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j44nGt2bnMjWAK5_QDWSYzGrb4sUUcgQO&WebCubbyUser=0wMybeegrf-
voqath8ckii48nmddV47

TITLES
1: Ziembroski JS, Breiding MJ.
The cumulative effect of rural and regional residence on the health of older adults.
PMID: 16980633 [PubMed - indexed for MEDLINE]

2: Chiang DT, Tan EI, Baldam A.
Incidence of Chlamydia infection among asymptomatic women presented for routine
Papanicolaou smear: experience in South-Western Victoria, Australia.
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3: Judd FK.
Progressing the agenda for rural mental health research.
PMID: 16952272 [PubMed - indexed for MEDLINE]

4: Singh S.
Where next for China? Rising inequalities in health and wealth are biggest challenge.
BMJ. 2006 Sep 2;333(7566):499. No abstract available.
PMID: 16946345 [PubMed - indexed for MEDLINE]

5: Yunesian M, Asghari F, Vash JH, Forouzanfar MH, Farhoud D.
Acute symptoms related to air pollution in urban areas: a study protocol.
PMID: 16934138 [PubMed - indexed for MEDLINE]

6: el-Shazly AM, el-Nahas HA, Soliman M, Sultan DM, Abedl Tawab AH, Morsy TA.
The reflection of control programs of parasitic diseases upon gastrointestinal helminthiasis in Dakahlia Governorate, Egypt.
PMID: 16927862 [PubMed - indexed for MEDLINE]
7: MacIntosh J.
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PMID: 16923736 [PubMed - indexed for MEDLINE]

8: Phaswana-Mafuya N.
Health aspects of sanitation among Eastern Cape (EC) rural communities, South Africa.
PMID: 16910133 [PubMed - indexed for MEDLINE]

9: Holmberg SA, Thelin AG.
Primary care consultation, hospital admission, sick leave and disability pension owing to neck and low back pain: a 12-year prospective cohort study in a rural population.
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Revisiting case study as a nursing research design.
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11: Whittle D.
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SADJ. 2001 Feb;56(2):60. No abstract available.
PMID: 16894690 [PubMed - indexed for MEDLINE]

12: Bryant S.
Do women in rural and remote areas need different guidelines for management of low-grade abnormalities found on cervical screening?
PMID: 16893370 [PubMed - indexed for MEDLINE]

13: Jennings PA, Cameron P, Walker T, Bernard S, Smith K.
PMID: 16893352 [PubMed - indexed for MEDLINE]

14: Okulewicz A, Popiolek M.
[Taeniosis in the lower Silesia province in the 1993 - 1997 years]


33: Wade AS, Enel C, Lagarde E.  
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PMID: 16777645 [PubMed - indexed for MEDLINE]  

34: Pool R, Kamali A, Whitworth JA.  
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'The man who believed he had AIDS was cured': AIDS and sexually-transmitted infection treatment-seeking behaviour in rural Mwanza, Tanzania.  
PMID: 16777638 [PubMed - indexed for MEDLINE]  

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Prevalence of multiple intestinal helminths among children in a rural community.
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45: Wiles NJ, Zammit S, Bebbington P, Singleton N, Meltzer H, Lewis G.
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53: Daniel M, Moore DS, Decker S, Belton L, DeVellis B, Doolen A, Campbell MK.
   Associations among education, cortisol rhythm, and BMI in blue-collar women.
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   Ogwang M, Declich S.
   A high prevalence of HIV-1 infection among pregnant women living in a rural
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Malaria treatment in remote areas of Mali: use of modern and traditional medicines, patient outcome.

61: Johnson ME, Brems C, Warner TD, Roberts LW.
Rural-urban health care provider disparities in Alaska and New Mexico.

62: Kim CT, Kang PS, Lee KS, Hwang TY.
[Helicobacter pylori reinfection rate and its related factors after successful eradication: 4-year follow-up in a Korean rural community]

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Prevalence of hepatitis B infection in the southeastern region of Turkey: comparison of risk factors for HBV infection in rural and urban areas.

ABSTRACTS

The cumulative effect of rural and regional residence on the health of older adults.

Ziemboski JS, Breiding MJ.

University of Missouri, Columbia, USA.

OBJECTIVE: This study considers whether rural status or living in a particular region of the United States has effects on mental and physical health. The analyses examine whether there are independent and interactive effects of rural status and region of residence on health, beyond individual level factors related to poverty. METHODS: Ordinary least squares (OLS) regression models are used to examine the relationships between rural and regional residence and
health across three time periods. RESULTS: Negative health effects of rural residence were found only in the South region. Positive health effects of rural residence were found only in the Midwest region. There are no observed health risks associated with rural or regional residence across group. DISCUSSION: The results indicate a cumulative risk of rural and Southern residence for older men and women. Living in a rural place in the midwestern United States seems to provide unique sources of health benefits.

PMID: 16980633 [PubMed - indexed for MEDLINE]


Incidence of Chlamydia infection among asymptomatic women presented for routine Papanicolaou smear: experience in South-Western Victoria, Australia.

Chiang DT, Tan EL, Baldam A.

Publication Types:
   Letter

PMID: 16953780 [PubMed - indexed for MEDLINE]


Progressing the agenda for rural mental health research.

Judd FK.

Publication Types:
   Editorial

PMID: 16952272 [PubMed - indexed for MEDLINE]

4: BMJ. 2006 Sep 2;333(7566):499.

Comment on:

Where next for China? Rising inequalities in health and wealth are biggest challenge.
BACKGROUND: The harmful effects of urban air pollution on general population in terms of annoying symptoms are not adequately evaluated. This is in contrast to the hospital admissions and short term mortality. The present study protocol is designed to assess the association between the level of exposure to certain ambient air pollutants and a wide range of relevant symptoms. Awareness of the impact of pollution on the population at large will make our estimates of the pertinent covert burden imposed on the society more accurate.

METHODS/DESIGN: A cross-sectional study with spatial analysis for the addresses of the participants was conducted. Data were collected via telephone interviews administered to a representative sample of civilians over age four in the city. Households were selected using random digit dialling procedures and randomization within each household was also performed to select the person to be interviewed. Levels of exposure are quantified by extrapolating the addresses of the study population over the air pollution matrix of the city at the time of the interview and also for different lag times. This information system uses the data from multiple air pollution monitoring stations in conjunction with meteorological data. General linear models are applied for statistical analysis.

DISCUSSION: The important limitations of cross-sectional studies on acute effects of air pollution are personal confounders and measurement error for exposure. A wide range of confounders in this study are controlled for in the statistical analysis. Exposure error may be minimised by employing a validated geographical information system that provides accurate estimates and getting
detailed information on locations of individual participants during the day. The widespread operation of open air conditioning systems in the target urban area which brings about excellent mixing of the outdoor and indoor air increases the validity of outdoor pollutants levels that are taken as exposure levels.

PMID: 16934138 [PubMed - indexed for MEDLINE]


The reflection of control programs of parasitic diseases upon gastrointestinal helminthiasis in Dakahlia Governorate, Egypt.

el-Shazly AM, el-Nahas HA, Soliman M, Sultan DM, Abedl Tawab AH, Morsy TA.

Department of Parasitology, Faculty of Medicine, Mansoura University, Egypt.

The study area included Mansoura city as an urban area and Gogar village as a rural area. One thousand individuals were randomly selected from each area. Different methods of stool examination, perianal swab and urine examination of all participants revealed that the incidence in Mansoura city was in a descending order Heterophyes heterophyes 6.4%; Enterobius vermicularis 3.9%; Hymenienolepis nana 2.2%; Schistosoma mansoni 0.5%; Trichostrongylus colubriformis; Strongyloides stercoralis and Fasciola sp. were recorded as 0.2% of each. Taenia saginata, Ascaris lumbricoides and Trichocephalus trichiuris were recorded as 0.1% of each. Neither Ancylostoma duodenale nor Hymenolepis diminuta was recorded. In Gogar, the parasitic infection was H. heterophyes 4.5%; E. vermicularis 4.1%; H. nana 3.3%; S. mansoni 1.6%; T. colubriformis 0.9%; S. stercoralis 0.5%. Fasciola sp. 0.4%; T. saginata, A. lumbricoides, H. diminuta, A. duodenale and T. trichiuris were recorded as 0.1% of each. None S. haematobium was detected in both areas. So, the infection rates of H. heterophyes, E. vermicularis, H. nana S. mansoni, Fasciola sp., T. colubriformis and S. stercoralis were relatively high the rural than in urban area. This was not surprising since the socioeconomic, hygienic conditions and medical services were relative high in the city than in the village. No doubt, the identifications of parasitosis pave the way for feasible treatment and control measures.

PMID: 16927862 [PubMed - indexed for MEDLINE]


Tackling work place bullying.
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In a qualitative study of experiences of workplace bullying in a rural area, participants explored ways of diminishing, eliminating, or addressing bullying behaviours. They described effective strategies that they had used to protect themselves and to begin to address bullying at a number of different levels. A brief overview of the research method and findings is given. This paper presents participants' strategies for intervening to address workplace bullying at personal, group, organizational, public, and policy levels. The paper includes implications for practitioners, employers, and the public to tackle the pervasive issue of workplace bullying.

Publication Types:
   Multicenter Study

PMID: 16923736 [PubMed - indexed for MEDLINE]


Health aspects of sanitation among Eastern Cape (EC) rural communities, South Africa.

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A descriptive study was conducted to determine the health aspects of sanitation among rural communities of the EC. A purposive sample of 145 villagers was drawn from 14 villages selected through systematic random sampling. Of these, 71 were male and 74 were female. The 145 participants were divided into 14 groups (M = 10 participants) by community and randomly assigned to 14 community-based trained facilitators. Each facilitator administered Dunker's (2001) KAP tool for hygiene to the assigned group. The responses from all the groups were collated and analysed. Communities' health was generally not considered good (78.6%) because of limited clean water, lack of money to treat water and unhealthy food. The prevalence of diseases in the last 6 months, included: skin diseases, worms, eye infections, diarrhoea, bilharzias and malaria; the perceived causes of
diseases were mainly related to poor sanitation and the suggested disease prevention methods were sanitation improvement related. Institutional capacity was generally lacking as more than 50% of the communities did not have sanitation committees and environmental health officers (98.3%); health (64.3%) and water (57.1%) committees. The results have implications for policy-makers, programme planners, academics and practitioners in the field of water and sanitation in terms of policy and programme formulation, curriculum development, and service delivery.

