

**Faculty of Health Care and Social Care
Trnava University**

**Science in the service
of humanity**

MARTIN RUSNAK & DUSAN SALAT & KRISTINA GREDOVA

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**Third interdisciplinary symposium of public health,
nursing, social work and laboratory investigating methods
with international involvement**

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Faculty of Health Care and Social Care Trnava
University**

under the auspices of

**Ing. Tibor Mikuš
Chairman of Trnava Self-Governing Region
and
doc. Ing. Martin Mišút, PhD.
President of Trnava University**

**Science in the service
of humanity**

PROGRAM

**October 20TH-21TH , 2010
Aula Pazmaneum, Univerzité námesťie 1, Trnava**

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Dr. Lenka Marušková, PhD., FZaSP TU, Trnava
Marcela Nováková, MSc., FZaSP TU, Trnava
Miroslava Horváthová, MD, Clinic of pneumology and phthiziology, FN, Trnava

Wednesday, October, 20th, 2010

13:00 Opening Ceremony

Moderator: Dušan Salát

13:30 – 15:30 Section 1

Chairs: Daniela Kallayova, Ladislav Bučko (Trnava, Slovakia)

HISTORY OF MEDICAL FACULTY AT TRNAVA UNIVERSITY (20 MIN.)

LADISLAV BUCKO, STEFAN KOPECKY

(Faculty of Health Care and Social Work, Trnava University, Trnava, Slovakia)

PATIENT SAFETY POLICIES BASED ON EVIDENCE (20 MIN.)

MARTIN RUSNAK¹, VIERA RUSNAKOVA²

(¹Faculty of Health Care and Social Work, Trnava University, Trnava, Slovakia, ² Department of Medical Informatics, Slovak Medical University, Bratislava, Slovakia)

HEALTH LITERACY (20 MIN.)

JAAP A.R. KOOT

(Netherlands Institute for Health Promotion)

IS EDUCATION AND RESEARCH THE ONLY ROLE OF THE UNIVERSITY?

LIBUSA RADKOVA

(Faculty of Health Care and Social Work, Trnava University, Trnava, Slovakia)

TO USE OR NOT TO USE IN THE SERVICE OF HUMANITY? HEALTH IMPACT ASSESSEMENTS (HIA) AND THE IRISH EXPERIENCE

MONICA O'MULLANE

(Department of Government, University College Cork (UCC), Ireland)

CHALLENGES OF MISSIONARY WORK IN DEVELOPING COUNTRIES

LADISLAV BUCKO

(Faculty of Health Care and Social Work, Trnava University, Trnava, Slovakia)

PATIENT SAFETY SURVEY IN SLOVAK HOSPITALS

VERONIKA MIKUŠOVÁ¹, VIERA RUSNÁKOVÁ², MIRIAM NOVOSÁDKOVÁ²

(¹Faculty of Health and Social Work, Trnava University, Trnava, ²Slovak Medical University, Bratislava)

Discussion

15:30 – 15:50 Coffee Break

15:50- 17:10 Section 2

Chairs: Ľubica Ilievová (Trnava, Slovakia), Dusan Salat (Trnava, Slovakia)

SPIROMETRY LIKE AN EARLY PREVENTION OF COPD – DATA PROJECT EVALUATION

¹ ANTÓNIA IVANOVÁ., ¹ VERONIKA MIKUŠOVÁ, ¹ MICHAELA MACHAJOVÁ, ^{1,2} DUŠAN SALÁT
(¹ Internal PhD student. Department of Public Health University of Trnava. Faculty of Public Health and Social Work. Trnava, Slovak Republic, ² Inpatient department of TB and respiratory disease, Faculty hospital, Clinic of Pneumology and Phtiseology, Faculty Hospital, , Trnava, Slovak Republic)

EARLY DETECTION OF LUNG CANCER: A CLINICAL PERSPECTIVE

¹DUŠAN SALÁT, ²MIROSLAVA ČULAGOVÁ, ³IVETA KOPECKÁ, ¹ANTÓNIA IVANOVÁ
(¹Faculty of Health Care and Social works Trnava University, Slovakia
²Clinic of Pneumology and Phtiseology, Faculty Hospital, Trnava, Slovakia
³Department of Pathology, Faculty Hospital, Trnava Slovakia)

TUBERCULOSIS AS A PUBLIC HEALTH PROBLEM IN SLOVAKIA AND ACROSS THE WORLD

DUSAN SALAT¹, PAVOL BENO²
(University of Trnava, School of Health and Social work, Trnava, Slovakia
¹Clinic of Pneumology and Phtiseology FN Trnava, ²Department of Clinical Disciplines)

PREDICTORS OF SURVIVAL OF IN-PATIENTS WITH UTERINE CANCER

¹ZUZANA IZSÁKOVÁ., ²JURAJ CHRAMEC., ³VLADIMÍR ČERVENKA., ¹JARMILA PEKARČÍKOVÁ,
¹MARTIN RUSNÁK
(Trnava university in Trnava, Faculty of Health and Social work, ¹Department of Public Health,
²Department of Clinical Disciplines, University Hospital in Trnava ³Department of Onco-gynecology)

NURSING STUDENT'S KNOWLEDGE ABOUT THE PREVENTION OF CERVICAL CANCER

JARMILA JAKUBEKOVÁ , ĽUBICA ILIEVOVÁ ,
(Trnava University. Faculty of Health and Social Work. Department of Nursing)

EVIDENCE-BASED MEDICINE APPROACHES IN ONCOLOGICAL SURGERY: THE CASE OF THE SURGERY DEPARTEMENT OF FACULTY HOSPITAL OF TRNAVA

KRISTINA GREDOVA¹, JURAJ PECHAN², MARTIN RUSNAK¹
(¹Trnava University. Faculty of Health Care and Social Work, ²National Cancer Institute, Bratislava,Slovakia)

ARTERIAL HYPERTENSION AND ASSOCIATED CARDIOVASCULAR RISK FACTORS: PATIENTS FROM THE MUKURU SLUMS IN NAIROBI

VERONIKA MIKUŠOVÁ¹, ĽUBOMÍRA ONDRÚŠKOVÁ .¹, MARTIN RUSNÁK.¹, JURAJ HROMEČ J.^{1,2},
ADRIANA ONDRUŠOVÁ^{1,2}
(¹ Faculty of Health and Social Work, Trnava University, Trnava, Slovakia²Faculty Hospital in Trnava, Trnava, Slovakia)

FOOD AS MEDICINE

MICHAELA KLUSOVÁ
(Trnava University. Faculty of Health Care and Social Work)

OCCUPATIONAL BLOOD EXPOSURE INJURIES

REPORTING SYSTEM IN ROMANIA - DESCRIPTIVE ANALYSIS OF 2008-2010 DATA FROM CLUJ COUNTY

ALEXANDRU COMAN , CARMEN VARODI, ERZSEBET KALMAN, MIHAI GOIA MOISESCU
(Universitatea Babes - Bolyai, Cluj - Napoca, Romania)

Discussion

17:10-17:25 Coffee Break

17:25- 19:00 Section 3

Chairs: Anna Strehárová (Trnava, Slovakia), Daniel West (Scranton)

MRSA – NEW DRUGS OR/AND NEW STRATEGIES?

VLADIMÍR KRČMERY^{1,2}, JARMILA SOKOLOVA^{1,2}

⁽¹⁾Department of Clinical Disciplines, School of Health Care and Social Work, Trnava University, Trnava, Slovak Republic, ⁽²⁾National Tropical Disease Reference Laboratory, St. Elizabeth University College, Bratislava, Slovak Republic)

INTEGRATING FAITH-BASED METHODS INTO PUBLIC HEALTH COURSES AND CURRICULUM

DANIEL J. WEST, JR.,

(Department of Health Administration & Human Resources the University of Scranton)

EFFECT OF HERPETIC CO-INFECTIONS IN CHILDREN WITH AIDS TREATED WITH HAART

JARMILA SOKOLOVA^{1,3}, JÚLIA VUJCIKOVA², IRAD BELDJEBEL², ANDREA AUGUSTINOVA^{2,3},
VERONIKA SLADECKOVA², VLADIMÍR KRČMERY^{1,3}

⁽¹⁾Department of Clinical Disciplines, School of Health Care and Social Work, Trnava University, Trnava, Slovak Republic

⁽²⁾St. Maximilian Kolbe Tropical Clinic of Infectious Diseases SEU, Phnom Penh, Cambodia

⁽³⁾National Tropical Disease Reference Laboratory, St. Elizabeth University College, Bratislava, Slovak Republic)

THE ORIGIN OF PUBLIC HEALTH LAW IN THE US: THE CASE OF JACOBSON VERSUS MASSACHUSETTS

MICHAEL M. COSTELLO, JD

(University of Scranton)

H1N1 INFLUENZA TREATMENT STRATEGY AND PREVENTION.

ANNA STREHÁROVA

(Faculty of Health Care and Social Work, University of Trnava)

OUR EXPERIENCE WITH H1N1 INFLUENZA

ADRIANA KRŠÁKOVÁ

(Faculty of Health Care and Social Work, University of Trnava)

AN EVALUATION OF BLOOD-BORNE INFECTIONS` PREVENTION IN TRNAVA HOSPITAL

LENKA MARUŠKOVÁ¹; PREDRAG ĐURIĆ²; KINGA POLANSKA, ³; MAREK PSOTA¹

⁽¹⁾ Trnava University, School of Health Care and Social Work, Department of Public Health, Trnava, Slovakia , ⁽²⁾ Institute of Public Health of Vojvodina, Center for disease control and prevention, Novi Sad, Serbia, ⁽³⁾ Nofer Institute of Occupational Medicine, Lodz, Poland)

Discussion

19:00 Dinner

Thursday, October, 21TH, 2010

9:00 – 10:30 Section 4

Chairs: Michal Pohanka (Praha, Czech Republic), Jozef Novotný (České Budějovice, Czech Republic)

THE QUALITY OF THE SECONDARY PREVENTION AFTER MAJOR CARDIOVASCULAR SURGERY - RELATIONSHIP TO THE POPULATION (FOLLOW-UP MORE THAN 10 YEARS).

ADÁMKOVÁ V^{1,2}, PIRK J¹, KAČER P. ¹, SKIBOVÁ J. ¹, LÁNSKÁ V. ¹, PETRŽÍLKOVÁ Z. ¹, VITÁSKOVÁ M. ¹, GALOVCOVÁ M. ¹, BĚLOHOUBEK J. ¹, PROCHÁZKA J. ¹, BRUTHANS J ¹, WOHLFAHRT P ¹, KRAJČOVIECHOVÁ A¹.

(¹ Institute for Clinical and Experimental Medicine, Prague, Czech Republic

² South Bohemia University, Faculty of Health and Social Studies, České Budějovice, Czech Republic)

THE RISK FACTORS OF NON-COMMUNICABLE (CIVILIZATION) DISEASES AND THEIR PREVENTION

¹JAROSLAV STANČIAK, ²JOZEF NOVOTNÝ

(¹Catholic University, Faculty of Health, Ružomberok, Slovak Republik,

²University of Southern Bohemia, Faculty of Health and Social Studies, České Budějovice, Czech Republic.)

MINIMALIZATION OF RISK FACTORS IN ADOLESCENT HYPERTONIC

LADA CETLOVÁ, JOZEF NOVOTNY.

(Faculty of Health, Jihlava, Czech Republic)

DO WE NEED ETHICS AND BIOETHICS IN PHARMACOTHERAPEUTICS IN ELDERLY?

¹ JOZEF NOVOTNÝ, ² JAROSLAV STANČIAK, ³ LADA CETLOVÁ

(¹University of South Bohemia, Faculty of Health and Social Studies, České Budějovice, Czech Republic, ²Catholic University, Faculty of Health, Ružomberok, Slovak Republic,

³Polytechnic University, Department of Health Studies, Jihlava, Czech Republic)

MALE FERTILITY DECLINE IN CZECH REPUBLIC: MYTH OR REALITY.

MICHAL POHANKA

(Praha, Czech Republic)

NURSING STUDENTS KNOWLEDGE ABOUT OSTEOPOROSIS

KARIN LIPTÁKOVÁ , ANDREA BOTÍKOVÁ

(Trnava University. Faculty of Health and Social Work. Department of Nursing.)

THE INFLUENCE OF CLIMATE CHANGES ON THE EPIDEMIOLOGICAL SITUATION

ZAREMA OBRADOVIC

(Institute for Public Health of Canton Sarajevo / Faculty for Health Studies, Sarajevo Bosnia and Herzegovina)

BIOMASS COMBUSTION AND INDOOR AIR QUALITY IN THE ROMA COMMUNITIES IN SLOVAKIA AND ROMANIA (IARQ-ROMA)

JANKA ĎURICOVÁ¹, MAREK MAJDAN¹, EVA GALLOVÁ¹, ĽUBOŠ BOŠÁK¹, DANIELA KÁLLAYOVÁ¹ ALEXANDRU COMAN ²

(¹Trnavska University, Department of Public Health, Faculty of Health Care and Social Work

Trnava, Slovakia, ²University Babes Bolyai, Center for Health Policy and Public Health, Institute for Social Research, Cluj Napoca, Romania)

SIGNIFICATION OF THE REHABILITATION OF PERSONS AFTER A CEREBRO-VASCULAR ACCIDENT IN THE IMPROVEMENT OF THEIR LIFE QUALITY

MIROSŁAW CZAPKA¹ URSZULA KONTNY²,

¹University of Economics and Administration in Bytom

²Cardinal August Hlond Upper Silesian College of Pedagogical Education in Mysłowice

EXHALED BREATH ANALYSES: A NOVEL APPROACH FOR MONITORING OF OCCUPATIONAL RESPIRATORY DISEASES.

^{1,2}PETRA GERGELOVA, ²MASSIMO CORRADI, ¹DANIELA KALLAYOVA, ¹MICHAELA MACHAJOVA, ¹MARTIN RUSNAK, ²ANTONIO MUTTI

(¹Trnava University, Faculty of Health Care and Social Work, Trnava, Slovakia

²University of Parma, Department of Clinical Medicine, Nephrology and Health Sciences, Parma, Italy)

THE NEEDS PERCEIVED BY INHABITANTS OF ROMA SETTLEMENTS IN EASTERN SLOVAKIA WITH CONNECTIONS TO SOCIOECONOMIC DETERMINANTS OF HEALTH

SIMON HOLOUBEK ¹; LUBOŠ BOSAK ²; MAREK PSOTA ²; MIROSLAV SVARO, ²; JARMILA SOKOLOVA ².

(¹ University of Iowa, College of Public Health, ² Trnava University, College of Public Health)

Discussion

10:30-10:45 Coffee Break

10:45-12:15 Section 5

Chairs: Patrícia Dobříková , Martina Žáková (Trnava, Slovakia)

CRAVING AS A DIAGNOSTIC CRITERION OF NON-SUBSTANCE ADDICTIONS

GABRIELA ČÁSAŘOVÁ, ŽÁKOVÁ MARTINA

(Faculty of Health and Social Work, University of Trnava)

UNWANTED PREGNANCY AND OPTIONS FOR PROBLEM-SOLVING IN THE SOCIAL WORK'S CONTEXT IN SLOVAKIA

DUŠANA PČOLKOVÁ, PATRICIA DOBRÍKOVÁ

(Faculty of Health and Social Work, University of Trnava)

THE INFLUENCE OF SELECTED FACTORS ON THE PERIOD OF MOTHER'S BREASTFEEDING IN TRNAVA

VERONIKA GONSOROVA, MARGARETA KACMARIKOVA

(Faculty of Health and Social Work, University of Trnava)

AN APPROACH OF SOCIAL WORK STUDENTS TO MIGRANTION AND MIGRANTS

MARTINA ŽÁKOVÁ ,LENKA BEROVÁ

(Department of social work ,Faculty of Health Care and Social Works Trnava University)

THE HOLISTIC APPROACH IN THE PALLIATIVE CARE IN SLOVAKIA AND THE TASKS OF SOCIAL WORKER.

