

# 2022 NATIONAL HEALTH RESEARCH CONFERENCE

**“Pandemics, NCDs and the Future: When Emerging Infections and NCDs Meet”**

**November 25, 2022**

## Call for Abstracts

Abstracts Deadline: **June 30, 2022**

## About the Conference

The Ministry of Health; Tobago House of Assembly; Faculty of Medical Sciences & Caribbean Centre for Health Systems Research and Development, The University of the West Indies; The University of Trinidad and Tobago; The University of the Southern Caribbean; and the Regional Health Authorities, are collaborating to host the country's third **National Health Research Conference**.

The Theme for the 2022 Conference is **“Pandemics, NCDs and the Future: When Emerging Infections and NCDs Meet”**.

**Abstracts do not have to be consistent with the theme.**

**Quality Abstracts in ALL HEALTH AREAS can be submitted.**

(e.g. Public Health, Environmental Health, Biomedical Research, Communicable and Non-Communicable Diseases, Nutrition, Health Economics, Social and Behavioural Health Sciences, etc.)

The Conference will be face to face and culminate with an Awards and Prize Giving Ceremony.



# The Abstract

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The Abstract (from Objectives to Conclusion) must be no more than **250 WORDS** and must be formatted as follows: (See Sample Abstract on Page 3).

- a) **Title:** In bold type. Title case (as concise as possible). No abbreviations.
- b) **Authors:** Begin on a new line two spaces below title. Use italics. List full names and omit degrees/ titles.
- c) **Institutional Affiliations:** Begin on a new line below Authors. Use italics. List: Department, Institution where work originated
- d) **Email Address:** Include in the next line.
- e) **Text:** Arrange under the following sub-headings:
  - I. **Objectives**  
Introduce the main aim of the study to the reader in clear language.
  - II. **Methods**  
Describe the exact design, data collection and analysis.
  - III. **Results**  
Present the salient findings of the research with statistical support.
  - IV. **Conclusions:**  
State the conclusions derived from the findings of the study and not overarching ones. Limit to only those directly supported by the results. Be as clear and specific as possible about the “take home” messages.

# Submission

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Email Abstract to: [researchconferencett@gmail.com](mailto:researchconferencett@gmail.com)

All submitted Abstracts must have received ethics approval from the relevant Internal Review Board or Research Ethics Committee.

Receipt of submissions will be acknowledged. If you do not receive acknowledgement within three (3) days of submission, please contact:

Ms Nikisha Headley or Ms Alissa Moore  
Caribbean Centre for Health Systems Research and Development  
The University of the West Indies  
Tel: 662-2002 ext. 85486  
[researchconferencett@gmail.com](mailto:researchconferencett@gmail.com)

# Publication

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Selected abstracts will be published. Authors are required to submit a transmittal letter that states that all authors have approved the publication of the abstract, edited if necessary. The email address and contact number of the corresponding author **MUST** be included.

# Contact Information

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If you need additional information or clarification, please contact us at:

[researchconferencett@gmail.com](mailto:researchconferencett@gmail.com)

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# Sample Abstract

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## Factors Associated with Quality of Life Impairment among Asthma Patients Attending Specialty Clinics in Trinidad

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### Objective

To examine factors associated with asthma related quality of life impairment (AQLI) among patient attending asthma clinics in Trinidad.

### Methods

A consecutive sample of 428 patients,  $\geq 18$  years, attending asthma clinics in Trinidad were recruited. Data were collected using interviewer-administered questionnaires which captured demography, comorbidities, triggers, hospital admissions and emergency department (ED) visits. AQLI was evaluated using the Juniper Mini AQL questionnaire to capture both the physical and emotional impact of the disease. The data were analysed using Chi-square test and multivariable logistic regression (SPSS Version 25).

### Results

Majority of patients were female (81%),  $\geq 40$  years (80.4%), of Indo-Caribbean descent (61.9%), and overweight (71.7%). The most commonly reported health conditions were gastro-oesophageal reflux (53.0%), hypertension (47.2%), allergic rhinitis (45.1%), anxiety (42.8%), sleep apnoea (35.0%), and depression (32.5%). Environmental allergens (73.8%) were the most commonly reported trigger factor. The prevalence of moderate to severe AQLI was 60% and significantly associated variables were: age group ( $p=.0003$ ), ethnicity ( $p<.0001$ ), trigger factors ( $p=.013$ ), sleep apnoea (OR=3.07,  $p=.001$ ), gastro-oesophageal reflux (OR=2,  $p=.014$ ), depression (OR=3.59,  $p=.001$ ) and anxiety (OR=2.52,  $p=.003$ ), frequent (two or more) exacerbations (OR=4.07,  $p<.001$ ) and having ever visited the ED (OR=4.78,  $p<.001$ ) in the last 12 months. Independent predictors of AQLI were age, ethnicity, sleep apnoea and ED visits (Nagelkerke's pseudo  $R^2=41\%$ ).

### Conclusions

Asthmatics demonstrate a high prevalence of moderate to severe quality of life impairment associated with demography and co-morbidities. Understanding these factors may improve doctor-patient interactions, treatment and management.