DAY 1

Keynote Forum

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Preventive Medicine 2018

A THREE-YEAR FOLLOW-UP ON CHRONIC DISEASE, AND THE ROAD TO PREVENTION: REFUGEES AND IMMIGRANTS TO THE UNITED STATES

Hikmet J. Jamil

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Background: Little is known about the prevalence and trajectory of chronic diseases (CD), among recent immigrants and refugees to the United States (US). To inform CD prevention efforts, we examined baseline prevalence of CD and its trajectory over the first two years in the US among refugees and immigrants from the Middle East.

Methods: A sample of 314 recent Middle East immigrants and 298 newly arrived Iraqi refugees was recruited in southeast Michigan; most (254 immigrants and 283 refugees), were reassessed two years later. Participants responded to an interview in Arabic using a validated structured survey which asked about socioeconomics and the presence of 11 physician-diagnosed CD (e.g. hypertension, diabetes, arthritis, asthma, obesity, cancer), and self-rated health (SRH). Analyses compared immigrants and refugees over time. The Wayne State University Institutional Review Board approved the study.

Results: The two groups differed on most variables studied. Refugees had lower rate of employment, education, alcohol use, and being single. Refugees had higher rates of most CD than immigrants at both time points, and most CD increased over 2 years in both sample (except for (skin/asthma/depression). Immigrants increased from 0.52 (SD=1.0) to 0.92 (SD=1.66) CD, whereas refugees increased from 1.03 (SD=1.41) to 1.60 (SD=1.97). Regression analyses indicated that the increase in CD over time was, predicted by baseline CD as well as old age, unemployment, poor self-rated health and poor self-rated mental health.

Conclusion: Both refugees and immigrants increased in CD two years after arrival. Prevention efforts should target risk factors to prevent the rise in CD in these populations.

Biography

Hikmet J Jamil joined Baghdad University in 1979 and in 1997 emigrated to USA. In 1998 he joined Wayne State University and in 2015 joined Michigan State University. He is author of 20 books. In 2013, he wrote chapter in a Book title *"Biopsychosocial Perspective on Arab American: Cultural Development and Health"*. He has 194 publications and has given 1190 presentations at scientific meetings. He participates in research funded by e.g., NIMH, CURES, Pfizer. He is one of the founders of AlNahrain International Society of Iraqi Scientists in 2017. In 2003 his biography was listed in the 25th & 26th Dictionary of International Biography, Cambridge, as well as in the American Biographical Institute, USA. In 2012, the Iraqi Society of Occupational Health and Safety named the conference Room of the Society by him. He had received several Awards from different academic institutions, non-profit organizations, WHO and Governmental agents.

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AGENDA FOR CONTROLLING HIV EPIDEMICS AMONG MEN WHO HAVE SEX WITH MEN: SOCIO-PSYCHOLOGICAL, BEHAVIORAL AND BIOMEDICAL PERSPECTIVES

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Globally, the HIV epidemic among men who have sex with men (MSM) has become out of control. In addition to being disproportionately burdened by STI/HIV, MSM experience higher rates of mental health problems. HIV-positive MSM are challenged by multi-morbidity and syndemics, as their prevalence of mental health problems is 2-3 times higher than HIV-negative MSM. Such prevalence may be aggregated by stigma, prevalent illicit psychoactive substance use and chemsex, and low mental health service utilization. Mental health problems were associated with faster progression to AIDS, shorter survival and higher risk of secondary HIV transmission. Moreover, they would diminish the efficacy of the WHO recommended treatment as prevention (TasP) by affecting usage and adherence. In the past few years, the growing evidence for the effectiveness of bio-medical HIV interventions (e.g., pre-exposure prophylaxis (PrEP), TasP) has changed HIV prevention strategies substantially. Issues related to behavioral and psychological possesses are involved in the implementation of bio-medical HIV interventions. Take PrEP as an example, previous risk behaviors, cognitive variables and mental health status (e.g., anxiety) were determinants of its acceptance among MSM. Potential issues, such as non-adherence to daily dosage, risk compensation, not taking up required testing (i.e., HIV, STI, renal/liver function) regularly, and not seeking medical consultation before starting/discontinuing PrEP, should be monitored and prevented to ensure the effectiveness of PrEP and safety of PrEP users. HIV prevention for controlling HIV epidemics among MSM should understand the importance of psychological factors and consequences, as well as the interplay between biomedical and behavioral processes.

