIMARY CARE ENVIRONMENT IN SOUTH-EASTERN NIGERIA

Profils et facteurs prédictifs du bien-être subjectif et du comportement de recherche de santé chez les personnes âgées atteintes de multimorbidité dans un environnement rural de soins primaires dans le sud-est du Nigeria

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Background: Subjective well-being(SWB) and health-seeking behaviour(HSB) are important medical channels to gauge the health status of older persons with multimorbidity particularly in resource-poor environment with limited socio-medical and health infrastructure.

Aim: The aim of the study was to determine the profiles and predictors of SWB and HSB among older persons with multimorbidity in a rural primary care environment in South-Eastern Nigeria.

Methods: A cross-sectional study was conducted on 214 older persons with multimorbidity from January to December 2022 in South-Eastern Nigeria. Data collection was done using structured, pretested and interviewer guided questionnaire. Subjective well-being was determine using single-item self-rated health status questionnaire. Multimorbidity was determine using Multimorbidity Assessment Questionnaire for Primary Care(MAQ-PC).

Results: The ages of study participants were 60-99 years($x=68\pm 4.5$ years). There were 123(57.5%) females. Ninety-three(43.5%) of the study participants had good SWB while 86(40.2%) had appropriate HSB. The most common multimorbidities were aggregate disorders of cardiovascular, musculoskeletal and gastrointestinal systems. The independent predictors of poor SWB were advanced old age(ORs=3.101; 95%CI(1.526-6.019); $P=.024$), low education(ORs=4.056; 95%CI(2.512-8.509); $P=.025$) and non-household family structure(ORs=2.225; 95%CI(1.078-6.192); $P=.001$). Inappropriate HSB were predicted by males(ORs=2.428; 95%CI(1.107-6.379); $P=.039$), low education(ORs=3.007; 95%CI(1.387-7.001); $P=.013$) and retirees with no secondary occupation(ORs=4.761; 95%CI(1.351-8.072); $P=.001$).

Conclusion: The study has shown the SWB and HSB among the study participants. The independent predictors of poor SWB were advanced old age, low education and non-household family structure. Inappropriate HSB were predicted by males, low education and retirees with no secondary occupation. Subjective well-being and HSB should be explored during clinical consultations with older persons with multimorbidity particularly in the sub-region with double whammy of non-communicable and communicable diseases.

Keywords: Health-seeking behaviour, multimorbidity, Nigeria, older persons, subjective-wellbeing.

OP19

ELDERLY UNDERNUTRITION IN HOSPITALS IN LOMÉ: EPIDEMIOLOGICAL, CLINICAL AND BIOLOGICAL ASPECTS

Dénutrition du sujet âgé en milieu hospitalier à Lomé: Aspects épidémiologique, clinique et biologique

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Introduction: La dénutrition protéino-énergétique est un déséquilibre entre les apports et les besoins protéino-énergétiques. L'objectif était d'étudier les aspects épidémiologiques, cliniques et biologiques de la dénutrition chez les personnes âgées.

Méthodes: Etude transversale sur 200 patients d'au-moins 60 ans en consultation gériatrique en médecine interne aux CHU Sylvanus Olympio et Campus effectuée de Novembre 2017 au 31 janvier 2020. Nous avons évalué l'IMC, MNA, et l'albuminémie.

Résultats: On notait une prédominance féminine avec 122 femmes (sex-ratio H/F= 0,64). L'âge moyen était de 75 ans \pm 08,6 ans avec des extrêmes de 60 à 99 ans. Les personnes âgées (PA) étaient regroupées en 03 tranches d'âge : 60-74ans, 75-84ans et plus de 85 ans. Les tranches d'âge les plus représentés étaient 60 -74ans (49,0%) suivi de 75-84ans (35,5%). 98(49,0%) étaient mariés et vivaient en couple, 82(41,0%) étaient veuf(ve)s, 11(05,5%) étaient célibataire, et 09(04,5%) étaient divorcés. Cinquante (25%) avaient IMC<21kg/m². 160 (80%) avaient un score de dépistage individuel inférieur à 12selon MNA-SF. La prévalence de la dénutrition et de risque de dénutrition selon MNA complet était de 87% (36% de dénutris et 51,0% de risque de dénutrition). Quatre-vingt-deux (41%) avaient une albuminémie inférieure à 35g/l. L'état nutritionnel selon MNA variait de manière significative avec le statut matrimonial, l'IMC la consommation de lait et les régimes restrictifs alors que celui selon l'albumine variait avec le sexe, les régimes restrictifs, les pathologies neuropsychologiques, la polyopathie et la polymédication.

Conclusion: La dénutrition est fréquente en gériatrie d'où la nécessité d'un dépistage et une prise en charge précoce.

Mots-clés : Personne âgée-Dénutrition-Lomé (Togo)

OP20

FACTORS ASSOCIATED WITH HIGH CARDIOVASCULAR RISK IN DIABETIC PATIENTS WITH DIABETIC NEPHROPATHY AT THE SYLVANUS UNIVERSITY HOSPITAL IN LOMÉ (TOGO)

Facteurs associés au haut risque cardiovasculaire chez des patients diabétiques présentant une néphropathie diabétique au CHU Sylvanus de Lomé (Togo)

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Objectif: Le but de cette étude était de rechercher les facteurs associés au haut risque cardiovasculaire chez le patient diabétique présentant une néphropathie diabétique.

Méthodes: Il s'agit d'une étude rétrospective transversale descriptive et analytique menée au Centre Hospitalier Universitaire Sylvanus Olympio sur une période de 5 ans (01 janvier 2016 au 31 Décembre 2020).

Résultats: Au total 610 patients étaient inclus. Le sex-ratio (H/F) était de 1,2 et l'âge moyen de 57,9 \pm 13,9ans. L'hypertension artérielle (HTA) était la comorbidité la plus retrouvée (74,8%). Le très haut risque cardiovasculaire était prédominant (72,1%). En analyse multivariée, les facteurs associés au risque cardiovasculaire chez les patients présentant une néphropathie diabétique étaient l'âge supérieure à 58 ans (aOR : 1,75; IC à 95%:[1,12-2,81]), le sexe masculin (aOR : 1,23; IC à 95%: [1,1-1,69]), l'HTA (aOR : 1,55; IC à 95%: [1,21-2,17]), l'ancienneté du diabète (aOR : 2,05; IC à 95%: [1,55-6,62]), la dyslipidémie (aOR : 1,97; IC à 95%: [1,22-5,84]), les complications

microangiopathiques (aOR : 1,99 ; IC à 95%: [1,25-2,47]) et l'albuminurie des 24h (aOR : 2,01 ; IC à 95%: [1,24-2,65]).

Conclusion: Cette étude montre une forte prédominance du très haut risque cardiovasculaire au cours de la néphropathie diabétique avec de nombreux facteurs associés. Il demeure important de maîtriser ces facteurs pour ralentir la progression de la maladie rénale.

Mots clés : Néphropathie diabétique-Facteurs associés-Risque cardiovasculaire-Lomé(Togo)

OP21

PROFILE OF TROPHALLERGEN SENSITIZATION IN CHILDREN IN THE PNEUMO-ALLERGOLOGY DEPARTMENT OF CHU-CAMPUS DE LOMÉ, TOGO

Profil de sensibilisation aux trophallergènes chez les enfants dans le service de pneumo-allergologie du CHU-Campus de Lomé, Togo

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Introduction: La sensibilisation aux trophallergènes, bien que mal connue, est décrite comme responsable d'une sensibilité relativement fréquente. L'objectif de cette étude était de décrire le profil de la sensibilisation aux trophallergènes chez les enfants.