PATRICIA DOBRÍKOVÁ,

(Faculty of Healthcare and Social Work, Trnava University, Department of Social Work)

THE THEORETICAL ASPECTS OF SOCIAL WORK MANAGEMENT VERSUS SOCIAL MANAGEMENT

MÁRIA FÁBIANOVÁ, MILAN SCHAVEL

(UPSVAR, Kežmarok)

HEALTHY INCLUSION –MIGRANT'S PERSPECTIVES ON HEALTH PROMOTION INTERVENTIONS IN SLOVAKIA

KÁLLAYOVÁ DANIELA, MAJDAN MAREK, MARTINA ŽÁKOVÁ, BOŠÁK LUBOŠ, KVAKOVÁ MÁRIA, GALLOVÁ EVA,

(Faculty of Health and Social Work, University of Trnava)

A CROSS-SECTIONAL STUDY OF ATTITUDES, HABITS AND AWARENESS ABOUT DRUGS AMONGST STUDENTS BETWEEN THE AGES OF 8 TO 15 YEARS IN SLOVAKIA

KÁLLAY ANDREJ, KRÁLOVÁ ZUZANA, ŠRAMATÁ MIRIAM, GALLOVÁ EVA, KÁLLAYOVÁ DANIELA

(Faculty of Health and Social Work, University of Trnava)

Discussion

12:15-13:15 Lunch

13:15- 13:45 Section 6

Chairs: Jaroslav Horáček (Czech Republic), Vladimír Bošák (Trnava, Slovakia)

POSTER: CYTOLOGIC AND BIOPSY FINDINGS LEADING TO CONIZATION IN ADENOCARCINOMA OF THE CERVIX

JAROSLAV HORÁČEK, JIŘÍ ONDRUŠ

(Department of Pathology, Medico-Social Faculty University of Ostrava)

POSTER: ISCHEMIC-REPERFUSION ATTACK OF THE SMALL INTESTINE AND ANALYSIS OF CHANGES IN PRO AND ANTIAPOPTIC GENE EXPRESION.

BILECOVÁ – RABAJDOVÁ, MIROSLAVA¹., URBAN, P¹., MAŠLANKOVÁ, J¹., VESELÁ, J²., MAREKOVÁ, M¹.

(¹Department of Chemistry, Biochemistry, Medical Biochemistry and LABMED a.s, Faculty of medicine, P. J. Safarik University, Košice, ²Department o histology and embryology Faculty of medicine, P. J. Safarik University, Košice)

POSTER: FLUORESCENT CONCENTRATION MATRIX OF URINE IN THE DIAGNOSTICS – EFFECT OF VARIOUS FACTORS ON FLUORESCENCE.

LICHARDUSOVÁ LUCIA¹, DUBAYOVÁ K.², KUŠNÍR J.¹, MAREKOVÁ M.¹

(¹Institute of Chemistry, Biochemistry, Medical Biochemistry and LABMED a.s., University of P. J. Šafárik in Košice, ²SEMBID s.r.o Laboratory of Medical Genetics, Košice)

RECENT STATUS OF THE CARDIOVASCULAR GENETIC

JAROSLAV A. HUBÁČEK

(Institute for Clinical and Experimental Medicine, Prague, Czech Republic)

IMMUNOGENETICS OF PSORIATIC ARTHRITIS - THE SLOVAK POPULATION STUDY

V. BOŠÁK,^{1,2} H.RAFFAYOVÁ¹, L. BOŠÁK²

(¹ National Institute of Rheumatic Diseases, Piestany, Slovak Republic

² School of Health Care and Social Work, Trnava University, Trnava, Slovak Republic)

Discussion

13:45-14:00 Coffee Break

14:00- 15:15 Section 7

Chairs: Adriana Ondrušová, Lenka Fabiánová (Trnava, Slovakia)

HUMANITY AND HEALTH IN THE REGION OF KWALE, KENYA AND THE LESSONS FOR EUROPE

THERESE SCHWARZENBERG
(Kwale Hospital Foundation, Kwale, Kenya)

MANAGEMENT OF MALNUTRITION IN KENYA, KWALE DISTRICT – FINDINGS, POSSIBILITIES AND CHALLENGES.

LENKA FABIANOVÁ, JURAJ JANČOVIČ
(Faculty of Health and Social Work, University of Trnava)

PREVALENCE OF THE DISEASES AMONGST STREET FAMILIES IN NAIROBI, KENYA

DÁRIA PECHÁČOVÁ, NICODEMUS MWANZIA KIMANI, LENKA FABIANOVÁ,
(Faculty of Health and Social Work, University of Trnava)

MALARIA OCCURRENCE IN RAINY SEASON IN MARY IMMACULATE DOR HOSPITAL, MAPUORDIT, SOUTH SUDAN

ZUZANA NAGYOVÁ, MARTINA VRAVCOVÁ
(Trnava University in Trnava, Faculty of Health and Social Care, Department of Clinical Disciplines)

FACTORS CONTRIBUTING TO HIGH INCIDENCE OF DIARRHOEAL CASES IN CHILDREN UNDER FIVE YEARS LIVING IN CROWDED URBAN AREAS –SLUMS

BODO JAN
(Faculty of Health and Social Work, University of Trnava)

HEALTH AND OCCUPATION CONDITIONS OF MIGRANTS FROM THE THIRD COUNTRIES´

EVA BUCAROVÁ, JIŘÍ SVOBODA, LINDA DVOŘÁKOVÁ
(Faculty of Health and Social Studies, Department of Public and Social Medicine, České Budejovice, Czech Republic)

OCCURRENCE OF DISEASES DURING RAIN AND DRY SEASON IN SOUTH SUDAN

MARTINA VRAVCOVÁ, ZUZANA NAGYOVÁ
(Trnava University in Trnava, Faculty of Health and Social Care
Department of Clinical Disciplines, Trnava)

EUROPEAN PROFESSIONALS TRAINING INTERVENTION EPIDEMIOLOGY

ZUZANA KLOCHANOVA
(Trnava University, Faculty of Health and Social Work, Department of Public Health, Trnava, Slovak Republic)

EDUCATION OF STUDENTS, NURSES AND PATIENTS IN MAPUORDIT, SOUTH SUDAN.

MARIA KVAKOVA
(Trnava University, Faculty of Health and Social Work, Department of Public Health, Trnava, Slovak Republic)

WORKER'S HEALTH CARE IN THE TROPICS- ENVIRONMENTAL FACTORS

ADRIANA ONDRUSOVA
(Trnava University, Faculty of Health and Social Work, Department of Tropic Public Health,
Trnava, Slovak Republic)

Discussion

15:15-15:30 Coffee Break

15:30- 17:30 Section 8

Chairs: Walter Mauritz (Austria), Predrag Duric (Serbia)

EPIDEMIOLOGY OF BICYCLE RELATED INJURIES IN AP VOJVODINA, SERBIA (20 MIN.)

PREDRAG DURIC

(Institute of Public Health of Vojvodina, Serbia)

THE IMPORTANCE OF SCORING: PUBLIC HEALTH ASPECTS (20 MIN.)

WALTER MAURITZ

(Trauma Hospital „Lorenz Böhler“, A-1200 Vienna, AUSTRIA)

THE RESULTS OF THE AUSTRIAN STUDY: PREHOSPITAL AND EARLY HOSPITAL PHASE OF BRAIN TRAUMA MANAGEMENT.

ALEXANDRA BRAZINOVA^{1,3}, WALTER MAURITZ^{2,3}, MARTIN RUSNAK^{1,3}, MAREK MAJDAN^{1,3}

⁽¹ Trnava University, Faculty of Health and Social Work, Trnava, Slovak Republic

² Lorenz Böhler Trauma Hospital, Wien, Austria

³ International Neurotrauma Research Organization, Wien, Austria)

SEVERE TRAUMATIC BRAIN INJURY IN DIFFERENT AGE GROUPS

JOHANESS LEITGEB

Lorenz Böhler Trauma Hospital, Wien, Austria

SEVERITY AND OUTCOME OF TRAUMATIC BRAIN INJURIES WITH DIFFERENT MECHANISM OF INJURY

^{1,3}MAREK MAJDAN, ²WALTER MAURITZ, ^{1,3}ALEXANDRA BRAZINOVA, ¹MARTIN RUSNAK

(¹ Trnava University, Faculty of Health and Social Work, Department of Public Health,

Trnava, Slovak Republic, ² Lorenz Böhler Trauma Hospital, Wien, Austria, ³ International Neurotrauma Research Organization, Wien, Austria)

COMPARISON OF SELECTED QUALITY OF HEALTH CARE PARAMETERS BASED ON GUIDELINES COMPLIANCE IN TWO CENTRAL EUROPEAN COUNTRIES.

ZUZANA SKLENÁROVÁ; JARMILA PEKARČIKOVÁ; MARTIN RUSNÁK

(Trnava University, Faculty of Health and Social Work, Department of Public Health, Trnava, Slovak Republic)

HOLISTIC PRINCIPLE OF NURSING AT POLYTRAUMATIZED PATIENT

¹MÁRIA KOPÁČIKOVÁ, ²JOZEF NOVOTNÝ

(¹Catholic University, Faculty of Health, Ružomberok, Slovakia, ²University of South Bohemia, Faculty of Health and Social Studies, České Budějovice, Czech Republic)

ESTIMATED PREVALENCE OF ALZHEIMER'S DISEASE IN THE SLOVAK REPUBLIC BASED ON PHARMACEUTICAL CONSUMPTION

BRAZINOVA ALEXANDRA^{1,2}, MARUSKOVA LENKA¹, SKLENAROVA ZUZANA¹, KVAKOVA MARIA¹

(¹ Trnava University, Faculty of Health and Social Work, Department of Public Health, Trnava, Slovak Republic, ² International Neurotrauma Research Organization, Wien, Austria)

ESTIMATED PREVALENCE OF ALZHEIMER'S DISEASE IN SELECTED EUROPEAN COUNTRIES

KVAKOVA MARIA¹, BRAZINOVA ALEXANDRA^{1,2}, POPOVA S.³, MATLOVA M.⁴, COMAN A.⁵

(¹ Trnava University, Faculty of Health and Social Work, Department of Public Health, Trnava, Slovak Republic

² International Neurotrauma Research Organization, Wien, Austria

³ Medical University of Varna, Faculty of Public Health, Varna, Bulgaria

⁴ Czech Alzheimer Society, Prague, Czech republic

⁵ Babes Bolyai University, Center for Health Policy and Public Health, Cluj Napoca, Romania)

THE PREVALENCE OF ALZHEIMER'S DISEASE IN SLOVAKIA

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MARUŠKOVÁ, LENKA, SKLENÁROVÁ ,ZUZANA

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**SELECTED TRAFFIC AND ECONOMIC PARAMETERS AND THEIR RELATIONSHIP TO THE
ACCIDENT RATE AND DEATH RATE BY TRAFIC ACCIDENTS IN SELECTED COUNTRIES OF
THE EUROPEAN UNION.**

NACHTMANOVÁ KATARÍNA , SKLENÁROVÁ ZUZANA, KÁLLAYOVÁ DANIELA

(Trnava University in Trnava, The Faculty of Health and Social Care. Department of Public Health)

17:40 Closing Ceremony

18:00 Sojourn

THE QUALITY OF THE SECONDARY PREVENTION AFTER MAJOR CARDIOVASCULAR SURGERY - RELATIONSHIP TO THE POPULATION (FOLLOW-UP MORE THAN 10 YEARS).

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Aim: To ascertain the quality of the secondary prevention in the group of the patients after the cardiovascular major and the relationship to the value of the analysed parameters in the sample of the Czech population. The revascularisation surgery majors were done in 1997/98.

Method and group: The patients after the surgery treatment of the heart ischaemic disease, more than 10 years ago(n= 336, males n= 249, females n= 87), age at the time of the surgery major 58,3 ± 10,28 years (females older + 10,7 years than males, p< 0,01).

The sample of the Czech population - random sample, males, females, aged 24-65 years (n= 3610 persons, males n = 1735, females n = 1875, n.s.).

The value of the blood pressure, total cholesterol, high density cholesterol, fast glycaemia, anthropometric parameters were analysed.. ANOVA method was used for statistical evaluation.

Results:

10 years after surgery major :

- total cholesterol decreased by 0,6 mmol/l (from 5,4 ± 1,35 to 4,8 ± 1,01 mmol/l, p<0,01) treatment by statins - males 17,2 % , females 19,8 %
- high density cholesterol increased to 0,02 mmol/l (from 1,23 ± 0,47 to 1,25 ± 0,31 mmol/l, n.s.)
- fast glycaemia increased by 0,8 mmol/l (from 5,9 ± 1,47 to 6,7 ± 1,96 mmol/l, p < 0,01)
- systolic blood pressure increased by 3 mm Hg (from 135,7 ± 21,97 to 138,3 ± 19,08 mm Hg, p < 0,01)
- diastolic blood pressure decreased by 4,1 mm Hg (from 82,04 ± 12,23 to 77,92 ± 10,30 mm Hg, p < 0,01.

Sample of the Czech population

- blood pressure BP > 140/90 mm Hg or antihypertensive treatment males 53,4 % (n= 926), females 37,8% (n = 726), p < 0,01
- total cholesterol > 5 mmol/l, males 64% (n = 1110), females 62,4% n = 1169, n.s.)
- fast glycaemia > 6,1 mmol/l males 20,8% n = 360, females 13,2 m% n = 246, p < 0,01)
- high density cholesterol (in volunteers with positive personal history of ischaemic heart disease) , males > 1,1 mmol/l 2,2% n = 38, females > 1,3 mmol/l 0,7 % n =13
- the treatment by the statins males 9,5 % n = 165, females 7,3 % n = 136 , n.s.

Conclusions: The secondary prevention in the patients after revascularisation surgery major is done with different quality according to the many conditions. Very important role plays the compliancy of the patients to the treatment and the non pharmacological advices. Unfortunately, even the repeated education is not so successful as it will be expected. The value of the fast glycaemia increased , because of the increased energy input of the Czech population (despite gender, age, residency, education).

The willingness of the probands (both groups) is higher to the pharmacological treatment, non pharmacological treatment of the risk factors of the atherosclerosis is often neglected.

FACTORS CONTRIBUTING TO HIGH INCIDENCE OF DIARRHOEAL CASES IN CHILDREN UNDER FIVE YEARS LIVING IN CROWDED URBAN AREAS –SLUMS

BODO, J.

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Four children die every minute yet some of the deaths are preventable.

Every year almost 2,5 billion episodes of diarrhoea cases erupt among children under 5 year of age worldwide. Its incidence during last two decades is relatively stable. More than a half of these occur in Africa and South Asia.

The usual background of poverty, low education level, ignorance, overcrowding and inadequate hygiene in tropical regions of the developing world or in disadvantaged minority groups in otherwise healthy societies tends to perpetuate the problem.

The autor tries to identify the factors that contribute to the increase of prevalence of diarrhoeal diseases in urban areas particularly slums – Nairobi, Kware. Diarrhoea is a prominent clinical feature of childhood malnutrition and diarrhoeal illnesses are major causes of high prevalence of childhood morbidity and mortality in malnourished populations.

Key words: Under-nutrition, hygiene, malnutrition, poverty, dehydration and diseases.

IMMUNOGENETICS OF PSORIATIC ARTHRITIS - THE SLOVAK POPULATION STUDY

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Background

Psoriatic arthritis (PsA) is a chronic, inflammatory arthritis associated with psoriasis. Immunogenetic relationships in PsA are more complicated than in another rheumatic diseases e.g ankylosing spondylitis (B27), rheumatoid arthritis (DR4, DR1). PsA is associated with several HLA antigens, mainly with HLA-B16, B38, B39, B27, B13, B17, B37, Cw6, DR4 and DR7. Some of them are typical for clinical subsets of PsA.