Publication Types:
Multicenter Study

PMID: 16910133 [PubMed - indexed for MEDLINE]


Primary care consultation, hospital admission, sick leave and disability pension owing to neck and low back pain: a 12-year prospective cohort study in a rural population.

Holmberg SA, Thelin AG.

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BACKGROUND: Neck and low back pain are common musculoskeletal complaints generating large societal costs in Western populations. In this study we evaluate the magnitude of long-term health outcomes for neck and low back pain, taking possible confounders into account. METHOD: A cohort of 2,351 Swedish male farmers and rural non-farmers (40-60 years old) was established in 1989. In the first survey, conducted in 1990-91, 1,782 men participated. A 12-year follow-up survey was made in 2002-03 and 1,405 men participated at both times. After exclusion of 58 individuals reporting a specific back diagnosis in 1990-91, the study cohort encompassed 1,347 men. The health outcomes primary care consultation, hospital admission, sick leave and disability pension were assessed in structured interviews in 2002-03 (survey 2). Symptoms and potential confounders were assessed at survey 1, with the exception of rating of depression and anxiety, which was assessed at survey 2. Multiple logistic regression generating odds ratios (OR) with 95% confidence intervals (95% CI) was performed to adjust the associations between reported symptoms and health
outcomes for potential confounders (age, farming, workload, education, demand and control at work, body mass index, smoking, snuff use, alcohol consumption, psychiatric symptoms and specific back diagnoses during follow up). RESULTS: Of the 836 men reporting current neck and/or low back pain at survey 1, 21% had had at least one primary care consultation for neck or low back problems, 7% had been on sick leave and 4% had disability pension owing to the condition during the 12 year follow up. Current neck and/or low back pain at survey 1 predicted primary care consultations (OR = 4.10, 95% CI 2.24-7.49) and sick leave (OR = 3.22, 95% CI 1.13-9.22) after potential confounders were considered. Lower education and more psychiatric symptoms were independently related to sick leave. Lower education and snuff use independently predicted disability pension. CONCLUSION: Few individuals with neck or low back pain were on sick leave or were granted a disability pension owing to neck or low back problems during 12 years of follow up. Symptoms at baseline independently predicted health outcomes. Educational level and symptoms of depression/anxiety were important modifiers.

PMID: 16907991 [PubMed - indexed for MEDLINE]


Revisiting case study as a nursing research design.

Gangeness JE, Yurkovich E.

Department of Nursing, Bemidji State University, Minnesota, United States.

Case study research provides nurses with a form of inquiry that is holistic and appropriate for a variety of populations. Jeanine Gangeness and Eleanor Yurkovich discuss components of case study research, including its theoretical base, design methods, multiple data sources and analysis. The information presented is expanded on by using a planned population-based, multiple-case explanatory study.

PMID: 16897937 [PubMed - indexed for MEDLINE]

11: SADJ. 2001 Feb;56(2):60.

Rural dentistry through the eyes of a CSDO.

Whittle D.
Publication Types:
  Letter

PMID: 16894690 [PubMed - indexed for MEDLINE]


Comment on:

Do women in rural and remote areas need different guidelines for management of low-grade abnormalities found on cervical screening?

Bryant S.

Publication Types:
  Comment
  Letter

PMID: 16893370 [PubMed - indexed for MEDLINE]


Jennings PA, Cameron P, Walker T, Bernard S, Smith K.

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OBJECTIVE: To compare the survival rate from out-of-hospital cardiac arrest in rural and urban areas of Victoria, and to investigate the factors associated with these differences. DESIGN: Retrospective case series using data from the Victorian Ambulance Cardiac Arrest Registry. SETTING: All out-of-hospital cardiac arrests occurring in Victoria that were attended by Rural Ambulance Victoria or the Metropolitan Ambulance Service. PARTICIPANTS: 1790 people who suffered a bystander-witnessed cardiac arrest between January 2002 and December 2003. RESULTS: Bystander cardiopulmonary resuscitation was more likely in rural (65.7%) than urban areas (48.4%) (P = 0.001). Urban patients with bystander-witnessed cardiac arrest were more likely to arrive at an emergency
department with a cardiac output (odds ratio [OR], 2.92; 95% CI, 1.65-5.17; P < 0.001), and to be discharged from hospital alive than rural patients (urban, 125/1685 [7.4%]; rural, 2/105 [1.9%]; OR, 4.13; 95% CI, 1.09-34.91). Major factors associated with survival to hospital admission were distance of cardiac arrest from the closest ambulance branch (OR, 0.87; 95% CI, 0.82-0.92), endotracheal intubation (OR, 3.46; 95% CI, 2.49-4.80), and the presence of asystole (OR, 0.50; 95% CI, 0.38-0.67) or pulseless electrical activity (OR, 0.73; 95% CI, 0.56-0.95) on arrival of the first ambulance crew. CONCLUSIONS: Survival rates differ between urban and rural cardiac arrest patients. This is largely due to a difference in ambulance response time. As it is impractical to substantially decrease response times in rural areas, other strategies that may improve outcome after cardiac arrest require investigation.

PMID: 16893352 [PubMed - indexed for MEDLINE]


[Taeniosis in the lower Silesia province in the 1993 - 1997 years]

[Article in Polish]

Okulewicz A, Popiolek M.

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This paper is the result of investigations of taeniosis in inhabitants of four former provinces of the Lower Silesia area in the 1993 - 1997 years. Analysis of frequency taneniosis (according to place of living and sex) confirmed clearly the decrease of tendency of this parasitosis.

PMID: 16888960 [PubMed - indexed for MEDLINE]


High prevalence of metabolic syndrome and its correlates in two tribal populations of India and the impact of urbanization.

Sarkar S, Das M, Mukhopadhyay B, Chakrabarti CS, Majumder PP.

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BACKGROUND AND OBJECTIVES: Metabolic syndrome is one of the major causes of morbidity and mortality in the world. The prevalence of this syndrome is high among Asians, including Indians, and is rising, particularly with the adoption of a modernized life style. Whether traditional societies in India have a low prevalence and the extent to which a transition to a modern life style contributes to the increase in prevalence are unknown. To examine the role of environmental and genetic factors in metabolic syndrome we conducted a study in two sub-Himalayan tribal populations with shared ancestry (Toto and Bhutia). The Toto live exclusively in a rural area, whereas a section of the Bhutia has adopted a modern life style. METHODS: Fasting (12 h) blood samples of Toto (n=258); rural Bhutia (n=75) and urban Bhutia (n=230) were collected, with written informed consent. Lipid profile, blood pressures, body fat and other anthropometric parameters were assessed. Criteria suggested by National Cholesterol Education Programme (NCEP) Adult Treatment Panel III (2001) were used for assessment of metabolic syndrome. RESULTS: The prevalence of metabolic syndrome was high (about 30-50%) among the Bhutia, with no significant rural-urban difference. Among the Toto, though the prevalence of metabolic syndrome was low (about 4-9%), their lipid levels were alarmingly adverse (about 37-67% had low HDLcholesterol or high triglyceride levels). There was an additional adverse impact of adoption of urban life-styles (perhaps primarily mediated through dietary changes) on cardiovascular risk factors.

INTERPRETATION AND CONCLUSION: Our study suggested that metabolic syndrome and its correlates could be a major health problem even in traditional societies, indicating that this syndrome was not necessarily a result of modernization. Further, our study indicates that genetic factors that adversely affect the levels of such variables have long antiquities in Indian ethnic groups.

PMID: 16873911 [PubMed - indexed for MEDLINE]


Relationship of anthropometric indicators with blood pressure levels in rural Wardha.

Deshmukh PR, Gupta SS, Dongre AR, Bharambe MS, Maliye C, Kaur S, Garg BS.
BACKGROUND AND OBJECTIVES: Overweight and obesity are important determinants of health leading to adverse metabolic changes, including increase in blood pressure. Being overweight is associated with two- to six-fold increase in the risk of developing hypertension. Studies in urban Indian population showed strong relationship between different anthropometric indicators and blood pressure levels. Surprisingly, little is known about these relationships in rural population of India. The present study was carried out to examine the relationship between different anthropometric indicators and blood pressure levels in rural population of Wardha district in central India. METHODS: This cross-sectional study was carried out in the areas of two Rural Health Training Centres (RHTC) of Department of Community Medicine, Mahatma Gandhi Institute of Medical Sciences, Sewagram; namely Bhidi and Anji through house-to-house visits. Two stage sampling method (30 cluster followed by systematic random) was used to reach the respondents' households. Partial correlation coefficients were used for continuous variables. Linear regression analysis was used to assess the influence of different anthropometric indicators on the systolic and diastolic blood pressure. ROC analysis was done to identify optimal cut-off values while likelihood ratios were calculated to identify the odds of having hypertension in comparison to those with lower values of anthropometric indicators. RESULTS: The mean systolic blood pressures were 120.2 and 118.4 mmHg while the mean diastolic blood pressures were 77.7 and 76.3 mmHg in men and women respectively. There was a significant positive correlation of obesity indicators with both systolic and diastolic blood pressure. For SBP, the correlation coefficient was 0.23 with BMI, 0.23 with waist circumference, 0.11 with WHR and 0.22 with WHtR. For DBP, it was 0.13 with BMI, 0.12 with WC, 0.04 with WHR and 0.11 with WHtR. Step-wise linear regression suggested that BMI and WC were important predictors of hypertension. The suggested cut-off values for BMI were 21.7 for men and 21.2 for women; for waist circumference, the cut-offs were 72.5 for men and 65.5 for women. INTERPRETATION AND CONCLUSION: BMI and WC had strong correlation with
systolic and diastolic blood pressure. The suggested lower cut-off values of the anthropometric indicators will cover maximum of the population with higher odds of having hypertension and may help in reducing the mean population blood pressure levels.

PMID: 16873908 [PubMed - indexed for MEDLINE]


Early cancer detection among rural and urban Californians.

Blair SL, Sadler GR, Bristol R, Summers C, Tahar Z, Saltzstein SL.

