



THE 15<sup>TH</sup> NATIONAL CONFERENCE  
FOR CLINICAL RESEARCH (NCCR)

# DATA TO DECISIONS

18 - 20 OCTOBER 2022  
THE WEMBLEY, A ST GILES HOTEL, PENANG

ORGANISED BY



SUPPORTED BY



EVENT MANAGED BY



## Abstract

ID	ABSTARCT TITLES
28 / eP-22	<p><b>SURVIVABILITY OF PATIENTS ADMITTED FOR STROKE IN A GENERAL HEALTHCARE FACILITY</b></p> <p><i>DANIAL Monica, MOHDRADZI Nurul Shahira Izwani, CH'NG Alan Swee Hock, LOOI Irene</i></p> <p>Clinical Research Center, Hospital Seberang Jaya</p>
29 / eP-25	<p><b>THE KNOWLEDGE, ATTITUDES AND PRACTICES OF FACEMASK PRACTICE DURING COVID-19 PANDEMIC</b></p> <p>Gunasekaran Shargunan Selvanthan (1), Hariyanayagam Gobi (2), Foo Yen Li (2), Yusoff Aida Farhana (2), Wan Sabri Wan Mohd Akmal (2), SelvanthanSundram Sera (2)</p> <p>1: Manjung District Dental Clinic, Perak; 2: Hospital Seri Manjung, Perak</p>
30 / eP-27	<p><b>MASSIVE PERICARDIAL EFFUSION AS THE CARDIAC MANIFESTATION OF SALMONELLA ENTERITIDIS INFECTION IN A SEVERELY IMMUNOCOMPROMISED PATIENT</b></p> <p><i>HO Yik Hon (1), LIM Caryn Tsujean (1), LING Hwei Sung (2), THUNG Su Fui (3), CHUA Hock Hin (3), ONG Tiong Kiam (1)</i></p> <p>1: Sarawak Heart Center; 2: University of Malaysia Sarawak; 3: Sarawak General Hospital</p>
31 / eP-28	<p><b>A STORMY CHASE OF CORONARY ARTERY SPASM: THYROID STORM IN ACUTE MYOCARDIAL INFARCTION</b></p> <p><i>HO Yik Hon (1), LIM Caryn Tsujean (1), CHOW Han Bing (2), CHAN Pei Lin (3), TAN Chen Ting (1), SAID Asri (2)</i></p> <p>1: Sarawak Heart Center; 2: University of Malaysia Sarawak; 3: Sarawak General Hospital</p>
32 / eP-29	<p><b>PRODUCTIVITY LOSSES AND ITS ASSOCIATED FACTORS AMONG END STAGE RENAL DISEASE PATIENTS RECEIVING DIALYSIS TREATMENT IN KUANTAN, PAHANG</b></p> <p><i>AHMAD Mastura (1), SHABARUDDIN Fatiha Hana (2), MOHD ZIN Che Suraya (3)</i></p> <p>1: Hospital Tengku Ampuan Afzan, Kuantan; 2: University Malaya; 3: International Islamic University of Malaysia</p>
33 / eP-30	<p><b>PREVALENCE OF SIMVASTATIN ASSOCIATED MUSCLE SYMPTOMS AMONG HYPERCHOLESTEROLEMIC PATIENTS RECEIVING SIMVASTATIN AND AMLODIPINE OF KUALA MUDA DISTRICT KEDAH; A CROSS-SECTIONAL MULTICENTRE STUDY</b></p> <p><i>MOHD BAIDI Amir Safi (1), NG Yeng Ping (2)</i></p> <p>1: Hospital Sultan Abdul Halim; 2: Faculty of Pharmacy AIMST University</p>
34 / eP-31	<p><b>PHARMACEUTICAL EXPENDITURE SHARE BY HOUSEHOLDS IN MALAYSIA: A REGIONAL COMPARISON</b></p> <p><i>ANG Wei Chern (1), CHEAH Yong Kang (2)</i></p> <p>1: Hospital Tuanku Fauziah; 2: School of Economics, Finance and Banking, Universiti Utara Malaysia, Sintok, Malaysia</p>