Objective: The complex immunogenetic analysis – a study of HLA-A,B,C,DR,DQ antigens in Slovak patients with PsA.

Patients and methods

- 102 unrelated patients with PsA (60 males, 42 females, aged 15 - 68 years)
- 31 unrelated patients with psoriasis (18 males, 13 females, aged 22 - 39 years)
- A family with a dizygotic twins with PsA
- Healthy controls (the Slovak population) – HLA-A,B,C n=760; HLA-DR,DQ n=112
- HLA typing - HLA-A,B,C,DR,DQ antigens (in total 87 antigens) - fluorescent modification of IMB microcytotoxicity test (BAG)
- An isolation of CD8+ and DR+ cells – Dynabeads (DynaL Biotech)
- Statistical analysis - χ^2 test, χ^2 test with Yates' correction, Pcorr, odds ratio (OR)
- Frequencies of antigens, alleles, haplotypes, linkage disequilibrium analysis - delta, relative delta (%)

Results and conclusions

- Increased frequencies of antigens HLA-B27, B16, B38, B39, B13, B17, Cw6 and DR7 were observed in Slovak patients with PsA. This finding confirms a complexity of immunogenetic relationships in PsA.
- A more detailed immunogenetic analysis showed that **PsA is primary associated with antigens HLA-B27 (OR=3), HLA-B38 (OR=3) and HLA-Cw6 (OR=6) in the Slovak population.** The relationships with HLA-B13, HLA-B17, HLA-DR7 are secondary and result from a linkage disequilibrium between HLA-Cw6 and B13, B17, DR7.
- Up to 70% of PsA patients (71/102) had at least one of three associated antigens – HLA-B38, B27, Cw6. The combined OR=20.
- An increased frequency of antigens HLA-B16, B38, B13, B17 and Cw6 was found in **psoriasis** in the Slovak population. The relationships with antigens **HLA-B38 (OR=8) and HLA-Cw6 (OR=26)** are primary. HLA-Cw6 and HLA-B38 are probably connected with the skin affection (psoriasis) as well as in PsA.
- The association with the antigen HLA-Cw6 is stronger in psoriasis than in PsA (OR=26 vs. 6). Cw6 negative psoriatic patients had a higher risk (6 times) for the development of PsA than Cw6 positive psoriatic patients (protective effect of HLA-Cw6?).
- A more frequent occurrence of **an axial form of PsA** (sacroiliitis, spondylitis) was observed in **B27 positive** than B27 negative PsA patients (59% vs. 19%, $P < 0.0005$, OR=6).
- **Male sex, B27 positivity and Cw6 negativity are probably important risk factors for axial PsA.** A frequency of the axial disease was different in separate groups:
Female: → 2% Male: B27- Cw6+ → 23% (3/13) OR=12 B27- Cw6- → 42% (11/26)
OR=29 B27+ Cw6+ → 50% (4/8) OR=40 B27+ Cw6- → 75% (9/12) OR=120
- HLA identical dizygotic twins concordant for PsA with a different clinical course of the disease without antigens B27, B38, Cw6 point out genetic factors other than HLA in the pathogenesis of PsA.

THE RESULTS OF THE AUSTRIAN STUDY: PREHOSPITAL AND EARLY HOSPITAL PHASE OF BRAIN TRAUMA MANAGEMENT.

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The International Neurotrauma Research Organization (INRO) in Wien is in 2009-2013 implementing a project on mapping the prehospital and early in-hospital phase of treatment of traumatic brain injury victims in 16 treatment centers in Austria.

In the first half of the project we have developed a database and collected data on 448 patients treated in participating hospitals. We have analyze the data, looking at the patients outcomes and factors that might have influenced them. The study focuses on the patient management in first minutes and hours after the injury, the time critical for patient's survival and long term outcomes.

In the first step we have analyzed the group of patients regarding the age and gender, mechanism and location of injury and trauma severity. Average age of patients is 48 years, but it varies significantly between the centers (35y.in UKH Linz, 74y. in UKH Graz). 70% of the patients are male. Leading mechanism of injury is fall from less than 3 meters (30%), the second most common is driver in a road accident (11.6%) and the third is fall from more than 3 meters (11.16%). Severity of trauma was assessed by Glasgow Coma Scale (GCS) score – the average for the whole group is 8 – and associated injuries.

In the emergency service part of the treatment we have analyzed rates of intubation and mode of transport to the hospital (by helicopter or ambulance car). We have also looked at profession of person attending to the injury on the scene (physician vs. paramedic). Further, the factors analyzed were rates of monitoring used (blood pressure, oximetry, capnography), type and volume of infusions administered during the patient's transfer to the hospital.

Within the trauma room treatment we have looked at status by admission and discharge, airway management and infusions. Further, we have examined date and time of the first and the worst CT scan of the patient and present brain injuries.

Important part of our analysis of the treatment was date, time and type of cranial surgery, as well as performance of other than head surgeries.

For treatment in the ICU we have assessed status at the ICU admission and discharge, use of steroids and artificial cooling. For overall hospital management number of days with intracranial pressure (ICP) monitoring and days of ventilation were checked. Lastly, status at, date and time of patient's hospital discharge were assessed and 6 month outcome was found out by telephone contact with the surviving patients.

By analyzing the factors and their influence of patient survival and health outcomes differences in treatment between the hospitals were assessed. Incorporating the results into the suggestions for standard prehospital and early hospital treatment of TBI patients in Austria will be the next step of the project and practical implementation of our work.

Keywords: Traumatic Brain Injury, treatment, prehospital, intensive care

ESTIMATED PREVALENCE OF ALZHEIMER'S DISEASE IN THE SLOVAK REPUBLIC BASED ON PHARMACEUTICAL CONSUMPTION

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The project *Alzheimer's Disease and Other Forms of Dementia - Prevalence, Access to Mental Health Services, Costs and Quality of Life* is implemented in the Slovak Republic in 2009 – 2011. In the descriptive part of the project we have checked all available data sources and tried to estimate the prevalence of Alzheimer's disease in the country. One source of data is the average dementia prevalence presented by Eurocode, the working group of the organization Alzheimer Europe. Eurocode based its estimate on the population surveys of true dementia prevalence implemented in several European countries (not in Slovakia). Based on the Eurocode results we have calculated number of people with dementia, living in the Slovak Republic and the trend for the years 2002-2008. Out of this calculation we are able to **estimate the number of people with Alzheimer disease (true prevalence)**, as we know this diagnosis is specified in about 60% of all dementia patients. Another source of data, consumption of anti-alzheimer pharmaceuticals, is a reliable source of information on how many people are treated for AD diagnosis in the country. From the International Medication System we have obtained information about pharmaceuticals consumed for AD diagnosis in the Slovak Republic in the years 2002-2008. As AD is treated mainly by single medication out of six medications available on the Slovak market, based on the defined daily doses we were able to **calculate estimated number of people treated in the Slovak republic for AD in the monitored period**. We were able to draw an interesting, but alarming conclusion that **only about half of the people that have AD in the Slovak Republic are currently for their diagnosis treated with medication (44% in 2002 and 55% in 2008)**. This fact is disturbing since the medications for AD treatment prove to be very efficient in slowing the progress of the disease and improve the quality of life of the patient significantly. Limitations of this study are several. Calculated true prevalence of AD in the population is just a crude estimate, as it is based on results of population surveys from countries other than Slovakia. However, as a population survey of mental disorders has not been implemented in the Slovak republic yet and therefore we have no other information about true prevalence of dementia in general or AD in particular, our calculations give us best available estimate of the situation. The treatment gap in mental health is internationally well recognized fact and we have confirmed it in the area of Alzheimer's disease in Slovakia. Recommendation based on our results is a thorough screening for AD in general practitioners' offices, in order to improve the diagnostics of the disease and thus the early treatment of the affected patients.

Key words: Alzheimer's disease, dementia, prevalence, estimate, treatment

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CHALLENGES OF MISSIONARY WORK IN DEVELOPING COUNTRIES

BUČKO, L.

Our missiology department focuses on a research of missionary models, forms and methods for working in developing countries in globalizing world. Besides the historically overcome missionary models (ethnocentric, accomodational), we meet contextual/inculturational model in today's missionary praxis. There are indications that a shift of missionary model (or paradigm) from the contextual/incultural one to a global/pluralistic one is needed. The question arises about what features the new model would have. We should be considering whether a contemporary missiological exploration is able to answer these questions. If we want to face the task of a new missionary paradigm research we must be acquainted with the basic challenges and trends of missionary work in developing countries and regions.

HEALTH AND OCCUPATION CONDITIONS OF MIGRANTS FROM THE THIRD COUNTRIES

BUCHAROVÁ, E., SVOBODA, J., DVOŘÁKOVÁ, L.

Faculty of Health and Social Studies, Department of Public and Social Medicine

Migration, from a view for above, is a complex and natural phenomenon requiring multidisciplinary attitude in research; from the view from below or particular, migration is a long term process beginning even before physical migration and sometimes it is never ending, the researcher must be human, first of all. Generally, there are many factors which influence decision to migrate and influence quality of migrants' lives, on the other hand, these migrants and networks/patterns of migration influence society in both sending and receiving country.

Dealing with occupation conditions of low-skilled immigrants for the third countries (the case of the Czech Republic) as a starting point of our research we tried to answer a question 'which legal, institutional and societal practices determine these conditions and how?' This question presents the first phase of our research. This phase is characteristic by qualitative approach employing case studies and partly media, discursive and policy analysis to find proper hypotheses which would we test in the second part.

Current results of our work foreshadow that democratic institutions do/can not work properly in this case. The open questions are why? and what does it mean? However, aren't we too used to rely upon state institutions instead of personal involvement? In other words ... do you know a story of woman/man who cleans your office?

Key words: Migration, Health Conditions ,Occupation Conditions , Quality of Life

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OCCUPATIONAL BLOOD EXPOSURE INJURIES REPORTING SYSTEM IN ROMANIA - DESCRIPTIVE ANALYSIS OF 2008-2010 DATA FROM CLUJ COUNTY

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Romanian Ministry of Health Regulation number 916/2006 – Surveillance, Prevention and Control of Nosocomial Infections contains in annex V the methodology for surveillance and control of blood exposure injuries. This document is amending the previous law and provides the legal basis for actions in the field of occupational blood exposure injuries.

Data on the real incidence and risk factors associated with occupational blood exposure in Romania are needed in order to develop appropriate policies.

We performed a descriptive analysis of data reported for the January 2008 – May 2010 period for Cluj County healthcare settings. The passive surveillance system based only on surveillance charts collected insufficient data and thus raising the question of accuracy and efficiency. Available data about occurrence of accidents in all healthcare settings From Cluj County proved to be limited.

Conclusions: There is a big opportunity for improving the surveillance system. Blood exposure injuries must be managed effectively to prevent infection and reduce anxiety in healthcare personnel. The implementation of vaccination strategies, safe working policies and the proper use of safe equipment should be monitored better.

Key words: Injury, Occupational Blood Exposure, Cluj, Romania

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CRAVING AS A DIAGNOSTIC CRITERION OF NON-SUBSTANCE ADDICTIONS

ČÁ SAROVÁ, G., ŽÁ KOVÁ, M.

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Problems of non-substance addiction are not sufficiently addressed in Slovak literature. Our contribution is devoted to precisely this area, namely the issue of diagnosis of non-substance dependencies. Post sees the diagnosis from the perspective of several experts and different approaches. Distinguishes understanding of the international classification of diseases in the European space and its American equivalent. Craving is a diagnostic criterion in Europe, but not in America. Further, we discuss precisely this criterion.

Key words

Non-substance addiction, diagnosis of non-substance addictions, craving

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THE ORIGIN OF PUBLIC HEALTH LAW IN THE US: THE CASE OF JACOBSON VERSUS MASSACHUSETTS

COSTELLO, M.

University of Scranton

More than 100 years ago, The United States Supreme Court decided the case of Jacobson versus Massachusetts in which the court was asked to rule on the right of a state government to mandate certain public health practices, even if those practices superseded an individual's rights to be free from governmental intrusion. This presentation will give a brief history of the facts leading up to the court challenge as well as the reasoning which the court applied in ruling that state government had the right to mandate certain practices. This very important case is cited as the fundamental basis for the evolution of Public Health law in the United States.

Key words: Public Health Law

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SIGNIFICATION OF THE REHABILITATION OF PERSONS AFTER A CEREBRO-VASCULAR ACCIDENT IN THE IMPROVEMENT OF THEIR LIFE QUALITY

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Since man appeared on Earth, he always aimed at assuring himself the best conditions of existence possible. During ages, the standards which indicated the level of the quality of life for different social groups were changing. Contemporarily, the quality of life grows on meaning i.e. in connection with the development of *public health* as well as with the relative decline of the *biomedical model* for the favor of *bio-psycho-social model*. The investigations indicates that in approximatively 50 % we do have influence on the state of our health. Therefore the essential part in creating the health of an individual and of the society and what follows - the quality of life, is played by the lifestyle. This last is taken into the account in the bio-psycho-social model of health. As it is known, the biomedical model which is basing on biological etiology of disease it is not able to be up to the contemporary health problems of societies. Therefore a continuously bigger part in the maintenance and the improvement of public health is played by a bio-psycho-social model, which takes into account the part of the mind in the struggle against diseases as well as the socio - economical determinants of their occurrence. This has an essential meaning for the improvement of the quality of life of an individual as well as those of the whole societies. We can talk about the quality of life both in the case of healthy and ill persons.

In the article are introduced basic theoretical questions connected with the quality of persons' life after cerebro-vascular accident and the methods and investigation tools used in its examination. Moreover, some results of the investigations led in this domain by numerous researchers results are presented. It also gives a characteristic of the aim of the rehabilitation of a patient after brain stroke as well as its part in improvement of their quality of life.

THE HOLISTIC APPROACH IN THE PALLIATIVE CARE IN SLOVAKIA AND THE TASKS OF SOCIAL WORKER.

DOBRÍKOVÁ, P.

Faculty of Healthcare and Social Work, Trnava University, Department of Social Work

The topic of palliative care has recently become an important subject in the scientific literature. We have to provide a complex care and accompany dying people during these special moments of their lives and we must accept the fact of bio-psycho-social-spiritual dimensions of a person because dying is a multidimensional and multifactorial experience.

Hospice and palliative care is interested in and deals professionally with questions of social nature, too, therefore a social worker should always be a part of the team because there is a degree of interference between fulfilment of social needs and health. This contribution defines also the tasks of social worker in the palliative care team.

Key words: palliative care, dying, social worker

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EPIDEMIOLOGY OF BICYCLE RELATED INJURIES IN AP VOJVODINA, SERBIA

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Bicyclist are one of two the most vulnerable groups in traffic. Traffic in Autonomous Province Vojvodina, Serbia is characterized by intensive using of bicycles by all age groups. The aim of this study was to describe main epidemiological characteristics of bicycle related injuries in AP Vojvodina.

Data from Ministry of internal affairs, collected from 1996-2009 were analyzed.

During this period, there were 11673 bicycle related road traffic injuries (833 per year, 2.3 per day) registered. Between them, 2240 were heavy injuries (160 per year), and 4487 slightly injuries requiring medical attention (320 per day). During those 14 years, 346 bicycle drivers were killed in road traffic injuries (25 per year).

Case-fatality ratio for bicycle injury in AP Vojvodina is 3%, which is almost 20 times higher than in USA and some EU countries.

Broad prevention programs, and a change in legal framework and education process in urgently needed to face with this important public health problem.

