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*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.

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Ethics

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For all types of manuscript, please include all the sub-headings below in the Title Page:

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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:

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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:

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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.
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Now You Don't**Mohd Shaiful ES¹, Muhammad Nasri AB², Muhammad Zul
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Kelantan

Introduction: Neck swelling carries multiple differential diagnosis as various structures present within the neck region. Structural defects of the vascular wall such as phlebectasia mainly affect internal jugular vein causes swelling over lateral side of neck and represented by soft compressible swelling during increased intrathoracic pressure. Clinical suspicion could be made when observing the mass appears or increased in size upon straining, and diagnosis could be confirmed using noninvasive imaging modalities such as neck ultrasound with color Doppler. Although most phlebectasia cases rarely require intervention, prompt diagnosis will exclude other devastating causes of neck swelling that may require urgent medical attention and treatment.

Case report: We report a case of internal jugular vein phlebectasia in a 6-year-old girl that was initially noticed by her parents due to present of lateral neck swelling upon straining and shouting.

Conclusion: This case emphasises the necessity of decisive investigation and prompt diagnosis in any case presentation of neck swelling. The primary care practitioners play great role to assess patient's presentation holistically and channel the patient towards appropriate investigation to reach the correct diagnosis.

Poster Abstract 28**Prevalence And Factors Associated With Psychological
Distress Among Patients With Hypertension In A Primary
Care Clinic**Wen HL^{1*}, SM Ching²¹Masters of Medicine (Family Medicine) candidate, Department
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Introduction: Literature shows psychological distress worsens hypertension's control. Relevant study is lacking in Malaysia. This study examines the prevalence and factors associated with depression, anxiety and stress among patients with hypertension in a primary care clinic.

Methods: A cross-sectional study was conducted using the 21-item depression, anxiety stress scale (DASS-21) questionnaire to measure psychological distress

Results: A total of 389 patients were recruited with response rate of 99.5%. Mean age of the study population was 60.1 years with 44.7% male respondents. Prevalence of psychological distress was 28.8%, followed by anxiety (21.3%), depression (16.2%), and stress (13.9%). According to multiple logistic regression, uncontrolled blood pressure ($p<0.001$), worry about hypertension's complications ($p<0.001$), and physically inactive ($p=0.001$) are significantly associated with depression. Uncontrolled blood pressure ($p<0.001$), worry about hypertension's complications ($p<0.001$), no formal education ($p=0.012$), and working ($p=0.004$) significantly associated with anxiety. Lastly, uncontrolled blood pressure ($p<0.001$), worry about hypertension's complication ($p<0.001$), and low household income ($p=0.010$) significantly associated with stress.

Conclusion: Uncontrolled blood pressure control and worry about hypertension's complications are the most important independent risk factors. Clinicians should be more vigilant to identify high-risk patients for screening and further intervention.

Poster Abstract 29**The effect of structured physical activity during pregnancy
on maternal health and fetal outcomes: A systematic
review**Nurjasmine AJ¹, Farah Hanani MN¹, Karimah Hanim AA²
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Introduction: Current guidelines recommend pregnant women to be physically active. It has been shown that exercise during pregnancy contributes to positive impacts on maternal and fetal outcomes. The aim of this review was to comprehensively assess and determine the effects of structured physical activity on maternal health and fetal outcome.

Methods: Literature was retrieved from electronic databases, namely PubMed, Google Scholar, Scopus, Medline, Cochrane Library and Science Direct published from 2015 to 2020. Clinical trials published in English involving low-risk, uncomplicated pregnancies evaluating the effects of structured physical activity during pregnancy on maternal and fetal outcome were included. Outcome assessed were gestational weight gain, lumbopelvic pain, gestational diabetes mellitus, pre-eclampsia, premature delivery, and birth weight. The authors assessed the risk of bias in all eligible studies using Revman Software.

Results: Twenty studies were included in this systematic review. Structured physical activity during pregnancy did not cause an adverse effect on gestational duration and birth weight. The majority of the studies reported a positive or neutral effect on the incidence of gestational diabetes,

