Malaysian
Family Physician

*Embracing
Primary Care Evolution,
Upholding Core Values*

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About MFP

The ***Malaysian Family Physician*** (MFP) is the official journal of the Academy of Family Physicians of Malaysia (AFPM). It is jointly published by the Family Medicine Specialist Association (FMSA) of Malaysia. The MFP is published three times a year. It also started an Online First section in January 2021, where accepted articles are published online ahead of the issue.

Goal: The MFP is an international journal that disseminates quality knowledge and clinical evidence relevant to primary care. The journal acts as the voice of family physicians, researchers and other members of the primary care team on clinical practice issues.

Scope: The MFP publishes:
- i. Research – Original Articles and Reviews
- ii. Education – Case Reports/Clinical Practice Guidelines/Test Your Knowledge. We only encourage case reports that have the following features:
  - 1. Novel aspects
  - 2. Important learning points
  - 3. Relevant to family practice
- iii. Invited debate, commentary, discussion, letters, online, comment, and editorial on topics relevant to primary care.
- iv. A Moment in the Life of a Family Physician – We encourage submission of a short narrative to share perspectives, voice, views and opinions about a family physician's experience that has affected their practice or life. This moment should be a reflective piece of fewer than 500 words in length.

Strength: MFP is the only primary care research journal in Malaysia and one of very few in the region. It is open access and fully online. The journal is indexed in Scopus and has a relatively fast review time. The journal has a strong editorial team and an established pool of readers with increasing recognition both locally and internationally.

Circulation: The journal is freely available online.

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Publication Ethics

Ethics

Evidence of ethics approval and informed consent should be included in the manuscript for studies involving animal experiments or human participants.

Competing interests

MFP requires authors to declare all conflicts of interest in relation to their work. All submitted manuscripts must include a 'competing interests' section at the end of the manuscript (before references) listing all competing interests.

Ethical Guidelines for Authors
Authorship credit should be based only on:
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2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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The Malaysian Family Physician welcomes articles on all aspects of family medicine in the form of original research papers, review articles, CPG review, case reports, test your knowledge and letters to the editor. The journal also publishes invited debate, commentary, discussion, letters, comment, and editorials on topics relevant to primary care.

Articles are accepted for publication on condition that they are contributed solely to the Malaysian Family Physician. Neither the Editorial Board nor the Publisher accepts responsibility for the views and statements of authors expressed in their contributions. All papers will be subjected to peer review. The Editorial Board further reserves the right to edit and reject papers. Authors are advised to adhere closely to the instructions given below to avoid delays in publication.

All manuscripts must be submitted through the Open Journal System (OJS) at http://e-mfp.org/ojs

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1. The author must declare that the manuscript has not been previously published, nor is it being considered for publication in another journal concurrently.
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   - The manuscript uses a **single-spaced, 12-point font and uses italics rather than underlining** (except URL addresses).
   - **All figures, tables and illustrations are placed at the appropriate sections in the manuscript file** rather than at the end of the manuscript or submitted separately.
   - Use left-aligned paragraph formatting rather than full justification.
   - Follow the instructions in Ensuring a Blind Review (refer below).
   - Follow the referencing style provided in the References section below.
   - Provide URLs for references where available.
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TITLE PAGE

For all types of manuscript, please include all the sub-headings below in the Title Page:
- **Article Type:** Original Research / Review / CPG Review / Case Report / Test Your Knowledge / Letter To Editor
- **Title:** Please state the title in detail to include the study design, particularly for original research.
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- **Shortened name of author(s):** should be written in the style of surname or preferred name followed by initials, e.g. Abdullah KS, Rajakumar MK, Tan WJ, for future indexing.
- **Corresponding Author:** Corresponding author's mailing address, designation, institution and contact details (email, telephone and fax numbers)
- **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
- **Ethical Approval:** Please state if the study was approved; if so, by which institution and the approval ID.
- **Conflicts of interest:** Please state if any author has a conflict of interest.

MAIN MANUSCRIPT

For every article submitted, please follow the requirements according to the type of article.