NCCR ABSTRACTS (CRC) <[nccrabstracts@crc.moh.gov.my](mailto:nccrabstracts@crc.moh.gov.my)>

[masturaahmad@yahoo.com](mailto:masturaahmad@yahoo.com)" <[masturaahmad@yahoo.com](mailto:masturaahmad@yahoo.com)>

Wednesday, 14 September 2022, 10:57:55 am GMT+8

Subject: Abstract Acceptance & e-Poster Guideline for The 15th National Conference for Clinical Research (NCCR) 2022

Mastura Ahmad,

Members from the Conference Secretariat of The 15th NCCR 2022!

On behalf of the **15th NCCR 2022 Scientific Committee**, we would like to congratulate you on the acceptance of your abstracts as follows:

Abstract ID : eP-29

Abstract Title : **Productivity Losses and Its Associated Factors Among End Stage Renal Disease Patients Receiving Dialysis Treatment in Kuantan, Pahang**

Submitted As : e-Poster

Abstract ID : eP-33

Abstract Title : **Premature Retirement and Its Associated Factors Among End Stage Renal Disease Patients Receiving Dialysis Treatment in Kuantan, Pahang**

Submitted As : e-Poster

You will be informed that ALL accepted abstracts are to prepare for the e-Poster. We have attached the e-Poster template along with the Guideline/Specification in PowerPoint format with this email. Please submit back to us your e-Poster in **JPEG AND PDF format by 30th September 2022**.

*Your abstract is within the FIRST 50 submissions which entitles you to be sponsored for the conference registration. You will receive further information regarding the sponsorship in a follow-up email in the next few days\**

Please register as a conference delegate at <https://nccrconference.com.my/> before Monday, 3rd October 2022.

If you require any assistance, please do not hesitate to contact us via email and we will reply to you back at the earliest. For other information, please refer to the conference website as mentioned earlier.

See you at the conference!

Sincerely,

Secretariat,

NCCR Conference Secretariat

-----

# Productivity Losses and Its Associated Factors Among End Stage Renal Disease Patients Receiving Dialysis Treatment in Kuantan, Pahang

Mastura Ahmad<sup>1</sup>, Fatiha Hana binti Shabaruddin<sup>2</sup> and Che Suraya Mohd Zin<sup>3</sup>

<sup>1</sup>Hospital Tengku Ampuan Afzan, Kuantan Pahang, Malaysia

<sup>2</sup>University Malaya, Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia

<sup>3</sup>International Islamic University of Malaysia, Kuantan Pahang, Malaysia

## Introduction:

In Malaysia, the economic burden of end stage renal disease (ESRD) patients receiving haemodialysis (HD) and peritoneal dialysis (PD) treatment, in terms of productivity loss from the societal perspectives, is unknown. Thus, this study intended to investigate the extent of productivity losses of these patients and factors associated with productivity losses.

## Methodology:

A multi-centre, cross-sectional study was conducted between September 2019 and February 2020 in Kuantan, Pahang. Time loss due to dialysis treatment was measured among working-age ESRD patients and was multiplied with the gross national income for the year 2020 to estimate productivity losses. Factors associated with productivity loss was determined using multivariate regression analyses.

## Results:

Among 284 working-age ESRD patients receiving dialysis treatment, 27.8% (n=79) were in paid employment while 48.9% (n=139) were on unpaid work. The productivity loss of HD patients was significantly higher than that of PD patients (MYR 11,968.93 versus MYR 7,214.92 per patient-year,  $p<0.05$ ). The annual productivity losses at the local level were MYR2.34 million, and the estimated annual productivity losses at the state and national level were MYR12 million and MYR 234 million, respectively. HD treatment, post-dialysis side effects, post-dialysis recovery period and iron administration were significantly associated with a higher productivity loss ( $p<0.05$ ).

## Conclusion:

This study applauds the national strategic policy to increase PD uptake for eligible ESRD patients because PD led to a lower productivity loss compared to HD. Additionally, a proper clinical management policy for anaemic patients and patients suffering from post-dialysis side effects requiring post-dialysis recovery may improve productivity for ESRD patients.