Key words: bicycle, epidemiology, injury, prevention

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BIOMASS COMBUSTION AND INDOOR AIR QUALITY IN THE ROMA COMMUNITIES IN SLOVAKIA AND ROMANIA (IARQ-ROMA)

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Objectives: The aim of this presentation is to assess the indoor air quality in the Roma-villages and to educate the inhabitants of the Roma-villages about possible health risks.

Methods of analysis: We measured the concentrations of the toxic gases such as CO and CO₂ as the main parameter of biomass users indoor air quality.

Results: We measured these average data CO = 6,7 mg/m³ (0 mg/m³ – 26,7 mg/m³), CO₂ = 2816,2 mg/m³ (543 mg/m³ – 5903 mg/m³), relative air humidity 39,4% (16,1% – 71%) a average temperature 26,4°C (8,5 °C – 36,2 °C) at 11 houses in the Romanian Roma-village. At 19 Roma households in Slovakia was measured these average data: CO = 3.2 mg/m³ (0 mg/m³ – 22.5 mg/m³), CO₂ = 2857 mg/m³ (1075 mg/m³ – 9182 mg/m³), relative air humidity 49.5 % (22. 1 % – 103 %) and temperature 20.7 °C (1.2 °C – 27.4 °C). Data measured during the non-heating season was significantly lower at both countries. The MNDOLI has set workplace safety standards for CO₂ of 11 450 mg/m³ for an 8-hour period and 34 350 mg/m³ for a 15 minute period. These standards were developed for healthy working adults and industrial workplaces and may not be appropriate for sensitive populations. We can allege that any value of these polluting gases in indoor air is not acceptable. Average relative air humidity and temperature at Roma villagies are acceptable but maximal and minimal values demonstrate dry and very hot microclimatic condition on one side or extremely wet and cold on the other side.

Conclusion: Romas are one of the specific populations in relatively developed countries, which are the most exposed to indoor air pollution from sources like biomass fuel.

Another reason for this research is fact that no standards have been agreed upon for CO, CO₂ and also for another polluting gases in indoor air. This survey is therefore important and may serve as a base for further studies in the field in a broader context.

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Key words: Indoor air quality, respiratory health, fossil fuels, Roma

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MANAGEMENT OF MALNUTRITION IN KENYA, KWALE DISTRICT – FINDINGS, POSSIBILITIES AND CHALLENGES.

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Malnutrition is an important public health issue particularly for children under five years old who have a significantly higher risk of mortality and morbidity than well nourished children. The national figure in Kenya for acute malnutrition of children under five years old is estimated at 6%, however there are huge differences between the regions. Kwale district may be one of the risk areas. The population in the district is approximately 172 000 inhabitants, who can access to 1 district hospital and 20 small health facilities. Only 3 doctors and 61 nurses are working in whole district. There are also community health workers, who are assisting with health issues, but they are not educated and qualified. Factors like food insecurity, low level of literacy and limited capacity of government health staff are increasing the risk of malnutrition. Issue of HIV and AIDS should be also considered, because is intrinsically linked with malnutrition. The prevalence of HIV/AIDS in Kwale district is approximately 7% for the last year. The study is showing the findings, possibilities and challenges of decrease the prevalence of malnutrition in the Kwale district.

Key words: management of malnutrition, out-patient therapeutic care, Kwale district

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THE THEORETICAL ASPECTS OF SOCIAL WORK MANAGEMENT VERSUS SOCIAL MANAGEMENT

FÁBIANOVÁ, M., SCHAVEL, M.

The study aspires to point out the problematic of the management and social management and consequently tries to clarify its position in social work practice. The article provides overview and comparison between the theoretical management theses on the social management's knowledge bases. The study focuses on the social management as on the new socio-economical boundary science in maturation stage. It tries to render the new epoch's demand in social work management and consequently provides an integrated and systematic management model solution for social work practice.

Key words: management, social management, social work, social capital, integrates social management's model

EXHALED BREATH ANALYSES: NOVEL APPROACH FOR MONITORING OF OCCUPATIONAL RESPIRATORY DISEASES.

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Occupational respiratory diseases caused by inhaling of pneumotoxic, irritative and allergic substances remain a topical argument in the field of occupational medicine. The incidence of chronic inflammatory diseases, occupational asthma, and other allergic respiratory disorders are increasing worldwide. The lack of early indicator of airway pathobiology is the major limitation for efficient health surveillance in workers at risk. Recently, non invasive methods of exhaled breath analysis: fractional exhaled nitric oxide ($F_{E}NO$) and exhaled breath condensate (EBC) have attracted attention in the field of respiratory and occupational medicine. These provide a rapid, effective and non invasive approach for pulmonary biomarkers assessment and represent a significant advance over the “gold standard” methods, such as bronchoscopy or bronchoalveolar lavage, which are more invasive and uncomfortable for patients. $F_{E}NO$ and EBC have been recently studied also as a possible suitable biological matrix for assessment of biomarkers related to occupational exposures.

Nitric oxide is an endogenous gas generated in lower airways and endothelium and is involved in biological and pathophysiological functions. It plays an important role in inflammatory process and oxidative stress due to reaction with reactive oxygen species. Elevated levels of $F_{E}NO$ are typically associated with eosinophilic type of inflammatory reaction, such giving opportunity to use $F_{E}NO$ measurement for occupational asthma assessment and monitoring in workers exposed to allergic and toxic irritants. Generally, workers with a positive specific inhalation challenges to occupational agents tend to show a greater increase in $F_{E}NO$ than those with a negative challenge. $F_{E}NO$ is intensively studied also in neutrophil type inflammatory respiratory diseases, for now, contradictory results have been presented.

The method of EBC allows to collect the samples of airway lining fluid noninvasively by cooling of exhaled air during spontaneous breathing. EBC is considered a suitable biological material for assessment of biomarkers of exposure and of effect and its use in occupational medicine represents today a promising approach to integrate the traditional biomonitoring performed on blood and urine, which reflect systemic rather than local dose. Pneumotoxic metal levels in EBC reflect the workers' exposure and give information about the target dose at the pulmonary level responsible for local toxic effects. A wide range of mediators of inflammation (leukotrienes, prostaglandins, cytokines, pH), oxidative stress (hydrogen peroxide, lipid peroxidation markers) and nitrosative stress (nitrite, nitrate) as a biomarkers of effect arising from epithelial lining fluid could be dosed in EBC, thus providing novel insights on pathobiology processes in airways

The novel techniques of breath analyses offer a prospective possibility of their application in occupational settings and should facilitate everyday work of specialists in occupational health. The American Thoracic Society (ATS) and the European Respiratory Society (ERS) have developed guidelines for $F_{E}NO$ measurement and for EBC collection and analysis, but further studies of validation are necessary prior to a widespread application of exhaled breath-based methods in occupational settings.

Key words: EBC, exhaled NO, occupational exposures, monitoring

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THE INFLUENCE OF SELECTED FACTORS ON THE PERIOD OF MOTHER'S BREASTFEEDING IN TRNAVA

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Objectives: The aim of the cross sectional study was to describe the influence of selected factors concerning the general characteristics of several things which are as follows - a mother and a baby, breastfeeding, childbirth education, hospital staff and practices - on any breastfeeding lasting at least six months after the birth of a baby and exclusive breastfeeding after the birth of a baby up to the sixth month concerning mothers in the town of Trnava.

Materials and methods: Monitoring group was made up of 117 mother - baby couples, and it included mothers and infants at the age of 6 months up to 2 years living in Trnava. We used chi-square test (univariate analysis) and logistic regression (multivariate analysis) to describe the influence of the factors. $P \leq 0,05$ was statistically significant for us.

Results: We have found out that there was statistically important influence of not attending childbirth education on any breastfeeding at least six months after the birth of baby in the case of each mother ($p=0,03$; OR 0,1; CI: 0,01-0,8), in the case of the primiparous women ($p=0,02$; OR 0,08; CI: 0,01-0,7) as well as in the case of all mother's exclusive breastfeeding up to the sixth month since the birth ($p=0,02$; OR 0,02; CI: 0,1-0,9) and in the case of primiparous women breastfeeding ($p=0,04$; OR 0,35; CI: 0,13-0,95). For all mothers, we have found the statistically significant effect of the first breastfeeding within 1 hour after birth on any breastfeeding at least for 6 months ($p=0,03$; OR 5,9; CI: 1,2-28,5). It also influences exclusive breastfeeding up to six months ($p=0,02$; OR 2,8; CI: 1,2-6,6). Any breastfeeding at least up to six months is also influenced (on the level of statistic importance) by the hospital staff in the cases of primiparous women ($p=0,007$; OR 0,15; CI: 0,04-0,6) and by media in the cases of all mothers ($p=0,01$; OR 4,1; CI: 1,4-12,4).

Conclusion: By this study, we proved the importance of attending childbirth education, the first breastfeeding within 1 hour of birth of a baby, and the influence of hospital staff and media on the any or exclusive breastfeeding that lasts as long as it is suggested by WHO.

Key Words: Odds Ratio, breastfeeding duration, mothers, primiparous mothers, Trnava, determinants

EVIDENCE BASED MEDICINE APPROACHES IN ONCOLOGICAL SURGERY AT SURGERY DEPARTMENT OF FACULTY HOSPITAL OF TRNAVA

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Cancer, its prevention, and therapy are constantly debated topics both among professional and the general public. The widespread problem of gastrointestinal cancer has recently become a popular topic. During the treatment, and more often during the early postoperative period, health workers often face complications. One of these problems, wound infection and its associated complications prolong the period of hospitalization.

The study was conducted on the basis of observed factors: sex, age, antibiotic prophylaxis, thromboprophylaxis, preoperative bowel preparation, neoadjuvant radiotherapy, neoadjuvant chemotherapy, adjuvant radiotherapy, adjuvant chemotherapy, the presence of a stoma, tumor depth and TNM classification of cancers to determine the impact of length of hospitalization, complications, reoperation, operation, radiotherapy, and chemotherapy.

The participant group consisted of 85 patients hospitalized with a diagnosis of C20 at Surgical Clinic of the University Hospital in Trnava in 2007-2008. Monitored parameters were patient age, patient gender, type of antibiotic prophylaxis administered, TNM, neoadjuvant and adjuvant radiotherapy and chemotherapy, cultivation from the drain, injury scrub cultivation, length of hospitalization, thromboprophylaxis, the preparation of intestinal type of operation, depth of tumor, wound healing, reoperation time, presence and type of a stoma, the number of complications and reoperation. In analyzing the relationship between the above factors, logistic regression analysis was used. Statistical significance was decided to be $p \leq 0,10$.

In the group of patients FN TT, monitoring the impact of various factors on length of hospitalization shows a 13,90 times higher chance in patients with complications in the pursuit of another combination of factors. The chance of neoadjuvant chemotherapy was 1,97 times higher in patients with deeper tumors ($p \leq 0,01$).

This study demonstrated the effects of age, antibiotic and antithrombotic prophylaxis for the duration of hospitalization, complications, and the choice of radiotherapy and chemotherapy.

Keywords: prophylactic antibiotics, length of hospitalization, complications, chemotherapy, radiotherapy

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THE NEEDS PERCEIVED BY INHABITANTS OF ROMA SETTLEMENTS IN THE EASTERN SLOVAKIA WITH CONNECTION TO SOCIOECONOMIC DETERMINANTS OF HEALTH

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This was a pilot study focused on describing the needs and health inequalities of inhabitants of selected Roma villages in Eastern Slovakia. Specifically, this study aimed to describe perceived needs, health, and health knowledge based on socioeconomic factors. Employment, education, and the type of Roma settlement were chosen as factors that may create differences in these needs and health measures within the Roma communities studied in Eastern Slovakia.

Using a structured questionnaire, participants living in Roma villages were studied. Approximately 15% of the participants were from settings that have been classified as integrated into an established majority town, 30% are on the edge of such a town (separated), while 55% of data comes from segregated settlements. During analysis using location type as a variable, the first two were combined and then compared to the third settlement type.

In each village, the research team (with help from Roma health mediators coming from the Non-Governmental Organization ACEC) provided an opportunity for basic parameter health screenings, including BMI, body fat percentage, height, weight, and blood pressure. After these screenings, each participant was asked to fill the questionnaire.

The study included 103 participants (46% men, 54% women). Mean age of study participants was 34.6 years old (SD \pm 10,8 years, median=33, mode=42). For the purpose of this study, only participants aged from 18 to 65 years old were chosen.

Overall unemployment across the four communities was 91%. Approximately 18% of participants attended secondary or trade school, with the other 82% having only attended primary school. When asked if finding a job was a problem, 87% said yes. Eighty-two percent of participants claimed that employment was the government's responsibility, while 7.7% said that it was a personal responsibility, 9.7% said it was the market's responsibility, and 9.7% said other. Discrimination was the most common "other" response. When asking participants about government interventions, 37.8% wanted more financial support, 50.5% wanted help with housing, and 89% wanted help finding a job. Seventy percent of participants said they feel healthy. When asked about smoking, 61% of the study participants said they currently smoke.

Employment status significantly ($p < 0,05$) influenced the fact if participants ask or do not ask for help from government. Unemployed participants asked for help from the government more often compared to employed ones ($p < 0,05$). There was a significant influence of education on employment. People with secondary education were more likely to be employed compared to people with primary education ($p < 0,05$). When looking at the type of village, there was a significant difference in subjective health perception. Participants from separated villages felt more healthy compared to inhabitants from integrated villages ($p < 0,05$).

In this study, we worked with a small group of participants which may have contributed to the many of the questions which yielded non-significant results. In future research, we would recommend increasing the size of the group of participants.

Key words: health, inequality, disparity, Roma, socioeconomic

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CYTOLOGIC AND BIOPSY FINDINGS LEADING TO CONIZATION IN ADENOCARCINOMA OF THE CERVIX

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Adenocarcinoma of the cervix accounts for approximately 10-25 % of primary cervical cancers. In the last few decades adenocarcinomas have formed an increasing proportion of cervical neoplasms. This proportion has risen from 5% in the 1950s to 10 – 22% in the mid – 1990s. Minimal deviation adenocarcinoma or adenoma malignum of the uterine cervix is a diagnostic problem because of difficulty in differentiating it histologically from normal cervical glands. The criteria for the cytologic diagnosis of adenocarcinoma in situ of the cervix have been well described and its detection in screening practice can be very reliable. Reports of rising incidence rates of cervical adenocarcinoma in young women have given rise to concern and have accelerated the search for prognostic variables. In the uterus, the distinction between a primary endometrial and endocervical adenocarcinoma may be facilitated by use of a small panel of antibodies including CEA, ER and VIMENTIN. In most studies of endocervical AIS, apoptosis has not been identified. We are presenting an analysis of 33 women referred with cytological glandular abnormalities. All of them underwent colposcopic examination, cervical biopsy and/or conisation of the uterine cervix if an abnormality was suspected. The cytological evaluation consists of abnormalities in arrangement of endocervical columnar cells (crowding, pseudostratification, cluster formations, feathering, palisading) and – first of all – of nuclear changes (chromatin pattern, anisokaryosis, nucleoli). The results of cytological detection were compared to the results of histologically confirmed AIS or various types of cervical adenocarcinomas.

Key words: cervical cancers, cervical cytology, cervical adenocarcinoma, uterine cervix

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RECENT STATUS OF THE CARDIOVASCULAR GENETIC

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Cardiovascular diseases (CVD) have a complex etiology and both genetic and environmental factors play a significant and important role in development of CVD.

Environmental risk factors are well known for decades, but the detailed understanding of the CVD heritability (defined as the percentage of the total variance of the examined trait explained by inheritance) is, despite the huge methodological efforts, still on beginning. From the family studies, it was estimated, that genetic is responsible for about 50% of the CVD risk.