Original Research (Including Clinical Audit Article)

The original research (including clinical audit) should be conducted in the primary care setting on a topic of relevance to family practice. Both qualitative and quantitative studies are welcome. The length should **not exceed 3000 words with a maximum of 5 tables or figures and 30 references**. Please include the following sub-headings in the manuscript:

1. **Title:** State the title based on PICO, including study design.
2. **Abstract:** Structured abstract (Introduction, Methods, Results and Conclusion) of no more than 250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Clearly state the purpose of the article with strictly pertinent references. Do not review the subject extensively.
5. **Methods:** Describe the study in sufficient detail to allow others to replicate the results. Provide references to established methods, including statistical methods; provide references and brief descriptions of methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. When mentioning drugs, generic names are preferred (proprietary names can be provided in brackets). Do not use patients' names or hospital numbers. Include numbers of observation and the statistical significance of the findings. When appropriate, state clearly that the research project has received the approval of the relevant ethical committee. For an RCT article, please include the trial registration number) and follow the CONSORT checklist. Other study designs must also follow a reporting checklist, which can be found at https://www.equator-network.org/.
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8. **Acknowledgements:** Acknowledge grants awarded in aid of the study and people who have contributed significantly to the study (but do not qualify for authorship).
9. **Conflicts of interest:** All authors must declare any conflicts of interest.
10. **How does this paper make a difference in general practice?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
11. **References:** Refer to the References section below for more details.

Review

All types of review articles, including narrative review, scoping reviews and systematic reviews are accepted for publication in MFP. A comprehensive review of the literature with a synthesis of practical information for practising doctors is expected. For a systematic review, the PRISMA checklist (https://www.equator-network.org/reporting-guidelines/prisma/) must be followed. For a scoping review, the PRISMA-ScR checklist (https://www.equator-network.org/reporting-guidelines/prisma-scr/) should be followed. The length **should not exceed 4000 words with a maximum of 5 tables or figures and 40 references**. Please include the following sub-headings in the manuscript:

1. **Title:** Include the topic and type of review in the title.
2. **Abstract:** Structured abstract (Introduction, Methods, Results and Conclusion) of no more than 250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Describe the topic and objective of the review.
5. **Methods:** All types of review articles (including narrative review) must report the search strategy, database and keywords used to obtain the literature. The PRISMA and PRISMA-ScR checklists should be followed for systematic and scoping reviews, respectively.
6. **Results (*for systematic and scoping reviews):** This section is required for systematic and scoping reviews. Please follow the guideline in the PRISMA and PRISMA-ScR checklists.
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8. **Any relevant subheadings (*for narrative review):** A narrative review may have any other relevant sub-headings according to needs.
9. **Conclusion:** Provide a conclusion by linking to the objective of the review.
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Case Report

Case reports should preferably be less-commonly seen cases that have an educational value for practising doctors. Only case reports that are novel, have important learning points and relevant to family practice will be accepted for publication in this journal. The case report must be written in a **patient-centred manner instead of a disease-centred focus**. The length **should not exceed 1500 words and cite no more than 20 references**. Before submitting the case report, the authors must ensure that the patient's identity is protected both in the text and pictures. Please include the following sub-headings in the manuscript:

1. **Title:** Use an interesting title to show the new learning points and include the term "case report" in the title.
2. **Abstract:** Unstructured abstract between 100-250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Introduction:** Describe the condition and aim of the case report.
5. **Case Presentation:** Describe the case in detail.
6. **Discussion:** Discuss the case with existing literature.
7. **Conclusion:** Provide the key learning point from the case report.
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CPG Review

The CPG should be relevant to primary care. Its length **should not exceed 4000 words and 40 references**. An abstract is required (no more than 300 words) together with the keywords. The CPG review should be written with case vignettes to illustrate its application in primary care practice.

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6. **Key recommendations of the CPG:** Describe the key recommendations primary care doctors should know.
7. **Key changes in the CPG (only applicable for revised CPGs):** Describe the key changes or updates from the previous CPG.
8. **How to apply the CPG into practice in primary care?** Explain how the CPG can be used in primary care practice.
9. **Case vignettes as examples of application:** Use case vignettes to illustrate the application of the CPG.
10. **Conclusion:** Summarise the key learning points.
11. **Acknowledgements:** Acknowledge grants awarded in aid of the study and people who have contributed significantly to the study (but do not qualify for authorship).
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pre-eclampsia, and gestational weight gain. Three studies demonstrated that exercise did help to reduce lumbopelvic pain during pregnancy.