Méthodes: Il s'est agi d'une étude prospective, descriptive et analytique qui s'est déroulée de 1^{er} juillet 2015 à 30 juin 2022 dans le service de pneumo-allergologie du CHU-Campus de Lomé et ayant porté sur les patients qui après acceptation et réalisation des tests cutanés étaient sensibilisés aux trophallergènes.

Résultats: Nous avons recensé au total 468 patients âgés de 7 mois à 18 ans ; la fréquence de réalisation des tests était de 25,9% et celle de la sensibilisation aux trophallergènes de 66,9%. L'âge moyen des patients était de $8,12 \pm 0,77$ ans. Le sexe ratio était de 1,3. La rhinite allergique était le motif de consultation dans 39,9 % des cas. L'arachide était l'aliment incriminé dans 31,5 % des cas comme trophallergène dans les antécédents personnels. Les patients étaient sensibilisés aux oléagineuses 70,4% (arachide, sésame) ; aux légumineuses 24,6% (soja, haricot) ; aux légumes 4,7% (gombo, corète potagère) ; aux fruits 33,6% (banane, avocat) ; aux céréales 11,8% (blé, maïs) ; aux tubercules 1,9% (manioc, igname) ; à l'œuf 54,9% ; à la crevette 53,6% ; au lait de vache 51,1% ; au crabe 16,5%.

Conclusion: La sensibilisation aux trophallergènes était élevée et concernait aussi bien les protéines animales que végétales.

Mots-clés : Allergie alimentaire, Trophallergènes, Enfants, Test cutané, Togo.

OP22

HOSPITAL FREQUENCY AND FACTORS ASSOCIATED WITH INFLAMMATORY RHEUMATIC DISEASES IN CHILDREN AT THE CNHU-HKM IN COTONOU

Fréquence hospitalière et facteurs associés aux maladies rhumatismales inflammatoires de l'enfant au CNHU-HKM de Cotonou

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Introduction: Les maladies rhumatismales inflammatoires (MRI) longtemps méconnues en Afrique subsaharienne sont très souvent confondues à la drépanocytose ou au rhumatisme articulaire aigu. Ce travail permet d'étudier la fréquence hospitalière et les facteurs associés aux MRI de l'enfant

Méthodes: Etude transversale et analytique de 2017 à 2022 ayant inclus les patients de 0-18ans avec un diagnostic de MRI depuis au moins trois mois. Les données épidémiolo-cliniques, thérapeutiques, évolutives ont été recueillies.

Résultats: Parmi les 4418 consultations 254 enfants ont été reçus et le diagnostic de MRI posé chez 166 soit une fréquence hospitalière de 3,75% des consultations et 65% des maladies rhumatismales de l'enfant. Etaient inclus 105 enfants avec une sex-ratio de 0,75. L'âge moyen était $13,97 \pm 3,04$ ans. Le motif principal de consultation était la douleur (94,29%) qui siégeait aux membres pelviens dans 84,8% (n= 89) et était asymétrique dans 57,1%(n=60). Les manifestations extra articulaires étaient absentes chez 50,5%. L'anticorps anti-CCP (67%)était le bilan immunologique majoritairement prescrit. Les AJI étaient la MRI la plus retrouvée (79,99%). Le traitement administré était dominé par les AINS (n=98) et la rémission obtenue dans 73,33%. Les facteurs associés à une mauvaise évolution étaient l'âge supérieur à 12ans(p=0,0014), la non-scolarisation (p= 0,0048), l'absence de couverture sanitaire(p=0,0018) et la longue durée d'évolution supérieure à 18 mois(p=0,0029). **Conclusion**

Les MRI sont relativement fréquentes chez l'enfant dans notre pratique pédiatrique. Il faudrait y penser devant des douleurs chroniques et mieux organiser leur suivi.

Mots-clés : maladie rhumatismale inflammatoire, enfant, douleur articulaire

OP23

NUTRITIONAL STATUS AND RISK FACTORS ASSOCIATED WITH SEVERE ACUTE MALNUTRITION AMONG HIV-INFECTED CHILDREN ENROLLED IN THE PAEDIATRIC HIV CLINIC, KORLE BU TEACHING HOSPITAL, ACCRA, GHANA

État nutritionnel et facteurs de risque associés à la malnutrition aiguë sévère chez les enfants infectés par le VIH inscrits à la clinique pédiatrique VIH, Korle Bu Teaching Hospital, Accra, Ghana

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Background: Malnutrition remains a common problem among Human Immunodeficiency Virus (HIV)- infected children even while receiving antiretroviral therapy leading to disease progression and reduced survival.

Aim: To assess the nutritional status and risk factors associated with severe acute malnutrition (SAM) among HIV-infected children aged 1 to 15 years attending the Paediatric HIV Clinic at Korle Bu Teaching Hospital (KBTH), Accra.

Methods: A cross-sectional study was conducted from October 2018 to January 2019 at the Clinic during which 150 participants aged 15 to 179 months were systematically recruited. A structured interview, physical examination, including anthropometric measurements, data extraction from hospital records and laboratory investigations were conducted. Weight-for-age, weight-for-length/height, length/height-for-age, body mass index Z scores and mid upper arm circumference-for-age were obtained. Logistic regression models were used to assess the crude and adjusted odds of the nutritional status on the socio-demographic, clinical and HIV-related characteristics of the participants at $\alpha=0.05$.

Results: The prevalence of SAM, moderate acute malnutrition and normal nutrition were 4.0% (6/149), 13.4% (20/149) and 80.5% (120/149), respectively, whilst 1.3% (2/149) were overweight and 0.7% (1/149) obese. Stunting and severe stunting were 18.1% (27/149) and

6.7% (10/149) prevalent, respectively. SAM was significantly associated with oral thrush among participants in the adjusted model. The prevalence of mild-, moderate- and severe- anaemia were 23.7% (33/139), 38.8% (54/139) and 1.4% (2/139), respectively.

Conclusion: Malnutrition is prevalent among HIV-infected children on antiretroviral therapy at KBTH. SAM is associated with oral thrush.

OP24

ASSESSMENT OF THE NUTRITIONAL STATUS OF ADOLESCENTS IN A TERTIARY HEALTH FACILITY IN RIVERS STATE, NIGERIA

Evaluation de l'état nutritionnel des adolescents dans un établissement de santé tertiaire de l'État de Rivers, au Nigeria

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Background: Adolescence is a peculiar period of physical, sexual, psychosocial and cognitive development geared towards achieving their adult potentials. Adolescents are prone to malnutrition from unfavourable sociodemographic variables and sub-optimal nutrition.

Objectives: The study aimed to assess the nutritional status and the sociodemographic variables associated with malnutrition among adolescents in a tertiary health facility in Rivers State, Nigeria.

Methods: A cross sectional study was carried out among 10–17-year-old adolescents in the Paediatric Out-patient Clinic, River State University Teaching Hospital. A proforma was used to collect sociodemographic data from them before taking their anthropometric measurements. BMI-for-age Z scores were calculated using the WHO anthropometric calculator and nutritional status determined using the WHO classification. Univariate and multivariate data analysis was done using SPSS version 23. Statistical significance was set at P value < 0.05.

Results: A total of 131 adolescents aged 10 to 17 years, with 72(55%) females participated in the study. Majority were urban dwellers, 61.1% attended private educational institutions, 46% were from middle socioeconomic class and 40(30.5%) from families with >4 children. The median weight and height of the study population were 47kg and 157cm respectively. The mean BMI-for-age Z score was -0.126 ± 0.318 . Twenty-six (19.9%) adolescents were overweight/obese while 9(6.9%) were too thin (wasting). Adolescents aged 10-13 years were significantly more overweight/obese than others while wasting was more prevalent among adolescents dwelling in rural communities, in primary schools and living in households with >4 children ($p < 0.05$). There was a 29-fold increased risk of wasting among children living in households with >4 children ($P=0.002$).

