

Malaysian Family Physician

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Official Journal of the Academy of Family Physicians of Malaysia
and Family Medicine Specialist Association of Malaysia



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26th FAMILY MEDICINE SCIENTIFIC CONFERENCE 2024

4 - 7 September 2024 • Johor



2024 Volume 19 Supplement 2
PP2089/12/2012 (031677)
ISSN :
1985-207X (Print)
1985-2274 (Electronic)



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. Up to December 2022, the MFP published three issues per year. It also started an Online First section in January 2021, where accepted articles are published online ahead of the issue. Starting from January 2023, the MFP is adopting continuous publication as soon as each article is ready for publication. This is to ensure knowledge is disseminated in a timely manner.

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.
Read our Information for Authors section to learn more about these article types.

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 strong editorial team and an established pool of readers with increasing recognition both locally and internationally.

Circulation: The journal is freely available online.

Publisher: Academy of Family Physicians of Malaysia

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Editorial Manager: Dr Chin Hai Teo, PhD

ISSN:

1985-207X (Print)

1985-2274 (Electronic)

Publication Ethics

Ethics: Evidence of ethics approval from a recognised ethics committee and informed consent should be included in the manuscript for studies involving animal experiments or human participants. When manuscripts describe studies with vulnerable populations (refer ICH-GCP guideline) and there is a risk of coercion or incomplete consent, the manuscript will undergo further evaluation by an internal editorial oversight committee (Chief Editor, Deputy Chief Editor and Editorial Advisors). Consent is necessary for all personally identifiable data, encompassing biomedical, clinical, and biometric information. If requested, documentary proof of consent must be provided.

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:

1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
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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Policy Adherence: The editorial board conducts regular review of the journal's contents to ensure they are up to date and adhere to the journal's policies.

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Information for Authors

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, A Moment in the Life of a Family Physician 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).

SUBMISSION REQUIREMENTS

1. The author must declare that the manuscript has not been previously published, nor is it being considered for publication in another journal concurrently.
2. **The Main Manuscript** should be submitted in electronic form only and in **Microsoft Word**.
 - The manuscript **contains all the sub-headings required** for the article type (refer below).
 - 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 wherever available.
3. The **Title Page** must be uploaded separately from the main manuscript file in Microsoft Word. Please refer to the required sub-headings in the Title Page section below.
4. A **Cover Letter** must be signed by the corresponding author on behalf of all authors. This letter must include this statement “this manuscript is my (our) own work, it is not under consideration by another journal, and this material has not been previously published.”
5. All authors must sign the **Declaration Form** and submit it together with the manuscript and cover letter. Please download the form here.
6. Please enter **all authors’ name and email address** in the submission portal.
7. When preparing your manuscript, please follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals recommended by the International Committee of Medical Journal Editors (<http://www.icmje.org/icmje-recommendations.pdf>).
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TITLE PAGE

For all types of manuscript, please include all the sub-headings below in the Title Page (you can use this template):

- **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.
- **Author(s):** The full names, professional qualifications and institutions of all authors.
- **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)

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 4500 words with a maximum of 5 tables or figures and 40 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/>.
6. **Results:** Present your results in logical sequence in the text, tables and figures. Tables and figures may be left at the respective location within the text. These should be numbered using Arabic numerals only. Table style should be “Simple” (as in Microsoft Word). Do not repeat table or figure data in the text.
7. **Discussion:** Emphasise the new and important aspects of the study and conclusions that follow from them. Do not repeat data given in the Results section. The discussion should state the implications of the findings and their limitations and relate the observations to the other relevant studies. Link the conclusions with the aims of the study but avoid unqualified statements and conclusions not completely supported by your data. Recommendations, when appropriate, may be included.
8. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
9. **Author contributions:** Describe the contributions of every authors in the study.
10. **Ethical Approval:** Please state if the study was approved; if so, by which institution and the approval ID.
11. **Conflicts of interest:** All authors must declare any conflicts of interest.
12. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
13. **Data sharing statement:** Please describe your data sharing plan. State if your raw data is uploaded in publicly available databases, shared via controlled access repositories or only available upon request.
14. **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.
15. **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.
7. **Discussion (*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.
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.
10. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
11. **Author contributions:** Describe the contributions of every authors in the study.
12. **Review protocol registration:** Please state where the study protocol was registered and the approval ID.
13. **Conflicts of interest:** All authors must declare any conflicts of interest.
14. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
15. **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.
16. **References:** Refer to the References section below for more details.

