**About MFP**

The Malaysian Family Physician is the official journal of the Academy of Family Physicians of Malaysia. It is published three times a year.

**Circulation:** The journal is distributed free of charge to all members of the Academy of Family Physicians of Malaysia and the Family Medicine Specialist Association. Complimentary copies are also sent to other organisations that are members of the World Organization of Family Doctors (WONCA).

**Subscription rates:**
- Local individual rate: RM60 per issue
- Local institution rate: RM120 per issue
- Foreign individual rate: USD60 per issue
- Foreign institution rate: USD120 per issue

**Advertisements:** Enquiries regarding advertisement rates and specimen copies, should be addressed to the Secretariat, Academy of Family Physicians of Malaysia. Advertisements are subject to editorial acceptance and have no influence on editorial content or representation.

**All correspondence should be addressed to:**
The Editor
The Malaysian Family Physician Journal
Academy of Family Physicians of Malaysia,
Suite 4-3, 4th Floor, Medical Academies of Malaysia,
210, Jln Tun Razak, 50400 Kuala Lumpur, Malaysia
Email: afpm@po.jaring.my
Tel: +60340251900
Fax: +60340246900

---

**MFP is indexed by:**
DOAJ, EBSCOHOST, EMCARE, Google Scholar, Open J-Gate, MyAIS, MyCite, Proquest, PubMed Central, Scopus, WPRIM
Editorial Board

Editor
Professor Dr Chirk Jenn Ng (ngcj@um.edu.my)

Associate Editors
Professor Dr Harmy bin Mohamed Yusoff (harmyusoff@unisza.edu.my)
Dr Say Hien Keah (richardkeah8282@gmail.com)
Professor Dr Ec Ming Khoo (khooem@um.edu.my)
Associate Professor Dr Ping Yein Lee (pylee@medic.upm.edu.my)
Associate Professor Dr Su-May Liew (su_mayliew@um.edu.my)
Professor Dr Cheong Lieng Teng (tengcl@gmail.com)
Professor Dr Seng Fah Tong (sengfahtong@gmail.com)
Dr Zainal Fitri bin Zakaria (drzainalfitri@moh.gov.my)

Local Advisors
Professor Datin Dr Yook Chin Chia (chiayc@um.edu.my)
Professor Dr Wah Yun Low (lowwy@um.edu.my)
Associate Professor Datuk Dr D.M. Thuraiappah (dmthuraiappah@gmail.com)

International Advisors
Professor Dr Cindy Lo-Kuen Lam (Hong Kong)
Professor Dr John W Beasle (USA)
Professor Dr Julia Blitz (South Africa)
Associate Professor Dr Lee Gan Goh (Singapore)
Professor Dr Michael Kidd (Australia)
Professor Dr Moyez Jiwa (Australia)
Professor Dr Nigel J Mathers (United Kingdom)
Information for Authors

The Malaysian Family Physician welcomes articles on all aspects of Family Medicine in the form of original research papers, review articles, case reports, evidence-based commentaries, book reviews, and letters to editor. The Malaysian Family Physician also welcomes brief abstracts of original papers published elsewhere but of interest to family physicians in Malaysia.

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. To avoid delays in publication, authors are advised to adhere closely to the instructions given below.

SUBMISSION OF MANUSCRIPTS

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

Format:
1. The manuscript should be submitted in electronic copy only and in Microsoft Word.
2. Please include a section on ‘How does this paper make a difference to general practice’. This section should be written in bullet points (up to five points) and must not exceed 100 words.
3. Please include all authors’ email address.

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.”

All authors must sign the declaration form and submit it together with the manuscript and cover letter. Please download the form (http://e-mfp.org/wp-content/uploads/2014/02/MFP-author-declaration-form-v3.pdf).