Conclusion: The study highlights two extremes of malnutrition among adolescents with overnutrition more than two times that of undernutrition. Adolescents living in large households are at risk of undernutrition.

Keywords: Adolescents, BMI-for-Age, Nigeria, Nutritional status, Tertiary Health Facility.

OP25

RELATIONSHIP BETWEEN ANTHROPOMETRIC INDICES AND LEFT VENTRICULAR MASS IN CHILDREN WITH SEVERE ACUTE MALNUTRITION IN GOMBE STATE, NIGERIA

Relation entre les indices anthropométriques et la masse ventriculaire gauche chez les enfants souffrant de malnutrition aiguë sévère dans l'État de Gombe, au Nigeria

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Introduction: Severe acute malnutrition (SAM), which is diagnosed through anthropometric measurement, causes cardiac muscle wasting and this has been linked to increased mortality.

Objective: This study aimed at determining the relationship between anthropometric indices and left ventricular mass (LVM) in children with SAM in Gombe State. This is to determine if anthropometric indices can be used to estimate/predict LVM in these children.

Methods: One hundred and thirty-two children with SAM aged 6 to 36 months were recruited from all the five primary health care centres that offer community management of acute malnutrition in Gombe State. Their anthropometric indices (weight, height, mid upper arm circumference (MUAC), body surface area (BSA), body mass index (BMI) and weight-for-height Z score (WHZ) were measured/derived). Their left ventricular indices were also measured using two dimensional echocardiography.

Results: The mean weight, height, MUAC, BSA and BMI were 5.5 ± 1.2 kg, 69 ± 6.1 cm, 10.2 ± 0.9 cm, 0.33 ± 0.05 m² and 11.6 ± 1.4 kg/m², respectively. The mean LVM was 17.7 ± 7.1 g. Weight, BSA, height, BMI and MUAC had significant positive correlation with LVM [$r = 0.55$, $r = 0.53$, $r = 0.43$, $r = 0.3$ and $r = 0.3$ ($p = 0.001$)], respectively. The determination coefficients (R^2) of anthropometric indices with LVM were 0.30, 0.284 and 0.187 for weight, BSA and height, respectively. However, in multiple regression model, no anthropometric index was significantly associated with LVM.

Conclusion: Some of anthropometric indices had direct linear relationship with LVM but none of them can be used to estimate/predict LVM in children with SAM in Gombe State.

OP26

DOMESTIC ACCIDENTS IN CHILDREN AGED 0 TO 15 YEARS IN THE UNIVERSITY HOSPITAL OF LOMÉ, TOGO

Accidents domestiques chez les enfants de 0 à 15 ans dans les CHU de Lomé, Togo

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Introduction: Les accidents domestiques chez les enfants sont des situations d'urgence fréquentes. L'objectif de cette étude était de décrire les caractéristiques des accidents domestiques chez les enfants de 0 à 15 ans.

Méthodes: Une étude prospective multicentrique à visée descriptive et analytique, a été menée du 1er janvier au 31 juillet 2022, dans les services de pédiatrie et de chirurgie pédiatrique des CHU Campus et Sylvanus Olympio de Lomé. Les critères d'inclusion étaient les enfants de moins de 15 ans, victimes d'accidents ou de traumatismes non intentionnels survenant à domicile ou dans ses abords immédiats.

Résultats: Au total, 329 enfants ont été enrôlés. Le sexe ratio était de 1,6. Les enfants âgés de 30 à 72 mois étaient les plus représentés (34,1%). La supervision des enfants lors de l'accident était assurée principalement par la mère (64,5%). Les accidents survenaient principalement pendant les jeux (73,3%) et dans la cour de la maison (37,2%). Les enfants en étaient responsables dans 70,5 % des cas. Les traumatismes représentaient la principale cause d'accidents (58,4%), suivis des intoxications (24,6%) et des brûlures (13,7%). Le risque de traumatisme diminuait à mesure que l'enfant grandissait. Les filles étaient moins exposées aux traumatismes, intoxications, et présentaient moins d'accidents dans la cour de la maison. Le taux de décès était de 1,5%.

Conclusion: Les accidents domestiques des enfants étaient fréquents. La prévention demeure le meilleur traitement.

Mots-clés : Accident domestique, Enfant, Traumatismes, Intoxications, Brûlures, Togo.

OP27

ADOLESCENT MORBIDITY PATTERN IN A TERTIARY HEALTH FACILITY IN SOUTHERN NIGERIA

Schéma de morbidité des adolescents dans un établissement de santé tertiaire du sud du Nigéria

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Background: Adolescents make up a large and growing percentage of populations in the world, especially in the developing nations. They have peculiar health needs which are often neglected due to paucity of data from our health

institutions and non-implementation of adolescent health policies.

Objective: The aim of the study was to determine the morbidity pattern among adolescents attending the Paediatric clinic of a tertiary health facility.

Methodology: This was a cross-sectional study of adolescents aged 10-17 years seen at the Paediatric clinics from first of July to 31st of December 2022. Consent was obtained from parents/caregivers and assent from the adolescents. The socio-demographic data obtained from them as well as the clinical details and diagnoses made by attending physicians were recorded in the study proforma. Data was analysed with IBM Statistical Package for the Social Sciences version 24.

Results

A total of 136 adolescents were enrolled in the study with a male:female ratio of 1:1.6. Most 90 (66.2%) were early adolescents, attended private secondary schools and belonged to the middle socioeconomic class. The commonest presenting complaints were body pains 24 (17.6%), convulsion 22 (16.2%) and cough 17 (12.5%). The three commonest diagnoses made were seizure disorder 25 (18.4%), respiratory tract infections 15(11%), and sickle cell disease (9.6%). Eleven (8.1%) were referred for surgical evaluation following surgical diagnoses such as appendicitis, inguino-scrotal hernia, ganglion and keloid. Only 3 (2.2%) were evaluated for school entry medical fitness. Forty-four (32.4%) of the adolescents were receiving treatment for various ailments in different Consultant Paediatric Clinics which included neurology 21 (15.4%), haematology 15 (11%), and infectious disease clinic (5.8%).

Conclusion

The adolescents presented with mainly medical illnesses to the clinic comprising of infectious and non-infectious diseases. This highlights the need to have personnel and equipment to take care of them.

Key words: Adolescent, Morbidity, Nigeria, Paediatric Clinics, Pattern

OP28

Respiratory distress in newborns at the University Hospital of Lomé, Togo

Détresse respiratoire du nouveau-né dans les CHU de Lomé, Togo

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Introduction

La détresse respiratoire du nouveau-né est une urgence néonatale source de séquelles neurologiques graves en l'absence de traitement adéquat. L'objectif de cette étude était de décrire les aspects épidémiologiques, diagnostiques et évolutifs de la détresse respiratoire du nouveau-né.

Méthodes

Il s'est agi d'une étude rétrospective analytique et descriptive, réalisée dans les services de pédiatrie des CHU de Lomé, incluant les nouveau-nés pris en charge pour une détresse respiratoire sur une période d'un an allant du 1^{er} janvier 2021 au 31 décembre 2021. Les données étaient saisies avec Epi Data 3.1 et analysées avec Epi Info 7.2.1.

Résultats

Le nombre total des nouveau-nés hospitalisés pour détresse respiratoire était de 353 cas avec un sex ratio de 1,5. L'âge moyen était de $0,82 \pm 3,20$ jours ; la tranche d'âge de 0-6 jours représentait 92,4 % des cas. Tous les nouveau-nés avaient un trouble de la fréquence respiratoire. La dyspnée était le principal motif de consultation (100%). Les nouveau-nés avaient été réanimés à la naissance dans 46,7 % des cas. La détresse respiratoire était intense dans 64,9 % des cas. L'hyperleucocytose et la leucopénie étaient constatées chez

14,8 % des cas. L'anémie était de 15,9 % des cas. L'encéphalopathie anoxo-ischémique y était associée dans 49,1% des cas. Le taux de mortalité était de 20,4 %.