Two models of CVD genetic predisposition are suggested. According the first one, CVD events have polygenic background and many variants, each with a small, but detectable effect are responsible for the disease. The second, heterogeneity model presume the existence of many rare variants (but not mutations with deleterious effects) with strong effect on disease development. Both models presume, that in different individuals, different genes could be responsible for CVD development. This fact make the unraveling of the CVD genetic very complicated.

Between the detected genes of interest, both genes with the clear role in CVD development (for example apolipoprotein E, LDL receptor), and genes/locuses with in details unknown functions (FTO, MRAS, KIF) are included.

Further, individual genes/variants interact with other genes/variants (gene-gene interaction) and with environment (nutrigenetics, actigenetics, pharmacogenetics) and clearly, these interactions can better explain CVD risk. For example, an interaction between apolipoprotein E and smoking has been suggested – smoking enhances the risk of CVD events at carriers of the allele designated E4, in contrast to the E2 allele carriers, where smoking represents almost no significant additional risk.

Understanding of these complex interactions can help in future to early detection of the individuals at CVD risk and to the more effective prevention and/or pharmacological treatment.

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SPIROMETRY LIKE AN EARLY PREVENTION OF COPD – DATA PROJECT EVALUATION

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Introduction: Chronic Obstructive Pulmonary Disease (COPD) remains a major public health problem. It is the fourth leading cause of chronic morbidity and mortality. About 8 – 16% people over 40 years suffer with COPD in the Slovak Republic.

Material and methodology: A project “Spirometry like an Early Prevention of COPD” was realized during an action “Days of Health” 16th and 17th June 2010. We investigated 162 people from Trnava region, smokers and non-smokers. The youngest one was 17 years old and the oldest one was at age 80. Respondent average age was 51.16. A total number of respondents included 33 smokers, 31 previous smokers and 98 non-smokers. Outcomes were processed by Microsoft Excel program and analyzed by R and Tinn – R applications and we used Spirometer – SpiroTube pc and program – ThorSoft.

Results: A total number of respondents included 33 smokers, 31 previous smokers and 98 non-smokers. Respondents 58 had standard FVC (Forced Expiratory Vital Capacity) and standard FEV¹ (Forced Expiratory Volume in 1 second). Respondents 36 had reducing both parameters and we recommended them visit their own general practitioner and ask for consultation about measured parameters. A number of respondents who worked in dust environment was 39 and it could have an impact to lung values reducing.

Conclusion: We made the spirometry on all interested people, filled in a questionnaire jointly, analyzed questionnaire and on the basis of obtained data and spirometry results we informed people about their health status.

Key words: COPD, Trnava region, spirometry, prevention,

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PREDICTORS OF SURVIVAL IN PATIENTS WITH UTERINE CANCER

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Objective:Identify and quantify effects of the most common predictors on mortality and five year survival of patients with uterine cancer.

Material and methods:The total sample of patients with uterine cancer was 57, out of that 41 (72%) survived and 16 (28%) died within the period 2001 - 2003. Overall mortality was 35%. The study was designed as retrospective and data were collected from medical records of the Department of Onco-gynecology of the Trnava University Hospital. The average age of patients was 63,65 years. Predictors of mortality were analyzed with Cox proportional hazard analysis. Differences in survival were analyzed using Kaplan-Meier method. A p-value of <0.05 was considered statistically significant.

Results:The risk factors where statistically significant association to the mortality of patients with uterine cancer was established were age HR=1 (p<0,05), TNM classifications HR=9,7 (p<0,05), FIGO stage of cancer HR=1,9 (p<0,05) and grading of cancer HR=4,3 (p<0,05). Patients with uterine cancer with age 67 and over surviving shorter (60%) than patients with lower age of 45 to 55 (94%) p< 0,05. Patients with more tumors T2 survived shorter (43%) than patients with one T1 tumors (85%) p <0,05.

Conclusion: Important risk factors for mortality were TNM classification and FIGO stage. Survival of patients due to higher age and higher number of tumors was significantly low.

Key words:survival, mortality, patients, uterine cancer, risk

NURSING STUDENTS KNOWLEDGE ABOUT THE PREVENTION OF CERVICAL CANCER

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The paper focuses on the extent of nursing students knowledge about the prevention of cervical cancer. It pays attention to a statistical indicator of disease in Slovakia and highlights topicality of the problem and the need of nurse influence in the health promotion. The paper also focuses on the nurse role in prevention. It emphasises the importance of education of nurses mainly in the field of prevention of diseases during their study. It is significant because of their immediate contact with patients and possibility of their informing about the principles of prevention and their leadership in responsible approach to health. These skills are also needed in terms of improving the educational level of students and affecting every aspect of their behavior in the field of health lifestyle, health promotion, prevention and responsible approach to health of their own. The paper presents the results of research which monitored knowledge and behavior of nursing students in the prevention of cervical cancer. On the basis of research results we came to conclusion that there are gaps in knowledge of students in the field of the principles of prevention and risk factors for cervical cancer. More than half of the students cannot recognize or appoint a preventive measure against the occurrence of cervical cancer. Most students do not know the final age when vaccination of women against this disease is possible. More than half of students do not know the number of HPV and cannot identify risk factors for the disease. The students know more about diagnostic tests and their principles. Despite most areas of test were answered correctly by majority of students. A certain percentage of students still remains in force who can achieve better information in these areas.

In the lifestyle of students risky behavior is occurred in connection with the disease in the field of their interest about vaccination. Although more than half of students behave according to the principles of disease prevention a certain percentage of students remains who need to change their lifestyle in their attitudes to vaccination, smoking, alcohol consumption and go through the regular preventive gynecological examinations.

Keywords: Cervical cancer. Nursing. The role of nurses in prevention. Knowledge. Lifestyle.

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A CROSS-SECTIONAL STUDY OF ATTITUDES, HABITS AND AWARENESS ABOUT DRUGS AMONGST STUDENTS BETWEEN THE AGES OF 8 TO 15 YEARS IN SLOVAKIA

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Introduction: Surveys and studies point to the fact that children's first contact with licit drugs are moving into increasingly lower age.

Differences in the frequency of drug use between the sexes is gradually lost. Work brings knowledge about the problems of drug abuse population of children. The study was to describe and analyze the attitudes, habits and level of information on drugs for primary school children aged 8-15 years from 28 towns and villages all over Slovakia.

Methods: Cross-sectional study was conducted in 28 towns and villages in selected primary schools in May and June 2010. The file consisted of 3517 respondents. The survey was conducted a questionnaire method, the first questionnaire filled out by all respondents, the second (attractive drug test) as students II. degree. Data were processed and evaluated using the statistical program R-project, for data analysis was used Fisher's test, Chi - SQUARE test and regression analysis. We tested the significance level of $p \leq 0.05$.

Results: Analysis of the data confirms the fact that family background and environment have significant impact on attitudes and awareness about drugs. We found that with increasing intensity of cigarette smoking increases the chances OR = 1.18, that drugs are becoming more attractive for students. Also, with decreasing intensity of maternal alcohol consumption, tending to decrease the chances for student drugs 0.77 times. And if the son / daughter sees parents support, it is 1.18 times higher chance of attraction drugs. Results of multivariate regression analysis show that compared with the Bratislava region, students have seven other regions of Slovakia a chance to lower the attractiveness of drugs.

Conclusion: The identified results of the survey indicate that children already at the first stage of primary schools are largely threatened by drugs. It is necessary to continue to explore this issue further and propose possible solutions to the problem through prevention and intervention programs.

Keywords: drug, awareness, attitude

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HEALTHY INCLUSION –MIGRANT’S PERSPECTIVES ON HEALTH PROMOTION INTERVENTIONS IN SLOVAKIA

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“Healthy Inclusion - Development of Recommendations for Integrating Socio-Cultural Standards in Health Promoting Interventions and Services” is an international project carried out within the Public Health Programme 2003-2008, co-funded by the European Commission, DG Health and Consumers, Public Health. Project has the aim of gaining knowledge about barriers and supporting factors for migrants in using health promotion interventions by exploring the providers’ as well as the migrants’ perspectives. The explorations centred the perspectives of two migrant groups: One group, which already has had access to health promotion interventions, and one group who did not have access yet. An overview on national migrants’ data in Slovakia, and views their actual (living) situation by focusing especially on “migration and health” issues will be described. Furthermore, interviewees’ perceptions of health, their information level and awareness about health rights and opportunities are spotlighted. Finally, the presentation will demonstrate the interviewees’ experiences respective suggestions for fostering participation and compares at least the migrant users’ suggestions with those of the providers. Data were obtained from 20 semi-structures qualitative interviews. The research questions were focused on individual hindering factors for participation in interventions, general factors which are hindering access to health promotion interventions, images of health/ disease/, structural needs to enhance their access to health promotion interventions, individual needs to enhance their access to health promotion interventions, suggestions for necessary changes to increase the number of users.

EUROPEAN PROFESSIONALS TRAINING INTERVENTION EPIDEMIOLOGY

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Through the history the world population was threaten by different infectious diseases with limited knowledge and access to appropriate treatment. This burden was decreased by continuous medical development and the health professionals started to be more likely focused on uninfected diseases considered as burden of modern world. But infectious diseases as those known for long time as newly observed are still in our environment and it is just a question of time when they present themselves in form of outbreak. For this reason there is a need for network of professionals in intervention epidemiology covering whole area of European Union those would be able to discover any probable serious infectious threat and to provide high security in this issue for EU citizens. With such a purpose it was established program EPIET (European Programme for Intervention Epidemiology Training).

Aim of EPIET is to provide training and practical experience in intervention epidemiology at the national centers for surveillance and control of communicable diseases. Objectives are focused on infectious diseases surveillance strengthening, developing response capacity and European network of public health epidemiologists at national and community levels.

The EPIET program 2010 begun with Introductory course opened for 35 invited fellows consisting from 18 EPIET fellows, 9 other fellows (EUPHEM, PAE and FETP) and 8 externals delegated by National institutes of Public health. This cohort consisted from medical doctors, epidemiologists, professionals from environmental health, microbiologists, nurses and veterinarians. Training lasted three weeks during those all fellows get mixed into different groups according their professional background. Intensive teaching process consisted from 32 lectures, 10 case studies, 7 types of practical exercises and regular tutorials focused on outbreak investigation, analytical epidemiology, surveillance, writing a study protocol and scientific communication.

The result of EPIET Introductory course is a design of network covering countries of European Union consisting from professionals with different scientific and working background those are united into public health issues. Such professionals should be able to apply their theoretical skills in outbreak investigation from creation of control team through hypothesis testing to writing of scientific article. Next, they should be able to identify a problem of public health importance, design epidemiological study and prepare a study protocol or a project proposal. Last but not least, they should be also able to understand surveillance system, implement ongoing system, provide evaluation and set up new system of surveillance. Besides, these professionals should be able to provide scientific papers, communicate with media, teach and present at international conferences. In relation to mentioned skills they should be able to apply them in any environment as in fully developed countries so in poor developing ones. Any kind of EPIET fellow should be able to recognize public health relationship between possible infectious threats within and out of European Union and provide appropriate respond.

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FOOD AS MEDICINE

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A human is born with the body programmed longevity life – approximately for 130 years. It depends on the way of treating the body if he grows old healthy or spend the last days in discomfort, confined to bed till the end of its life. There are so many diseases that are caused by unnatural way of living, that doesn't respect its main principles. Within the ongoing fight against viruses and life-threatening infectious diseases is the modern medicine trying to develop more efficient vaccines and antibiotics, since there were billions of dollars invested to these projects. Every year, so many people die due to consequence of various kinds of infections, thus the idea that human body can be saved from infectious diseases can generally sounds absurd. Hyperacidity of organism (acidosis) is nowadays considered as one of the most dangerous civilization diseases, because health is naturally dependent from acidobasis balance of our body. Acidity is the main basis of most of diseases, because consistent cleansing from acid and repeated refilling of minerals is the basis of each kind of treatment. It happens mostly by natural nutrition that is reach for base-forming foodstuff. Nowadays there is much talk about the dying forests and about acid rain, but the same harmful substances that are killing the forest are harmful also to our health. Acid rain causes the land hyperacidity and acid-forming nourishment causes the human body hyperacidity. This unnatural hyperacidity of organism leads person to fall ill and to premature ageing.

Keywords: Health, Acidosis, Nourishment, Disease, Nutrition's, Person,

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HEALTH LITERACY

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Health Literacy has been defined by WHO as the cognitive and social skills, which determine the motivation and ability of individuals to gain access to, understand and use information in ways, which promote and maintain good health. Health literacy is divided into stages: functional, interactive and critical.

Health literacy is an important issue, because of higher incidence of medical complications and iatrogenic damage in functional health illiterates. There is also an economic damage due to higher costs of medical care. In Europe the estimated percentage of functional health illiterates ranges from around 10% in Nordic countries to over 50% in southern European countries. At this moment an international research is taking place in the EU to get better insight into actual prevalence of health illiteracy.

Tackling health literacy issues is important in the context of equity of health care, patient safety and cost containment of health care.

In Anglo-Saxon countries research has been done into recognising health literacy problems in individuals, using a variety of tools. In recent years a lot of efforts has gone into simplifying the tools, to enable their use in day-to-day practice. In European countries adaptation of tools to local cultural and linguistic circumstances is underway.

Tools and instruments for better communication through simple language, visual aids and computerised media are being developed, which enhance understanding of medical information by people with low health literacy competencies.

The presentation will give a brief overview of the state of the art in (Western) Europe and will discuss the importance for Central European countries.

Key words: health literacy, health care, quality of care

HOLISTIC PRINCIPLE OF NURSING AT POLYTRAUMATIZED PATIENT

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To all medicine disciplines also to traumatology diffused principles of preference of final effect. Nursing philosophy and its practice represent principles of final effect, hence to reach maximum of possible good not only physical but also psychical and consequently social condition of patient. It is necessary to complexly understand the patient in holistic intentions as a BIO-PSYCHO-SOCIAL SYSTEM in which exists multivariability and dynamism of interactions among single variables within certain limits. Injury of any sort is a physical intervention which burdens homeostasy and integrity of organism. Injury directly affects level of individual patient's psychic and consequently provides room for his alteration. It's our effort to reduce these changes of behaviour or eventually eliminate them. To chose the right form is not only a part of art how to treat the patient but also a skilled evaluation of situation. Objective of psychical aid is to prevent from generating unwanted psychical changes arising from hospitalization and long term therapy. Based on knowledge of expression of these changes it is necessary to plan and execute nursing interventions.

Key words: alteration – injury – psychical homeostasy – stress – distress – aggression – depression – psychologic help

OUR EXPERIENCE WITH H1N1 INFLUENZA

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Influenza is an acute inflammatory disease of upper respiratory tract.

Its onset is usually abrupt, starting with chills, headache, fever ranging from 39-40°C.

Sick people may experience fatigue, weakness, languor, may have myalgia, arthralgia, complaining of difficulties in swallowing, burning sensation in chest.

Influenza bronchopneumonia could develop among immunocompromised individuals as a complication.

As a consequence of improperly managed influenza infection, some rheumatic diseases or inflammation of heart muscle (myocarditis), could occur.

During observation period /jun - december 2009/ we have admitted 15 out of 35 ambulatory detected patients, where no child had H1N1 influenza.

We have to highlight, that because of limited number of serological sets, we were able to perform the test only to patients with positive travel history and clinical signs.

Author is presenting interesting course of the disease among patients with H1N1 influenza infection.

Key words: influenza H1N1, bronchopneumonia

ESTIMATED PREVALENCE OF ALZHEIMER'S DISEASE IN SELECTED EUROPEAN COUNTRIES

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Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities, involving the parts of the brain that control thought, memory and language. The most common causes of dementia worldwide is Alzheimer's disease (about 50-70% of dementia cases). However Alzheimer's disease (AD) is an increasing epidemic threatening public health, there is no accurate data on true dementia prevalence available yet.