PREPARATION OF THE MANUSCRIPT

The following information must be given in the manuscripts:

- Corresponding author’s mailing address, designation, institution and contact details (email, telephone and fax numbers).
- The full names, professional qualifications (limited to two only) and institutions of all authors. In addition, a shortened name of author(s) should be written in the style of surname or preferred name followed by initials e.g. Artya AS, Rajakumar MK, Hec WJ, for future indexing.
- A statement indicating whether the study had received any funding support and ethical approval (if so, please provide the specific information).
- A declaration of conflicts of interest by all authors.
- In the preparation of your manuscript, please follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journal as recommended by the International Committee of Medical Journal Editors (http://www.icmje.org/srm_full.pdf). In addition to the above, the suggestions below and a few “house rules” also apply.

Type and length of manuscript

1. Review (CME) article: A comprehensive review of the literature with synthesis of practical information for practising doctors is expected. Length should not exceed 4000 words with a maximum of 30 references. An abstract is required (may be in the form of key learning points). Please provide 3-5 keywords or short phrases (preferably MeSH terms).
2. Original article: The original research should be conducted in the primary care setting on a topic of relevance to family practice. Length should not exceed 3000 words with maximum of 5 tables or figures and 20 references. An abstract is required (preferably a structured abstract of no more than 250 words) together with the keywords. Both qualitative and quantitative studies are welcome.
3. Case report: Case reports should preferably be less commonly seen cases that have an educational value for practising doctors. Length should not exceed 1000 words and no more than 10 references. Before submitting the case report, the authors must ensure that the patient’s identity is protected both in the text and pictures.
4. Evidence-based commentary: These are short reports based on a focused question arising from a clinical encounter, and accompanied with a summary of the appraised evidence.

Guide for the preparation of an original article

1. Text: Author(s) should use subheadings to divide the sections of the paper: Introduction, Methods, Results, Discussion, Acknowledgments, and References. Do not justify the paragraph of the text (i.e. no need to straighten the left margin).
2. Introduction: Clearly state the purpose of the article with strictly pertinent references. Do not review the subject extensively.
3. 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, the 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.
4. 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 in the text all the data in the tables or figures.
5. 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.
6. Acknowledgements: Acknowledgement grants awarded in aid of the study as well as persons who have contributed significantly to the study (but do not qualify for authorship).
7. Funding and Conflicts of Interest: The source of funding for the study, if available, must be cited. All authors must declare their conflicts of interest.

References: 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). Please use the citation style adopted by the National Library of Medicine, Maryland, USA, (http://www.pubmed.gov), some examples are given below.

For indexed journals, the short forms for the journal names can be accessed at the PubMed website (search within Journal Database). Avoid citing abstracts, personal communications or unpublished data as references. Include among the references manuscripts accepted but not yet published; designate the journal followed by “in press” (in parentheses). When referencing website, please include the full title and accessed date.

Some examples of citations

- Standard journal article: List up to three authors only; when four or more list only the first three and add et al. For example, Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. Pediatric AIDS Clinical Trials Group Protocol 076 Study Group. N Engl J Med. 1994 Nov 3;331(18):1173-80.

Policy for using any published materials

Authors must seek approval from and acknowledge the MFP if they wish to use any published materials from this journal. You can write to the Editorial Manager at email: journal.mfp@gmail.com
Oral Abstracts

1. Barriers and facilitators to health screening in men: A systematic review
   Teo CH, Ng CJ, Booth A, White A

2. Coverage and acceptance of seasonal influenza vaccination of healthcare workers in primary care clinics in Hong Kong: A cross sectional questionnaire study
   Dao MC, Tsui HY, Luk W, Yiu YK

3. Primary care based transition to insulin to improve outcomes in type 2 diabetes: Results of the stepping up cluster randomised controlled trial

   Mariapun J, Hairi NNM, Ng CW

5. The role of social network in facilitating self-monitoring of blood glucose practices among insulin-treated type 2 diabetic patients. An explorative study
   Nor Fadilah O, Hanafi NS

Poster Abstracts

1. Adaptation and validation of the Malay version of Osteoarthritis Knee and Hip Quality Of Life (OAKHQOL) questionnaire among knee osteoarthritis patients: A confirmatory factor analysis
   Kadir AA, Arif MFM, Ishak A, Hassan II

2. An update on stroke registry: risk factors and complications of acute stroke patients in Hospital Seberang Jaya
   Muhammad NA, Suppiah PD, Long SP, Looi, I