Conclusion

La détresse respiratoire néonatale était fréquente dans la période néonatale précoce et sa mortalité élevée.

Mots-clés : Détresse respiratoire, Nouveau-né, Tachypnée, Cyanose, Signes de lutte, Togo

OP29

SEROPROTECTION RATE OF HAEMOPHILUS INFLUENZAE TYPE B CONJUGATE VACCINE AND ASSOCIATED CLINICAL OUTCOMES AMONG NIGERIAN CHILDREN AGED 6 TO 23 MONTHS

Taux de séroprotection du vaccin conjugué contre Haemophilus Influenzae de type B et résultats cliniques associés chez des enfants nigériens âgés de 6 à 23 mois

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Introduction: *Haemophilus influenzae* type b (Hib) causes invasive infections almost exclusively in under- fives with those aged 6-23 months being the most vulnerable. In Nigeria, it is estimated to cause nearly 400,000 annual infections and another 30,000 under-five mortality attributable to pneumonia and meningitis alone. The Hib Conjugate Vaccine (HCV) is in widespread use to combat these devastating infections. Data on its impact in Nigeria is grossly scanty. This study evaluated the seroprotection rates (SPR) of HCV and associated clinical outcomes among children aged 6-23 months in Obi L.G.A. of Nasarawa State, Nigeria.

Methods: A cross-sectional study of 267 children aged 6-23 months who had completed three doses of HCV. They were enrolled via a two-staged household-level cluster sampling. Relevant sociodemographic and clinical data were obtained using structured questionnaires and serum samples collected were analysed serologically for anti-polyribosylribitol phosphate (anti-PRP) antibodies using ELISA.

Results: The overall SPRs against invasive Hib disease and Hib nasopharyngeal colonization were 74.2% and 26.2%, respectively. The overall geometric mean titre (GMT) of anti-PRP was 1.85 µg/mL (95%CI: 1.60-2.14) and across age groups, GMTs were >1 µg/mL—the threshold for long-term protection against invasive Hib disease. Rates/duration of healthcare admissions and average episodes of probable Hib disease syndromes were lower in seroprotected but not statistically different from non-seroprotected children.

Conclusion: The demonstrated anti-PRP titres and Seroprotection Rates infer a very good HCV efficacy in Nigerian children. The lack of significant difference in clinical outcomes may be attributable to nonspecificity.

Keyword(s): *Haemophilus influenzae* type b; Hib Conjugate Vaccine; Seroprotection Rate; Nigeria

OP30

SEROEPIDEMIOLOGY OF HBV ANTIGEN AND ANTI-HCV AMONG GENERAL POPULATION IN A RURAL LOCAL IN BAUCHI STATE, NIGERIA

Séroépidémiologie de l'antigène HBV et de l'anti-VHC dans la population générale d'une localité rurale de l'État de Bauchi, au Nigeria

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Background: HBV and HCV infections are a significant public health issue in developing countries with weak healthcare systems, high poverty rates, illiteracy, low HBV immunization coverage, and low public health education. A study assessed the sero epidemiology of HBV antigen, anti- HCV markers, biochemical and hematological indices of 559 participants in Dambam local government during hepatitis day. A structured questionnaire was administered to assess demographic information and risk factors. Rapid latex immunochromatographic kits were used for HBV, HCV, and HBV Combo serological markers, with positive and negative control included in each batch analysis. Descriptive statistics analysis was conducted on the data.

Results: The 559 study participants, had a mean age of 35.5+10.9years, majority within the age- group, 18-39years 279(49.04%), female accounted for 291(52.1%) compared to male 268(47.9), educational background, tertiary 244(43.6%), married, 356(68.7%) and student were 254(45.4%). Seroprevalence of HBsAg was 10.7%, serological markers as follows, HbsAb 1.7%, HbeAg 13.3%, HbeAb 60.0% HbcAb 95.0% and Anti-HCV of 3.4%. Gender breakdown(M vs F) of HBV(13.4% vs 8.2%) and HCV(3.0% vs 3.8%). Significant association was observed in the seroprevalence of HBV and HCV with age-group, gender, marital status and occupation(<0.05). No significant difference was observed with the risk factors of HBV and HCV. Biochemical and hematological indices showed significant difference between seropositive and negative study participants(<0.05)

Conclusion: The study's findings affirmed the endemicity of HBV infection and increasing trend of HCV infection in Bauchi state, posing serious public health concerns,. HBV serological markers suggests low HBV immunization coverage rate and exposure of participants to the viral etiology in the community. Strengthening immunization coverage and population-based surveillance is strategic in prevention and control of viral hepatitis in Bauchi state.

Keywords: HVB, HCV, serological markers, Biochemical and hematological indices, Dambam, Bauchi

OP31

PREVALENCE OF ANTIPHOSPHOLIPID SYNDROME AMONG PREGNANT WOMEN IN LAUTECH TEACHING HOSPITAL OGBOMOSO NIGERIA

Prévalence du syndrome des antiphospholipides chez les femmes enceintes au Lautech Teaching Hospital d'Ogbomoso au Nigéria

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Background: Antiphospholipid syndrome (APS) is an autoimmune disease characterized by clinical thrombotic events which may be arterial or venous vasculature associated with the presence of antiphospholipid antibodies (aPL) in patient plasma. Majority of the studies done in this part of the world utilized single auto-antibody to phospholipids or phospholipid binding protein which resulted in an underestimation of the actual prevalence of this treatable disease entity. Hence, this study incorporates the use of triple auto-antibodies to determine the prevalence of APS among pregnant women in LAUTECH Teaching Hospital, Ogbomoso.

Aim: To determine the prevalence of antiphospholipid syndrome using triple autoantibodies among pregnant women attending LAUTECH Teaching Hospital, Ogbomoso.

Methodology: The study was a longitudinal descriptive design that involved eighty pregnant women with pregnancy complications and apparently eighty healthy pregnant women as control. Participants were tested for APS (antibeta-2-glycoprotein one (Anti β 2GP1), anticardiolipin antibody (ACA), and lupus anticoagulant (LAC)) at first contact and persistent positivity after twelve-week intervals using the ELISA method

Results: The prevalence of persistent positivity to anti-phospholipids antibodies in this study are 28.8% and 2.5% among the study and control groups respectively. Persistent positivity to ACA was evident in 26.3%, β 2-GP1 in 21.1%

and LAC in 16.3% of participants in the study group and ACA (2.5%), β 2-GP1 (1.3%) and LAC (2.5%) in the control group respectively. Persistent positivity to anti-phospholipids syndrome was associated with hypertension and recurrent miscarriage (≥ 3)

Conclusion: Findings in this study revealed that the prevalence of APS among pregnant women with pregnancy complications using triple auto-antibodies was 28.8%, while the prevalence among healthy pregnant women was 2.5%. This indicates an underestimation of the actual prevalence of APS among pregnant women using single or double autoantibody. Hence, triple auto-antibodies screening is advised as a routine screening during pregnancy especially among those with previous history of pregnancy complications.

Keywords: Antiphospholipid Syndrome, Pregnant Women, Ogbomoso Nigeria.