Therefore, the international project "Alzheimer's disease and Other Forms of Dementia - Prevalence, Access to Mental Health Services, Costs and Quality of Life" funded by the National Institute of Health, Fogarty International Centre, Berkeley, USA, is implemented in four European countries – Slovak republic, Czech republic, Bulgaria and Romania. Project duration is from April 2009 to March 2011. The objectives of the project are to identify Alzheimer's disease health indicators, create a map of mental health care and social services for people with dementia, identify the access of AD patients and relatives to the services, identify ways of financing of AD services, describe quality of life of AD families. Project is divided into two major phases: description of current epidemiological situation on dementia and Alzheimer's disease in participating countries and research – caregivers' quality of life survey.

In descriptive part of the project, we wanted to assess the burden of the society caused by Alzheimer dementia, based on available data from national statistics. Data on the incidence and prevalence of dementia in general and AD in particular in the participating countries for the last 10 years were explored. Current situation in national legislation and financing of services and social support to patients with AD and their family members were described. The data were collected through the legislation overview and relevant institutions. Further, we wanted to create the map of health care (inpatient and out patient services) and social services (day care centres, social service centers, home care services, etc.) using Geographic Information System. Data were collected from the information publicly available and through personal and phone communication with representatives of care services.

Caregivers' Quality of Life Survey is concentrate on determining all aspects of AD and its impact on the individual and family (quality of family's life, access to health and social care facilities, attitudes of social workers to family, social support, etc.). There will be in total 100 family members in each of participating countries interviewed. Evaluation of impact will be carried out by collection of data through questionnaires, their analysis and interpretation.

Particular results the project proved increasing trend of dementia related to the age in all countries and all their regions. Prevalence of dementia in selected countries was estimated from EuroCoDe working group data and population data obtained from national statistics. Also the current numbers of people with AD were calculated according to average dementia prevalence estimates. The highest prevalence of dementia was in women in 80-84 age group.

Key words: Alzheimer's disease, dementia, prevalence, estimate

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EDUCATION OF STUDENTS, NURSES AND PATIENTS IN MAPUORDIT, SOUTH SUDAN.

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South Sudan is located in Africa with Juba as its capital city. This region has been negatively affected by two civil wars. Second Sudanese Civil War for almost twenty-one years resulted in serious neglect, lack of infrastructure development, and major destruction and displacement. South Sudan is acknowledged to have some of the worst health indicators in the world. The under-five infant mortality rate is 112 per 1000, whilst maternal mortality is the highest in the world at 2053,9 per 100000 live births. In 2004, there were only three surgeons serving south Sudan, with three proper hospitals, and in some areas there was just one doctor for every 500000 people. The lack of investment in the south resulted as well in what international humanitarian organizations call a "lost generation" who lack educational opportunities and access to basic health care services.

In order to improve the health status of population in specific areas - Mapuordit and Nyamlellu, the international project "Capacity building in nursing, midwifery and community health in specific conditions of South Sudan" was implemented. Project is funded by Slovak Aid (Slovak Agency for International Development Cooperation) and project duration is from October 2009 to September 2011. Educational program is one of the three main component of the project and it contains Public Health module, Nursing module and Social Work module. According to the Public Health Module, in June 2010, students of the Mapuordit-based Rumbek Nursing School in Lakes State were taking two courses: Environmental Health (14 hours) and Introduction to Community Health and Primary Health Care (15 hours). 18 students started in school this year but two of them left already. Nursing students were selected from local community but they needed to have a Secondary School Certificate done with English. After each course students were writing the test in which they had to make at least 50 % to pass. In pre-test from Community Health no student knew what means health equity, what are the steps of planning process or what are elements of primary health care. In post-test 81 % of students named elements of primary health care and 56 % of them explained the health equity correctly. 69 % of students were able to describe the steps of planning process. Also Hospital Auxiliary Nurses within the CME (Continous Medical Education) programme and hospital staff were taking weekly lessons of Public Health and Health Education in their free time. Patients in the Mary Immaculate Hospital were regularly educated in basic hygiene.

Training of nurses is important for Southern Sudan because country has witnessed changes over the past few years affecting the health sector and would require qualified health workers to deal with health issues. And Rumbek Nursing School is "the first stepping stone" towards capacity building of health workers.

Key words: Education, Public Health, South Sudan, community

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SEVERE TRAUMATIC BRAIN INJURY IN DIFFERENT AGE GROUPS

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Background: It is a well known fact that younger patients with severe traumatic brain injury (TBI) have better outcomes than older patients.

Objective: To test the hypothesis that the better outcomes observed in younger patients are partly due to differences in epidemiologic factors and/or treatment.

Methods: Between 01/2001 and 12/2005, 13 European centers prospectively enrolled patients with severe TBI into observational studies. Data on accident, treatment, and outcomes were collected. According to their age patients were classified into 6 groups: “pediatric” (0-15 yrs), “young adult” (16-30 yrs), “adult” (30 – 45 yrs), “older adult” (46-60 yrs), “senior” (61 – 75 yrs), and “geriatric” (>75 yrs). Data on epidemiology, treatment, and outcomes was compared according to this classification.

Results: 1172 data sets were analyzed. We found significant differences in trauma mechanisms (increasing rate of falls, decreasing rate of traffic accidents with increasing age), predominant lesions (decrease in epidural hematoma and contusion, increase in subdural hematoma with increasing age), and overall trauma severity (decrease with increasing age).

These differences did not influence severity of TBI: Glasgow Coma Scale scores, Abbreviated Injury head scores, and rate of patients with normal pupils were comparable. Outcomes were significantly better in younger patients. Favorable outcome at 12 months after TBI was achieved in 72, 56, 49, 47, 21, and 21% of the patients from the 6 groups, respectively.

Conclusions: The significantly better outcomes of younger patients with severe TBI are not due to differences in epidemiologic factors and/or treatment.

FLUORESCENT CONCENTRATION MATRIX OF URINE IN THE DIAGNOSTICS – EFFECT OF VARIOUS FACTORS ON FLUORESCENCE.

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Urine is a diagnostically important biological fluid containing a variety of organic and inorganic compounds including natural fluorophores. Most of them are tryptophan metabolites, but also metabolites of riboflavin, catecholamines and porphyrins. The qualitative and quantitative composition of fluorophores are characteristic for various disorders. Fluorescent matrices provide complex characterization of urine as one unit. Urine could be defined graphically by excitation-emission matrices or synchronous fluorescence matrices. Interpretation and practical application of such spectral characterization is significantly complicated due to the concentration variability of urines. Urine concentration variability of various individuals was solved by introduction of fluorescent concentration matrices. These concentration matrices reliably distinguish healthy and sick subjects at various pathological states. Differentiation of pathological states provide excretion of various metabolites, which mutually differ fluorescent properties, as reflected in the form of fluorescent matrices. Surrounding and scanning way of fluorescent matrices also has a significant effect on the shape of matrices. In this work we present these influences on the shape of fluorescent matrices of chosen tryptophan and tyrosine metabolites.

The work was carried out within project VEGA 1/0102/10.

Key words: fluorescence, fluorescent concentration matrices, urine metabolites

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NURSING STUDENTS KNOWLEDGE ABOUT OSTEOPOROSIS

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Osteoporosis is a systematic skeletal disorder, characterized by reduced bone mass deterioration of bone structure, increased bone fragility, and increased fracture risk.

Osteoporosis is currently a major health but also socio-economic problem. It is important to increase our attention to the area of prevention, to avoid possible later problems that arise from the disease. To be able to achieve success in this area is necessary to follow a specific strategy developed by the WHO for this topic. It covers areas relating to health care professionals, patients and the wider public.

Exists lot of studies about osteoporosis. We mention in paper some researches focused on life habits and knowledge about osteoporosis. We presenting also our research focused on osteoporosis knowledge among nurse students. It was realised on 271 nurses student on department of nursing in Trnava, Trenčín and Nitra. Adopting changes in life habits can be prevent or delay development of osteoporosis. The survey was conducted to ascertain the knowledge level, because we assume that one who has enough good information concerning the problem, can themselves lead the way to successful prevention. We presenting parcial results of our research. We provide recommendations based on research results aimed on how to increase students knowledge about osteoporosis in curiculla.

Keywords: Osteoporosis. Researches. Prevention. Nurses.

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SEVERITY AND OUTCOME OF TRAUMATIC BRAIN INJURIES (TBI) WITH DIFFERENT MECHANISM OF INJURY

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Background and objective

Morbidity and mortality from traumatic brain injury (TBI) are a serious public health issue and medical concern in developed as well as developing countries. Although a wide range of reasons can lead to a traumatic brain injury, most epidemiological studies and reports have reached a consensus on the leading causes. Traffic accidents are reported in the majority of studies as the most common cause for TBI, followed by low- and high-level falls. Amongst common causes, injuries at the workplace and violence/assault are also listed in a number of studies. The aim of this paper was to analyse the differences in severity and short- and long-term outcome of traumatic brain injuries (TBI) with different causes.

Methods

We analysed data of 1109 patients with severe TBI by dividing them in three injury cause groups: 'traffic related', 'falls' and 'other causes'. Severity and outcome was evaluated using chosen direct and indirect indicators. For estimation of injury severity we used among others the initial Glasgow Coma Scale (GCS), the Injury Severity Score (ISS), the Abbreviated Injury Scores (AIS) as well as time spent on the UCU. For outcome analyses we have used the outcome of patients one year after the injury based on the Glasgow Outcome Scale – categorized to favourable and unfavourable and the survival after the ICU stay.

Results

The most severe trauma occurred in the traffic related group followed by falls and injuries with other causes. The injury severity score (which summarizes the AIS of all body regions) was significantly higher in the traffic group followed by other causes and falls. The GCS also indicates that the most severe injuries significantly occurred in the traffic related group. On the other hand, patients with traffic related TBI had the best outcome. The analysis showed that the highest proportion of patients who survived after the ICU stay were in the traffic related group followed by patients after falls and other causes. This difference was not statistically significant. However, we found statistically significantly higher proportion of patients with favourable outcome after 1 year in the traffic group compared to other causes and falls with the poorest outcome measured by this indicator. After adjusting for the effects of age, ISS, first GCS and asymmetric pupils our analysis showed that traffic related injuries have significantly higher odds of having a favourable one year outcome compared to falls (OR 1.52, CI95% 1.03-2.23). The odds of favourable outcomes of TBI with other causes were higher by a factor of 1.34 but this predictor had no significant effect.

Conclusions

Age improves the outcome in the traffic related group significantly. However in the multivariate analysis after adjusting for age (and other important predictors) the odds for favourable long-term outcome stayed significantly higher in the traffic related group. We conclude that cause of TBI should be considered by both clinicians and public health professionals as a lead in prognosis of outcome and policy planning.

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AN EVALUATION OF BLOOD-BORNE INFECTIONS` PREVENTION IN TRNAVA HOSPITAL

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Introduction: Exposure to blood-borne pathogens poses a serious risk to health care workers (HCW). This paper presents preliminary results of a project, entitled “Evaluation of prevention of professionally acquired blood-borne infections in Central European hospitals” from Slovakia. Human immunodeficiency virus, the viruses of hepatitis B and C were considered as blood borne infections.

Objective: The main objective of the study was to evaluate HCWs` awareness of the danger posed by blood borne infections and attitudes towards prevention of exposure in Slovakia.

Methods: The study was conducted among 103 HCW (40 physicians, 63 nurses) of Trnava hospital in March, 2010. Data was collected through an anonymous questionnaire which was focused on HCW knowledge regarding prevention and control of blood-borne infections, attitudes and behaviours of HCW. Data was analyzed by R-project software.

Results: Preliminary results show that 83% HCW in Trnava hospital were vaccinated against hepatitis B and 5% did not know their vaccination status. However, almost all of them thought that they were exposed to HIV, hepatitis C or B in their workplaces. More than 87% of HCW take measures to prevent infection transmission whilst working with every patient. They wore mostly always gloves (68%), rarely masks (47%) and never protective glasses (53%) during interventions whilst in possible contact with blood or other body fluids of the patient. If they wear them, they would change them after every contact with risky material in most of the cases. Almost every HCW in Trnava hospital placed medically dangerous waste always in impenetrable containers; 4% of them put this kind of waste in a basket or plastic bags with other garbage. More than half of all respondents know about written guidelines regarding general protective measures and almost one half knows about written guidelines regarding post-exposure prophylaxis after exposure to body fluids that are available in the workplace.

Conclusion: Preliminary results demonstrate a relatively high level of HCW knowledge in terms of prevention of blood-borne infections and measures to prevent theirs` transmission.

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Key words: blood-borne infections, health care workers, prevention, knowledge.

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THE PREVALENCE OF ALZHEIMER'S DISEASE IN SLOVAKIA

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The main goal of this thesis was to determine whether the Slovak Republic is prepared for aging population, whose main health problems are diseases of dementias group , particularly the Alzheimer's disease. The specific objectives have been to know whether the number of dementias and Alzheimer's disease is increasing in the Slovak Republic and whether there are enough medical .

We have obtained medical information about the issue of Alzheimer's disease and dementias from the National Center of Health Information, the medical information yearbooks, from the database of RegDat of Medline and PubMed archive of public information, regional administration, the Ministry of Health of the Slovak Republic, Ministry of Labour, Social Affairs and Family, directly from the experts who deal with this issue. We have received the information about the provision of social services by region through a telephone survey. We found out that from 1948 to 2008 the number of elderly population in the Slovak Republic was rising. The incidence of dementia (diagnostic group F00-F03) in all districts in the study period from 2002 to 2008 was rising, with the exception of Trnava region and prevalence of Alzheimer's disease is increasing in all regions. In all regions, the number of job positions of psychiatrists and neurologists and the number of psychiatric and neurological clinics was increasing in the followed period as well. Number of patients per one psychiatrist's medical position was reducing in all regions except the region of Banska Bystrica. Number of patients per one neurologist increased in comparison with 2002 in Trenčín, Prešov, Nitra, Žilina and Banská Bystrica region Many foreign studies show us that there is an increasing number of people suffering from dementia and Alzheimer's disease in the world. We found out that there are differences in the frequency of diagnosing the disease in different EU countries, which shows the quality of the health system of the country.

We also identified and compared different regions of SR where differences in health and social services have been reported. We found out that in the Slovak Republic population is aging, as well as in other EU countries. Diseases of dementia and Alzheimer's disease have a growing trend. SR does not have enough spezialized doctors for treating this issue and people do not have enough information about this disease. Number of health facilities is increasing every year, but there is still lack of health facilities, which specialize in this specific disease. There is also most probably not enough trained staff, and furthermore, we suspect a breach in the LawNo. 448/2008.

Key words: Alzheimer's disease (G30), a group of dementias (F00-03), Dementia in Alzheimer's disease (F00), psychiatrists, neurologists, health care, social care

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THE IMPORTANCE OF SCORING: PUBLIC HEALTH ASPECTS

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Definitions:

- A notch or incision, especially one that is made to keep a tally
- A usually numerical record of a competitive event
- A result, usually expressed numerically, of a test or examination

Non-medical uses:

- School: Grades, rankings
- Sports: football results, figure skating, bowling, etc
- Economy: value estimates for houses, products, etc.
- Politics: representation in parliament
- “Best of”-lists for nearly everything

Medical uses:

Scoring is an old concept; the Egyptian papyrus “Edwin Smith” (1500 BC) classified diseases and traumatic injuries as follows:

- “this is a disease I can treat” (= good prognosis)
- “this is a disease I will fight” (= unclear prognosis)
- “this is a disease where nothing can be done” (= hopeless prognosis)

Technique

Scores collect information relevant for the illness / trauma; includes e.g.