Biography

Joseph T F Lau is a Professor; Associate Director; Head of the Division of Behavioral Health and Health Promotion; and Director of the Centre for Health Behaviours Research in the J C School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong. He is also the Founding President of the Hong Kong Society of Behavioral Health (HKSBH), Convenor of the Asian Network for Behavioral Health, and Convenor for the Academic Forum of Behavioral Health. His diverse research interests include those on behavioral interventions for changing risk and preventive behaviours. He has published about 400 papers in peer-reviewed journals, and has been awarded over 60 grants as PI. He provides consultancy to WHO, the Cambodian government and various CDCs in China, and is a Member of the Governing Council and Co-Chair of the International Liaison Committee for the International Society of Behavioral Medicine (ISBM).

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PERSONALIZED & PRECISION MEDICINE (PPM) AS A MODEL OF HEALTHCARE OF THE NEWEST GENERATION TOWARDS TRANSLATIONAL APPLICATIONS TO MOVE AHEAD AS A GLOBAL INTERNATIONAL TEAM

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A new systems approach to diseased states and wellness result in a new branch in the healthcare services, namely, personalized medicine (PM). To achieve the implementation of PM concept into the daily practice including clinical cardiology, it is necessary to create a fundamentally new strategy based upon the subclinical recognition of bioindicators (biopredictors and biomarkers) of hidden abnormalities long before the disease clinically manifests itself. Each decision-maker values the impact of their decision to use PM on their own budget and well-being, which may not necessarily be optimal for society as a whole. It would be extremely useful to integrate data harvesting from different databanks for applications such as prediction and personalization of further treatment to thus provide more tailored measures for the patients and persons-at-risk resulting in improved outcomes whilst securing the healthy state and wellness, reduced adverse events, and more cost effective use of health care resources. One of the most advanced areas in cardiology is atherosclerosis, cardiovascular and coronary disorders as well as in yocarditis. A lack of medical guidelines has been identified by the majority of responders as the predominant barrier for adoption, indicating a need for the development of best practices and guidelines to support the implementation of PM into the daily practice of cardiologists! Implementation of PM requires a lot before the current model "physician-patient" could be gradually displaced by a new model "medical advisor-healthy person-at-risk". This is the reason for developing global scientific, clinical, social, and educational projects in the area of PM to elicit the content of the new branch.

Biography

Sergey Suchkov was born in the City of Astrakhan, Russia, in a family of dynasty medical doctors. In 1980, graduated from Astrakhan State Medical University and was awarded with MD. In 1985, Suchkov maintained his PhD as a PhD student of the I.M. Sechenov Moscow Medical Academy and Institute of Medical Enzymology. At present, Dr Sergey Suchkov, MD, PhD, is: Professor, Director, Center for Personalized Medicine, I.M.Sechenov First Moscow State Medical University and Dept of Clinical Immunology, A.I.Evdokimov Moscow State Medi-cal and Dental University;
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MEDICATION ADHERENCE AND TREATMENT SATISFACTION AMONG PATIENTS WITH TYPE 2 DIABETES TREATED AT COMMUNITY HEALTH SERVICE CENTER OF GUANGDONG PROVINCE, CHINA

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Objective: To explore the medication adherence and treatment satisfaction and to identify its' factors associated among patients with type 2 diabetes treated at community health service center of Guangdong province, China.

Methods: A cross-sectional study was carried out among T2DM patients form 22 community health service centers of Guangdong province, China. Data on patient socio-demographic, diabetic complications, medication adherence and treatment satisfaction were also collected.

Results: 4,560 T2DM patients were enrolled in the study. 43.1% of patients reported good medication adherence and 56.9% non-adherent. The average satisfaction scores in the effectiveness, side effects, convenience, and global satisfaction domains were 62.3 ± 7.1, 81.1 ± 10.5, 63.7 ± 10.7, and 70.3 ± 6.7 respectively. There was a significant difference in the mean score of the four domains ($p<0.001$) among patients with different levels of adherence. The Pearson correlation coefficient between total adherence and overall treatment satisfaction score indicated a significant positive correlation ($r=0.413$; $p<0.001$). Logistic regression analysis showed that educational level (OR=1.489), duration of DM (OR=0.473), presence of complication (OR=0.812), income (OR=1.989), pattern of antidiabetic treatment (OR=0.697), number of medications (OR=0.628), treatment satisfaction (OR=2.173) were the main impact factors associated with adherence to antidiabetic therapy.

Conclusions: The medication adherence and treatment satisfaction among patients with type 2 diabetes treated at community health service center of Guangdong, China remains unsatisfactory. Low treatment satisfaction may be an important barrier for achieving high rates of adherence to treatment among patients with type 2 diabetes.

Biography

Zhiheng Zhou received his Bachelor's degree in Clinic Medicine in 2002, and PhD degree in General Practice from Capital Medical University of China in 2012. He worked as Associate Professor at Guangzhou Medical University till 2015. He joined Dr.Sareh Parangi's lab and served as Postdoctoral fellow at Massachusetts General Hospital, Harvard Medical School, USA from 2015 to 2017. He is currently working as Doctor and Associate Professor at Futian Hospital for prevention and treatment of chronic disease, China. He engaged in 18 research projects included community chronic diseases, chemical carcinogenesis mechanism and molecular epidemiology of chronic diseases. He is a highly productive scholar, he has authored or co-authored 160 papers were published in national and Chinese journals.