OP32

PROGRAMMED CELL DEATH LIGAND 1 (PD-L1) EXPRESSION IN TRIPLE NEGATIVE BREAST CANCER CASES IN BENIN CITY

Expression du ligand 1 de la mort cellulaire programmée (PD-L1) dans les cas de cancer du sein triple négatif dans la ville de Bénin

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Background: Triple negative breast cancers (TNBC) have been particularly challenging to manage due to their lack of intrinsic cellular receptors, with the resultant relatively higher morbidity and mortality. Recently, the programmed cell death 1/programmed cell death ligand 1 (PD-1/PD-L1) immune checkpoint pathway has become the focus of immunotherapy, especially for TNBCs. This study aimed to determine the pattern of expression of PD-L1 in TNBC cases in Benin City.

Methods: It was a 3-year retrospective study that involved the PD-L1 immunostaining of the TNBC cases that were diagnosed in the Department of Anatomical Pathology, University of Benin Teaching Hospital, Benin City, from January 1, 2017 to December 31, 2019.

Result: Ninety two cases of TNBC were tested for PD-L1 expression. Thirteen (14.1%) of the TNBC cases were PD-L1 positive to varying degrees on tumour and immune cells. Diffuse tumoural PD-L1 staining was seen in 4 (30.8%) of the PD-L1 positive cases. PD-L1 expression was significantly associated with increasing age up to the fifth decade ($p = 0.030$). All the PD-L1 positive TNBC were invasive breast carcinoma of no special type and mostly grade 2 tumours; however, there was no significant association between PD-L1 expression and histological subtype or grade.

Conclusion: PD-L1 expression was shown to occur at a relatively low rate among TNBC cases in this environment and was significantly associated with increasing age. This study has shown that

14.1% (1 in 7) of our TNBC patients could benefit from immune checkpoint inhibitor therapy.

Keywords: Programmed cell death ligand 1, PD-L1 inhibitor, immune checkpoint, immunotherapy, triple-negative breast cancer, breast carcinoma.

OP33

FACTORS INFLUENCING ANTI-POLYRIBOSYLTRITOL PHOSPHATE TITRES IN YOUNG NIGERIAN CHILDREN PRIMED WITH DTWP-HEPB-HIB VACCINE

Facteurs influençant les titres de phosphate de polyribosyltritol chez les jeunes enfants nigériens ayant reçu le vaccin DTWP-HepB-Hib

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Introduction: Recent research suggests that variation in vaccine-induced immune responses is influenced by genetic, nutritional, environmental, and vaccine-related factors, with significant vaccine design and programmatic policy implications. *Haemophilus influenzae* type b (Hib) Conjugate Vaccine (HCV) stimulates the production of anti-Polyribosyltritol phosphate (anti-PRP) antibodies, which confer long-term protection against invasive Hib disease and nasopharyngeal colonization by Hib at titre levels $\geq 1 \mu\text{g/mL}$ and $\geq 5 \mu\text{g/mL}$ respectively. This study investigated the influence of these factors on the protective anti-PRP levels in children aged 6-23 months in Obi L.G.A. of Nasarawa State, Nigeria.

Methods: The study was a cross-sectional, two-stage household-level cluster survey involving 267 children who had completed the E.P.I. schedule of HCV-containing DTWP-HepB-Hib. Validated questionnaires were used for enrolment and relevant clinical and laboratory evaluations including anti-PRP, ABO/Rhesus antigens, and Haemoglobin genotype assays were conducted. Regression analyses were performed using Stata to explore the correlation between sociodemographic/vaccine-related factors, nutritional status, genotype, ABO/Rhesus antigens, and protective anti-PRP titres.

Results: Bivariate analysis showed that age, breastfeeding practice, household size/under-five number, nutritional, socioeconomic, Measles/Yellow fever vaccination, and Rhesus statuses were significantly associated with anti-PRP titre. However, multivariate analysis revealed that age between 6-11 months (AOR=3.12,95%CI=1.15-8.50), households with less than three under-fives (AOR=2.33,95%CI=1.14-4.78), middle socioeconomic class (AOR=3.15,95%CI=1.42-6.98), wasting (AOR=2.27,95%CI=1.23-4.22) and Measles/Yellow fever vaccination (AOR=2.90,95%CI=1.38-6.07) were significantly correlated with protective anti-PRP titres.

Conclusion: Results indicate that the family and socioeconomic milieu influence anti-PRP titre, and Measles/Yellow fever vaccines may have a beneficial non-specific effect on HCV-induced seroprotection in Nigerian children.

Keywords: *Haemophilus influenzae* type b; Hib Conjugate Vaccine; Anti-Polyribosyltritol phosphate; Nigeria

OP34

PATIENT-RELATED FACTORS AND CLINICAL MANAGEMENT OUTCOMES OF RETINOBLASTOMA IN CALABAR, NIGERIA

Facteurs liés au patient et résultats de la prise en charge clinique du rétinoblastome à Calabar, au Nigeria

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Background: Retinoblastoma is curable in industrialized countries. However, it is associated with mortality in resource-poor nations due to disparities and poor access to eyecare. Aim was to determine the relationships between patient-related factors and clinical outcomes of Retinoblastoma management in a tertiary hospital in Nigeria

Materials and methods: This was a retrospective study of all children who were diagnosed and treated for Retinoblastoma from January 2017 through December 2022. Information obtained from their records included bio-socioeconomic data, symptoms, lag time from initial symptoms, staging, treatment and outcome (dead or alive).

Results: Fifty-three patients, aged 6 to 88 months on first hospital presentation were recruited. There were 29(54.7%) females and 20(37.7%) patients died. Parental low socioeconomic class, rural residence and poor nutrition occurred more in those that survived, though not significantly ($p>0.05$). Median(interquartile) age at diagnosis [24(18-36) months, $p=0.005$] and lag time [13(6-20) months, $p=0.274$] were low in the survived group. Bilateral Retinoblastoma (20.8%, $p=0.002$), brain metastasis (22.6%, $p<0.001$), IRSS IV (18.9%, $p=0.01$) and relapse (34%, $p<0.001$) occurred more among the patients that died. The overall survival (OS) was 22(11.77–32.23)months with 1-year OS of 63%. Treatment with only chemotherapy [HR 4.76(95%CI:1.726–13.128)], incomplete chemotherapy [HR 5.61(95%CI:1.271–24.741)], relapse [HR 5.98(95%CI:1.376–25.983)] and eye surgery after 3 chemotherapy cycles [HR 8.22(95%CI:1.087–62.239)] were predictors of mortality.

Conclusion: Early presentation of retinoblastoma especially of advanced and bilateral disease may lead to improved survival if chemotherapy and eye surgery are appropriately performed. Routine screening and immediate referral of retinoblastoma particularly in rural areas are recommended.

Key words: Retinoblastoma, patient factors, clinical outcome, survival, chemotherapy, eye surgery.

OP35

HTA AND COVID-19 IN TOGO

HTA et Covid-19 au Togo

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Introduction: L'HTA favoriserait les formes sévères de Covid-19. Notre objectif était de décrire les caractéristiques épidémiologiques, cliniques, paracliniques, thérapeutiques et évolutives de la Covid-19 chez les hypertendus au Togo.

Méthodes: C'était une étude rétrospective descriptive et analytique réalisée au Centre Hospitalier Régional Lomé-Commune d'Avril 2020 à Septembre 2021 chez les patients Covid-19 et hypertendus.

Résultats: L'âge médian était de 56 ans (IIQ : 45-67) avec une prédominance masculine. Les patients hypertendus étaient significativement plus âgés [59 ans (IIQ : 49-69) vs 49 ans (IIQ : 39-58) ($p < 0,001$)] et diabétiques [32,6 % vs 16,5 %, ($p < 0,01$)]. La saturation en oxygène était significativement plus faible chez les sujets hypertendus [84,4 % vs 15,6 % ($p < 0,001$)], qui en outre présentaient les formes sévères du COVID-19[47,7 % vs 27,5 % ($p < 0,001$)]. L'étendue des atteintes parenchymateuses et la survenue d'embolie pulmonaire étaient significativement associées à la présence de l'HTA.