- Demographic data: age, sex, weight, height, BMI
- Clinical findings: Blood pressure, heart rate, breathing rate, temperature, etc.
- Lab data
- Radiological findings: fractures, hematomas
- Chronic diseases

All information is “graded” & “weighted”, and the final result is usually a number

What can be scored?

Trauma Scores

- Glasgow Coma Scale (GCS)
- Abbreviated Injury Score / Injury Severity Score (AIS, ISS)
- Revised Trauma Score & ISS (TRISS)
- Hukkelhoven-Score

Medical Scores (ICU)

- Acute Physiology and Chronic Health Score (APACHE II and III)
- Simplified Acute Physiology Score (SAPS 2 and 3)
- Multiple Organ Dysfunction Score (MODS)
- Sequential Organ Failure Assessment Score (SOFA)

Other scores (examples)

- Triage Scores (for emergencies)
- Rapid Disability Rating Scale (RDRS)
- Short Form 36 Score (SF-36)
- Barthel Index (for neurologic diseases)
- Psychological tests
- Neuro-behavioral tests

Scores: Requirements

- Validity: clear structure, reliable prognosis, tested in large samples
- Reliability: identical results with different researchers
- Simplicity: as few data as possible
- Universality: useful for all patients
- Should differentiate between severity of illness / trauma and treatment effect

Why should patients be scored?

- To allow for a reliable prognosis
- To classify severity of disease or trauma
- To check course of the illness
- To check treatment effectivity
- To compare different patient samples
- To estimate observed / expected mortality ratios for different hospitals / ICUs
- To investigate treatment effects in observational studies

Scoring: Public Health Aspects

Example: 2 groups of patients with severe trauma from 2 hospitals

- Observed Mortality: Hospital A: 25%, Hospital B: 28%
- Expected Mortality (TRISS score): Hospital A: 21%, Hospital B: 34%
- O / E mortality ratio: Hospital A: 1.19, Hospital B: 0.82

Conclusion: Although patients from hospital B have a higher mortality, treatment at hospital B is significantly better!

Example: 2 groups of patients with hypertension, treated with different drugs

- Observed 5-year Mortality: group A: 15%, group B: 13%
- Expected 5-year Mortality: group A: 11%, group B: 9.5%
- O / E mortality ratio: group A: 1.36, group B: 1.36

Conclusion: Group B has a lower mortality, but the different drugs are comparable in effect!

Prospective interventional studies are usually randomized to achieve comparable severity of illness or trauma in all groups; scoring systems are useful to assess severity, and randomize patients

In observational studies randomization is not possible – scoring systems may be used to find differences that are not obvious

Scoring systems may be used to check treatment efficiency:

- If groups of similar severity are studied: longer hospital stay, higher costs, etc would be indicators of poor efficiency
- Higher costs, longer stay may be justified if severity is higher

Conclusions

- Scores are important tools
- Scores should be used in as many patients as possible
- There are valid scores for most of the important diseases, for trauma, and for disabilities
- Scores can be calculated automatically from electronically stored data

PATIENT SAFETY SURVEY IN SLOVAK HOSPITALS

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Patient safety is a priority of EU politic agenda. Member countries created a mechanisms how to discuss about patient safety issues and try to integrate this issue to priorities of health care area. Patient safety has emerged as a distinct health care discipline supported by a developing scientific framework and many of research types. The one of them has been made for Health Research and Quality by Agency – AHRQ intended to assessment of patient safety intervention implementation and improving health care services. AHRQ questionnaire is focused on patient safety culture and used in hospitals of USA. This questionnaire became recommended standard tool for assessment patient safety by EUNetPaS (European Union Network for Patient Safety) and has gradually generalized in many European countries. During the years 2009 and 2010 we realized a pilot study of patient safety culture in 4 Slovakia hospitals and used translated AHRQ questionnaire. Survey consisted of answers of 110 respondents (response rate 73%), physicians and nurse views of safety management, medical error, and adverse events reporting in their hospital. The answers were evaluated by original AHRQ methodology and in statistical analyze was used Z-test for comparison of proportions. Results from our pilot survey on patient safety culture showed existing gap in safety culture in Slovak hospitals. Views and answers of hospitals staffs were different between professions in many dimensions. For examination we compared results of Slovak hospitals with results database from USA hospitals and result from Netherland and Croatia hospitals. Outcomes of our survey motivate us to continue in this study in other hospitals and we hope that they will be willing to cooperate and understand helpful and useful benefits of culture assessment for solving safety issues and improving patients' safety and quality of health care in their own hospital.

Key words: patient safety, questionnaire, Slovakia, hospitals, survey

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ARTERIAL HYPERTENSION AND ASSOCIATED CARDIOVASCULAR RISK FACTORS BY PATIENTS FROM MUKURU SLUMS IN NAIROBI

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Some surveys in Sub-Saharan Africa have conformed relevant increase of cardiovascular diseases prevalence, e.g. arterial hypertension in an urban Africa. Our survey focus on examination of arterial hypertension, associated risk factors and a total cardiovascular risk in inhabitants from Mukuru slums in Kenya, Nairobi, who are visiting or seek medical advice in Mary Immaculate Clinic. For our survey we filled in questionnaire with 205 patients (normotensive and hypertensive) and made them laboratory screen of blood and urine. The respondents were divided according to ESC/ESH classification of hypertonic patients to risk group by total cardiovascular risk. For calculation were used statistic analyze of data and to expectancy incidence of arterial hypertension evaluation in regarding to various risk factors inherence was used multiple logistic regression analysis and statistic significance level of $p < 0.05$. Every fourth man had diagnostic arterial hypertension. Approximately 48.29% all respondents were in average till very high cardiovascular risk. In comparison, women dominated over men, in average around 3:1 at all risk categories. From survey follows that is very important to observe base biochemical parameters (urea, creatinine, Na, Cl, K) in arterial hypertensive patients and especially in AH patients who are used diuretic tablets. The most vulnerable group were women and men at the age 41-60, in our research we recorded large AH incidence in women who were 31 to 40 years old, so it's needed to include younger people with their all family members to primary prevention. In rural Africa exists reasonable need for involve arterial hypertension into the primary prevention, curative programs because arterial hypertension is under diagnostic and treating health problem.

Key words: arterial hypertension, Nairobi, survey, risk factors, patients

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MALARIA OCCURRENCE IN RAINY SEASON IN MARY IMMACULATE DOR HOSPITAL, MAPUORDIT, SOUTH SUDAN

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Mary Immaculate DOR Hospital in Mapuordit South Sudan is a health facility run by Comboni Missionaries in cooperation with Trnava University in Trnava, Slovakia with ten years of history. The research is a retrospective study that aims to provide insight into malaria occurrence during rainy season 2010 in Mapuordit DOR Hospital in context to WHO statistics for neighbor states. This presentation looks at age structure of patients and identifies the most vulnerable group for complicated and uncomplicated cases of malaria, and suggests optimal prevention measures.

Keywords:

Mary Immaculate Hospital, Mapuordit, South Sudan, malaria, rainy season, research

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SELECTED TRAFFIC AND ECONOMIC PARAMETERS AND THEIR RELATIONSHIP TO THE ACCIDENT RATE AND DEATH RATE BY TRAFIC ACCIDENTS IN SELECTED COUNTRIES OF THE EUROPEAN UNION.

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Aims: Traffic accidents are among the main causes of traffic death rate in the European region and are annually responsible for more than 127 thousand deaths. The goal of our study was to describe the changes in numbers of traffic deaths rate, road traffic injuries and mortality rate in traffic accidents in the EU for the period from 1994 to 2008. The work was also selected to describe the changes in traffic and economic parameters for the period 1994-2008 in the EU (the distance of motor-ways, road distance, number of motor vehicles, number of all motor vehicles, the number of vehicles in 2 years, the number of vehicles 2-5 years , GDP per capita, purchasing power per capita, density of population (km²)). Another goal was to determine relationship between the number of killed /injured in road accidents and various transport and selected economic variables.

Methodology: Data processed in the work were obtained from Eurostat, the statistical information system of the EU. The processing of these data were used software R project and ArcView GIS software.

Results: We recognized, that the EU was for the period 1994 to 2008 to reduce the number of persons killed/traffic death rate in road accidents by 11% and reducing mortality rate in road accidents by 19%. From 2003 to 2008, we also observed a decrease in the number of road traffic injured in road accidents by 53%. The total distance of moto-rways in the EU increased for the period 1.44 - constitute and in 2008 was 69 687.6 km. Distance of road network in the EU over this period largely unchanged. Since 1994, we observe in the EU countries increase the number of vehicles on the road. Using simple linear regression, we found a positive relationship between the number of killed / injured in road accidents and the distance of motor-ways, road distance, number of motor vehicles, number of all vehicles, the number of vehicles in two years, the number of vehicles aged 2-5 years, density of population, which we value for 2008 was confirmed statistically significant. In wor there was not found any direct relationship between the number of killed / injured in road accidents and GDP per capita and purchasing power per capita, but not statistically significant confirmed.

Key words: traffic accidents, traffic death rate, road traffic injuries, traffic and economic parameters, EU

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DO WE NEED ETHICS AND BIOETHICS IN PHARMACOTHERAPEUTICS IN ELDERLY?

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Medicine has become, and will continue to become, much more a science, not less, so that the physician of tomorrow will have to be more a scientific, not less. Nevertheless, the art of medicine remains, and the physician must continue to be wise and understanding with a deep respect for the patient as a human being. The secret of success in the care of the patient is still in carrying for the patient. The physician must always have a reasonably clear-cut indication for the administration of any drug. No drug should ever be given until the physician has determined whether or not the patient is sensitive to it. If a drug sensitive exists, the fact should be noted prominently. The careful physician also avoids drugs which might further complicate his patient's problems. Many factors can influence that patient's response to a drug, including age of the patient, disease of the organs of drug elimination (kidney, liver), the concurrent use of other drugs, foods, and chemicals (*drug interactions*), previous therapy with the same drugs (tolerance), and a variety of genetic factors that can influence the kinetics and toxicity of drugs (pharmacogenetics). When physicians use several drugs concurrently, they face the problem of knowing whether a specific combination in a given patient has the potential to result in an interaction, and if so, how to take advantage of the interaction if it leads to improvement in therapy or how to avoid the consequences of an interaction if they are adverse. A potential drug interaction refers to the possibility that one drug may alter the intensity of pharmacological effects of another drug given concurrently. The net result may be enhanced or diminished effects of one or both of the drugs or the appearance of a new effect that is not seen with either drug alone. There must always be ethical concern in pharmacotherapy. Finally, we must not only study the factual basis of clinical diagnosis and treatment, but at the same time work toward an equally difficult goal: To cultivate of a proper relationship with each of our patients.

Key words: medical knowledge, science, physician, patient ,pharmacotherapeutics, ethics, bioethics

THE INFLUENCE OF CLIMATE CHANGES ON THE EPIDEMIOLOGICAL SITUATION

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Long before the causes for some infectious diseases were discovered, it was known that some diseases were related to certain climatic conditions, or that increasing number of diseases or suffering from some illness occurs as a result of certain climatic factors.

Today's knowledge about climate, climate factors and their impact on human health and the epidemiological situation, global and local, are based on scientific evidence.

Mechanisms that cause certain diseases are clearly defined as well as the factor that influence the increase in the number of patients.

Climate changes are related to different diseases, both infectious and noncommunicable. There are several groups of diseases that are particularly interesting. Among infectious diseases there are zoonoses, diseases transmitted by vectors and the diseases transmitted by water.

In the group of mass noncommunicable diseases on which the climate factors have impact, the largest attention is paid on those that appear as a result of damage of the ozone layer around the earth. They include various diseases of the skin from burns to malignant melanoma and different eye diseases, from retinopathy and conjunctivitis caused by sunlight to macular degeneration.

Update epidemiological situation is a challenge to the health care system and requires adjustment of all levels of health care to the new need of the population.

In the area of public health, in addition to regular monitoring of climate parameters and detailed monitoring of both communicable and noncommunicable diseases, attention should be focused on health professionals education and also health promotion for the general population about diseases that are associated with climate change.

It is necessary to introduce new vaccines and strengthening of preparedness for response in situations of natural disasters such as floods, earthquakes, wuthering winds which are increasingly common in recent years.

Key words: climate change, epidemiological situation, public health

TO USE OR NOT TO USE IN THE SERVICE OF HUMANITY? HEALTH IMPACT ASSESSMENTS (HIA) AND THE IRISH EXPERIENCE

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Background

HIA was first advocated in national policy in the Republic of Ireland in the Health Strategy 'Quality and Fairness: A Health System for You.' In the Health Services Executive (HSE) Population Health Strategy (2008) a reference was made to the need for 'health-proofing' policies, without explicit mention of the HIA tool.

In Northern Ireland, the public health strategy (Investing for Health, 2002) recognises HIA as a mechanism to reduce health inequalities and as a means of promoting health and wellbeing. Northern Ireland's regional health strategy (A Healthier Future, 2005) also advocates the use of HIA as a policy-support tool.

Health promotion strategies in both jurisdictions advocate the use of HIA.

Although HIA has been acknowledged as a worthwhile tool to inform decision-makers, the extent to which it is used in policy in Ireland is subject to scrutiny.

Research Rationale

Doctoral research examined the use of HIA evidence in policy (2005-2008). The conclusions of this study pertain to whether or not evidence was used directly or indirectly. It was hypothesised that HIAs would inform the policy process, although the extent to which it would be central to this examination. HIA utilisation was investigated from a policy scientific perspective, building on the work of Kemm (2001), Putters (2005), Davenport *et al.* (2005), Bekker (2007) and Wismar *et al.* (2007).

Methodology:

A multi-case study research design framed this study. Four HIA cases were selected in Ireland, two from the Republic of Ireland, two from Northern Ireland. Cases were selected on the basis of their subject (two physical environment (Dublin and Belfast), two housing (Donegal and Derry)). Fifty in-depth expert interviews were conducted with key informants from the HIA steering committees.

Results

Interviews were analysed using the Framework Approach (Ritchie and Lewis, 2003). Building on the work of Rossi *et al.* (2004) it was found that Dublin, Belfast and Derry HIAs were used instrumentally (directly) in local policy while all four cases were used to inform the conceptual process of policy making (indirectly). Donegal, Belfast and Derry were found to be used as for a political means (small 'p'); the HIAs were used by one stakeholder to persuade one side of an argument over another (indirect use).

Conclusion

For the further integration of the tool, this study suggests that a local network of interested representatives from key statutory, community and voluntary agencies is required in advancing HIA on the ground. Since the completion of this thesis, the Southern Health Impact Assessment Network in Ireland was established. With the support from the Institute of Public Health Ireland (IPH), the Network meets quarterly. It aims to provide support to those conducting HIAs. It is also being included within the Cork Healthy City Project, Ireland.

Key Words:

Health Impact Assessment ,Ireland, Policy Utilisation

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UNWANTED PREGNANCY AND OPTIONS FOR PROBLEM-SOLVING IN THE SOCIAL WORK'S CONTEXT IN SLOVAKIA

PČOLKOVÁ, D., DOBRÍKOVÁ, P.

This contribution points to the possibility of social worker's aid to women, who incidentally became pregnant and decides between abortion and caring the child. The authors describe specific forms of assistance to clients: the provision of state social benefits, the possibility of secret confinement or the location of a pregnant Title: Unwanted pregnancy and options for solving problem in the social work's context in Slovakia

Keywords: abortion, social work

PREVALENCE OF THE DISEASES AMONG STREET FAMILIES IN NAIROBI, KENYA

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Street families are a common feature of development countries. The presence of street people demonstrates a deeper reality of poverty experienced by many people in Kenya. In the past few years there has been a dramatic increase in the level of poverty, multiplied with high degree of unemployment and poor performance in the agricultural sector which is mainstay of economy. The genesis of street people in Nairobi seems to be rooted in economic, social and environmental factors. A number of factors do appear to influence them; some of these factors are family disintegration, poor living conditions and political situation. The majority of street families are concentrated in big cities as Nairobi and Mombasa, they abuse alcohol and drugs. Due to the low quality of life many of them suffer and die from the common treatable diseases. The main objective of this study is to find out the prevalence of the diseases among street families. In this study we are focusing on the health aspects of the street life through the regular street work done with the mentioned target group.