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DAY 2

Keynote Forum

Glimpses of our Past Conferences

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PREDICTORS OF WEIGHT LOSS AFTER PREVENTIVE HEALTH CONSULTATIONS TO OVER-WEIGHT VULNERABLE 20-44 YEARS OLD PATIENTS IN GENERAL PRACTICE, DENMARK: A RANDOMIZED TRIAL

Jorgen Lous

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Background: Obesity and inequality in health is an increasing problem also in Denmark.

Objective: To evaluate the effect of structured well-prepared consultations on weight loss in younger adults with overweight and psycho-social problems.

Subjects & Methods: A total of 495 younger adults (20-44 years old) with several psychosocial and lifestyle problems were randomized to preventive health consultations or control at their general practitioner (GP). The 218 with overweight or obesity were randomized to intervention or control, comparable with a mean age around 35 years, 68% were female, and the mean BMI was 30. The intervention group had two preventive health consultations with focus on resources and barriers for self-chosen goals. One-year postal follow-up was done for both groups.

Results: A total of 218 had over-weight or obesity. The 56 (25.7%) were lost to follow-up after one year. The 77 in the control group were not asked about goals. Of the 85 with overweight or obesity in the intervention group 22 had weight loss as a prioritized goal. One year after the first health consultation the 22 had a mean weight loss of 4.73 kg (95% CI: 1.8 to 7.7) and the rest had lost 1.56 kg (-0.05 to 3.2). The over-weighty in the control group had a mean weight loss of 1.57 kg (0.12 to 3.0).

Conclusion: A significant change in weight loss can be obtained with well-prepared patient focused consultations.

Biography

Jorgen Lous had six year training at hospital and in 1976 he started as a General Practitioner (GP). Since 1992 he was part time academic and part time GP. From 2001 to 2009, he was a Professor in General Practice at University of Southern Denmark, Odense, and after that part time GP. He wrote his thesis on secretory otitis media in children in 1994.

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HEPATITIS A AN UNEXPECTED RETURN? A FOCUS ON A SELECTED NORTHERN ITALIAN POPULATION

M. Monari

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Background: Between January and May 2013, 352 cases of HAV infection were notified in Italy corresponding to a 70% increase compared to the same period in 2012 [12]. Hepatitis A virus (HAV) infection is an acute, self-limited liver disease transmitted usually through the faecal-oral route via person-to-person contact. Aim of this study is understand the actual abnormal relevation of positive cases in a selected northen Italian population in 2017.

Methods: We analyzed two different set of patients: all the results obtained in our laboratory during the 12th months of 2013 (894 patients, 65% female and 35% male) and in 12 months of 2017 (1089 patients, 63% female and 37% male) for IgM of HAV (HAVA IgM, Abbott, Architect i2000®). The range of results is less 1.0 S/Co negative, upper 1.0 S/Co positive.

Results: All the positive cases registered are arrived from emergency units of our Hospital.

year	Mounts observation	HAV All IgM total test	IgM POSITIVE test	IgM NEGATIVE test	Positive test/month	% positive	Male positive	Female positive	Median age
2013	12	894	9	885	0.75	1.01	7	2	29.55
2017	12	1089	30	1062	2.5	2.82	29	1	29.0

Conclusion: At the light of these results we are probably observing a new epidemia. Regione Lombardia has suggested four possible causes: subject with chronic hepatitis that received concentrated treatment with coagulation factor, drugs abuse, men who have sex with men, subjects under 14 years old that have done trip. From these remarks, rescue aid becomes the crossroads for taking over and managing this epidemia, perhaps we could be largely prevented by inserting vaccination into the mandatory program.

Biography

M Monari is the Director of Clinical Laboratory Analysis of Humanitas Research Hospital and she is a contract Professor of two Italian University: Humanitas University and Insubria University in Nurse degrees. She develops, in according with the hospital direction, different investigation studies around topics of health and security of blood collections and datas communications. She has more than 45 poster published and 23 articles. She was Editorial Board member for the Journal of Women's Health and Reproductive Medicine. She was also Cheif Director or several courses and congress and speaker to them.

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PRECISION MEDICINE IN SEPSIS

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Sepsis is a life-threatening condition that results in 30% mortality in critically ill patients, and many survivors are with poor quality of life due to long-lasting impact of sepsis on functional and cognitive limitations. There are no proven specific pharmacotherapies for sepsis, and thus new approaches are urgently needed. As our ability to identify the clinical and biological heterogeneity in human sepsis expands, precision medicine may hold the key to therapeutic breakthroughs. Recent advances in molecular diagnostics and omics approaches have great impact on precision medicine that is rapidly expanding. However, precision medicine should not be limited to using just omics based data. The key common approach is the recognition that disease heterogeneity may have important implications for clinical outcomes and for the effectiveness of novel therapies.

