

Subjects and Methods: 1. Development of "Meal Selection" "Meal Selection" was developed by Flash and able to use it on the Web site. Food images are arranged on the table mat on the screen using a mouse. Nutrients intakes are evaluated based on the Dietary Reference Intakes for Japanese (2005 edition). 2. Examination of the validity Subjects were 21 female students of a Japanese university. They filled dietary records of a certain day by their selves and input their dietary record to "Meal Selection" in June, 2009. The same dietary records were calculated by the other nutrition software which appeared on the market and the both results were compared.

Result: 524 kinds of food and dishes are stored as data base in "Meal Selection". Evaluations for amount of nutrition intake of every meal and every day were displayed on the different 5 screens. Average intake energy per day by "Meal Selection" was 1627kcal and by the other nutrition software was 1592kcal. There was no significant difference between above both results by t-test. In other nutrients, there was neither significant difference in average intake per day, nor average intake per every meal.

Consideration: It was found to be effective as the tool that users can easily know their nutrition intakes by "Meal Selection".

FP-015

Cell-Mediated Immunity in Chronic Obstructive Bronchitis and Asthma

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Background: The number of the mortality, mobility, and disability caused by respiratory diseases is considered high in Mongolia.

Methods: Studied in 2008, 18-75 years old 74 subjects with chronic obstructive bronchitis and the asthma at the Pulmonology Department, the National Central Hospital. Patients were examined via a questionnaire-based interview, clinical examination, cell immunity counting and spirometry test. Data were analyzed through SPSS program.

Results: In urban area, asthma is more occurred whereas in rural area. For subjects with the chronic obstructive bronchitis, CD4 was normal 73,1%; the level was lower for 19,7% and higher for 7,7%. For subjects with asthma, CD4 was normal 72%; the level was lower for 24% and higher for 4%. For subjects with the chronic obstructive bronchitis, CD8 was normal 73,1%; the level was low for 15,4% and high for 11,5%. For subjects with asthma, CD8 was normal 72%; the level was lower for 8% and higher for 5%. For subjects with the chronic obstructive bronchitis, CD4/CD8 was normal 69,24%; the level was lower for 15,4% and higher for 15,4%. For subjects with asthma, CD4/CD8 was normal 64%; the level was lower for 24% and higher for 12 %.

Conclusion: On the subjects with the chronic obstructive bronchitis and asthma, the amount of CD4 CD8 and CD4/CD8 was interestingly steady.

FP-016

The Influence of Diabetes Shared-Care Program on Patients with Poorly Controlled Type II Diabetes Mellitus

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Diabetes mellitus (DM) has become an important public health threat to Taiwan in recent years. About 30% of DM patients in Taiwan are poorly controlled, also known as the value of glycosylated hemoglobin (HbA1C) greater than 9%. Studies showed that the risk of cerebrovascular diseases and myocardial infarction will be reduced by 12%-16% if HbA1C is reduced by 1%. In a single-center, prospective study, 35 poorly controlled type 2 DM patients were enrolled for assessing the influence of using Diabetes Shared-Care Program (DSCP), a DM intervention program to provide frequent interactions between patients and healthcare providers, and multiple educational courses to patients. A structured questionnaire with a five-level Likert scale was used to evaluate the knowledge of DM self care before and after nine-month DSCP was executed. Paired t test was used to compare the before-DSCP with after-DSCP knowledge of DM self care by the questionnaire and HbA1C.

Before DSCP, the mean HbA1C of the 35 patients was 10.08% (S.D.=1.01%). After DSCP, a significant reduction of 0.74% (9.34%±1.28%) in HbA1C was seen. According to the questionnaire, the after-DSCP knowledge of DM self care was 4.06 (±0.44), which is significantly higher than the before-DSCP one (3.67±0.51).

Our study showed that the nine-month DSCP is associated with the significant reduction of HbA1C (p-value=0.006) and the significant increase of the knowledge of DM self care (p-value<0.001). These results demonstrate a significant treatment effect from nine-month DSCP on poorly controlled type 2 DM patients.