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BACKGROUND: Since the stage of cancer detection generally predicts future mortality rates, a key cancer control strategy is to increase the proportion of cancers found in the early stage. This study compared stage of detection for members of rural and urban communities to determine whether disparities were present. METHODS: The California Cancer Registry (CCR), a total population based cancer registry, was used to examine the proportion of early stage presentation for patients with breast, melanoma, and colon cancer from 1988 to 2003. Cancer stage at time of detection for these cancers was compared for rural and urban areas. RESULTS: In patients with breast cancer, there were significantly more patients presenting at early stage in 2003 compared to 1988, but no difference in the percentage of patients presenting with early stage disease between rural and urban dwellers. There were no differences in incidence in early stage cancer incidence between these groups for melanoma patients, as well. In colorectal cancer in 1988, significantly more patients presented with early stage disease in the urban areas (42% vs 34%, p < 0.02). However, over time the rural patients were diagnosed with early stage disease with the same frequency in 2003 as 1988.

CONCLUSION: This analysis demonstrates that people in rural and urban areas have their breast, melanoma or colorectal cancers diagnosed at similar stages. Health care administrators may take this information into account in future strategic planning.

PMID: 16869975 [PubMed - indexed for MEDLINE]

Sex workers in agricultural areas: Their drugs, their children.

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Most research on female sex workers is urban-based, emphasizing economic necessity and risk-taking. Few authors discuss sex workers and their children. The objective of the present study was to ethnographically explore the influence of street life on childrearing by women involved in sex work in agricultural areas of the southeastern USA. Interviews took place with 38 women. Findings suggest that the sampled women followed the usual paths into substance use. Most began using substances before they began sex work, at which time use escalated to crack-cocaine. Children of 32 of the 34 women who were mothers were living separately from their mothers. None the less, mothers took an interest in children's wellbeing, and many visited them whenever possible. Their principal concern was assuring that children were raised in the best way available. One daughter followed her mother into sex work, and a few older children drank moderately. Several children had experienced abuse from persons other than parents, but the long-term effects of this abuse are unknown.

PMID: 16864221 [PubMed - indexed for MEDLINE]

Screening for thalassemia and hemoglobinopathy in a rural area of Thailand: a preliminary study.

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The present study aimed to screen thalassemia and hemoglobinopathy in Baan Na-Ngam, Chachoengsao Province, Thailand. Blood samples were obtained from 266
volunteers; 105 males and 161 females aged 7 to 49 years. Blood samples screened for thalassemia combining the OF and modified DCIP precipitation tests. CBC, RBC indices, hemoglobin typing, HbA2 and Hb E were determined. Combined OF and DCIP tests found that in normal subjects, 128 out of 155 were negative for both, 3 were -/+ pattern, 22 were +/- pattern and 2 was positive for both. Interestingly, one sample showed an abnormal hemoglobin pattern, which could not be determined by automated LPLC. Three beta-thalassemia trait subjects were positive for only the OF test. For the Hb E trait, 57 out of 94 were -/+ pattern; 37 were positive for both tests. Moreover, 14 homozygous Hb E subjects were positive for both tests. The prevalence of beta-thalassemia trait was 1.1%, Hb E trait was 35.3% and homozygous Hb E was 5.3%. Since DNA analysis was not performed, alpha-thalassemia1 and alpha-thalassemia2 traits cannot be excluded.

In conclusion, a combination of the OF and DCIP tests is suitable for preliminary screening for thalassemia and hemoglobinopathy. However, RBC parameters, hemoglobin typing and PCR analysis will provide more specific diagnosis, especially in alpha-thalassemias.

PMID: 16862674 [PubMed - indexed for MEDLINE]


Dietary behaviors and nutritional status of adolescents in a remote rural area of Thailand.


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INTRODUCTION: Nutritional status among adolescents is an important health indicator. The up-to-date information about nutritional status and food
consumption pattern in the remote rural area is required for the effective public health intervention in the rural area of the country. The present study aimed to demonstrate the prevalence of malnutrition, eating behavior and nutritional knowledge among secondary school students in a remote rural area in Thailand. MATERIAL AND METHOD: Body weight and height data were collected from 298 secondary school students for nutritional status calculation using the Institute of Nutrition Research, Mahidol University, INMU-Thaigrowth program. Eating behavior and nutritional knowledge were observed by self-administrated questionnaires. RESULTS: The prevalence low height-for-age (<-2SD) 6.1% and it was 0.7% for low weight-for-height (<-2SD). Fruits (69%) and vegetables (79.4%) consumptions were in the high level. The authors found that the students always consumed commercial snacks especially salted chips more often than regular Thai dessert (74.0% VS 52.3%). The inappropriate behavior found in the present study included always drinking caffeine beverage (43.5%), always drinking alcoholic beverage (6.5%) and always consuming instant noodles (64.4%). CONCLUSION: The prevalence of malnutrition was low among this population. The studied population had a fair knowledge about nutrition. The authoers found that regular consumption of highly commercialized snack products especially salted chips and instant noodles were at a high level in this remote rural area of Thailand. The pattern of nutritional problems in Thailand may have changed in which a public health program for children in rural areas of the country should recognize this transition.

PMID: 16858963 [PubMed - indexed for MEDLINE]


The correlations between Central Corneal Thickness and age, gender, intraocular pressure and refractive error of aged 12-60 years old in rural Thai community.


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OBJECTIVES: To study the normal Central Corneal Thickness (CCT) and investigate the correlation between CCT and age, gender intraocular pressure and refractive error. MATERIAL AND METHOD: Population of age 12-60 years old were interviewed with standard questionnaire. Refractive error was measured and graded according to spherical equivalent power. Then intraocular pressure and central corneal thickness were measured by applanation tonometer and ultrasonic pachymeter, respectively. The data were analyzed using T-test, correlation and multivariate linear regression to identify mean CCT and correlation between age, gender, intraocular pressure, and refractive error. RESULTS: A total of 467 participants were enrolled into the study. One hundred and eighty-six (39.8%) were males and 281 (60.2%) were females. The average CCT was 535.2 +/- 29.9 microm. The mean CCT of right and left eyes were 535.3 +/- 30.4 microm, and 535.1 +/- 29.5 microm, respectively. The multivariate linear regression indicated that increasing in age would decrease the CCT 0.28 microm and an increasing of intraocular pressure would increase the CCT 1.4 microm statistically significance. CONCLUSION: The CCT was independently related to the refractive error and gender. Greater CCT was associated with higher intraocular pressure. Conversely, thinner cornea was correlated with older age group.

PMID: 16858956 [PubMed - indexed for MEDLINE]


Albuminuria in rural Thai people: a community-based screening with Combur Test and Micral Test strips.

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OBJECTIVES: To identify albuminuria prevalence and examine the association of albuminuria with plasma glucose, blood pressure and body mass index in rural Thai people aged 35 and older. MATERIAL AND METHOD: All volunteer adults aged 35 and older at Ban Nayao, Chachoengsao Province were recruited in this cross-sectional study. Macroalbuminuria and microalbuminuria were tested in first morning urine using Combur and Micral Test strips. Fasting plasma glucose,
blood pressure, weight and height were determined. Chi-square and multiple logistic regression analysis were used for analysis. RESULTS: Of the 357 participants, 26.61% had microalbuminuria, 3.08% had macroalbuminuria, and 9.2%, 19%, 7.3% had diabetes, hypertension, and obese, respectively. The prevalence of microalbuminuria and macroalbuminuria in people with diabetes were 30.30% and 15.15%, respectively. In the obese, the prevalence was 50% and 3.8% and was 30.88% and 7.35% in the hypertensive group, respectively. Strong significant associations between plasma glucose (p = 0.013), and body mass index (p = 0.008) with the progression of albuminuria were observed. According to multiple logistic regression analysis, diabetes and obesity were independent risk factors for albuminuria statistically significant (p = 0.036 and p = 0.005, respectively, 95% CI). CONCLUSION: The present study showed increased risk of albuminuria in diabetes and in obese people in a rural area of Thailand. Thus, community-controlled diabetes and weight program should be introduced to the rural community.

PMID: 16858955 [PubMed - indexed for MEDLINE]


Prevalence of the metabolic syndrome, and its association factors between percentage body fat and body mass index in rural Thai population aged 35 years and older.

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OBJECTIVES: To obtain the prevalence of metabolic syndrome (MS) and its associated socioeconomic factors, and also to evaluate the association between percentage body fat (BF) and body mass index (BMI) in a rural Thai population. MATERIAL AND METHOD: MS defined by the National Cholesterol Education Program Adult Treatment Panel III criteria. The prevalence of the MS was then determined using the NCEP III criteria with and without the modified waist circumference criteria. BMI indicating normal weight, overweight and obesity as re-defined for the Asian by International Association for the Study of Obesity (IASO), WHO.
Four-hundred and four rural Thai men and women aged 35 years and older were evaluated. Data on anthropometry, blood pressure, socioeconomic status, lifestyle-related information, blood studies, and bioelectrical impedance (BIA) values had been collected. RESULTS: The prevalence of the MS in the rural Thai people was 18%, but increased to 23% with the modified Asian criteria. High BMI, female gender, and older age were associated with increased odds of the MS. Household income, dietary composition, smoking and drinking status were not associated with increased odds of the MS. There was significant association between percent BF and BMI in men and women in rural Thai population. CONCLUSION: The MS was present in about 18% of the rural Thai population and was significantly influenced by body mass index, gender and age. Metabolic syndrome becomes an important problem in rural Thai populations who even live basic lifestyle in the non-urbanized and non-industrialized areas. Identification and clinical management of this high-risk group is an important strategy for coronary heart disease prevention.

PMID: 16858950 [PubMed - indexed for MEDLINE]


Role of traditional healers in the management of severe malaria among children below five years of age: the case of Kilosa and Handeni Districts, Tanzania.