3. Are there ethnic differences in achieving treatment goals amongst patients with dyslipidemia in primary care? A cross-sectional study
   Tan NC, Koh KH, Goh CC, Koh YLE, Tan XY, Chan HHV, Goh SCP

4. Association between asthma control and healthcare expenditure: Results from a longitudinal study in a primary care setting
   Nguyen VH, Nadkarni NV, Sankari U, Lye WK, Tan NC

5. Attitude, knowledge and treatment practices of gout among doctors working in General out-patient clinics in Hong Kong
   IP SW

6. Blood pressure control among treated hypertensive outpatients in Bintulu, Sarawak
   Bau R, Jok L, Ayub A, Syafizah, Aida SN, Mazlan SNN, Gara MAA, Faira SNNA, Jalanan JMF

7. Evaluation of total body fat and visceral fat distribution according to age, gender and Body Mass Index (BMI) by Bioelectrical Impedance (BIA) among Hospital Seberang Jaya Staffs
   Juliana MN, Looi I, Amar JMF, Ang HA

8. Impact of perceived social support on quality of life in patients awaiting for Coronary Artery Bypass Grafting (CABG) surgery
   Soe T, Chong MC, Surindar KSS

9. Oral Variant Erythema Multiforme-A Case Study
   Chean KY

10. The effectiveness of pictorial based self-management among adult asthmatics in a primary care health clinic: a randomised controlled trial
    Chow SY, Ali AF, Shamsul AS, Radzniwan MR
<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Views of primary care doctors in managing patients with chronic low back pain: A qualitative study</td>
<td>Hani SS, Liew SM</td>
</tr>
<tr>
<td>12</td>
<td>A clinical audit on type 2 diabetes mellitus care in UiTM primary care clinic</td>
<td>Ramli MNI, Zainal Abidin FF, Idris MA, Ahmad Suji NI, Khairuddin K, Ramli AS</td>
</tr>
<tr>
<td>13</td>
<td>Assessment of Peripheral Neuropathy by Neuropathy Impairment Score and Nerve Conduction Studies in lower extremities of diabetes patients</td>
<td>Sim June SW, Looi I, Ang HA, Khan NAK, Yuen KH</td>
</tr>
<tr>
<td>16</td>
<td>Correlation Studies of clinical measurements for diabetes patients with Peripheral Neuropathy in Malaysia</td>
<td>Sim June SW, Looi I, Ang HA, Khan NAK, Yuen KH</td>
</tr>
<tr>
<td>18</td>
<td>Frequency of peripheral neuropathy symptoms and signs in patients with diabetes mellitus in Malaysia</td>
<td>Sim June SW, Looi I, Ang HA, Khan NAK, Yuen KH</td>
</tr>
<tr>
<td>19</td>
<td>How conflicting medical advice leads to the Psychological Insulin Resistance among type 2 diabetes mellitus patients</td>
<td>Cheung SK, Fu SN</td>
</tr>
<tr>
<td>20</td>
<td>'JOM MAMA' – A Pre pregnancy intervention to reduce the risk of diabetes and pre-diabetes</td>
<td>Roslan SNA, Zainuddin NH, Zamzaireen AZ, Ali R, Awaref AN, Ali Z, Yusof MP, Abd.Rashid MF, Rodzaimah M</td>
</tr>
<tr>
<td>21</td>
<td>Locus of control belief among Type 2 Diabetes Mellitus (T2DM) patients and its association with their diabetes self-care activities</td>
<td>Tohid H, Farzihan WAW, Ahmad S, Abd Rashid R, Jamil TR</td>
</tr>
<tr>
<td>23</td>
<td>Psychological insulin resistance among older patients with type 2 diabetes mellitus</td>
<td>Fu SN</td>
</tr>
<tr>
<td>24</td>
<td>Quality of diabetes care in primary health care services in Indonesia</td>
<td>Dewi AR, Angga EA, Wijayanti FK, Pradityaningsih FA, Syahmar I, Fahlevi I, Fuady A</td>
</tr>
<tr>
<td>25</td>
<td>Treatment and control of hypertension among the patients with T2DM chronic kidney disease in Seremban district</td>
<td>Mastura I, Teng CL</td>
</tr>
<tr>
<td>26</td>
<td>Mental health assessment among staff working in an institution in Kuantan, Pahang, Malaysia: does designation of workplace determine it?</td>
<td>Fa’iza A, Tin Myo Han, Swe Swe Latt, Mohd Aznan MA, Noor Azlina H, Noraini A, Mohd Faizul O</td>
</tr>
</tbody>
</table>
p 60 years old. The proportion of Chinese, Malay and Indian patients who achieved LDL-cholesterol targets were 78.3%, 67.9%, and 68.5% respectively. Among those who would take their favorite cholesterol rich food occasionally when their cholesterol became controlled, 35.8% Indians failed to achieve treatment target, compared to 21.8% Chinese and 30.9% Malay patients. Regular medication adherence was associated with 81.8% Chinese, 69.0% Malay and 69.7% Indian reaching treatment targets. No statistical significance was found between diet and exercise of patients in achieving their LDL-cholesterol treatment target. 