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. This patient consent form must be signed and uploaded during submission. 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.
8. **Acknowledgements:** Acknowledge the 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. **Author contributions:** Describe the contributions of every authors in the study.
11. **Patients' consent for the use of images and content for publication:** Was consent obtained from the patient(s)? Was the consent written or verbal? Has the patient consent form been signed?
12. **What is new in this case report compared to the previous literature?:** This section should be written in bullet points (up to five points) and must not exceed 100 words.
13. **What is the implication to patients?:** Describe any potential implication to patients based on the learning points from this case report.
14. **References:** Refer to the References section below for more details.

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.

1. **Title:** State the scope of the CPG, include the latest version or year for revised CPGs.
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 CPG review.
5. **Development process of the CPG:** Describe the development process of the CPG, e.g.: who are the team members involved, what methodology was used, how was the evidence gathered, how was the decision made on the recommendations, was the outcomes validated, how was the CPG disseminate and implementation, etc. Follow the AGREE Reporting Checklist (<https://www.equator-network.org/wp-content/uploads/2016/03/AGREE-Reporting-Checklist.pdf>) wherever possible.
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 the people who have contributed significantly to the study (but do not qualify for authorship).
12. **Author contributions:** Describe the contributions of every authors in the study.
13. **Conflicts of interest:** All authors must declare any conflicts of interest.
14. **Funding:** Please state if the work was funded; if so, by which institution and the funding ID.
15. **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.
16. **References:** Refer to the References section below for more details.

Test Your Knowledge

A Test Your Knowledge article should be relevant to primary care and preferably be about less-commonly seen cases that have an educational value for practising doctors. The length should **not exceed 1000 words and no more than 20 references**. If the article involves a patient, the authors must ensure that the patient's identity is protected both in the texts and pictures; and this patient consent form must be signed and uploaded during submission. Please include the following sub-headings in the manuscript:

1. **Title:** State the title in a question format.
2. **Abstract:** Unstructured abstract between 100-250 words.
3. **Keywords:** 3-5 keywords, preferably MeSH terms.
4. **Case Summary:** Describe the case.
5. **Questions:** State the questions.
6. **Answers with discussion:** Provide the answers and discuss them with support from the literature.
7. **Acknowledgements:** Acknowledge the people who have contributed significantly to the study (but do not qualify for authorship).
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10. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
11. **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.
12. **References:** Refer to the References section below for more details.

Letter to Editor

A letter to the editor should be of relevance to primary care and in response to an article or topic published in previous issues of this journal. The length should **not exceed 1000 words and cite no more than 20 references**. Please include the following sub-headings in the manuscript:

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3. **Main text:** Start the manuscript with "Dear editor:". There is no specific required heading. Authors can create any sub-headings as necessary.
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5. **Author contributions:** Describe the contributions of every authors in the study.
6. **Conflicts of interest:** All authors must declare any conflicts of interest.
7. **Funding:** Please state if the study was funded; if so, by which institution and the funding ID.
8. **References:** Refer to the References section below for more details.

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. It could be about being a doctor, educator, administrator/management, researcher, student or even patient. This type of article should be a **reflective piece of about 500 words in length**, and can be accompanied with photo(s). The journal also accepts articles which anchor on the photo(s) as the main content, this can be accompanied with captions (not more than 100 words) that describe the photo(s) with author's reflection on it.

1. **Title:** State the title clearly.
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3. **Photo:** If accompanied with photo(s), please ensure the resolution is at least 300 pixels per inch (ppi) and appear sharp, not pixelated.