Conclusion: L'HTA est très fréquente chez les patients COVID-19. Associée à d'autres comorbidités comme le diabète, l'obésité, elle augmenterait la gravité de la maladie et le risque de décès. Une gestion optimale de l'HTA est essentielle chez les patients COVID-19.

Mots clés : COVID-19, HTA, CHR Lomé-Commune, Togo.

PROMETHAZINE-INDUCED THROMBOPHLEBITIS IN A NIGERIAN MAN: A CASE REPORT

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Introduction: Promethazine is a phenothiazine derivative that possesses antihistamine, anti-dopaminergic and anticholinergic properties. It is commonly used to treat motion sickness, allergic conditions, nausea and vomiting, in addition to its use as a sedative. Promethazine has vesicant properties and is highly caustic to the intima of blood vessels and surrounding tissues. Intravenous administration may result in thrombophlebitis, unintentional intra-arterial administration, perivascular extravasation and tissue necrosis. To the best of our knowledge there is no previous published report of promethazine-induced thrombophlebitis from sub-Saharan Africa.

Case Report: A 29-year-old Nigerian male was admitted at our hospital on account of malaria with acute gastroenteritis. Due to persistent vomiting, he was administered 25 mg of promethazine injection via a size 22G intravenous cannula which was inserted the previous day on the anteromedial aspect of his right forearm and maintained with continuous intravenous crystalloid infusion. Upon administration of promethazine, he experienced intense burning and erythema. The cannula was removed immediately, another cannula was inserted on the contralateral arm, and promethazine was replaced with ondansetron.

Subsequently, he developed a tender, subcutaneous cord-like swelling extending from the middle-third of the anteromedial aspect of his right forearm, corresponding with the site of previous venous cannulation. Ultrasonography revealed a hypoechoic, non-compressible basilic vein, with no flow on colour Doppler interrogation, in keeping with superficial thrombophlebitis. He was treated with a topical anti-inflammatory agent, and the pain and redness subsided after four weeks.

Conclusion: The preferred parenteral route of administration of promethazine is deep intramuscular injection. Recommendations to prevent promethazine-induced thrombophlebitis include: use of large and patent veins, use of lower doses, drug dilution and slow administration, use of alternative therapies, and patient education.

Promethazine-induced tissue injury is under-reported in this part of the world. Creating awareness through this case report would help reduce the morbidity following promethazine administration.

POSTERS

PE1

PERFORMANCE OF SIX SCREENING SCORES FOR OBSTRUCTIVE SLEEP APNOEA IN AN AFRICAN POPULATION

Performance de six scores de dépistage de l'apnée obstructive du sommeil dans une population africaine

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Introduction: A screening tool for obstructive sleep apnoea (OSA) is useful in low-income countries where it may be difficult to access sleep recordings. The objective of this study was to assess the performance of six screening scores

compared with objective sleep recording in an African population sample.

Methods: This analysis is based on the “Benin Sleep and Society” (BeSAS) populational study in which respiratory polygraphy (PG) was performed using a type III device and OSA screening questionnaires (STOP, STOP-Bang, Berlin, NOSAS [≥ 8 and ≥ 5), No-Apnea, GOAL) were administered to participants. PG-defined OSA severity categories were defined according to the apnoea-hypopnoea index (AHI): mild (AHI 5 to $<15/h$), moderate (AHI 15 to $<30/h$) or severe (AHI $\geq 30/h$), and these were compared to score findings.

Results: A total of 1810 subjects (mean age 45.4 ± 14.6 years; 57.3% women) were included. For moderate to severe OSA, the area under the receiving operating characteristic (ROC) curve was greatest for GOAL and No-Apnea (0.70), followed by NoSAS5 (0.69). The highest sensitivity values were for NoSAS5 (0.73), No-Apnea (0.72), and GOAL (0.69), while NoSAS8 had the highest specificity (0.91), followed by Berlin (0.88) and GOAL (0.71). All scores performed poorly with respect to the positive predictive value (PPV), which was highest with NoSAS8 (0.38).

Conclusion: This study provides the first comparison of the performance of screening scores for OSA in an African population. Although still low, PPV was highest with NoSAS8. Hence, NoSAS8 would be the screening method of choice for OSA in resource-constrained settings where formal sleep recordings are not accessible.

Keywords: sleep-disordered breathing; obstructive sleep apnoea; diagnosis; sleep questionnaire; Africa

PE2

EVALUATION OF A MODIFIED EPWORTH SLEEPINESS SCALE TO RELIABLY ASSESS EXCESSIVE DAYTIME SLEEPINESS IN LOW-INCOME COUNTRIES: RESULTS FROM THE BENIN SOCIETY AND SLEEP (BESAS) STUDY

Évaluation d'une échelle de somnolence d'Epworth modifiée pour évaluer de manière fiable la somnolence diurne excessive dans les pays à faible revenu : résultats de l'étude de la société béninoise et du sommeil (BeSAS)

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Background: The Epworth Sleepiness Scale (ESS) is a tool widely used to assess excessive daytime sleepiness. Unfortunately, it is not reliable in low-income countries where situations such as reading a book, watching TV or driving a car are not common. The aim of this study was thus to assess the performance of a modified version of the Epworth scale in a low-income country.

Methods: We used data from the Benin Society and Sleep (BeSAS) study where the ESS and a modified ESS (mESS) were administered to participants. In the mESS, questions four questions over eight were redesigned to reflect common living situations in Benin. The internal coherence of the mESS was assessed using the Cronbach alpha coefficient (CAC). The discriminatory ability of the scale was assessed by comparing the mean scores according to reported sleep quality, insomnia complaints and apnea-hypopnea index (AHI).

Results: A total of 2909 participants were recruited, 1129 were male (38.9%) with a mean age (SD) of 44.7 (14.5) y. Overall, 52.4% (1526) completed all the mESS questions while 453 (15.6%) completed the standard ESS.

The CAC of the mES was 0.86 showing good internal coherence. Concerning the discriminatory ability, mean scores for mESS were 7.8 for participants with ISI < 8 vs 9.2 for participants with ISI ≥ 8 ($p < 0.001$), 7.8 for participants with PSQI < 5 vs 8.3 for participants with PSQI ≥ 5 ($p = 0.03$). No difference was found when comparing the participants participants using different cut-offs of AHI (15 and 30).

Conclusion: The mES is more reliable than ES in the Beninese population. mESS shows a good internal coherence and differentiates between insomniacs vs non-insomniacs and between good and poor sleepers. Although the mES is not a perfect score, it appears more relevant in the Benin population than the original Epworth scale but needs further validation/improvement in other low-income countries.

Keywords: sleepiness, score, sleep disorders, Africa.

PE3

COVID-19 DEATHS AND VACCINATION IN NIGERIA: AN APPRAISAL

COVID-19 Décès et vaccination au Nigeria: une évaluation

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Background/Aim: Some estimates indicates that by 2021 ending, more people as a share of the vulnerable population in Africa, Nigeria inclusive, have died than elsewhere due to late and inadequate vaccination. With the pandemic phase of high daily deaths formally declared over, COVID-19 deaths before and after vaccination commenced were compared to observe how vaccination impacted COVID-19 deaths.

Method: COVID-19 cases, deaths and vaccination rates in World Health Organization databases up to 07 June 2023 and other variables of interest unavailable there but found in other open-sources were all extracted and examined. Case fatality rate (CFR) per 1,000 for the period prior to vaccination (CFR1) and the period after vaccination commenced (CFR2) was computed. Simple statistics were used in data analysis.