Conclusion: More Chinese met LDL-cholesterol treatment targets for compared to Malays and Indians. Diet habits and exercise were not associated with achieving treatment-targets.

**Poster Abstract 4**

**Association between asthma control and healthcare expenditure: Results from a longitudinal study in a primary care setting**

Nguyen VH1, Nadkarni NV1, Sankari U2, Lye W2, Tan NC1, 2
1Duke-NUS Graduate Medical School 2SingHealth Polyclinics, Singapore

**Introduction:** Asthma control can be assessed using instruments such as the Asthma Control Test (ACT). An ACT score of 20 or higher indicates good asthma control. Patients pay for their consultation and treatment in the fee-for-service primary healthcare system in Singapore. We hypothesised that achieving asthma control would result in lower asthma costs including reduced acute exacerbations, fewer physician consultations and lower lost productivity.

**Objectives:** The study quantifies the healthcare costs of patients who achieved asthma control, compared to those with suboptimal asthma control based on ACT scores. The factors influencing asthma control and healthcare expenditure over time were also examined.

**Methods:** 939 patients were enrolled into an asthma care program in two polyclinics at different times between 2004 and 2013. Direct cost of asthma management was derived from the frequency of polyclinic consultations, medication costs and hospitalization. Indirect costs were estimated from lost workdays due to exacerbations. The Generalized Estimating Equation (GEE) approach was used to model the longitudinal data to examine the factors associated with total healthcare expenditure.

**Results:** Patients with ACT of 20 or higher in a visit spent on average S$30 less per visit (p<0.01) (S$23 for males and S$36 for females). Obese patients cost more than normal weight patients (S$21, p<0.01). Smokers incur higher costs than non-smokers (S$37, p<0.01). More severe asthma patients (measured by GINA) are positively correlated with higher total asthma costs. Indians have highest costs per visit, followed by Chinese and Malays. Males incur less cost than female patients.

**Conclusion:** Optimal asthma control was associated with reduced healthcare costs. An effective treatment regimen should also consider other modifiable factors such as smoking and weight control to achieve asthma control and eventually reduce asthma costs.

**Poster Abstract 5**

**Attitude, knowledge and treatment practices of gout among doctors working in General out-patient clinics in Hong Kong**

Bau R1, Jok L1, Ayub A2, Syafizah S1, Aida SN1, Mazlan SNN3, Gara MAA2, Faira SNN3, Jalan JMF1
1Department of Family Medicine and Primary Health Care in Kowloon West Cluster, Hospital Authority, Hong Kong

**Introduction:** Gout is a common form of inflammatory arthritis, with a prevalence rate of 5-6% in Hong Kong. Previous studies in other places showed that the quality of care provided to gout patients was suboptimal. If the knowledge or treatment practices of doctors are suboptimal, further continuing medical education may be needed.

**Objectives:** This study aims to examine the attitude, knowledge and treatment practices of gout among doctors working in General Out-Patient Clinics (GOPCs) in Hong Kong.

**Methods:** This is a cross-sectional questionnaire survey. All doctors working in the GOPCs in Kowloon West Cluster of Hospital Authority in Hong Kong were included. The exclusion criteria included hospital-based trainees who only need to attend GOPCs once per week.