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Please use the AMA reference style. Number references consecutively in the order in which they are first mentioned in the text. Identify references in text, tables and legends by Arabic numerals (in superscript). **In AMA style, the reference number goes after a period or comma but before a colon or semicolon.** For indexed journals, the short forms for the journal names can be accessed at the PubMed website (search within Journal Database). Where possible, avoid citing abstracts, personal communication or unpublished data as references. Include among the references manuscripts accepted but not yet published and designate the journal followed by "in press" (in parenthesis). When referencing a website, please include the full title and accessed date. Notice article titles are capitalised in sentence case; book and journal titles are capitalised in title case. Include DOI if available. **Some examples of reference list entries:**

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- **Standard journal article-Corporate Author:** International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *N Engl J Med.* 1997 Jan 23; 336(4):309–316. doi:10.1056/NEJM199701233360422
- **Books and other monographs-Personal Author(s):** Stewart M, Brown JB, Weston WW, et al. *Patient-Centered Medicine: Transforming the Clinical Method.* Thousand Oaks, California: Sage Publications; 1995.
- **Books and other monographs-Corporate Author:** Wonca International Classification Committee. *International Classification of Primary Care, ICPC-2.* 2nd ed. Oxford: Oxford University Press; 1998.
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- **Editorial Review:** When a manuscript is submitted to MFP, it will go through an initial screening by the associate editors. The associate editors assess the manuscript's alignment with the journal's scope and general quality. If there is disagreement between the associate editors, the Chief Editor/Deputy Chief Editor will be involved to make the decision. The first editorial decision whether an article can be sent for peer review will be made within one month.
- **Peer Review Assignment:** If the manuscript meets the basic criteria, one associate editor will be assigned to handle the manuscript and appoint two peer reviewers who are qualified experts in the field to evaluate the manuscript. The associate editor may consider the reviewers that authors nominated during the manuscript submission or invite other reviewers deemed suitable.
- **Anonymous Review:** Peer reviewers conduct an in-depth analysis of the manuscript, considering aspects such as methodology, data analysis, results, and conclusions. Reviews are typically anonymous (double-blinded authors and reviewers) to encourage impartial feedback.
- **Peer Reviewer Report:** Each peer reviewer provides a detailed report assessing the originality, methods, contents, conclusions, tables, figures and legends, language as well as strengths and weaknesses of the manuscript. They may suggest revisions or raise concerns about the methodology and interpretation of result.
- **Decision Making:** The assigned associate editor considers the feedback from peer reviewers and makes a decision regarding the manuscript. Possible outcomes include acceptance, minor or major revisions, or rejection.

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To ensure the integrity of the blind peer-review for submission to this press, every effort should be made to prevent the identities of the authors and reviewers from being known to each other. This involves the authors, editors, and reviewers (who upload documents as part of their review) checking to see if the following steps have been taken with regard to the text and the file properties:

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 - **References:**
 1. Nathan AM, Teh CSJ, Jabar KA, et al. Bacterial pneumonia and its associated factors in children from a developing country: A prospective cohort study. PLoS One. 2020;15(2):e0228056. Published 2020 Feb 14. doi:10.1371/journal.pone.0228056
 2. Author, 2019
 3. Author, 2016
 4. Hashim S, Ayub ZN, Mohamed Z, et al. The prevalence and preventive measures of the respiratory illness among Malaysian pilgrims in 2013 Hajj season. J Travel Med. 2016;23(2):tav019. Published 2016 Feb 8. doi:10.1093/jtm/tav019
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Plenary Abstracts

- 1 **The Past, Current and Future of Primary Health Care Landscape in Malaysia: Challenges, Changes, Champion**
Dr. Rohayah Binti Abdullah
- 2 **Lifestyle Medicine: Principal in Primary Care**
Dr. Faridah binti Mohd Zin
- 3 **Diabesity: The New Epidemic**
Datuk Dr. Zanariah Hussein
- 4 **Patient Safety In Primary Health Care**
Dato Dr Khalid Ibrahim
- 5 **Menopause: The Truth Behind The Myth**
Prof. Dr. Jamiyah Hassan

Symposium Abstracts

- 1 **A Deep Dive Into Cutaneous Reactions**
Dr. Latha A/P R Selvarajah
- 2 **IBS Vs IBD: A Spectrum Or Distinct Entities?**
Dr. Lee Soon Liang
- 3 **Healthy “SENIORSS” Strategy**
Dr. Sally Suriani Ahip
- 4 **Unlocking The Secrets: Behavioural Changes**
Dr. Marina binti Abd Rahman Sabri
- 5 **Penile Health: Do’s And Don’ts**
Prof. Dr. Shaiful Bahari Ismail
- 6 **When Sex Is Struggle: Female Sexual Wellness (Dysfunction) Unveiled**
Assoc. Prof. Rosediani Muhamad
- 7 **Kidney Chronicles: Mastering CKD Screening and Diagnosis**
Dr. Wong Hoe Jiunn
- 8 **Renal Nutrition: From Diagnosis to Dinner Plate**
Mr. Kent Leong Sim Kian
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Dr. Chow Suet Yin
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using the asthma action plan (OR=0.62, 95%CI 0.33-0.58), and not using asthma diaries (OR=0.58, 95%CI 0.37-0.79).