Results: Between when the first case was documented and 05 June 2023, Nigeria recorded 3,155 COVID-19 deaths and majority (61.84%) occurred between 19 March 2020 and March 5, 2021 when vaccination commenced. COVID-19 deaths declined to 61.7% of pre-vaccination figure coinciding with vaccination that delivered partial, primary and booster rates of 39.94%, 33.86% and 5.97% respectively. The cumulative COVID-19 deaths by population size was $8.94/10^6$ pre-vaccination while COVID-19 deaths in vaccination era added $5.510/10^6$ mortalities to the final mortality figure of $14.44/10^6$. The calculated CFR1 and CFR2 rebased were 1.24% and 1.04% respectively.

Conclusion: More COVID-19 deaths occurred before vaccination commenced than in over two years of ongoing vaccination.

Keywords: COVID-19 deaths, vaccination, Nigeria.

PE4

LONG STANDING SCHIZOPHRENIA PRESENTING AS PARAPLEGIA IN NIGERIAN YOUTH

Schizophrénie de longue date se présentant comme une paraplégie chez un jeune Nigérian

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Background: Schizophrenia is a severe mental health disorder characterized by abnormality in patient perception, belief and cognition resulting in gross abnormal behaviour and deterioration in interpersonal relationship and occupational functioning with onset usually in adolescence and youth period. While it is common to observe distortion in the belief system and perceptual experiences and other oddities of behaviour, including amotivational syndrome, ambivalence, social withdrawal, catatonia among youth suffering from this severe mental disorder, presenting with neurological symptom of complete inability to walk despite the desire to do so is very uncommon. We aimed to present a case report of a Nigerian youth who presented with inability to walk without any neurological deficit and had normal brain MRI scan. This is to highlight the need to have high index of suspicion among practitioner especially in young person with sudden onset of “paraplegia”

Case Presentation: Mr X is a 30 years old single Lecturer who was brought into the hospital by relatives with two weeks history of sudden onset of inability to walk around and became bed bound. He graduated with first class in Mass Communication and commenced National Service as Lecturer when he started hearing voices discussing him and also believes that people want to kill. He became reclusive to self for about two years. No history of trauma to the head or hypertensive heart disease. He was earlier seen by a doctor who commenced him on carbamazepine and olanzapine but drugs adherence was poor and later completely abandoned for unorthodox treatment. MRI Scan of the brain, FBC + diff, U & E and neurological examination were normal. He was commenced on Risperdal and six weeks later into the treatment, he started ambulating about.

Conclusion: While it may be rare, severe psychotic illness such as schizophrenia can result in complete inability to walk, mimicking neurological disorder. High index of suspicion with perseverance of treatment can resolve the patient illness and restore his social life

Keywords: Schizophrenia, inability to work, youthful age.

PE5

EXTRAPULMONARY TUBERCULOSIS AT SYLVANUS OLYMPIO UNIVERSITY HOSPITAL

Tuberculose extra-pulmonaire au CHU Sylvanus Olympio

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Objectif: Décrire la tuberculose extrapulmonaire au CHU Sylvanus Olympio de Lomé.

Méthodes: C'était une étude rétrospective et descriptive sur une période de 2 ans, de novembre 2020 à octobre 2022, des cas de tuberculose extrapulmonaire diagnostiqués et traités au CHU SO de Lomé.

Résultats: Soixante-six cas ont été recensés. L'âge moyen était 42,39 ans avec des extrêmes de 4 et 85 ans. La sex-ratio était de 0,94. Un bas niveau socioéconomique était retrouvé (65,2 %). Un contage tuberculeux existait chez 4,6 % des patients. Sur les 66 patients 31 avaient fait la vaccination au BCG. Quarante-sept patients sur 66 avaient un amaigrissement et 30 une fièvre vespérale. La tuberculose ostéo-articulaire était prédominante (53,0 %). Le diagnostic était présomptif dans 78,8 % des cas. Le diagnostic de certitude était surtout histologique (12,1 %) et concernait surtout les atteintes ganglionnaires (100 %). Une infection à VIH était retrouvée chez 21,2 % des cas. Tous les patients ont bénéficié d'un traitement antituberculeux standard (RHZE). L'évolution hospitalière était favorable dans 97,0 % des cas. Nous avons noté 3 % de décès associé surtout à une infection à VIH.

Conclusion: La tuberculose extra pulmonaire affecte toutes les tranches d'âge. L'immunodépression était le principal facteur favorisant. Les atteintes ostéoarticulaires sont prédominantes. Son diagnostic était très souvent présomptif.

Mots clés : Tuberculose extra-pulmonaire, CHU-Sylvanus Olympio, Lomé (Togo)

PE6

MANAGEMENT OF PSYCHOTRAUMA IN ASYMMETRIC WARFARE ON ARMIES IN SITU SOUTH OF THE SAHARA

Prise en charge du psychotrauma en guerre asymétrique sur les armées in situ au sud du Sahara

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Introduction: Suite à des attaques djihadiste dans l'extrême nord du Togo, une opération militaire de sécurisation du territoire est organisée en septembre 2018. Ces attaques se sont intensifiées vers novembre décembre 2022. Des missions de prise en charge du psycho-traumatisme sont organisées par la haute hiérarchie fait d'un psychiatre et de deux psychologues pour donner un appui technique temporaire au dispositif déjà en place à chaque évènement difficile. Ce travail a pour but de décrire, à partir de ces interventions, les manifestations, le vécu des victimes, les représentations, les attentes et les besoins psychologiques des militaires aux prises avec ces évènements traumatiques en situation de continuer leur mission.

Expérience rapportée: Après avoir présenté les modalités pratiques d'intervention et de prises en charges immédiates en poste avancé de combat, nous exposerons les différentes articulations du suivi médico-psychologique. La description clinique et une analyse critique de la symptomatologie immédiate post-traumatique observée reste au centre de notre réflexion.

Conclusion: L'expression du trauma chez les combattants aguerris en situation de guerre asymétrique et en activité reste complexe.

Mots-clés: Urgence médico-psychologique - Guerre asymétrique - Afrique subsaharienne.

PE7

GENDER AND PSYCHO-TRAUMA IN A CLOTHED BODY: A CASE OF ONIRISM IN THE AFTERLIFE

Genre et psycho traumatisme chez un corps habillé : cas d'onirisme dans l'au-delà

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Introduction: Ce fait clinique met en relief la profondeur d'une atteinte psychique en recomposition avec la vulnérabilité du genre, l'isolement professionnel, la religion et la culture où l'espace et le temps perdent totalement leur valeur.

Observation: Occupant un poste de surveillance des chemins des braconniers très éloignés avec une communication défaillante par moment, une jeune femme nourrice forestière à plusieurs fois fait des observations sur la dangerosité et l'absence de défense en cas d'attaque de ces positions professionnelles. Un petit matin, elle est retrouvée par hasard par un chasseur totalement baignant dans son sang avec des multiples coupures de coupe-coupe. Elle se réveille après 25 jours de coma et plus de trois séances de kinésithérapie sans aucune communication verbale. Arrivé en entretien chez le psychiatre, elle a un regard hagard avec une torpeur. Elle finit à la deuxième séance par s'interroger de la raison de la présence dans ce lieu au premier contact avec son enfant qu'elle considère au paradis. Seul l'instinct maternel, l'a fait sortie de son état quasi indescriptible après le trauma psychique.

Conclusion: Il est impératif aux professionnels de la santé des corps utilisateurs des armes à feu d'être attentif à la souffrance psychique en relation avec le genre et les conditions culturelles.

Mots clés: Psycho-traumatisme - genre - insécurité - Afrique subsaharienne.

