

percent of hospitalized hepatitis A was diagnosed among boys. The average stay in hospital caused by hepatitis A was 12 days. Total cost of treatment was 6 677 USD per all subjects in a year, it comes from budget of the public hospitals. Estimated 110 251 USD per year expended by Health Insurance Fund, however patients spent 109 353 USD out-of-pocket payment for hospital services in 2008. Forty four percent of the family income goes to the non-medical cost.

Conclusions: During the wide outbreak hospitalizations, ambulatory visits, and their medical and non-medical expenditures due to hepatitis A cases have been increased among all age groups in the country.

SP-120

Analysis of the Impact Factors of Hypertension Refill Prescription on Healthcare Utilization in Taiwan

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Background and objectives: Because aging of population and change of lifestyle in Taiwan, the type of disease is transformed from acute infectious disease into a chronic disease, and ages fast of population structure. And the number of out-patient clinic has always been high since the Health Insurance starting, therefore the Bureau of National Health Insurance in order to reduce unnecessary outpatient amount, they encouraged physicians who treat chronic patients with stable condition can use chronic refill prescription.

Methods: This study data files provided by the National Health Research Institute in 2006 and its name is million sample date. With the assistance of the Bureau of National Health Insurance, the researchers linked the Ambulatory care expenditures by visits data(CD), and the Details of ambulatory care orders data(OO). The study was conducted on a nationally representative sample of 909,325 beneficiaries and local in 2006.

Results: Study found that the prescribe ratio is raise (28.78%), but the ratio of the second dispensed only the original half of the prescribe (47.33%), while the third is a lower percentage (only 23.94 %), shows the effect is poor that implementation of chronic refill prescription in Taiwan

Conclusions: The results can be seen, if you would like to enhance the effectiveness of the implementation of refill prescription, not only Physicians need to raise the ratio of the prescribe of refill prescription but also People need a good habit of medical treatment, recommendations should continue to promote knowledge of refill prescription on people.

SP-121

Development and Validation of an Instrument to Identify Patients with Knee Osteoarthritis in the Community

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Introduction Osteoarthritis (OA) is the most common form of joint disease in the world. Objective To develop and validate an instrument to identify patients with knee osteoarthritis in the community Methodology An instrument was developed after selecting an appropriate definition and classification criteria to identify knee OA patients in the community. Definition and the clinical only criteria for classification of OA of the knee given by the American College Rheumatism were selected following perusal of literature and “Delphi” technique. Selection of appropriate pain and stiffness scales was achieved by the Principal Investigator (PI) and the supervisor who is a specialist in rheumatology.

Judgmental validity of the instrument was assessed by the panel of experts. Criterion validity was determined by assessing 93 patients with knee OA and 67 patients with knee pain of other origin who have attended the Rheumatology Clinic at Colombo South Teaching Hospital. Consultant Rheumatologist’s diagnosis was considered as the Gold Standard. Results An instrument comprised of 22 items was developed and named as Knee Osteoarthritis Diagnosis Instrument (KODI)-Sinhala. Experts who participated in the opinion survey proved the judgmental validity. Criterion validity was assessed by calculating the sensitivity (90.3%) and specificity (88%) of the KODI-Sinhala by comparing the final diagnosis made by the Consultant Rheumatologist with that of the PI. High reliability of the instrument was confirmed by high test re-test reliability (kappa statistic = 0.96, 0.97). Conclusion: KODI-Sinhala was found to be a valid and a reliable instrument.

SP-122

Do Non-Communicable Diseases Cluster in Suburban Settings in Sri Lanka?

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Background: Non communicable diseases (NCDs) are on the rise in Sri Lanka owing to the demographic transition and change in lifestyle and environment related to recent urbanisation. They tend to occur early and follow a severe course.

Methodology: A cross sectional study was carried out in Pitakotte health area, which is a suburban setting located in the district of Colombo. A total of 100 households were surveyed using a cluster sampling method. Household and individual information on common NCDs ever diagnosed by a medical person was collected by public health midwives using an interviewer-administered questionnaire.

