PUBLIC HEALTH II

TIME: 11.30 – 12.30 LOCATION: PARSONS ROOM

THE INTRODUCTION AND EVOLUTION OF LAPAROSCOPIC CHOLECYSTECTOMIES IN TANZANIA

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Introduction: Laparoscopic surgery is safer, cheaper and has shorter recovery times than open surgery, but is not widely used in low and middle income countries (LMICs). In 1999 an educational link was founded between Northumbria Healthcare Trust (NHCT) and Kilimanjaro Christian Medical Centre (KCMC) in Tanzania. From 2004, NHCT surgeons have trained Tanzanian surgeons to perform laparoscopic cholecystectomies. Subsequently, 596 laparoscopic operations have been performed; I have examined their outcomes. This is the largest laparoscopic project in Sub-Saharan Africa (excluding South Africa). Previous publications on establishing laparoscopic partnerships in LMICs have little follow up on later surgical success.

Methods: KCMC theatre logbook data identified all laparoscopic cholecystectomies since 2015. Data on demographics, diagnostics, operative details and outcomes were collected from patients' medical records. This was combined with a previously validated database from 2005-2014 and four key outcomes were studied: conversion rates, complication rates, operative duration, and length of stay.

Results: The KCMC conversion rate was 6%, similar to other LMICs and high income countries, including NHCT (6%). Their complication rate was 14%, significantly lower than open cholecystectomies (33%, p=0.001), but nearly double that at NHCT (7%). Their mean operating time was 87 minutes, 48% longer than other LMICs. Their mean length of stay was 1 day, comparable to LMICs and NHCT (2 days).

Conclusions: Over the past 15 years, laparoscopic surgery has been successful at KCMC, bringing them up-to-date and providing outcomes comparable to NHCT. KCMC proves that donating time, equipment and laparoscopic training to LMICs is worthwhile.

EVIDENCING THE NEED: SPEECH, LANGUAGE AND COMMUNICATION PROVISION WITHIN YOUTH OFFENDING SERVICES

Sam Redgate, Arts Design and Social Sciences, Northumbria University

Research consistently demonstrates the influence that speech, language and communication needs (SLCN) have on the criminal behaviour of young people, with a suggested overlap between behaviour and communication identified as a critical feature in the profile of many young offenders. Within the criminal justice system (CJS) young people with SLCN are considerably over represented; 50-60% compared to 10% of the general population.

Contact with the CJS exposes young people to a range of experiences which draw heavily on expressive and receptive language skills (police interviews, court proceedings, therapeutic programs, etc). An individual's SLCN raises barriers to fully comprehending what is happening, what is expected and how to successfully engage with services or conditions set by imposed orders.

A case study approach within a Youth Offending Service has been used to investigate how SLCN impacts on young offenders and their engagement with the CJS. Findings will be presented from the initial phase of research, providing an evidence base for the need for SLCN provision within Youth Offending Services. Implications for service development within the Youth Offending Service and wider stakeholder agencies are also explored.

BREAKING BARRIERS, BUILDING BRIDGES: FACTORS SHAPING ACCESS TO HEALTH SERVICES BY YOUNG PEOPLE LIVING WITH HIV IN THYOLO DISTRICT, MALAWI

Nadege Sandrine Uwamahoro, Institute of Health and Society, Newcastle University

Introduction: Malawi is working towards ending AIDS by 2030 in line with the sustainable development goal on health. The country is on track to achieve set targets for 2020 among its adult population (15 years and above). However, slow progress in young people between 15-24 years indicates that there is a need to improve their access and uptake to/of health services.

Aims: We assessed barriers and facilities to service access by young people living with HIV in Thyolo district in Southern Malawi. The assessment constitutes formative researched intended to inform the design of programmes aimed at improving services.

Methods: Using a social theory informed thematic network analysis, we examined interview and focus group transcripts involving 12 young people at risk of contracting HIV, 46 young people living with HIV, eight healthcare staff as well as 16 ethnographic interview transcripts and notes from over 100 hours of ethnographic observation.

Results: Good health and avoiding stigma were significant facilitators of seeking and engaging with health services. Incorrect social representations of HIV induced stigma, which compromised access and uptake of services. Beliefs about illness causality and alternative healing systems posed a barrier to accessing biomedical health services. Material deprivation at household and health system level undermined access to services. Representations of 'the good' patient and power imbalance affected the quality of clinical encounters. Competing demands on young people's time affected service uptake.

Conclusion: Addressing identified barriers can lead to system-wide improvements while ensuring that young people are not left behind.

IDENTIFYING LATE-LIFE DEPRESSION IN SUB-SAHARAN AFRICA

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Background: Late-life depression (LLD) is a major cause of global disability; increasingly common as populations age worldwide. Inadequate staffing and lack of culturally adapted screening tools contribute to a significant diagnostic gap in Sub-Saharan Africa. The Maddison Old-Age Scale for Identifying Depression (MOSHI-D) is a screening tool, consisting of 12 culturally appropriate yes/no questions, designed for non-specialist workers. Developed from a pilot study set in the rural Hai district of Tanzania; MOSHI-D showed excellent diagnostic accuracy on internal validation, with an area under curve (AUC) score of 0.882.

Aims:

- Provide external prospective validation of MOSHI-D
- Improve MOSHI-D by adding rating scales

Method: 105 outpatients aged 60 and over attending medical clinics at Mawenzi hospital, Tanzania, were systematically recruited into the study. Participants were screened with MOSHI-D before clinical assessment by a doctor who was blinded to screening scores. MOSHI-D scores were validated against gold standard DSM-V depression criteria to assess diagnostic accuracy.

Results:

- LLD prevalence was 20%
- Diagnostic accuracy of the screen was diminished, with an AUC of 0.630
- Adopting rating scales slightly improved diagnostic accuracy to an AUC of 0.647
- An optimal cut-off score of 15/36 yielded a sensitivity of 76.2% and specificity of 54.8%

Conclusion: Diagnostic accuracy of MOSHI-D was unexpectedly low. Re-piloting questions across a range of diverse settings and qualitative research investigating potential rural-urban differences in the communication and experience of depressive symptoms is needed to reaffirm and fully explain this study's findings.