PE8

EYE MYASTHENIA IN A YOUNG TOGOLESE: ABOUT A CASE AND LITERATURE REVIEW

Myasthénie oculaire chez un jeune togolais : à propos d'un cas et revue de la littérature

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Summary: The authors report a case of ocular myasthenia revealed by a myasthenic crisis after antimalarial treatment with quinine in a 14-year-old girl. The patient's exploration by a chest scan had revealed a thymoma and the test of acetylcholine receptor antibodies was strongly positive. Finally, electromyography revealed a decrement greater than 10% to repetitive nerve stimulation. The interest of this issue lies in the rarity of this observation in Black Africa, where it is often confused with malaria.

Keywords: myasthenia, thymoma, malaria, Black Africa.

PE9

AN X-RAY OF THE NATIONAL MENTAL HEALTH ACT 2021 OF NIGERIA:
OPPORTUNITIES, LIMITATIONS AND THE WAY FORWARD

Un cliché de la loi nationale sur la santé mentale de 2021 au Nigeria: opportunités, limites et perspectives d'avenir

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Summary: The Nigerian Mental Health Law originated as a Lunacy ordinance in 1916 and matured into Lunacy Act CAP 524 of the law of Nigeria, 1964. This review of the National Mental Health Act (NMHA) 2021 of Nigeria examines the prospects, challenges, and possible ways forward. This act has a schedule, five parts, fifty-eight sections, and many subsections. It was compared with the WHO Checklist while the limitations were examined with a view to recommending solutions and identifying the tasks ahead. The NMHA 2021 provides for enhancing and regulating Mental Health Services through a Mental health Services Department. Also, a Mental Health Assessment committee is set up as a tribunal to protect the rights of persons with intellectual, cognitive and psychosocial disabilities, including the rights to a legal representative, employment, and housing. Persons with mental health conditions are to enjoy standard services and participate in formulating their medical plans devoid of coercion. The Presidential gazetting of the act is a good starting point in a positive direction. It should be adequately implemented with the coordinated efforts of all stakeholders and domesticated by the state governments. Finally, more advocacy by the Association of Psychiatrists in Nigeria and other key players. A key limitation is the access to the health care facility given the rural-urban access challenges and owing to the wide treatment gap and the low Doctor-patient ratio worsened by the brain drain.

Keyword(s): Challenges, Mental Health Act, Prospects, Solutions.

PE10

PUSK AND PULL FACTORS OF EMIGRATION AMONG PHYSICIAN IN NIGERIA

Facteurs d'attraction et de répulsion de l'émigration des médecins au Nigéria

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Background: Physician emigration is increasing exponentially in developing countries. In Nigeria, with the last decade's unprecedented brain drain, it has gained the popular moniker 'japa syndrome'.

Aim: This study aimed to determine push and pull factors affecting physician migration in Nigeria, to provide evidence-backed recommendations for physician retention policies.

Materials/Methods: A cross-sectional study was conducted among attendees at the 2022 Abuja Cardiovascular Symposium hosted by Limi Multispecialty Hospital and the Nigerian Cardiac Society. Convenience and snowball sampling were used, and 295/400 responded to comprehensive self-administered questionnaires (73.7% response rate). Data was analysed using SPSS v.26.

Results: Most participants (79.4%) were aged 20-39 years (Mean 35 years SD \pm 10.17); female (58.6%); married (58.4%) and had family size below six (73.6%). About 85.8% were employed, and 55.9% worked in private establishments. Solely basic medical degrees were possessed by 64.4%, and 63.7% earned N300,000-N399,999 (USD 396.82-USD 527.78) monthly. Top destinations were UK (50.5%), Canada (43.3%), and USA (37.9%), with low remuneration (71.2%), insecurity (62.7%), and difficult working environments (55.9%) most frequent push factors. Postgraduate-training frustrations (38.6%), and limited educational opportunities for oneself (37.6%), children (26.4%), or spouse (19.7%) were the least. High earning potential (76.6%), career growth opportunities (70.8%), and high-level equipment/technology (54.9%) were frequent pull factors.

Conclusion: Physician emigration threatens Nigeria's health system and should be addressed multi-sectorally to boost physician remuneration and improve work environments and societal security. Additionally, innovative education and digital technology would encourage health workforce retention.

Keywords : Emigration, Brain drain, Push and pull factors, Human resource for health, Health work force

PE11

ASSESSING BURNOUT AMONG HEALTHCARE PROFESSIONALS IN A PRIVATE HOSPITAL IN ABUJA, NIGERIA: PREVALENCE, PATTERNS, AND IMPLICATIONS

Évaluation de l'épuisement professionnel chez les professionnels de la santé dans un hôpital privé d'Abuja, au Nigéria : Prévalence, modèles et implications

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Background: A current worrisome global trend is the emigration of health workers from resource- constrained areas especially Africa, with 1 in 4 doctors, and 1 in 20 nurses leaving for developed countries. This phenomenon has resulted in a shortfall of over 1.5 million health workers in the region. The factors contributing to the trend remain multifaceted, with provider burnout playing a crucial role in this phenomenon. Several studies have highlighted the burden of burn out among health workers in public facilities. However, there still exists a gap in research, particularly in the context of private healthcare facilities in Nigeria.

Aim: The aim of this study was to determine the prevalence and pattern of burnout in healthcare professionals working at a private hospital in Abuja, Nigeria.

Materials and Method: A descriptive cross-sectional study involving 100 healthcare professionals (doctors, nurses, and pharmacists) was conducted using a multistage sampling method. Data collection included socio-demographic information, occupational details, and the Burnout Clinical Subtype Questionnaire (BCSQ-12). Statistical analysis employed Pearson's Chi-square with a significance level of $p < 0.05$.

Results: The study revealed 85% prevalence of burnout, with 71% experiencing overload, 61% lacking

development opportunities, and 18% feeling neglected. No significant associations were found between burnout and socio-demographic or occupational characteristics.

Conclusion: This study highlights the high prevalence of burnout among healthcare professionals. This emphasizes the urgent need for integrating burnout screening into routine health assessments for healthcare workers. Doing so can protect their well-being, which may be a vital step in addressing the healthcare workforce crisis in Africa.

PE12

METABOLIC SYNDROME AND ASSOCIATED RISK FACTORS AMONG SECONDARY SCHOOL ADOLESCENTS IN NORTHEAST NIGERIA

Syndrôme métabolique et facteurs de risque associés chez les adolescents des écoles secondaires du nord-est du Nigeria

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Introduction: Metabolic syndrome (MetS) is a cluster of risk factors that may predispose to cardiovascular diseases and type 2 diabetes mellitus. These risk factors include hypertension, central obesity, hyperglycaemia, hypertriglyceridemia and low high-density lipoprotein cholesterol (HDL-C). The presence of at least three of these risks factors defines MetS. Globally, MetS now affects children and adolescents with increasing obesity prevalence. This study determined the prevalence of MetS and associated risk factors among secondary school adolescents in Gombe Local Government Area(LGA), Northeast Nigeria.

Methods: A cross-sectional study; 688 participants from 12 secondary schools in Gombe LGA, Northeast Nigeria. Data were obtained using structured questionnaire. Anthropometry and blood pressure were measured. Fasting plasma glucose, serum triglyceride and HDL-C were determined. Data were analysed using SPSS version 21.

Result: The prevalence of MetS was 1.3%. Low serum HDL-C was the commonest risk factor. MetS was significantly higher in upper socio-economic class and private school participants. Lifestyle and family medical history were not significantly associated with MetS.

Conclusion: This study showed that the prevalence of metabolic syndrome was low in the overall study population but high among centrally obese adolescents. Metabolic syndrome occurred in normal weight and underweight participants. Low HDL-C was the commonest risk factor for metabolic syndrome and lifestyle and family medical history were not associated with metabolic syndrome.

Keywords: Metabolic, Adolescents, Risk factors, Syndrome, Obesity.