**Results:** A total of 107 questionnaires were distributed and 87 valid questionnaires were received. The response rate was 81.3%. The median mark for the part of knowledge was only 16 out of 36 marks and the median mark for the part of treatment practices was only 8 out of 30 marks. Knowledge was positively correlated to treatment practices with moderate strength of Spearman's correlation coefficient 0.592 (p <0.001). Reading journal articles (p=0.01) or guidelines (p <0.001) about gout correlated with better knowledge. Attending training about gout (p=0.005), reading journal articles (p<0.001) or guidelines (p <0.001) correlated with better treatment practices.

**Conclusion:** Many doctors had inadequate knowledge about gout and most doctors reported suboptimal treatment practices. It is crucial for family doctors to improve knowledge or treatment practices of gout by attending continuing medical training, reading medical journals and clinical guidelines.

**Poster Abstract 6**

**Blood pressure control among treated hypertensive outpatients in Bintulu, Sarawak**

Bau R1, Jok L1, Ayub A2, Syafizah S1, Aida SN1, Mazlan SNN3, Gara MAA2, Faira SNN3, Jalan JMF1
1Klinik Kesihatan Bintulu Sarawak 2Pejabat Kesihatan Bahagian Bintulu 3Klinik Kesihatan Kuala Tattau Bintulu, Malaysia

**Introduction:** In NHMS 2011, prevalence of hypertension for Malaysia was 32.7% with prevalence for Sarawak is 40.5%. Audits of government health clinic in year 2006 reported that only 28.5% of hypertensive patient had good blood pressure control.

**Objectives:** To determine the prevalence of blood pressure control among treated hypertensive patients in Bintulu, Sarawak, and its association with their sociodemographic and medical characteristics.

**Methods:** This is a cross sectional study done in three
Introduction: Visceral fat also known as abdominal fat that explained as a type of body fat that exists in the abdomen and surrounds the internal organs. It is associated with serious health problems including cardiovascular disease, diabetes and hypertension if there is an excessive deposit. Factors related to good blood pressure control are: older age, regular exercise, shorter duration of having hypertension, taking CCB and having other chronic illnesses such as IHD and dyslipidemia.

Methods: A total of 112 of Hospital Seberang Jaya staffs’ visceral fat level were measured by using Bioelectrical Impedance (BIA) machine from February 2015 until July 2015 regardless of their age group, gender and BMI respectively.

Results: More than half of the staffs measured were in very high (10.0 – 14.5) and very high (15.0 – 30.3) group represents 24.1% and 18.8% respectively. More than half of the staffs (54.5%) belong to the total body fat group (53.6%) which is defined as >25% for male and >35% for female. For the visceral fat level, high (10.0 – 14.5) and very high (15.0 – 30.3) group represents 22.4% of the staffs based on their age group, gender and BMI respectively.

Conclusion: Prevalence of good blood pressure control among treated hypertensive outpatient in Bintulu is 51.6%. Predictors for good blood pressure control are regular exercise with duration more than 30 minutes per session (p value 0.025, OR2.719, CI 1.134, 6.518) and those taking Calcium-Channel-blocker (p value 0.021, OR2.023, CI 1.134, 6.518) are the independent predictors for good blood pressure control.

Poster Abstract 7
Evaluation of total body fat and visceral fat distribution according to age, gender and Body Mass Index (BMI) by Bioelectrical Impedance (BIA) among Hospital Seberang Jaya Staffs

Juliana MN1, Looi I1, Amar JMF1, Ang HA1
1Seberang Jaya Hospital, Malaysia

Objective: The study conducted is to observe the total body fat and visceral fat level distribution among Hospital Seberang Jaya staffs based on their age group, gender and BMI respectively.

Methods: A total of 246 patients were involved in this study. Mean age was 54.9±11.8 years. Majority respondents were females (63.0%), predominantly Ibans ethnicity (72.4%) and 40.7% never go to school. Majority does not exercise (78.0%), 10.2% are smoker and 22.4% taking alcohol at least once a month. Forty-five percent had hypertension ≥5 years, 28.0% had diabetes, 65.5% had dyslipidaemia and 1/3 had ≥3 diseases. Majority are taking Calcium-Channel-blocker (72.8%) and 63.0% were on a combination therapy for their hypertension.