Conclusion: Exercise during pregnancy is beneficial for maternal and fetal health outcomes when practiced according to recommendations. This systematic review is the first to suggest that structured physical activity is associated with significant benefits related to maternal and fetal outcomes. Therefore, it is recommended that healthcare providers to encourage and develop tailored exercise programs to improve maternal health and fetal outcome.

Keywords: structured physical activity, maternal and fetal outcomes, systemic review

Poster Abstract 30

The effectiveness of UNICEF/WHO 20-hour breastfeeding Course in Improving Health Professionals' Knowledge, Attitudes and Practice towards Breastfeeding in Malaysia: A quasi experimental study

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Introduction: The UNICEF/WHO 20-hour Breastfeeding Course was designed as part of a global program to promote, support and protect breastfeeding. The module focuses on preparing healthcare workers on breastfeeding knowledge and supportive measures to help pregnant women and mothers to breastfeed their infant. Hence, we determined the effectiveness of this course on the level of knowledge, attitude and practice towards breastfeeding among nurses.

Methods: A quasi-experimental study was conducted at three-points (pre-intervention, post intervention and 3 months post intervention) on the level of knowledge, attitude and practice among two group of nurses working in Sultan Ahmad Shah Medical Centre@IIUM. One group (n=90) received the intervention which was the 20-hour Breastfeeding Course which included information and training needed. The other group (n=90) received no intervention. The study was conducted from Dec 2019 till March 2020. A self-administered questionnaire was used to measure the knowledge, attitude and practice. The higher the score indicates higher level of knowledge, good attitude and practice.

Results: The mean age was 27 years old for both groups, mean years of experience are 4 years and 2 years in the respective groups and majority of them had diploma. There is significant difference in the mean scores in knowledge, attitude and practice between the intervention and control group regardless of time (mean diff: 1.905, p<0.001; 4.227, p<0.001; 3.51, p<0.001) after controlling the years of experience.

Conclusion: The UNICEF/WHO 20-hour Breastfeeding Course was effective in increasing the level of knowledge, attitude and practice among nurses.

Poster Abstract 31

Incidence and FactorsS Associated With Diabetic Retinopathy Among Diabetic Patients in Klinik Kesihatan Cheras

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Introduction: Diabetic retinopathy (DR) is the leading cause of vision loss in developing countries. We aimed to determine the incidence and factors associated with DR among diabetic patients in Klinik Kesihatan Cheras.

Methods: Diabetic records of patients who undergone fundoscopy between September 2018 to August 2019 were randomly selected and reviewed. Those with ungradable fundus photos or incomplete data were excluded. A total of 209 samples were analysed.

Results: The mean age of patients was 63.5 years and the majority were Chinese (56.5%). The median duration of DM was 6.0 years and the mean HbA1c was 6.7%. The majority of patients (74.2%) were on oral therapy and had co-morbidities such as hypertension (86.6%), dyslipidemia (96.2%) and nephropathy (68%). The incidence of DR was 9.6% where 9 of them had maculopathy and 1 had Advanced Diabetic Eye Disease. The presence of microalbuminuria (p= 0.02), proteinuria (p= 0.03), and high triglyceride level (p=0.02) are significantly associated with DR. No significant association between duration of diabetes, blood pressure, and other laboratory profiles with DR.

Conclusion: DR is prevalent in diabetic patients. The presence of nephropathy and hypertriglyceridemia are significantly associated with DR. Regular screening and appropriate management of modifiable risk factors are vital to prevent vision-threatening retinopathy.

Poster Abstract 32

Prevalence of depression, anxiety, stress symptoms and the related factors among caregivers of children with Autism Spectrum Disorder in Kuantan, Pahang

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Introduction: Raising a child with autism spectrum disorder (ASD) can be challenging and causing psychological distress for most caregivers. The objective of the study is to determine the prevalence of depression, anxiety, stress symptoms and the related factors among caregivers of children with ASD in Kuantan, Pahang.