FP-017

Comparison of Quality of Life between Patients with Non-Small Cell Lung Cancer and Healthy Subjects

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Background: Lung cancer is a major cause of mortality with substantial impact on survival and quality of life (QOL). We explored the characteristics and determinants

of the QOL in patients with non-small cell lung cancer (NSCLC) by comparison with healthy subjects.

Methods: We assessed QOL of 220 consecutive patients with non-small cell lung cancer (NSCLC) at the National Taiwan University Hospital in 2002. These patients were histopathologically confirmed and clinical characteristics and staging were reviewed. The interview included WHOQOL-BREF and utility measured by standard gamble. The QOL of the general population was obtained by selecting age-, gender-, education-, and municipality-matched healthy subjects from the 2001 National Health Interview Survey. Multivariate linear regression models were performed to explore the potential differences for scores of different domains and facets and their predictors, including demographic and clinical factors and staging.

Results: Patients with NSCLC had poorer QOL than the healthy subjects in the physical and psychological domains ($p < 0.001$) but not in social and environmental domains. After adjusted for other determinants, advanced staging of NSCLC was negatively associated with physical and psychological QOL. Patients with disease duration more than 1 year tended to have better scores in physical and environmental domains. Insight to one's own illness was positively associated with higher utility, social support and financial resources without negative influence on each domain of QOL.

Conclusion: QOL was significantly associated with disease severity and duration of NSCLC. Insight to one's own illness appeared a positive factor and deserved attention among Taiwanese.

FP-018

Improved Food Selection of Mothers on Complementary Feeding Practice in Vietnam
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Background: In Vietnam, the Protein and Energy Malnutrition (PEM) program has been used as a major strategy to reduce underweight and stunting. To accelerate the reduction of undernutrition, locally appropriate solutions for complementary feeding practices are necessary.

Objective: To identify influential factors of mothers' food choice on complementary feeding practice in rural Vietnam.

Methods: We conducted a cross-sectional study in two communes in Nam Dinh Province in Vietnam. In this study, 190 mothers and their children between 6 to 36 months participated. We collected data using questionnaires for mothers' knowledge and practice on complementary feeding. A 24h food recall survey was administered to mothers for collecting the children's dietary intake data. For analysis, we used a binary logistic regression model to identify the risk factors.

Results: Mothers who had good feeding practices were determined by a combination of 4 food groups (grain, meat, vegetable, oil) per meal per day. Mothers' good feeding practice was significantly associated with the following factors ($P < 0.05$): higher education, availability of vegetables from home garden, availability of vegetables from markets, breastfed children and knowledge of mothers on how to encourage children to eat.

Conclusions: The study suggests that the mothers' knowledge on complementary food and availability of the vegetables are important key factors to promote mothers' good feeding practice.

FP-019

Risk Factors Associated with Neurological Complaints in Subjects Receiving Health Examinations

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Neurological symptoms can be the precursor of a major neurological disorder, such as permanent stroke, neoplasm, hydrocephalus, or dementia. Identification of risk factors associated with the neurological symptoms at early stage may prevent the progression to morbidity and mortality. We reviewed 218 subjects who attended a self-paid general health examination that included blood and head MRI examinations. There were 84 female subjects (38.5%), and 134 male subjects (61.5%). Among them, 51 subjects were found to have minor neurological symptoms (the symptomatic group). Demographics, biochemical variables and health behaviors were compared between the two groups. Ventricular width, interuncal distance and pons diameter were also measured by MRI and compared between groups. Multivariate logistic regression analysis shows smoking ($OR=3.43$, $95\%CI=1.61\sim7.31$), hematocrit ($OR=0.89$, $95\%CI=0.81\sim0.99$) and ICA diameters ($OR=2.54$, $95\%CI=1.21\sim5.34$) were significantly associated with the presence of neurological symptoms in subjects attending health examinations. Ventricular width, interuncal distance and pons diameter show no significant correlation with the presence of neurological symptoms. People seek high technological examinations to ease their worries. In this study, we demonstrate that smoking is the most significant factor associated with the neurological symptoms and is more important than MRI brain measurements. Most of all, smoking is preventable and these effects should be emphasized in future public health education. The results of this study have important implications for health promotion among subjects with neurological symptoms.