Results: The prevalence of good blood pressure control was 51.6%. Multivariate analysis found that regular exercise with duration of ≥30 minutes per session (p value 0.025, OR2.719, CI 1.134, 6.518) and those taking a Calcium-Channel-blocker (p value 0.021, OR2.023, CI 1.134, 6.518) are the independent predictors for good blood pressure control.

Conclusion: Prevalence of good blood pressure control among treated hypertensive outpatient in Bintulu is 51.6%. Predictors for good blood pressure control are regular exercise with duration >30 minutes per session and taking calcium channel blocker as one of the anti-hypertensive.

Poster Abstract 8
Impact of perceived social support on quality of life in patients awaiting for Coronary Artery Bypass Grafting (CABG) surgery

Soe T1, Chong MC1, Surindar KSS2
1International Islamic University Malaysia, 2University Malaya, Malaysia

Objective: Perceived social support and its effect on quality of life are inconclusive. This study aimed to survey perceived social support and its effect on quality of life in patients awaiting CABG surgery at Outpatient Department of National Heart Institute, Malaysia.

Methods: In this cross-sectional study, we surveyed perceived social support and its effect on quality of life in 317 patients awaiting CABG surgery at Outpatient Department of National Heart Institute. All participants completed the 12-item Multidimensional Scale of Perceived Social Support (MSPSS) and 26-item World Health Organization Quality of Life (WHO- QOL) questionnaires.

Results: Out of 317 respondents, 242 (76.3%) patients reported poor quality of life. However those aged between 31-50 years and Chinese patients reported significantly higher quality of life as compared to other groups with p-value of <0.05 in ANOVA test. Perceived social support was positively correlated with their quality of life in Pearson correlation test. A linear regression analysis confirmed that there was an association between perceived social support and quality of life with p-value of 0.59.

Conclusion: Evidence indicates that patients who received receiving social support while waiting for their CABG surgery had better quality of life. The results from this study can facilitate health care personnel to design an appropriate structured pre-operative assessment on social support and education program for patients awaiting CABG surgery to improve their quality of life.

Poster Abstract 9
Oral Variant Erythema Multiforme-A Case Study

Chean KY1
1Department of Family Medicine, Penang Medical College, Malaysia

Objective: Erythema multiforme can present as a single mucosal oral lesion without skin target lesions. It is important to identify and distinguish oral erythema multiforme from other ulcerative disorders involving the oral cavity for early management and most importantly because subsequent attacks can produce more severe forms of erythema multiforme involving the skin.

Case Description: An 11 years old girl presented to her general practitioner with fever, sore throat and painful ulcers on her lips. On day 11 after she was started on Carbamazepine for newly
diagnosed epilepsy, she complained of sore throat that was associated with low-grade fever. There was no rash on her trunk or limbs. Full blood count, liver function test and electrolytes were all within normal limits. Her fever increased progressively over the next 5 days and her lips became progressively red, swollen and painful. She was admitted to hospital and was immediately rehydrated with intravenous normal saline. She was also given intravenous amoxicillin-clavulanic acid and oral acyclovir. Carbamazepine was stopped. Her fever settled within 24 hour after admission. However, the ulcers progressed to pan-mucositis of her mouth and throat. Subsequent serological testing for Herpes simplex and Mycoplasma pneumoniae were negative. She recovered over the following 6 days.

Discussion: This case highlights some learning points to clinicians. All patients started on carbamazepine should be warned about possible drug reactions and to stop the drug immediately if there is any fever, oral ulcers or skin rash. There is a strong association between the HLA-B*1502 allele and carbamazepine-induced SJ S and TEN in Han-Chinese, Thai, and Malaysian populations. HLAB* 1502 genotyping is highly recommended for all Asians prior to the use of carbamazepine. Such HLA testing is mandatory in Hong Kong, Taiwan and Singapore.