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BACKGROUND: The current malaria control strategy of WHO centres on early diagnosis and prompt treatment using effective drugs. Children with severe malaria are often brought late to health facilities and traditional health practitioners are said to be the main cause of treatment delay. In the context of the Rectal Artesunate Project in Tanzania, the role of traditional healers in the management of severe malaria in children was studied. METHODOLOGY: A community cross-sectional study was conducted in Kilosa and Handeni Districts, involving four villages selected on the basis of existing statistics on the number of traditional health practitioners involved in the management of severe malaria. A total of 41 traditional health practitioners were selected using the snowballing technique, whereby in-depth interviews were used to collect information. Eight Focus Group Discussions (FGDs) involving traditional health practitioners, caregivers and community leaders were carried out in each
district. RESULTS: Home management of fever involving sponging or washing with warm water at the household level, was widely practiced by caregivers. One important finding was that traditional health practitioners and mothers were not linking the local illness termed degedege, a prominent feature in severe malaria, to biomedically-defined malaria. The majority of mothers (75%) considered degedege to be caused by evil spirits. The healing process was therefore organized in stages and failure to abide to the procedure could lead to relapse of degedege, which was believed to be caused by evil spirits. Treatment seeking was, therefore, a complex process and mothers would consult traditional health practitioners and modern health care providers, back and forth. Referrals to health facilities increased during the Rectal Artesunate Project, whereby project staff facilitated the process after traditional medical care with the provision of suppositories. This finding is challenging the common view that traditional healers are an important factor of delay for malaria treatment, they actually play a pivotal role by giving "bio-medically accepted first aid" which leads to reduction in body temperature hence increasing chances of survival for the child. Increasing the collaboration between traditional healers and modern health care providers was shown to improve the management of severe malaria in the studied areas. INTERPRETATION AND CONCLUSION: Traditional health care is not necessarily a significant impediment or a delaying factor in the treatment of severe malaria. There is a need to foster training on the management of severe cases, periodically involving both traditional health practitioners and health workers to identify modalities of better collaboration.
Factors associated with life space among community-living rural elders in Japan.

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OBJECTIVE: The study objective was to identify factors associated with life space to examine the service needs of the elderly. Cross-sectional study.

SAMPLE: 2,409 community-living elderly in a rural town in Japan.

MEASUREMENTS:
Daily activity level was used as a proxy for life space. Respondents were asked about their daily activity, health status, and psychosocial factors in a self-administered questionnaire. Factors associated with life space were identified using general linear models. Relative associations of each factor with life space were tested using stepwise multiple regression procedure.

RESULTS: Elderly in a smaller life space were significantly older, had more illnesses, worse activities of daily living (ADL), and poor self-rated health. Poor psychological well-being and fewer social relations were also associated with a smaller life space. Age and ADL difficulty accounted for 51.7% of life space variations. In addition, more elderly with ADL difficulty expressed unmet needs for transportation and socializing opportunities.

CONCLUSIONS: Life space was related not only to age or health status but also to environmental or psychosocial factors. Appropriate services for a vulnerable population may have a positive effect on elderly health. Moreover, elderly life space may be used as an indicator to identify people at risk in order to provide more effective community-based programs for the elderly.

PMID: 16817803 [PubMed - indexed for MEDLINE]

Decreased activities of daily living and associations with bone loss among aged residents in a rural Japanese community: the Miyama Study.

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The present study aimed to clarify frequencies of decreased activities of daily living (ADL) and associations with rate of bone loss among inhabitants more than 60 years old in Miyama, a rural community in Japan. A cohort of 1543 inhabitants aged 40-79 years was established according to Miyama resident registrations in 1989. Men (n = 50) and women (n = 50) from each of two age strata between 60 and 79 years (N = 200) were selected from this cohort, and bone mineral density (BMD) of the lumbar spine and proximal femur was measured using dual-energy X-ray absorptiometry in 1990 (initial survey) and again in 1993, 1997, and 2000. Difficulties involving ADL were surveyed at every follow-up study. Of the 200 initial participants, 124 (57 men, 67 women; 62.0%) completed all BMD measurements and answered all items about ADL in the follow-up survey. The following items were investigated as a general indication of changes to ADL: reaching objects on a high shelf or cupboard (reaching); washing and drying the body (washing body); washing hair over a washbasin (washing hair); sitting for 1 h on a hard chair (sitting); raising the torso from a lying position in bed (raising); standing continuously for 30 min (standing); taking socks on and off the feet (taking socks); bending down from a seated position and picking up a small object at the side of the chair (bending); lifting heavy objects (lifting); and running 100 m without stopping (running). Among ADL items, the most frequent difficulties in men involved running (50.0%), followed by raising (30.6%), standing (27.1%), sitting (24.7%), and reaching (16.5%). In women, difficulties involved running (67.0%), followed by lifting (36.3%), standing (33.1%), reaching (30.8%), and sitting (23.6%). To evaluate relationships between decreased ADL and changes in BMD, annual rates of change for BMD at the lumbar spine and femoral neck were compared to changes for each ADL item (2 grade decrease; 1 grade decrease; or no change). Analysis of covariance (ANCOVA) was then performed on decreased ADL and annual bone changes after adjustment for age, concomitant disease (previous fractures, gastrectomy, diabetes mellitus, and renal dialysis at initial survey). In men, annual rates of change in BMD at the femoral neck over 10 years were significantly correlated with decreased abilities in bending (P = 0.046; R² = 0.10). In women, annual rates of change in BMD at the lumbar spine over 10 years were significantly correlated with decreased abilities in reaching (P = 0.007; R² = 0.25), and lifting (P = 0.014, R² = 0.27), and those at the femoral neck were significantly correlated with decreased abilities in lifting (P = 0.001, R² = 0.33).

PMID: 16816925 [PubMed - indexed for MEDLINE]
Comment on:

Reinventing the specialty.

Holscher MR.

Publication Types:
  Comment
  Letter

PMID: 16813115 [PubMed - indexed for MEDLINE]


Male and female rural probationers: HIV risk behaviors and knowledge.

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Individuals involved in the criminal justice system are at substantial risk for HIV infection and have elevated rates of AIDS. Offenders under community supervision, such as probationers, have substantially more opportunities to engage in high-risk behaviors than prisoners. Furthermore, probationers in rural areas are at risk because rural areas may be slower to adopt HIV risk-reduction approaches. Consequently, the primary goal of this study is to describe the HIV risk behaviors and level of HIV knowledge of 800 rural felony probationers. Bivariate results indicate that males have substantially greater criminal histories and engage in more substance use risk behaviors than females. Overall, there was minimal and inconsistent use of condoms, but there were no significant differences by gender. Gender differences prevailed in perceived HIV knowledge, with females reporting high levels of perceived HIV knowledge. Multivariate models did not support the hypothesis that perceived knowledge would be a more robust correlate of scores on the HIV Risk Behavior Knowledge Test for males than females. Results suggest that rural residents are not protected from
engaging in HIV risk behaviors and future studies should examine gender discrepancies between perceived and actual HIV knowledge among offenders under community supervision.

PMID: 16809111 [PubMed - indexed for MEDLINE]


Rationale and design of the MEMA kwa Vijana adolescent sexual and reproductive health intervention in Mwanza Region, Tanzania.


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Large-scale innovative, integrated, multifaceted adolescent sexual and reproductive health (ASRH) interventions are urgently needed in sub-Saharan Africa. Implementation through schools and health facilities may maximize intervention coverage and sustainability, however the impact of the use of these structures on intervention content and delivery is not well documented. This paper describes the rationale and design of a large-scale multifaceted ASRH intervention, which was developed and evaluated over three years in rural communities in Mwanza Region, North West Tanzania. The intervention comprised community mobilization, participatory reproductive health education in primary schools, youth-friendly reproductive health services and community-based condom provision for youth. We examine the effect of socioeconomic, cultural and infrastructural factors on intervention content and implementation. This paper demonstrates the means by which such interventions can be feasibly and sustainably implemented to a high standard through existing government health and school structures. However, the use of these structures involves compromise on some key aspects of intervention design and requires the development of complementary strategies to access out-of-school youth and the wider community.

PMID: 16809108 [PubMed - indexed for MEDLINE]

Co-infection with HIV and hepatitis C virus in former plasma/blood donors: challenge for patient care in rural China.


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BACKGROUND: Illegal commercial plasma donation in the late 1980s and early 1990s caused blood-borne infections in China. OBJECTIVES: To estimate the prevalence of HIV and hepatitis C virus (HCV) infections and to identify associated risk factors in central China with a history of illegal plasma collection activities. DESIGN AND METHODS: A cross-sectional study was carried out in 2004, in which all adult residents in four villages in rural Shanxi Province were invited for a questionnaire interview and testing of HIV and HCV antibodies. RESULTS: Of 3062 participating villagers, 29.5% reported a history of selling whole blood or plasma. HIV seropositivity was confirmed in 1.3% of subjects and 12.7% were HCV positive. Their co-infection rates were 1.1% among all study subjects, 85% among HIV-positive subjects, and 8.7% among HCV-positive subjects. Selling plasma [odds ratio (OR), 22.5; 95% confidence interval (CI), 16.1-31.7; P < 0.001] or blood (OR, 3.1; 95% CI, 2.3-4.2; P < 0.001) were independently associated with HIV and/or HCV infections. Although a spouse’s history of selling plasma/blood was not associated with either infection, the HIV or HCV seropositivity of a spouse was significantly associated with HIV and/or HCV infections (both OR, 3.2; 95% CI, 2.0-5.2 in men, 2.0-4.9 in women; P < 0.001). For men, residence in the village with a prior illegal plasma collection center (OR, 2.5; 95% CI, 1.7-3.7; P < 0.001) and for women, older age (OR, 3.4; 95% CI, 1.2-14.0; P = 0.04) were associated with HIV and/or HCV infections. CONCLUSIONS: HIV and HCV infections are now prevalent in these Chinese communities. HIV projects should
consider screening and care for HCV co-infection.

PMID: 16791018 [PubMed - indexed for MEDLINE]


[Functional improvement program of musculoskeletal system of the elderly in an isolated island of Kagoshima prefecture]

[Article in Japanese]


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Under the coming amendment of long term care insurance (LTCI), the preventive activities will be more strengthened in order to ameliorate the quality of life (QOL) levels of the slightly frail elderly and then to rationalize the LTCI expenditures. The functional training of the musculoskeletal system is regarded as especially important. In order to validate its effectiveness and availability in a rural setting, we organized a physical fitness program for the slightly frail elderly in an isolated island of Kagoshima prefecture. According to the results of our preliminary study, statistically significant improvement was observed for some items of the physical fitness level, but not for lifestyle, activities of daily living (ADL), instrumental activities of daily living (IADL) levels or Frenchay Activities Index. In addition to the relatively small number of participants, it is thought that physical fitness training alone cannot increase the elderly activity volume. Further studies are necessary to clarify the usefulness of physical training on the ADL/IADL level of the elderly.

PMID: 16780231 [PubMed - indexed for MEDLINE]


Qualitative changes in AIDS preventative attitudes in a rural Senegalese population.