Methods: A cross-sectional study was conducted from December 2019 to December 2020. Caregivers of children with ASD attending National Autism Society of Malaysia (NASOM) Kuantan, psychiatry clinic and occupational therapy unit at Hospital Tengku Ampuan Afzan Kuantan and caregivers who joined PIANIS (Persatuan Ibubapa Anak Istimewa Pahang) were recruited using a convenience sampling method. Malay version of Depression Anxiety Stress Scales (DASS 21) and Brief COPE questionnaire were used. Statistical analyses used were independent t-test, chi-squared test, and binary logistic regression.

Results: This study recruited 152 respondents. The majority were Malays (97.4%) and women (60.5%). 14.5% had depressive symptoms, 16.4% had anxiety symptoms and 13.2% had stress symptoms. The most commonly used coping strategy was engagement (Mean=23.1, SD=6). Disengagement was the only factor significantly related to depression symptoms (AOR=1.49, CI=1.16-1.91), anxiety symptoms (AOR=1.41, CI=1.14-1.76) and stress symptoms (AOR=1.25, CI 1.01-1.55).

Conclusion: Nearly one-sixth of the caregivers of children with ASD had symptoms of depression, anxiety and stress. Healthcare providers including primary care doctors should conduct more screening for depression, anxiety and stress symptoms among caregivers of children with ASD and provide psychoeducation on the appropriate coping strategies.

Poster Abstract 33

Prevalence of depression, anxiety and stress and its association with nicotine dependency among adult smokers attending primary care clinics.

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Introduction: Cigarette smoking is one of the predominant contributors to death and morbidity worldwide. The GATS (Global Adult Tobacco Survey) in 2011 divulged that the prevalence of current smokers in Malaysia was 23.1%. To determine the prevalence of depression, anxiety and stress and its association with nicotine dependency among adult smokers attending primary care clinics in Malacca.

Methods: This was a cross-sectional study conducted at 4 primary care clinics in Melaka between 1st July 2019 to 31st August 2019 among current smokers aged above 18 years old. Socio-demographic Questionnaire, Depression Anxiety Stress Scale (DASS-21) and Fagerstrom Test of Nicotine

Dependence were utilized. Logistic regression tests were used to determine associations between depression, anxiety and stress with nicotine dependency.

Results: A total of 350 participants consented to the study with a response rate of 92%. The age of respondents ranged from 18 years to 78 years and the mean age was 37.5± 13.3 years. The mean duration of smoking was 17.35 years. Prevalence of anxiety was 52.5%, stress was 35.4% and depression was 26.4%. There were statistically significant associations of nicotine dependency with depression (p<0.001, CI 95% 0.031-0.100); anxiety (p<0.001, CI 95% 0.033-0.101) and stress (p<0.001, CI 95% 0.024-0.089).

Conclusion: Mental health screening is essential among smokers in primary care to identify psychological issues earlier for prompt referral and treatment.

Poster Abstract 34

The prevalence and factors associated with mental health status among youths in Malaysia

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Introduction: The prevalence of mental health disorders has shown an increase in numbers especially among the youths. This has become another major health burden in the community. A severe mental illness may alter one's behaviour, emotion and cognition which could harm oneself and the community. It is important to study the factors that are associated with mental health status among the youngster as this can help both intervention and prevention programs. This study aimed to investigate the factors associated with mental health status among youth in Malaysia.

Methods: This was a pilot, survey-based, cross-sectional study on youths who currently attending higher institutions in Malaysia. A convenience sampling was used to collect participants and all data collection were done via an online platform. A detailed structured questionnaire with items on sociodemographic information and psychosocial factors was used. Depression, Anxiety, Stress Score (DASS-21) questionnaire was administered to assess the symptoms of depression, anxiety and stress among the youths. Data were analysed using SPSS 26.

Results: A total of 30 respondents were recruited. The prevalence of anxiety, depression and stress was 63.3%, 40% and 33.3% respectively. Results from binary logistic regression reported depression was only significantly associated with locality (AOR 95% CI): 19.582 (1.035, 270.488)).

Conclusion: Locality significantly affects mental health status among youth in Malaysia. Therefore, it is suggested to also include a demographic aspect in considering any preventive measures about this issue. However, a larger scale of study (currently ongoing) is much needed to generalise the findings among Malaysian youth.