Poster Abstract 10
The effectiveness of pictorial based self-management among adult asthmatics in a primary care health clinic: a randomised controlled trial

Chow SY1, Ali AF2, Shamsul AS3, Radzniwan MR2
1Klinik Kesihatan Telok Datok 2Department of Family Medicine, UKM Medical Center 3Department of Community Health, UKM Medical Center, Malaysia

Introduction: Self-management asthma education should be delivered in an easy and comprehensible manner for successful utilisation. Pictograms have been shown to improve patients’ understanding of asthma management among population with low literacy level. We tested this in a suburban population in Malaysia.

Objectives: To determine the effectiveness of a pictorial based asthma self-management towards asthma control

Methods: This was a non-blinded, single centre randomised trial. Sixty-two adult asthmatics attending a government primary care clinic in suburban Selangor and taking preventive inhaled corticosteroids were randomised into two groups: pictorial based self-management (n=31) or conventional care (n=31). The pictorial based group received a ten minute individualised counselling session on pictorial based self-management plan. The main outcome measures were improvement in asthma control test (ACT) scores, number of hospitalisations, unscheduled health care visits and absenteeism after three months of follow up.

Results: A total of sixty-two participants were analysed. Both groups had improvement of asthma control within the follow up period. However, there was no significant difference in the asthma control (ACT score change) between the intervention and control group with their median ACT score (IQR): 22(4) vs 21(4), p=0.391, respectively. The mean difference of ACT score from baseline (SD) were 2.2(3.2) vs 1.3(4.6) p=0.354, respectively. The control group had one hospitalisation and two absenteeism whereas the intervention group had none. No significant statistical difference was observed in the number of unscheduled healthcare visits among the two groups.

Conclusion: Pictorial based self-management did not offer any advantage over the conventional method in a suburban Malaysian population

Poster Abstract 11
Views of primary care doctors in managing patients with chronic low back pain: A qualitative study

Hani SS1, Liew SM2
1University Putra Malaysia 2University of Malaya, Malaysia

Introduction: Chronic low back pain (CLBP) is a common and often difficult to treat condition. There is a lack of studies on the challenges faced by primary care doctors in managing patients with CLBP.

Objectives: To explore the views and experiences of primary care doctors in managing patients with CLBP.

Methods: This was a qualitative study involving 23 primary care doctors using focus group discussions (FGD). The Theory of Planned Behaviour was used as a framework to develop the topic guide. Data were collected through audio-recorded interviews, transcribed verbatim and checked for accuracy. Data saturation was reached by the third FGD. Another FGD was included to ensure completeness, giving a total of four FGDs. A thematic approach using the one sheet of paper (OSOP) method was used to analyze the data.

Results: Matching of doctors and patients goals were perceived as being a predictor of satisfaction with the clinical consultation. Participants perceived that managing patients with CLBP was difficult because they were unable to meet patients’ expectations such as requests for investigations and medical certificates. Managing CLBP elicited strong emotions, which were mainly negative, among the primary care doctors.

Conclusion: There were many challenges faced by primary care doctors in managing CLBP at individual level. Interventions to improve CLBP management should target identified barriers.

Poster Abstract 12
A clinical audit on type 2 diabetes mellitus care in UiTM primary care clinic

Ramli MNI1, Zainal Abidin FF1, Idris MA1, Ahmad Suji NI1, Khairuddin K2, Ramli AS1
1Primary Care Medicine Discipline, Faculty of Medicine, Universiti Teknologi MARA, Malaysia

Introduction: Evidence-based T2DM management in primary care as recommended by clinical guidelines is important to detect the condition early and to delay diabetes-related complications.

Objective: To assess the adequacy of T2DM management in UiTM Primary Care Clinic in relation to the current clinical practice guideline (CPG) recommendations.

Methods: A clinical audit was conducted in UiTM Primary Care Clinic in July 2015. A list of T2DM patients who attended the clinic from July 2014 to June 2015 were retrieved from the electronic medical record system. Only those who were seen at least twice by the postgraduate family medicine doctors in the last 1 year were included. Patients who have T1DM were excluded. Approximately 20% of the T2DM who fulfilled