Introduction: Headaches are the most prevalent neurological disorder and among the most frequent symptoms among medical students. Headache disorder is a major public health issue and is a great burden for a person, health care system, and a society. Identifying of headache risk factors is necessary for treatment and effective prevention.

Methods: A cross-sectional study has been conducted in duration from 30th of January to the end of March 2017. 146 students of Bukovinian State Medical University aged 19–26 years were interviewed by using specially designed questionnaires. All students with a headache who completed questionnaires were examined by neurologist. The type of headache was determined according to the diagnostic criteria of the classification of the International Headache Society, 2003.

Results: Our study has found that headaches bother 121 (82.8%) students. Among respondents periodic headache was observed in 71.9% (105 students), 16 (10.1%) students experienced chronic headaches that bothered them more than 15 days a month. Among the prevalence of headache was significantly higher than among men – 62.1% and 38.9% respectively. Among the students the most frequent headache (58.7%) was tension headache, 9.1% of respondents had migraine headache, 32.2% had other types of headaches. According to the students’ responses the most prevalent causes of headache were stress – 36%, sleep disturbance – 20%, and weather changes – 14%. The other causes included skipping meals – 11%, tea or coffee overdrink – 8%, alcohol consumption – 6%, and menstrual cycle disturbances in 2% students.

Conclusion: By means of the research there was found a high prevalence of headaches among medical students. There was determined the prevalence of primary cephalgies, namely, migraine without aura and episodic tension-type headaches. There was shown a lack of awareness of students about the causes of headache reflected in inadequate symptomatic treatment in most cases.

http://dx.doi.org/10.1016/j.pbj.2017.07.137

PS194

New health problems: Assessment of nutritional and metabolic profile from indigenous citizens in the reserve park of Xingu

André Alencastro Curado Filho 1,*, Patricia Gardiman Arruda 1, Pedro Ernesto Carvalho de Cillo 1, Douglas Rodrigues 2

1 Medicine undergraduate student of Escola Paulista de Medicina (EPM), Universidade Federal de São Paulo (UNIFESP) 2. MD, PhD in Epidemiology - Researcher in the Area of Indigenous Health and Traditional Communities E-mail address: andrealenforcastro79@gmail.com

(A.A.C. Filho).

Aim: To identify the prevalence of metabolic syndrome, dyslipidemia, systemic arterial hypertension and type 2 diabetes mellitus in the adult population.

Introduction: In the last 20 years, there have been many changes in the way of life of the Indians of the Xingu Indigenous Park (PIX), resulting from their contact with our society. Factors such as the increasing consumption of processed foods in substitution of the traditional diet based on natural products, the reduction of physical activity by the incorporation of technology and the monetarization of the economy have produced changes in the epidemiological profile of these populations. Previously non-existent diseases like type 2 diabetes mellitus, systemic arterial hypertension, obesity and dyslipidemias have been increasingly observed. In this work, preliminary results of data collected between February and March 2017 are presented.

Methods: Individuals over 18 years old of both sexes undergoing physical examination (clinical and anthropometric), bioimpedance test to evaluate the percentage of body fat and blood collection by digital puncture for lipid profile and fasting glucose of 8–12 h.

Results: The metabolic profile of 188 indigenous people of the Pauuru polo showed: High index of overweight and dyslipidemia in both populations; high central obesity in females; Increased number of hypertensive and fasting blood glucoselatered among men; 25% have intermediate or high cardiovascular risk in the next 10 years among men, almost twice as many women.

Conclusion: Based on the data obtained, we can conclude that the process of socio-cultural transition to which the residents of the 4 villages studied are inserted has a direct impact on the their health, making it imperative to indictedicate and delineate the magnitude of the problem, seeking to develop strategies for the primary and secondary prevention of diseases related to nutritional and metabolic alterations and their consequences among the people living in the PIX.1-5

References


http://dx.doi.org/10.1016/j.pbj.2017.07.138

PS149

Late diagnostics of Alzheimer's disease and other dementias, retrospective research in Vilnius (Lithuania)

Roberta Vaikutytė 1, Lina Lekečinskaitė

Vilnius University, Faculty of Medicine, Lithuania E-mail address: roberta.vaiikutyte@gmail.com

(R. Vaikutytė).

Aim: To gain a deeper understanding around the prolonged diagnosis time for Alzheimer’s disease.

Introduction: The world population is getting older. Correspondingly the number of old age sicknesses (like Alzheimer’s disease (AD), dementias) is rising in the populations. These patients require custody, medicine and that takes a lot of money and resources from the country.

Methods: There were two multiple choice/short answer surveys done. One for doctors (psychiatrists, neurologists, general practitioners) and the other for the the patients care givers. The surveys were administered in the hospitals in Vilnius. The data were evaluated by SPSS program (α = 0.05).

Results: 50 doctors completed the surveys. Doctors emphasize that just about 14% of patients’ care givers are aware of the possibility for the genetic screening for AD and are interested in pursuing it. Moreover, according to the surveys, patients with cognitive disorders seek help when they are about 65–75 years old and 70% of
the doctors believe that this is too late. 68% of the doctors agree that the society does not have enough knowledge about dementias.