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Recent changes in knowledge and attitudes towards AIDS in a rural population of Senegal were assessed comparing two cross-sectional studies conducted six years apart (1997 and 2003). Random samples of 866 and 709 adults aged 15-59 were included. Sociodemographic characteristics of the two population samples were very similar. The proportion of those who estimated their personal risk of being infected by HIV as high or very high fell from 49.1% in 1997 to 17.2% in 2003. The proportion of those who reported having already changed their behaviour to protect themselves from AIDS fell from 56.3% to 24.9%. Methods cited as protection against HIV changed over the period. Fidelity and/or partner selection was cited by 93% of respondents in 1997 and 58% in 2003 when suspicion of potentially soiled materials appeared. Finally, attitudes towards persons living with HIV or AIDS (PLWHA) in 2003 were ambivalent: while 73.9% thought that a PLWHA should not be allowed to mix with other villagers, 65.1% would be ready to provide care to a PLWHA. Drastic changes in attitudes towards the AIDS threat could be identified over the period. AIDS preventive attitudes measured in 1997 were not sustained in 2003, while stigmatization of PLWHA was very widespread.

PMID: 16777645 [PubMed - indexed for MEDLINE]


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Studies report substantial sexual behaviour change in Africa in response to HIV/AIDS. Generally there seems to be an increase in condom use and a reduction in partners, with men reporting more change than women. However, it is not only important to know whether people are changing their sexual behaviour but also their reasons for changing and the consistency and extent of change. Between 1996 and 2000 a study involving 196 respondents was carried out in rural southwest Uganda to investigate the exact nature of behaviour change and the reasons for change or lack of change since people became aware of HIV/AIDS. Data
were collected from three rounds of questionnaire surveys, four rounds of open in-depth interviews, six rounds of semi-structured interviews and from informal conversations and participant observation. In order to obtain a comprehensive assessment of behaviour change the data for each participant from all sources were compared and discrepancies were then followed up by re-interviewing participants. After triangulation between all sources of data, 48% of respondents had ever used a condom. Condom use in 76% of all cases was at least partly AIDS related, while 19% was exclusively for protection against HIV. Condom use tended to be sporadic: only 13% of condom users currently used a condom regularly and most of this use was for family planning. After triangulation, 45% had reduced the number of sexual partners. Of all partner reductions, 93% was at least partly AIDS related; 29% was exclusively to avoid HIV. Half of those who had reduced the number of partners either stuck to one partner or abstained. Men reported more change than women. Of those who reported no partner reduction, 89% could not reduce the number of partners because they already had only few or a single partner or abstained; most of these were women. Most of those who could change their sexual behaviour had already changed, though the degree of change (particularly condom use) was often minimal. Not only behaviour change, but also the maintenance of safe behaviour is important. Also, understanding reasons for change and extent and consistency of change are important when planning and evaluating interventions.

Publication Types:
Multicenter Study

PMID: 16777640 [PubMed - indexed for MEDLINE]


'The man who believed he had AIDS was cured': AIDS and sexually-transmitted infection treatment-seeking behaviour in rural Mwanza, Tanzania.

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Most people living with AIDS in sub-Saharan Africa have had neither a biomedical diagnosis nor antiretroviral medication, leading to the question of how
individuals understand and treat AIDS. This study examined general illness, sexually-transmitted infection (STI) and AIDS treatment-seeking behaviour in rural Mwanza, Tanzania. From 1999-2002, participant observation was carried out in nine villages for a total of 158 person-weeks. Treatments were pluralistic and opportunistic, usually beginning with home remedies (western or traditional), followed by visits to traditional healers (THs) and/or health facilities (HFs). THs were sometimes preferred over HFs because of familiarity, trust, accessibility, expense, payment plans, and the perceived cause, nature and severity of the illness, e.g. only THs were believed to successfully treat bewitchment. Some people, particularly young girls, delayed or avoided seeking treatment for STIs for fear of stigma. Most STIs were attributed to natural causes, but AIDS was sometimes attributed to witchcraft. Locally available biomedical care of people with AIDS-like symptoms consisted of basic treatment of opportunistic infections. Most such individuals repeatedly visited THs and HFs, but many stopped attending HFs because they came to believe they could not be cured there. Some THs claimed to cure witchcraft-induced, AIDS-like illnesses. There is an urgent need for improved biomedical services, and TH interventions could be important in future HIV/AIDS education and care.

Publication Types:
  Multicenter Study

PMID: 16777638 [PubMed - indexed for MEDLINE]


Comparing rural-trained medical students with their peers: performance in a primary care OSCE.

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BACKGROUND: Although it is well-established and considered successful, there is limited data on how the graduates of a Minnesota rural medical education program (Rural Physician Associate Program [RPAP]) compare with their peers. PURPOSE: To compare the performance of RPAP students with their peers on a primary care
observed structured clinical examination (OSCE). METHODS: The performances of
RPAP students and a group of non-RPAP Year 4 medical students were
compared on
the same OSCE. RESULTS: RPAP students performed at least as well as their peers
on stations assessing performance on common primary care clinical scenarios but
not as well on a small number of stations that assessed applied knowledge of
specific content taught in the traditional clerkship curriculum. CONCLUSIONS:
We
provide evidence that rurally trained students at this institution performed at
least as well as their peers on OSCE stations testing performance in common
primary care scenarios. The broader implications of this study are that medical
students may receive high-quality training in rural communities, as documented
by their performance on an objective structured clinical examination.

PMID: 16776605 [PubMed - indexed for MEDLINE]


Comment in:

Associated factors for age related maculopathy in the adult population in China:
the Beijing eye study.

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BACKGROUND: To evaluate factors associated with the prevalence of age related
maculopathy (ARM) in the adult Chinese population. METHODS: The Beijing Eye
Study, a population based prevalence study, included 4439 out of 5324 subjects
from a rural area and an urban region of greater Beijing, aged 40+ years and
invited to participate (response rate 83.4%). Fundus photographs were graded
using the Wisconsin Age-Related Maculopathy Grading system. The following
parameters were graded: drusen size, drusen type, and the area covered by
drusen; pigmentary abnormalities; geographic atrophy; and exudative ARM.
RESULTS: Fundus photographs were available for 8655 eyes of 4376 (98.6%)
subjects. Early age related macular degeneration (ARD), late ARD, and exudative
ARD, respectively, were present in 1.4%, 0.20%, and 0.10% of the subjects. In a binary logistic regression analysis, early ARM was statistically associated with age (p<0.001; 95% CI: 1.04 to 1.08), hyperopic refractive error (p = 0.008; 95% CI: 1.04 to 1.28), rural region (p<0.001; 95% CI: 0.17 to 0.49), and lower level of education (p = 0.01; 95% CI: 1.07 to 1.65). Early ARM was not significantly associated with the optic disc size (p = 0.42), and size of beta zone of peripapillary atrophy (p = 0.28), the self reported diagnosis of diabetes mellitus (p = 0.39; OR: 1.37; 95% CI: 0.66 to 2.85), amount of cortical cataract (p = 0.72), subcapsular cataract (p = 0.98), nuclear cataract (p = 0.26), sex (p = 0.23), cataract surgery (p = 1.0; OR: 0.96; 95% CI: 0.13 to 6.95), glaucomatous optic nerve damage (p = 0.77; OR: 0.62; 95% CI: 0.15 to 2.52), and history of smoking (p = 0.66; OR: 1.14; 95% CI: 0.65 to 2.00). CONCLUSIONS: Hyperopic refractive error besides age was the single most important risk factor for ARM in adult Chinese. Other associated factors were rural region and lower level of education.

PMID: 16774957 [PubMed - indexed for MEDLINE]


Causes of acute, undifferentiated, febrile illness in rural Thailand: results of a prospective observational study.


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The adult patients who, between July 2001 and June 2002, presented at any of five hospitals in Thailand with acute febrile illness in the absence of an obvious focus of infection were prospectively investigated. Blood samples were taken from all of the patients and checked for aerobic bacteria and leptospires by culture. In addition, at least two samples of serum were collected at different times (on admission and 2-4 weeks post-discharge) from each patient and tested, in serological tests, for evidence of leptospirosis, rickettsioses, dengue and influenza. The 845 patients investigated, of whom 661 were male, had a median age of 38 years and a median duration of fever, on presentation, of 3.5 days. Most (76.5%) were agricultural workers and most (68.3%) had the cause of
their fever identified, as leptospirosis (36.9%), scrub typhus (19.9%), dengue infection or influenza (10.7%), murine typhus (2.8%), Rickettsia helvetica infection (1.3%), Q fever (1%), or other bacterial infection (1.2%). The serological results indicated that 103 (12.2%) and nine (1%) of the patients may have had double and triple infections, respectively. Leptospirosis and rickettsioses, especially scrub typhus, were thus found to be major causes of acute, undifferentiated fever in Thai agricultural workers.

PMID: 16762116 [PubMed - indexed for MEDLINE]


A campaign of "communication for behavioural impact" to improve mass drug administrations against lymphatic filariasis: structure, implementation and impact on people's knowledge and treatment coverage.

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In the mass drug administrations (MDA) that form the principal strategy of the Global Programme to Eliminate Lymphatic Filariasis, treatment coverages of at least 65%-80% will be needed if the programme is to be successful. In the Indian state of Tamil Nadu, where treatment coverages were typically <65%, a comprehensive strategy of advocacy and communication, called the "communication for behavioural impact" (COMBI) campaign, has been developed and implemented, in an attempt to improve treatment coverage. This strategy combined advocacy, aimed at state-, district- and village-level administrations, with communication activities targeted at individual communities. The main aim was to alter the behaviour of many of those included in the rounds of MDA, so that they would be more likely to accept and consume the diethylcarbamazine tablets offered to them. The COMBI campaign had two variants, COMBI(+) and the more intensive COMBI(;++), each of which has been implemented in six districts. Both the variants included the "personal selling" of treatment, via door-to-door visiting by a total of 113,500 filaria-prevention assistants. These assistants were able to visit 34%-49% of the households in each target community. In the COMBI(++;+) districts, up to 44% and 38% of households received information on lymphatic
filariasis and its elimination via television commercials and posters, respectively. Overall, 78% of the villages in the COMBI(+) districts and 33% of those in the COMBI(+) districts were considered to have had good exposure to the communication campaign. At the end of this campaign about 30% more people (than pre-campaign) believed that lymphatic filariasis could be eliminated and many of those targeted considered lymphatic filariasis to be a dreadful disease, knew that a particular day had been designated "Filaria Day", and thought that the tablets offered in MDA should be consumed to prevent or eliminate the disease. Apparently as the result of the COMBI campaign, drug consumption increased, from 33% of those living in endemic communities, to 37% in the COMBI(+) districts and to 49% in the COMBI(++) districts. Coverages as high as 65%-73% were recorded among those who had had the maximum exposure to the communication campaign. These results indicate that the COMBI campaign favourably changed the perception and behaviour of the people towards the elimination of lymphatic filariasis. The costs of the COMBI(+) and COMBI(++) strategies were only U.S.$0.002 and U.S.$0.009 per capita, respectively.