Results: Amongst 325 adults ≥ 18 years of age (Mean age=43.7, SD=16; Females=52.9%, n=172), diabetes mellitus was the most common NCD (10.2%, n=33) followed by hypertension (9.5 %, n=31) and elevated lipids (7.1%, n=23). Heart disease was least prevalent (3.7 %, n=12) with only 66.6% currently on treatment. At individual level, more than one fifth of the adults (21.8%, n=71) had at least one of the above mentioned NCDs. Of them, 18.3% (n=13) had 2 NCDs, 4.2% (n=3) had 3, and 4.2% (n=3) had 4 NCDs. Majority of these 71 individuals were females (56.3 %, n=40) with a mean age of 54.8 (SD=13). At household level, 55% of the households had at least one person with a NCD with an average percentage of 39.9% of NCD patients per household.

Conclusion: NCDs cluster within individuals as well as at household thus factors associated with NCDs need to be identified at these levels.

SP-123

Prediction Factors for Readmission in Heart Failure Patients in National Cardiac Center Harapan Kita **Mawar Trimawartinah¹, Pandu Riono¹, Bambang Siswanto²**

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Background: Readmission event in heart failure patients is one of the biggest problem than any other degenerative diseases. High cost is a burden for people and the country. In USA, since 1979 readmission event has increased 164% and has reached \$ 29 billion, mean while Canada spent the half of health cost for heart failure patients which reached 1.4 billion dollar Canada for 3 years (year of 2000-2003). Because of that it is important to know what factors that influence readmission event in heart failure patients

Methods and Results: This research used cohort retrospective design; observation has been done retrospectively for two years (2006-2008). The number of sample size is 158 which collected from medical records. We used Cox Regression as data analysis. Factors that influence readmission event are health insurance, compliance, asthma, myocardial infarct, heart rate, and age.

SP-124

Cancer Is one of the Leading Causes of the Morbidity and Mortality among the Population of Gobi Zone, Mongolia

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Background: An administrative unit of the aimag consists of 15 somon, 68 bug, population of 47959 and the age group structure - 31.41% is 0-16, 19.70% is 16-25 year old children, 25.74% is 30-49, 8.30% is 50-65 year old people and 5.1% is over the age of 65. Top 5

mortality causes are the following diseases in the year of 2008. 1. Circulatory system disease, 2. Cancer, 3. Trauma, 4. Respiratory organ system disease, 5. Gastrointestinal organ system disease In 2008, 4267 people was diagnosed with cancer and 3033 people died from this disease in our country.

Study result: From 2004-2008 or in last 5 years, 421 new cases of cancer were registered and 326 people died from cancer. Percentage of early cancer detection was 16.5% in year 2004 and 26.7% in year 2008. Study of the cancer morbidity rate for the year 2008, liver cancer occupied the first place /36.0%/, lung cancer the second /18.6%/, cervical cancer the third /9.3%/, oral cavity and esophageal cancer the fourth /6.9%/, and stomach cancer was in fifth place /5.8%/. Percent of late stage diagnosis of liver cancer was 92.3% in 2004 and 68.7% in 2008. Mortality from cancer was increased from 25.3 in 2004 to 30.9 in 2008, per 10'000 population. Conclusion 1. Liver and lung cancer were predominant in overall cancer cases. 2. Cancer prevalence showed tendency to increase year-over-ye

SP-125

The Study for the Prevalence of Metabolic Syndrome and Its Associated Factors among the Elderly in Taiwan

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Metabolic syndrome has become a significant factor related to cardiovascular disease. The aims of the study are to analyze the prevalence of the metabolic syndrome of the elder and the related factors in Taiwan. We used the data from the Elderly Nutrition and Health Survey in Taiwan (NAHSIT) conducted during 1999-2000. The definition of Metabolic syndrome was drawn from the criteria announced by the Department of Health, Executive Yuan, Taiwan in 2006. The SPSS software version 12 was employed for the statistical analysis. The results found that the prevalence rate of the metabolic syndrome in Taiwan elders is 40.0%, the figure is 50.2% in female and 30.3% in male, the people who aged 65 to 69 have the highest rate of 43.8% and the lowest rate (22.1%) was found in the elder who aged over 80, the difference of the prevalence rate between the different sex and age groups both reached the significant difference ($P < 0.05$). We also found that the people who married, lower income, vegetarian and alcohol drinkers have higher prevalence rate of metabolic syndrome. Besides the above factors, the result of the logistic regression found that the people who ate poultry less than 5 times a month had the higher tendency to have the metabolic syndrome than the people who ate poultry more than 5 times a month, the OR is 1.37 ($P < 0.05$).