Conclusion: Improving self-care practices for asthma and ensuring correct inhaler usage among pregnant asthmatics are essential to reduce the risk of adverse complications in both fetuses and mothers.

Oral abstract O04

Exploring the Prevalence and Risk Factors of Diabetic Retinopathy in Early Onset Type 2 Diabetes Mellitus: A Study in Kuantan, Pahang

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Introduction: The global prevalence of early-onset type 2 diabetes in adults has increased worldwide. Thus, it contributes large impact on the development of macrovascular and microvascular complications. Diabetic retinopathy is the major cause of adult blindness in developed countries. The main aim of this study is to ascertain the prevalence of diabetic retinopathy and its associated risk factor in patients with early onset type 2 diabetes mellitus patients attending primary care in Kuantan.

Methods: A cross-sectional study was conducted at 4 selected government health clinics in Kuantan, Pahang. A total of 180 early onset type 2 diabetes patients were randomly selected. Early onset type 2 diabetes mellitus was defined as patient diagnosed with type 2 DM before the age of 40 years old. Latest fundus was taken using digital retinal imaging technology. Data were collected on demographic, clinical parameter, cardiovascular risk factor with micro and macrovascular complication.

Results: The prevalence of diabetic retinopathy in early onset type 2 DM is 70.7% with 29.8% of it were mild NPDR, 27.6% were moderate NPDR, 8.8% were severe NPDR and 4.4% were PDR. 8.8% also had diabetic maculopathy. The duration of DM, HbA1c level and diabetic kidney disease were significantly associated with diabetic retinopathy in our study.

Conclusion: More than half of the people with early onset diabetes have diabetic retinopathy within 10 years of diabetes duration. Good glycaemic control along with regular eye screening can prevent visual loss due to diabetic retinopathy in early onset of Type 2 diabetes patient.

Oral abstract O05

Self-Assessment, Knowledge And Management Of Gout Among Primary Care Doctors

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Introduction: Gout is the most common treatable inflammatory joint arthritis globally. Primary care doctors diagnose and manage majority of gout patients. There is a lack of local data on the knowledge and management of gout among primary care doctors. This study aims to determine the self-assessment, knowledge and management of gout among primary care doctors and factors influencing gout management.

Methods: A cross-sectional study was conducted among primary care doctors in all public health clinics in Wilayah Persekutuan Kuala Lumpur, Putrajaya and Selangor from 18th October to 21st November 2021. Universal sampling was used. Primary care doctors responded to an online Google Form questionnaire. Pearson correlation analysis, Spearman's order rank correlation, Mann-Whitney U Test, Kruskal-Wallis H test and multiple linear regression were employed.

Results: A total of 395 primary care doctors participated in this study, consisting of 31 (7.8%) family medicine specialist (FMS), 134 (33.9%) medical officer (MO) with post-graduate training and 230 (58.2%) MO without post-graduate training. The mean total knowledge score was 12.02 (SD:2.823) out of a possible 18. The mean total management score was 8.33 (SD:2.097) out of a possible 12. Multivariate analyses showed that knowledge of gout management was the only significant predictor of the level of treatment practices for the management of gout ($\beta = 0.520$, $p = < 0.001$).

Conclusion: Knowledge of gout management was the only significant predictor of the level of treatment practices for the management of gout. Improvement of knowledge could be achieved through discussion and education on up-to-date recommendations on gout management, update of Malaysian gout clinical practice guideline and for primary care doctors to undertake post-graduate studies.

Oral abstract O06

Association Between Medication Adherence and Blood Pressure Control and The Factors Associated with Antihypertensive Adherence in Melaka Tengah District: A Cross-Sectional Survey

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Introduction: The burden of cardiovascular disease is exacerbated by hypertension. According to the 2019 National Health and Morbidity Survey (NHMS), 30% of adults in Malaysia had hypertension.