PMID: 16762115 [PubMed - indexed for MEDLINE]


Schistosoma mansoni in infants (aged < 3 years) along the Ugandan shoreline of Lake Victoria.

Odogwu SE, Ramamurthy NK, Kabatereine NB, Kazibwe F, Tukahebwa E, Webster JP, Fenwick A, Stothard JR.

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In two complementary epidemiological surveys of villages on the Ugandan shoreline of Lake Victoria, the putative occurrence of intestinal schistosomiasis in the local infants (children aged < 3 years) was investigated. When, during the first survey, 136 mother-and-infant pairs from a total of 12 villages were studied, only 7% of the infants but 45% of the mothers were found to be egg-patent for Schistosoma mansoni infection. The use of dipstick tests for urine-circulating cathodic antigen indicated, however, a much higher prevalence, of approximately 40%, among the infants. In the second survey, urine...
samples and multiple, not single, stool samples were collected from another 19
mother-and-infant pairs in two of the 12 study villages (Bugoto and Bwondha),
and a standardized questionnaire was implemented. The prevalence of egg-
patent
infection was then found to be markedly higher in the study infants from Bugoto
(86%) than in those from Bwondha (25%). A greater level of mother-and-infant
water contact, a higher abundance of (infected) Biomphalaria choanomphala, and
an unusual lakeshore topology may explain why S. mansoni infection was so
much
more common in the Bugoto subjects than in the Bwondha. All but one of
the infants studied in the second survey were found to be anaemic (with <110 g
haemoglobin/litre). Taken together, these children were less likely to be found
infected with hookworm (16%), Hymenolepis nana (11%) or Trichuris trichiura
(5%)
than with S. mansoni (47%). Infection with the parasites causing intestinal
schistosomiasis can be common among the infants living in these lakeshore
villages. Although the immediate and later-life clinical impacts of such
infection have yet to be elucidated, such infants would probably benefit from
regular de-worming. Mothers should be strongly encouraged to visit the nearest
health-services clinic, with their infants, for any necessary anthelmintic
treatment.

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Prevalence of multiple intestinal helminths among children in a rural community.

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Impairment of physical and mental development has been identified as
deleterious
effects of helminthic infection. As a result, there have been concerted efforts
to control this group of diseases especially among children who are most
vulnerable. However, knowing the prevalence of multiple infections will
strengthen or otherwise justify the use of broad spectrum antihelminthics in the
prophylaxis and treatment of intestinal helminthes among children. This study
was carried out in a farming community with no tarred access road, electricity
or pipe-borne water. The diagnosis of intestinal helminthes was by Kato-Katz
thick smear examination technique. One hundred and seventy stool samples from 88 male and 82 female children were examined. The mean age of the children was 8 +/- 1.6 years. One hundred and sixteen of 170 (68.2%) of the study volunteers had one intestinal helminthic infection or the other. Co-infection by more than one helminth was not uncommon and this occurred in 49.1% of the infected population while 35.4%, 11.2% and 2.6% had double, triple and quadruple infections respectively. Ascaris lumbricoides and hookworm were the most common combinations observed in the study 52.6%, followed by the combination of A. lumbricoides and T. trichiura 17.5%. The triad of A. lumbricoides, hookworm and T. trichiura accounted for 12.3% among the multiply infected population. However, quadruple infection with A. lumbricoides, hookworm, T. trichiura and E. vernlicularis had 2.6% prevalence rate among the study population. Ascaris lumbricoides is the most prevalent among all the children, with a prevalence of 81.6%, 63.3% and 52.4% among children aged 12 -17 years, 6-11 years and 0-5 years respectively. In conclusion, the presence of multiple infections especially of Ascaris lumbricoides and hookworm in almost 26% of the study population and multiple infections in 49.1% of the infected population justified the use of broadspectrum antihelminthics in the management of helminthiasis among school children of the rural community. Thus treatment and mass chemotherapy directed at school children will be a step in the right direction.

PMID: 16749359 [PubMed - indexed for MEDLINE]


Prevalence of low back pain among peasant farmers in a rural community in South West Nigeria.

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This study is a survey conducted in Iju-Odo rural community of Ondo State in South West Nigeria to determine the prevalence and risk factors for low back pain amongst peasant farmers. Five hundred peasant farmers were selected using a multi-stage sampling technique. A questionnaire was administered which sought
information on demographic characteristics, presence of low back pain in the last 12 months prior to the time of the study and the duration, severity of low back pain and its effect on farming activity. The five hundred peasant farmers that participated in this study were 276 men (55.2%) and 224 women (44.8%). Three hundred and sixty two peasant farmers (72.4% of the population) had low back pain in the last 12 months prior to the time of this study, of which two hundred and three (73.5%) were males and one hundred and fifty nine (71.0%) were females peasant farmers having low back pain. The nature of onset of low back pain was that of gradual onset in 57.5%. One hundred and eighty-eight (51.9%) respondents indicated that low back pain reduced their farming workload, while one hundred and twenty four (34.3%) respondents were prevented from going to farm because they could not walk, resulting in 675 work days being lost by one hundred and twenty one (24.2%) peasant farmers in the last one-year with a mean of 5.6 days lost. This study concluded that low back pain prevalence is high among peasant farmers, with higher prevalence in males compared with females (P<0.05). The prevalence also increased with age (P<0.05). Years of farming was found to have a significant influence on the prevalence of low back pain (P<0.05) with prevalence of low back pain increasing as years of farming increases. Low back pain was found to be a cause of work absenteeism in this working population.

PMID: 16749358 [PubMed - indexed for MEDLINE]


Total antioxidant status and lipid peroxidation in HIV-1 infected patients in a rural area of south western Nigeria.

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Total serum antioxidant status (TAS) and lipid peroxidation were evaluated in 62 HIV-1 seropositive patients before the commencement of antiretroviral drug therapy. Twenty-four (24) age-marched and apparently healthy HIV-1 seronegative subjects were recruited as control subjects. HIV-1 seropositive patients were classified according to the Centre for Disease Control and Prevention (CDC) Criteria. The mean serum malondialdehyde (MDA) concentrations of 5.58 +/- 0.99nmol/ml and 4.24 +/- 0.80nmol/ml were significantly elevated in HIV-1 patients.
infected patients with CD4+ count of <200 lym/mm3 and that of 200-499 lym/mm3 respectively when compared with the control which is 3.37 +/- 0.56nmol/ml (P<0.001). Whereas when compared with control, the serum MDA concentration of 3.45 +/- 0.48nmol/ml in HIV-1 patients with CD4+ count of >500 lym/mm3 was not significant (P>0.05). In the intra groups comparison serum concentration of MDA were significantly elevated when compared with each other (P<0.001). The mean serum total antioxidant status (TAS) of 1.30 +/- 0.11mmol/L, 1.12 +/- 0.24 mmol/L and 0.95 +/- 0.17mmol/L of HIV-1 seropositive patients with CD4+ count of >500 lym/mm3, 200-499 lym/mm3 and <200 lym/mm3 respectively were significantly reduced compared with 1.69 +/- 0.23mmol/L for the control group (P<0.001). Similarly in the intra groups comparison, serum concentration of TAS were significantly reduced when compared with each other (P<0.001). The weight of 54.81 +/- 5.13 Kg for HIV-I seropositive patients with CD4+ count of <200 lym/mm3 was significantly reduced when compared with 69.17 +/- 4.38Kg for the control (P<0.05). Our results clearly show that severe oxidative stress occurs in the serum of seropositive patients in comparison with controls, and increases significantly with the progression of disease, i.e. AIDS > symptomatics > asymptomatics > controls. The inclusion of antioxidants in the therapeutic approach in managing HIV-1 seropositive patients will prevent the additional damage that free radicals could do to such patients.

PMID: 16749352 [PubMed - indexed for MEDLINE]


Group interpersonal psychotherapy for depression in rural Uganda: 6-month outcomes: randomised controlled trial.


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BACKGROUND: A randomised controlled trial comparing group interpersonal psychotherapy with treatment as usual among rural Ugandans meeting symptom and functional impairment criteria for DSM-IV major depressive disorder or sub-threshold disorder showed evidence of effectiveness immediately following the intervention. AIMS: To assess the long-term effectiveness of this therapy
over a subsequent 6-month period. METHOD: A follow-up study of trial participants was conducted in which the primary outcomes were depression diagnosis, depressive symptoms and functional impairment. RESULTS: At 6 months, participants receiving the group interpersonal psychotherapy had mean depression symptom and functional impairment scores respectively 14.0 points (95% CI 12.2-15.8; P<0.0001) and 5.0 points (95% CI 3.6-6.4; P<0.0001) lower than the control group. Similarly, the rate of major depression among those in the treatment arm (11.7%) was significantly lower than that in the control arm (54.9%) (P<0.0001). CONCLUSIONS: Participation in a 16-week group interpersonal psychotherapy intervention continued to confer a substantial mental health benefit 6 months after conclusion of the formal intervention.

Publication Types:
Randomized Controlled Trial

PMID: 16738348 [PubMed - indexed for MEDLINE]


Self-reported psychotic symptoms in the general population: results from the longitudinal study of the British National Psychiatric Morbidity Survey.

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BACKGROUND: Scarce longitudinal data exist on the occurrence of psychotic symptoms in the general population. AIMS: To estimate the incidence of, and risk factors for, self-reported psychotic symptoms in Great Britain. METHOD: Data from the 18-month follow-up of a national survey were used. Incident cases were those who endorsed one or more items on the Psychosis Screening Questionnaire at follow-up, but not at baseline. The association between factors recorded at baseline and incident self-reported symptoms was examined. RESULTS: At follow-up, 4.4% of the general population reported incident psychotic symptoms. Six factors were independently associated with incident symptoms: living in a rural area; having a small primary support group; more adverse life events;
smoking tobacco; neurotic symptoms; and engaging in a harmful pattern of drinking. CONCLUSIONS: A small but not insignificant percentage of the population of Great Britain reported incident psychotic symptoms over 18 months. The risk factors for psychotic symptoms showed some similarities with risk factors for schizophrenia, but there were also some striking differences. The relationship between such risk factors and the factors that perpetuate psychotic symptoms remains to be ascertained.