Biography

Haibo Zhang has completed his PhD from Free University of Brussels, Belgium. He is a Full-Professor of Anaesthesia, Critical Care Medicine and Physiology at the Universityof Toronto, Canada. He is the Head of the Theme of Biomaterial, Organ Injury and Repair, Institute of Biomedical Engineering Science and Technology (iBEST), a premier research organization operated by St. Michael's Hospital and Ryerson University, Toronto, Canada. He has published more than 200 papers in reputed journals and has been serving as an Editorial Board Member of repute journals.

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INCREASED CONCENTRATIONS OF BREATH HYDROGEN GAS ORIGINATED FROM INTESTINAL BACTERIA MAY BE RELATED TO PEOPLE'S LONGEVITY IN JAPAN

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Hydrogen gas produced by intestinal fermentation is suggested to have some preventive effects on age-related diseases. As reported in our previous paper, hydrogen gas concentrations in the breath, reflecting the intestinal production, were measured in 14 healthy controls (8 men, 6 women; 37.3 (17.4) years) and 15 elderly people with type 2 diabetes (4 men, 11 women; 79 (6) years) 26 centenarians (6 men, 20 women; age, 102 (2) years (mean (SD)) and 16 their offspring (7 men, 9 women; 70 (5) years), and were found to be significantly increased in centenarians. In that study, diabetic patients treated with α-glucosidase inhibitors were excluded, which can cause carbohydrate malabsorption leading to increasing intestinal fermentation. In the current study, 28 diabetic patients (11 men, 17 women; 69 (13) years) including 6 patients treated with α-glucosidase inhibitors were studied. Three patients treated with α-glucosidase inhibitors showed extremely high concentrations of breath hydrogen gas, which were compatible to those in a part of centenarians, and low concentrations of serum oxidative low-density lipoprotein (MDA-LDL). No significant correlation was found between breath hydrogen gas and serum MDA-LDL concentrations. Thus, hydrogen gas produced by intestinal fermentation in association with diet and gut microbiome may affect people's longevity in Japan, considering the potential of hydrogen gas to act as a potent antioxidant in the body.
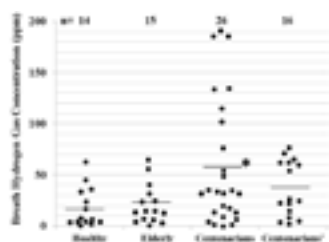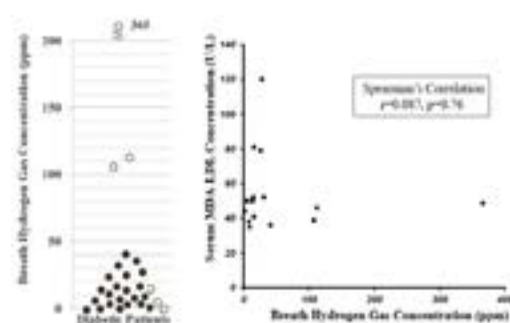

Figure 2: (Left) Breath hydrogen gas concentration in 28 diabetic patients. Open circles represent patients treated with α-glucosidase inhibitors, whose breath hydrogen gas was not necessarily increased. (Right) Correlation between breath hydrogen gas concentration and MDA-LDL concentration in 15 diabetic patients. Patients with high breath hydrogen gas concentrations may have low serum oxidized LDL levels.

Figure 1: Each dot denotes the hydrogen gas concentration between 11:00 and 13:00, after breakfast (oral lunch) and more than four hours after breakfast. The mean concentration (short line) in the centenarians was higher than that in the other groups. *p<0.05 vs. controls and diabetics by ANOVA, followed by Bonferroni's test.

Biography

Dr. Yuji Aoki is the Director of the Outpatient Department, and head of the Lifestyle Disease Laboratory, National Hospital Organization Matsumoto Medical Center, Matsumoto, Japan. He is a Visiting Clinical Professor of Internal Medicine, Matsumoto Dental University Hospital, Shiojiri, Japan. He got his Medical Doctor in 1981 and Ph.D.-medicine in 1993 at Shinshu University School of Medicine, Matsumoto, Japan.

Education:
1993 Ph.D. at Shinshu University School of Medicine, Japan
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Research Fellow:
1995 Division of Nephrology, Georgetown University Medical Center, 1993- Washington, D.C., U.S.A.

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1995 The Mamie Doud Eisenhower Memorial Fellowship Award, American Heart Association, Washington, D.C., USA.

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