50 patients’ caregivers completed the surveys: 26% – AD, 28% – vascular dementia, 46% – non-defined. The first contact with their doctors varied greatly among different dementia patients: AD – waited for 2.8 y, vascular dementia – 1.46 y, non-defined – 0.87 y. Even though patients’ caregivers indicated that they received enough information from their doctor, they admitted that they had no or not enough knowledge concerning the disease before. They also highlighted that it was hard to find information in Lithuanian language.

**Conclusion:** The research showed that people do not have enough knowledge about dementias and have limited access to information. This is one of the main reasons why the diagnostics is late. Considering the mental health is a stigmatic topic in the world, the fact that people do not know about the dementias might be the problem in the whole world.

**Reference**

1. https://www.nia.nih.gov/newsroom/2016/03/worlds-older-population-grows-

http://dx.doi.org/10.1016/j.pbj.2017.07.139

**PS10**

**Obsessive-compulsive behaviour tendencies among medical students in Poland**

Zuzanna Goetz *, Ewa Żelnio

Medical University of Warsaw, Outpatient Psychiatric Association for medical students at the NZOZ Centrum Terapii DIALOG, Poland

E-mail address: zuzannagoetz@gmail.com

(Z. Goetz).

**Aim:** Determination of a need for educational program, focused at students’ knowledge and awareness of OCD.

**Introduction:** As medical students, we are familiar with terms such as professional burnout and workaholism on an every day basis. However other psychiatric disorders seem to be still stigmatized and not well perceived for this profession. It does not mean that they do not exist among future physicians.

Gabbard and Mayers believed that perfectionism is one of the most common personality traits for medics. Moreover, they assumed that perfectionistic physician might perform more often “obsessive triad”. Namely: self-doubt, guilt feelings, exaggerated sense of responsibility. Those personal features can lead to obsessive-compulsive behaviour. Authors also suggest that those traits are already widely pre-existing for medical students. How-ever no studies supporting this thesis were conducted.

**Methods:** Anonymous self-completion questionnaire, completed by students from different faculties who study at the Polish universities. Questions based on structuralized clinical questioner designed by the Polish psychiatrists (dr Bryńska and Wołańczyk, 2005).

**Results:** The questionnaire was completed by 855 students out of whom: 393 medical students (46%), 35 (454) students declared performing specific acts, although not purposedly or despite their will (e.g. checking if the door are locked, cleaning hands, counting. Only 49.6% (194) of medical students answered positively, in respect to 56% (259) non-medical students. Persistent thoughts and fantasies, which are not wanted but occur very often and persistently return – admitted 53.5% (457) questioned. Among the future doctors only 43.5% (170) confirmed to have those thoughts. In contrary to 63% (287) non-medical students.

**Conclusion:** At first glance it seems that medical students less frequently admit to perform compulsive behaviour or to have obsessive thoughts. But what is the cause? Are they less prone to those behaviours? Or, as Gabbard and Mayers suggest, they have to be seen as “perfect” in front of themselves or others? To answer those questions further research is needed.

http://dx.doi.org/10.1016/j.pbj.2017.07.140

**PS132**

**Assessing the prevalence of HBV and HCV infections in children under going hemodialysis and the related risk factors in a children’s Medical Center**

Seyyed Mostafa Ahmadi, Neda Raeessi *

Tehran University of Medical Sciences, Research Center, Tehran, Iran

E-mail address: Raeessi.f@gmail.com

(N. Raeessi).

**Aim:** Assessing the prevalence of HBV and HCV infections in children under going hemodialysis.

**Introduction:** Chronic hemodialysis is a life saving process in patient with end stage renal disease. Hemodialysis patients are at high risk for viral hepatitis infections due to the high number of blood transfusion sessions, prolonged vascular access and the potential for exposure to infected patients and contaminated equipments. Approximately 8% and 20% of hemodialysis patients have B hepatitis and C hepatitis respectively and this data varies from country to country. Hepatitis B virus (HBV) and hepatitis C virus(HCV) infections are important causes of morbidity and mortality in hemodialysis patients.

**Methods:** Based on the information gathered from the 149 hemodialysis children files, some special questionnaires were filled in, the obtained data was assessed and analyzed in SPSS software.

**Results:** A total of 149 hemodialysis patients with mean age 8.8(range: 0.24–16.74) years were enrolled in the study. Out of the total 149 patients, 74 were male and 75 were female. The majority of the patients (51 people) were in the 7–10 years age range. After glomeropathies (34 cases – 22.8%),reflux nephropathies (24 cases – 16.10%) were the main reasons in charge of renal impairment in our study population.

The results of our study in hemodialysis patients referring to the children’s Medical Center of Iran from 1991 to 2009 suggests that prevalence of B and C hepatitis were both 2.04%and the prevalence of the concurrent infections (B and C hepatitis) were 2.72%.

**Conclusion:** This study confirms that the prevalence of B and C hepatitis among hemodialysis children referred to children’s medical center are much lower than the adult hemodialysis patients in Iran and worldwide. This might indicate the higher health standards and the absence of intravenous drug abuse and unsafe sex among our study population. Screening donated bloods, treating anemia with erythropoietin, avoidance of dialyzer reuse, assignation of dedicated dialysis rooms, machines, and staff for infected patients, new disinfection methods, screening the patients before entering dialysis program and vaccination of susceptible patients and staff all have been reffered to as means of limiting hepatitis transmission within our dialysis unit.

The results of this study can be used in health programming and budget allocating for this group.

http://dx.doi.org/10.1016/j.pbj.2017.07.141