PMID: 16738341 [PubMed - indexed for MEDLINE]


Manifestation of toxocariasis in children with neuroblastoma treated with autologous hematopoietic transplants.


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Toxocariasis was diagnosed in 3 out of 22 children (14%) treated in our center with high-dose chemotherapy and autologous hematopoietic stem cell transplantation (HSCT). The patients were coming from rural areas in the southeastern Poland and did not present any clinical symptoms of toxocariasis upon admission to the hospital. Although no neurological and ophthalmological abnormalities were noticed, the atypical form of toxocariasis was diagnosed based on elevated eosinophils counts, positive serological tests, and biochemical symptoms of liver damage. The authors conclude that toxocariasis should be taken into consideration in the differential diagnosis of eosinophilia in children undergoing high-dose chemotherapy and HSCT, especially if they are coming from rural areas.

Publication Types:
Case Reports

PMID: 16728357 [PubMed - indexed for MEDLINE]


Asthma education for rural school nurses: resources, barriers, and outcomes.
Winkelstein ML, Quartey R, Pham L, Lewis-Boyer L, Lewis C, Hill K, Butz A.

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This paper describes a school-based asthma education program for rural elementary school nurses. The program was designed to teach school nurses in 7 rural counties in Maryland how to implement and to reinforce asthma management behaviors in children with asthma and their caregivers. Rural nurses who participated in this program increased their mean asthma knowledge scores more than nurses who did not take the program. The program also increased self-efficacy among intervention school nurses, but the difference in self-efficacy between intervention and control nurses was not statistically significant at follow-up. No effects on documentation or communication behaviors were noted. Only 25% of the nurses reported an interest in implementing future asthma educational programs for children with asthma. This study indicates the importance of understanding the unique characteristics of rural school nurses, the resources they need, and the barriers and challenges they face in their practice.

Publication Types:
   Randomized Controlled Trial

PMID: 16704287 [PubMed - indexed for MEDLINE]


Patient satisfaction with tele-ophthalmology versus ophthalmologist-based screening in diabetic retinopathy.


Publication Types:
   Letter

PMID: 16638238 [PubMed - indexed for MEDLINE]


Telemedicine as a means of delivering cognitive-behavioural therapy to rural and remote mental health clients.
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We explored the feasibility and acceptability of delivering cognitive-behavioural therapy (CBT) via videoconference to clients with depression and/or anxiety living in rural north Queensland. The study involved 15 mental health clients and their five case managers. First, each case manager was instructed in the use of telemedicine for clinical consultation, and given training in CBT. This was done via videoconference. Then the clients were introduced to telemedicine. Following six to eight intensive weekly sessions of CBT, there was improvement in certain clinical outcome measures (i.e. the Mental Health Inventory and the Health of the Nation Outcome Scale). There was a significant improvement (P<0.05 using a t-test) in the client Mental Health Inventory scores before (mean = 109) and after treatment (mean = 148). However, in the absence of a control condition, it was not possible to conclude that the treatment had a specific effect on the disorders studied. Both clients and case managers found telemedicine consultations acceptable. Clients' ratings ranged from 3 to 4.5, while case mangers' ratings ranged from 3 to 5 ('average' to 'much better than average').

Publication Types: Multicenter Study

PMID: 16638234 [PubMed - indexed for MEDLINE]


Application of the pupal/demographic-survey methodology to identify the key container habitats of Aedes aegypti (L.) in Malindi district, Kenya.

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The pupal/demographic-survey methodology was evaluated in three coastal areas (one urban, one peri-urban and one rural) of Malindi district, Kenya, in
attempts to identify the types of domestic container that are most productive for Aedes aegypti (L.) pupae. The results demonstrated the practicality and consistency of the methodology, as a tool both for identifying and guiding the targeted control of the most productive container habitats, and for determining the mean numbers of pupae/person, as measures of the risk of dengue transmission. Twenty-five types of container were identified indoors and 50 types outdoors. In total, only 4,178 pupae were seen indoors and 795 outdoors. Pupal productivity was dependent on the type, location and volume of the container and the season of the year. Metallic drums and jerricans contributed >70% of the pupae encountered indoors in the wet season whereas, in the rural area, plastic drums contributed 83.7% of all the larvae seen outdoors during the dry season. Container productivity was not consistent during the different surveys. The highest mean numbers of pupae/person (7.61) and of pupae/household (18.12) were recorded in the rural area.

PMID: 16630392 [PubMed - indexed for MEDLINE]


Too clean, or not too clean: the hygiene hypothesis and home hygiene.

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The 'hygiene hypothesis' as originally formulated by Strachan, proposes that a cause of the recent rapid rise in atopic disorders could be a lower incidence of infection in early childhood, transmitted by unhygienic contact with older siblings. Use of the term 'hygiene hypothesis' has led to several interpretations, some of which are not supported by a broader survey of the evidence. The increase in allergic disorders does not correlate with the decrease in infection with pathogenic organisms, nor can it be explained by changes in domestic hygiene. A consensus is beginning to develop round the view that more fundamental changes in lifestyle have led to decreased exposure to certain microbial or other species, such as helminths, that are important for the development of immunoregulatory mechanisms. Although this review concludes that the relationship of the hypothesis to hygiene practice is not proven, it lends strong support to initiatives seeking to improve hygiene practice. It would however be helpful if the hypothesis were renamed, e.g. as the 'microbial
exposure' hypothesis, or 'microbial deprivation' hypothesis, as proposed for instance by Bjorksten. Avoiding the term 'hygiene' would help focus attention on determining the true impact of microbes on atopic diseases, while minimizing risks of discouraging good hygiene practice.

Publication Types:
Review

PMID: 16630145 [PubMed - indexed for MEDLINE]


Reducing uncertainties in global HIV prevalence estimates: the case of Zambia.
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BACKGROUND: The premise for using antenatal care (ANC) clinic data for estimating HIV prevalence in the general population is the finding from community studies in sub-Saharan Africa that total HIV prevalence in pregnant women attending ANC clinics closely approximate levels in the total general population of both women and men aged 15-49 years. In this study, the validity of national level HIV prevalence estimates for the total general population 15-49 years made from ANC clinic and population survey data was assessed. METHODS: In 2001-2002, a national population HIV prevalence survey for women 15-49 years and men 15-59 years was conducted in Zambia. In the same period, a national HIV sentinel surveillance survey among pregnant women attending ANC clinics was carried out. RESULTS: The ANC HIV prevalence estimates for age-group 15-49 years (rural: 11.5%; 95% CI, 11.2-11.8; urban: 25.4%; 95% CI, 24.8-26.0; adjusted national: 16.9%; 95% CI, 16.6-17.2) were similar to the population survey estimates (rural: 10.8%; 95% CI, 9.6-12.1; urban: 23.2%; 95% CI 20.7-25.6; national: 15.6%; 95% CI, 14.4-16.9). The HIV prevalence urban to rural ratio was 2.2 in ANC and 2.1 in population survey estimates. CONCLUSION: The HIV prevalence estimate for the total general population 15-49 years derived from testing both women and men in the population survey was similar to the estimate derived from testing women attending ANC clinics. It shows that national HIV prevalence estimates for adults aged 15-49 years can also be
Associations among education, cortisol rhythm, and BMI in blue-collar women.

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OBJECTIVE: This study sought to test whether a biological measure of chronic stress, Delta cortisol, was related to BMI and whether the relationship between Delta cortisol and BMI varied according to education and positive affect.

RESEARCH METHODS AND PROCEDURES: One hundred fifty-four women from a blue-collar women's health project in 11 industrial sites in rural North Carolina provided saliva for cortisol assays for a substudy on "stress." Delta Cortisol, the difference between awakening and midday cortisol measures representing diurnal decline, was calculated (lower values = greater stress). BMI was regressed on Delta cortisol, education, and positive affect. Analyses were controlled for age, race, and worksite. Standardized beta-coefficients were calculated.

RESULTS: For participants with complete data (n = 129), BMI was greater (beta; 95% confidence interval) for women with less than high school education (0.56; 0.18, 0.94) and those who completed high school (0.26; -0.05, 0.57) relative to women with greater than a high school education (p = 0.009). Delta Cortisol was inversely related to BMI (-0.32; -0.59, -0.05; p = 0.022). Education positively modified the inverse relationship between Delta cortisol and BMI (p = 0.047). Positive affect was negatively associated with BMI (-0.44; -0.82, -0.06; p = 0.026) and positively modified the inverse association between Delta cortisol and BMI (0.33; -0.03, 0.69; p = 0.074). DISCUSSION: Education and Delta cortisol were inversely related to BMI, and the magnitude of the association between Delta cortisol and BMI was buffered by higher education. Positive affect was
inversely related to BMI. Chronic stress is associated with higher BMI, with this relation attenuated by higher education and, possibly, a positive affect.

PMID: 16571860 [PubMed - indexed for MEDLINE]


Lymphatic filariasis: possible pathophysiological nexus with oxidative stress.

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Wuchereria bancrofti-mediated lymphatic filariasis is widely prevalent. Diversity in immune response presumably may lead to myriad clinical presentations, such as overt chronic filariasis, occult filariasis with atypical systemic manifestation and asymptomatic microfilariae carrier state. Anticipated oxidative stress during inflammatory response to infective conditions might complicate the immune response and thus might alter the disease outcome. The present study was carried out to assess the status of oxidative stress in different clinical presentations of bancroftian filariasis. Twenty-five microfilariae carriers and 30 cases each of chronic filariasis and occult filariasis were compared to 30 endemic normal individuals. Serum malondialdehyde level and superoxide dismutase enzyme activity were measured by spectrophotometric methods and levels of filarial antigen were measured by ELISA. In the filarial cases, the levels of these parameters were assayed again after treatment with diethylcarbamazine citrate (DEC). Results showed significant (P<0.05) association of oxidative stress with chronic and occult filariasis but not with microfilarial carriers. DEC therapy in both clinical cases and carriers resulted in a significant reduction of oxidative stress associated with decreased antigen level (P<0.01). These findings suggest the possible involvement of oxidative stress in filarial disease pathology.

PMID: 16554077 [PubMed - indexed for MEDLINE]


[Acute intestinal tuberculosis]

[Article in French]
AIM OF STUDY: To report cases from Vietnam of intestinal tuberculosis disease, which is uncommon but did not disappear in occidental countries. MATERIALS AND METHODS: Seventy-six patients were included in this retrospective study. Mean age was 40 years and sex ratio M/F was 6. Diagnosis was established on pathological examination of resected specimen or on presence of Mycobacterium tuberculosis or by polymerase chain reaction. RESULTS: Intestinal obstruction or subobstruction was the most usual symptom (68%), and thereafter peritoneal symptoms with pain and tenderness (17%). Five patients had intractable digestive haemorrhage. Thirty-six patients had no past history or active pulmonary tuberculosis (47%). Lesions of stenosis on barium enema and thickness of intestinal wall on CT-scan were not specific. Sixty-two patients were operated on (82%) and 14 were not. Surgical techniques differed according symptoms, site and type of lesions. Intestinal resections were performed in half of the patients, others undergoing stomies or enterolysis. There were eight postoperative deaths (13% of patients operated on), seven out of these deaths were attributable to cachexy. In the postoperative period, all the patients were medically treated and follow-up in the antituberculosis centre of Hanoi. CONCLUSION: Symptomatology and operative findings of intestinal tuberculosis are similar to those observed in Crohn's disease, and sometimes in amoeboma or lymphoma. In face of stenosis and intestinal wall thickness, probability of intestinal tuberculosis is high in endemic area, but diagnosis must be suspected in occidental countries, mainly in patients immigrated coming from these areas, patients with immuno-deficiency even if they did not have past or present pulmonary tuberculosis.

PMID: 16545337 [PubMed - indexed for MEDLINE]


Comment on:

Surgical and psychosocial outcomes in the rural injured--a follow-up study of the 2001 earthquake victims.
An epidemiological study of familial neurocysticercosis in an endemic Mexican community.


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Neurocysticercosis (NC) caused by Taenia solium is a frequent parasitic disease of the central nervous system. It is highly endemic in many developing countries, where many people are exposed but few become infected. Here, the relevance of age, gender, and genetic and exposure factors on NC susceptibility was studied in 649 inhabitants of a rural community of Mexico. Endemicity was confirmed by the high prevalence of pig cysticercosis (32.8%) and human seroprevalence (43.8%). Human NC cases were diagnosed by computerised tomography scans. A questionnaire to evaluate risk factors was applied and familial relationships between participants were registered. An overall NC frequency of 9.1% (59/649) was found. NC frequency increased with age but did not associate with gender. Most NC cases were asymptomatic. None of the evaluated risk factors were associated with NC. No familial aggregation was detected when studying all cases, although a significant relationship between mother and child in cases with multiple parasites was found. These findings point to the fact that human NC in high exposure conditions is not simply related to exposure factors and they do not support the participation of a major gene in single-cyst NC. Rather, our results point to a complex interaction of genetic and environmental factors involved in NC.
A high prevalence of HIV-1 infection among pregnant women living in a rural district of north Uganda severely affected by civil strife.

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This study aims at estimating the recent trends in HIV-1 prevalence and the factors associated with infection among pregnant women in the Gulu District of north Uganda, a rural area severely affected by civil strife. In 2000-2003, a total of 4459 antenatal clinic attendees of Lacor Hospital were anonymously tested for HIV-1 infection. The overall and age-specific prevalence did not show any significant trend over time. The age-standardized prevalence slightly declined, from 12.1% in 2000 to 11.3% in 2003. Increased age [20-24 years: adjusted odds ratio (AOR) 1.63; 95% CI 1.18-2.25; >or=25 years: AOR 2.56; 95% CI 1.91-3.44], residence in urban areas (AOR 1.76; 95% CI 1.41-2.18), being unmarried (AOR 1.60; 95% CI 1.27-2.01), increased age of partner (25-34 years: AOR 1.87; 95% CI 1.29-2.73; >or=35 years: AOR 2.68; 95% CI 1.72-4.16), modern occupation of partner (AOR 1.98; 95% CI 1.53-2.58), and short time of residence at the current address (AOR 1.36; 95% CI 1.05-1.76) were associated with infection. The HIV-1 prevalence in this rural district is high and similar to that observed in urban antenatal clinics, probably reflecting the effect of the last 18 years of civil strife.

PMID: 16289650 [PubMed - indexed for MEDLINE]


Underestimation of snakebite mortality by hospital statistics in the Monaragala District of Sri Lanka.

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Estimates of snakebite mortality are mostly based on hospital data, although these may considerably underestimate the problem. In order to determine the
accuracy of hospital-based statistics, data on snakebite mortality in all hospitals in the Monaragala District of Sri Lanka were compared to data on snakebite as the certified cause of death for the district, for the 5-year period between 1999 and 2003. Data were cross-checked in a sample of hospitals and divisional secretariats within the district. Hospital statistics did not report 45 (62.5%) of the true number of snakebite deaths in the Monaragala District. Twenty-six (36.1%) of the victims either did not seek, or had no access to, a hospital. Another 19 (26.4%) had arrived at hospital, but had done so too late to receive treatment. Our study confirms the limitations of official hospital-based mortality data on snakebite.

PMID: 16289649 [PubMed - indexed for MEDLINE]


Malaria treatment in remote areas of Mali: use of modern and traditional medicines, patient outcome.

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Use of official health services often remains low despite great efforts to improve quality of care. Are informal treatments responsible for keeping a number of patients away from standard care, and if so, why? Through a questionnaire survey with proportional cluster samples, we studied the case histories of 952 children in Bandiagara and Sikasso areas of Mali. Most children with reported uncomplicated malaria were first treated at home (87%) with modern medicines alone (40%), a mixture of modern and traditional treatments (33%), or traditional treatment alone (27%). For severe episodes (224 cases), a traditional treatment alone was used in 50% of the cases. Clinical recovery after uncomplicated malaria was above 98% with any type of treatment. For presumed severe malaria, the global mortality rate was 17%; it was not correlated with the type of treatment used (traditional or modern, at home or elsewhere). In the study areas, informal treatments divert a high proportion of patients away from official health services. Patients' experience that outcome after standard therapeutic itineraries is not better than after alternative care may help to explain low use of official health services. We need to study whether some traditional treatments available in remote villages should be
considered real, recommendable first aid.

PMID: 16233907 [PubMed - indexed for MEDLINE]


Rural-urban health care provider disparities in Alaska and New Mexico.

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Compared to their urban counterparts, rural residents face numerous disparities in obtaining health care, including limited access to care providers. We assessed disparities in provider availability in rural versus urban Alaska and New Mexico, with emphasis on professionals likely to provide mental health care. Using lists of licenses, we categorized physical and mental health care providers into rural versus urban and calculated rural versus urban disparity ratios. Rural residents had significantly less access to health care providers and discrepancies grew with level of required provider education and specialization. Addressing disparities via creative strategies is crucial to improving rural care delivery.

PMID: 16220242 [PubMed - indexed for MEDLINE]


[Helicobacter pylori reinfection rate and its related factors after successful eradication: 4-year follow-up in a Korean rural community]

[Article in Korean]

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BACKGROUND/AIMS: Recurrence of peptic ulcer after successful eradication of Helicobacter pylori is closely associated with reinfection. The aim of this study was to measure the rate and related factors of H. pylori reinfection
through a 4-year follow-up excluding recrudescence. METHODS: Triple therapy
was administered to H. pylori-positive 204 people in April 1998 in Gyeongju, Korea. The urea breath test was performed in April 1999. Eighty-seven subjects were regarded as negative for H. pylori, and they were followed up for 4 years to analyze the trends of reinfection rate and its related factors. Sixty-seven subjects completed the 4-year follow-up. During the follow-up period the urea breath test and questionnaire surveys were performed in April 2000, October 2001, and April 2003. RESULTS: The cumulative reinfection rate was 16.4% for 4 years, and the yearly reinfection rate was 4.1%. The reinfection rate of subjects having postprandial fullness and epigastric bloating was significantly high (p<0.05), and that of the subjects with high dyspepsia symptom scores (4 or 5) was also significantly higher than those with low dyspepsia symptom scores (3 or below)(p=0.016). According to the multiple logistic regression analysis to predict the factors related with H. pylori reinfection, the dyspepsia symptom score was the only significant variable with the odds ratio of 1.688.

CONCLUSIONS: The cumulative reinfection rate for 4 years was 16.4% in a Korean rural community. The dyspepsia symptom score can be used to predict H. pylori reinfection in community population.

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Prevalence of hepatitis B infection in the southeastern region of Turkey: comparison of risk factors for HBV infection in rural and urban areas.

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Although hepatitis B has been well studied, there are still aspects of its epidemiology that remain to be clarified. There are many regions with high seroprevalence, particularly in the developing regions of the world, and these regions are known to have different epidemiologic patterns. Nonetheless, there are currently no data on the differences in hepatitis B seroprevalence between urban and rural areas of Turkey. In the present study, therefore, we used 30-cluster sampling to determine and compare the prevalence of hepatitis B in the urban and rural areas of the least developed region of Turkey, the southeastern region. From 2,888 adults living in the region, blood samples were obtained from house visits, and screened for HBsAg, anti-HBs, and anti-HBcIgG.
Factors associated with hepatitis B seroprevalence, particularly living in rural areas, were analyzed with multivariate methods. The seroprevalence of HBsAg was 8.2% in the rural and 6.2% in the urban areas. There was a statistically significant difference between urban and rural regions in terms of HBsAg positivity (crude OR: 0.74; 95% CI: 0.55 - 0.98). Exposure to hepatitis B virus (HBV) increased with age both in urban and rural areas. Lower education level was also an important risk factor for hepatitis B seropositivity in urban areas (adjusted OR: 1.66; 95% CI: 1.26 - 2.19) but not in rural ones (adjusted OR: 0.77; 95% CI: 0.36 - 1.69). Familial jaundice history was a statistically significant risk factor for HBsAg positivity in rural areas (adjusted OR: 2.15; 95% CI: 1.30 - 3.56) but not in urban ones (adjusted OR: 1.48; 95% CI: 0.96 - 2.27). This study shows that the prevalence of HBV infection in the southeastern region of Turkey is intermediate among the levels reported for the European region of the World Health Organization.

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