Key words: street families, poverty, diseases, street work

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MALE FERTILITY DECLINE IN CZECH REPUBLIC: MYTH OR REALITY.

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There have been a number of studies over the past 15-20 years which suggest that sperm counts in man are on the decline. The results of recent Edinburgh study demonstrate that the average sperm count in 1950 was 100 million (sperms per ml) and in 1990 50 million. The comparison of those values with sperm counts in Czech Rep. was the aim of the present study.

We compared the data from males indicated for sperm count examination because of couple's infertility in 1998 and 2010.

The mean value of sperm count was 35.5 million in 1998 (30 subjects) and 26.8 million in 2010 (30 subjects) which corresponds to the international trend.

It has been presumed that the decline of the sperm counts reflects adverse effects of environmental or lifestyle factors. On the other hand we observed an increase of sperm count after sildenafil treatment in a recent study.

It is concluded that sperm counts decline in Czech Rep. corresponds to the international trend but there are possibilities of treatment.

ISCHEMIC-REPERFUSION ATTACK OF THE SMALL INTESTINE AND ANALYSIS OF CHANGES IN PRO AND ANTIAPOPTIC GENE EXPRESION.

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The experimental ischemia reperfusion (IR) attack belongs to intensively studied pathophysiologic problems. The first symptom after ischemia and incoming reperfusion is a redistribution of blood to vital organs with subsequent hypoperfusion of small intestine. During this process are enterocytes reversibly damaged. Next step depends on compensatory mechanisms. If the survival mechanism fails, the cells undergo cell death, what could lead to the final stage of multiorgan dysfunction syndrome (MODS). The dysfunction of small intestine of critically ill patients with MODS usually results from the interactions, which effects the reduction of regional blood flow, motility disorders, and changes in the normal microbial flora. However, unlike other organ systems, a simple clinical measure of intestinal dysfunction is not readily available. IR stress significantly affects also endoplasmic reticulum (ER), which dysfunction induces responses through activation of kinases. Consequently it stimulates anti-apoptic mechanism, like activation of grp78 (BIP), or pro-apoptic mechanism by activation of gadd153 (CHOP).

Our goal was to analyze the effects of IR injury of the small bowel epithelium of rats after 1 hour ischemia and subsequent reperfusion at different time periods (1h, 24 h and 30 days). We studied expression of pro (gadd153) and anti (grp78) apoptic genes. We have also been monitoring the levels of serotonin in urine which were subsequently correlated with the degree of ER damage. The ischemia of small bowel of male Wistar rats (n=36) was induced by the occlusion of *arteria mesenterica cranialis* by small atraumatic clip under anesthesia.

After isolation of RNA from intestinal epithelial tissue, we carried out the transcription of mRNA into cDNA. Subsequent semikvantification of changes in gene expression for specific genes was made by RT-PCR method. Numerical quantification was evaluated by SyngeneTools software. For normalization of results we used the housekeeping gene glyceraldehyde-3-phosphate dehydrogenase (gapdh). For the determination of the levels of serotonin in urine samples collected from rats after 1h ischemia and subsequent reperfusion in different time periods was used High performance liquid chromatography (HPLC) with the UV - Vis detector at wavelengths 220 and 280 nm. The concentration of serotonin and each catecholamine was determined by comparing the peaks observed in the urine samples to the peaks of their standard solutions.

We detected significantly elevated level of mRNA for gene gadd 153 after 1h reperfusion, what could suggest intensive pro apoptic signaling in the early stages. The tendency to survive after failed reparation processes in the intestinal epithelium is visible at 30 days of reperfusion. At this point we found increased mRNA levels of grp78 gene in comparing to the control group. We also observed that after 30 days of reperfusion was the level of serotonin in the urine increased by 14 %, what correlates with proapoptic signalization of gadd153, probably due to inflammatory response of MODS.

So far there is no effective treatment procedure of the ischemic small intestine and it is therefore necessary to study changes in the damaged tissue on the molecular level and try to define possible pathways which could lead to tissue protection.

Acknowledgments: This work was supported by grant project APVV -0252-07.

Key words: MODS, apoptosis, ischemia, genes, bowel

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IS EDUCATION AND RESEARCH THE ONLY ROLE OF THE UNIVERSITY?

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The concept of a modern university comes from Wilhelm von Humboldt, who in the 19th century defined the main principles: freedom of thought, academic and individual autonomy, independent of ideology and economic policy, unity of research and education, and the goal was to educate the elite in a population. Education itself is often pointed out as the main purpose of the university. However, if knowledge does not go hand in hand with ethical thinking of comprehensively developed personalities, they may not serve for the benefit of man, but against him. Let us remind genetic studies of dr. Mengele.

Can the university contribute to education and human development in favor of man and mankind, in our conditions of post-communist country?

Often we talk about quality education at our universities and lead the debate about why any of our university did not place in the world rankings of universities in a more important place. In a situation where the university built its budget on subsidies, which depend on the number of students admitted, almost no revenue from other potential sources and teachers are overwhelmed by the administrative parts of meaningless work, they have to teach hundreds of students on lectures and to consult dozens and dozens of students individually, we often overlook the main principles on which the university is built. And even more, what principles have to serve a university degree graduate, armed with the latest knowledge, perhaps even universally developed independently and free thinking member of the elite? Whether all these educational activities and knowledge are subordinated to the principle of greater good for man himself and to mankind? In particular, it relates to those branches, which often are called helping professions, as well as health and social work. In conditions of undernourished budgets, where university research lags behind research in the world, the pursuit of higher quality is a challenge and responsibility, but achieving will take years. To lead students to the principles of humanity, to seek meaning of knowledge in the use for humans, is possible immediately. If humanity is higher than the principle of blind acquisition of knowledge, this role of university we can start to develop immediately. But we need teachers - individuals who are good examples for students, looking behind of knowledge and research results, who can give their work the motivation of humanity and enthusiasm that would create the environment where new graduates would grow.

Key words: Role of University – Sense of Education – Humanity – Quality of Education - Motivation

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PATIENT SAFETY POLICIES BASED on EVIDENCE

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More often than not, adverse events in healthcare are the result of systems errors rather than the negligence or incompetence of individual health professionals. It is generally agreed that much of the harm to patients is preventable. The existing evidence reinforces patient safety as a significant public health problem with potentially deadly consequences for affected patients, and their families as well as accompanied with severe economic burden on health resources. This is closely related to quality of services and its components and as such the safe healthcare is not a luxury. Low resource countries are discovering that quality methods used in the right way may become very effective in making better use of resources and initiate improvements which are greatly valued by patients. RAND Corporation on the request from EU performed meta-analysis resulting in the prevalence figures identified by previous studies as they range from 8% to 12%, on average, with a few exceptions. The difficulties with enlightening of patient safety incidents stems from persistent philosophical differences among and between researchers and healthcare providers on the issues of what constitutes a patient safety incident, an adverse or a near miss event. As it was also demonstrated relevant studies differ methodologically and there is an absence of denominator data, too.

Promotion of evidence based medicine as well as evidence based public health, both are seen as tools of improving the quality of provided care and health based on scientific evidence. It seems that there is a need for evidence in order to foster public health policies higher on scientific ladder. One could also argue that policies could be derived and implemented without any evidence, as it has been the case for many years before.

In conclusion, the combination of scientific evidence with policies on patient safety provides many challenges for public health professionals. This area is rather new and calls for integrated projects, both in research as well as in development of new approaches and strategies.

Key words: safety, evidence, guidelines, quality of care, policy

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EARLY DETECTION OF LUNG CANCER: CLINICAL PERSPECTIVES

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Lung cancer is the most common cause of cancer death in the all World. The prognosis is poor, with less than 15% of patients surviving 5 years after diagnosis. The poor prognosis is attributable to lack of efficient diagnostic methods for early detection and lack of successful treatment for metastatic disease. Most patients (>75%) present with stage III or IV disease and are rarely curable with current therapies. Within the last decade, rapid advances in molecular biology, pathology, bronchology, and radiology have provided a rational basis for improving outcome. These advancements have led to a better documentation of morphological changes in the bronchial epithelium before development of clinical evident invasive carcinomas. This has changed our approach improved methods to localize preinvasive and early-invasive bronchial lesions - to reduce the mortality of lung cancer. The present article reviews the recent advances in the diagnosis of preinvasive and early-invasive cancer to identify biomarkers for early detection of lung cancer and for chemoprevention studies. Number of the patients with lung carcinoma rapidly increases in our clinic too.

Lung cancer is the most common cause of cancer deaths in the countries of North America and other developed countries, accounting for 29% of all cancer deaths and more deaths than from prostate, breast, and colorectal cancer combined in the United States. Lung cancer will be diagnosed in ~170,000 new patients in the United States in the year 2000, and <15% of them will survive 5 years after diagnosis. The prognosis for the patients with lung cancer is strongly correlated to the stage of the disease at the time of diagnosis. Whereas patients with clinical stage IA disease have a 5-year survival of about 60%, the clinical stage II-IV disease 5-year survival rate ranges from 40% to less than 5%. Over two-thirds of the patients have regional lymph-node involvement or distant disease at the time of presentation. The poor prognosis is largely attributable to the lack of effective early detection methods and the inability to cure metastatic disease.

Key words: Lung Cancer, early diagnosis, prognosis, epidemiology.

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TUBERCULOSIS AS PROBLEM OF PUBLIC HEALTH IN THE WORLD AND IN SLOVAKIA

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Worldwide, tuberculosis (TB) remains the most frequent and important infectious disease causing morbidity and death. An estimated one third of the world's population is infected with *Mycobacterium tuberculosis*. The World Health Organization estimates that about eight to ten million new TB cases occur annually worldwide. TB is in the top three, with malaria and HIV being the leading causes of death from a single infectious agent, and approximately 1.7 to 2 million deaths are attributable to TB annually. Widespread global use/misuse of isoniazid and rifampicin over three decades has resulted in emergence of the ominous spread of multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB) globally. MDR-TB is defined as TB that is resistant to the two most effective first-line therapeutic drugs, isoniazid and rifampicin. In addition, virtually untreatable strains of *M. tuberculosis* are emerging globally. XDR-TB is defined as MDR-TB that also is resistant to the most effective second-line therapeutic drugs used commonly to treat MDR-TB: fluoroquinolones and at least one of three injectable second-line drugs used to treat TB (amikacin, kanamycin, or capreomycin). Unfortunately, no new drugs except rifabutin and rifapentine has been marketed for TB in the US and other countries during the 40 years after release of rifampicin. There are a number of constraints that have deterred companies from investing in new anti-TB drugs. The research is expensive, slow and difficult, and requires specialized facilities. Development time of any anti-TB drug will be long (clinical trials will require the minimum six-month therapy, with a follow-up period of one year or more). It is hard to demonstrate obvious benefit of a new anti-TB agents over pre-existing drugs, since clinical trials involve multidrug combination therapy using highly effective ordinary anti-TB drugs. XDR-TB has been identified in all regions of the world, including the United States. These difficult to treat resistant forms of TB are increasingly seen in Asia, Eastern Europe, South America and sub-Saharan Africa, disrupting TB and HIV control programmes. Because of the limited responsiveness of XDR-TB to available antibiotics, mortality rates among patients with XDR-TB are similar to those of TB patients in the preantibiotic era. To assess the frequency and distribution of extensively drug-resistant (XDR) TB cases, CDC and the WHO surveyed an international network of TB laboratories. Slovakia belongs to countries with a low incidence of TB. HIV-infected patients with MDR-TB have unacceptably high mortality; both antiretroviral and antimycobacterial treatment are necessary. Simultaneous treatment requires 6-10 different drugs. Given the increasing current global trends in MDR-TB, aggressive preventive and management strategies are urgently required to avoid disruption of global TB control efforts. Available data suggest that existing interventions, public health systems and anti-TB and anti-HIV programmes must be strengthened significantly.

Key Words: Tuberculosis, MDR-TB, XDR-TB, antituberculosis drugs.

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COMPARISON OF SELECTED QUALITY OF HEALTH CARE PARAMETERS BASED ON GUIDELINES COMPLIANCE IN TWO CENTRAL EUROPEAN COUNTRIES.

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Aim of work:

The aim of work was to compare selected quality of health care parameters based on guidelines compliance in selected hospitals of Self-government Region Trnava (SRT) with selected hospital in Austria.

Methodology:

Data from 140 patients was obtained. Patients were hospitalized in 3 health care facilities of SRT in year 2008 (61) and also in one health care facility in Klagenfurt during years 2002 – 2004 (79). Data was obtained from medical records and analysed by open source statistical package “R”.

Results:

Comparing selected recommendations of published guidelines, we found that more patients in Klagenfurt were transported to hospital by air ($P < 0,0001$). Blood saturation ($P < 0,01$) and blood pressure ($P < 0,05$) of patients in Klagenfurt were also more monitored more often. More of them were also intubated ($P < 0,0001$). During hospital stay more patients in Klagenfurt were intracranial monitored ($P < 0,0001$) and less of them used steroids ($P < 0,05$). Death of patient depends on health care facility ($P < 0,01$), CT results ($P < 0,05$) and length of ventilation ($P < 0,0001$). The aim of our work was met. We suggest to create national guidelines related to treating such injured patients.

Key words: traumatic brain injury, epidemiology, public health, quality of health care

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THE RISK FACTORS OF NON-COMMUNICABLE (CIVILIZATION) DISEASES AND THEIR PREVENTION

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Non-communicable (civilization) diseases play a crucial role in nowadays hectic world, full of traps and surprises. They have become a world-wide problem. Civilization diseases are chronic and they make the quality of patients life to be worse. It can not be forgotten that this kind of diseases means also great social problem. Civilization diseases are the reason for many temporary and permanent disabilities. However, at the time when some signs of civilization disease appear probably it is too late to solve the problem - prevention is on the first place. At that time one or more organs and organ systems could be affected. Today on the first place there are cardiovascular diseases, but it is completely different situation to the year 1900. At that time infections and malnutrition were most common reason for death, especially when appearing in epidemy.

Coronary (atherosclerotic) disease is the most frequent fatality cause in industrially developed countries. Men are more often afflicted than women with the ratio of 4: 1, however, at the age up to forty, it is as high as 8: 1, and at the age of seventy it is 1: 1.

The clinical manifestation occurs most frequently at the age of 50-60 years by men, and at the age of 60-70 years by women. Cardiovascular diseases represent more than 10% of all diseases all around the world also at the end of the twentieth century (at the break of the millenniums). Atherosclerosis is a complex pathological process that includes lipoprotein accumulation, its further modification, increased peroxidase stress, as well as inflammatory, angiogenetic and fibroproliferatory responses mixed with extracellular matrix and accumulation of lipids. A typical feature of atherosclerosis is endothelium dysfunction, which is often manifested as a reduced vasodilatory fenotype, contributing to the reduction of translucency of the vessels. Nursing is a scientific branch which integrates knowledge of other sciences dealing with the study of human beings, society and environment. The most characteristic feature of nursing is the complex approach towards man in order to preserve and support health, and in prevention and care of the sick. Nursing also plays a significant and irreplaceable role in prevention, therapy and dispensatory care of cardiovascular diseases.

Key words:

Non-communicable diseases-cardiovascular diseases-atherosclerosis-arteriosclerosis-risk factors-endothelium-dysfunction of endothelium-prevention

H1N1 INFLUENZA TREATMENT STRATEGY AND PREVENTION.

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Influenza is a viral acute respiratory disease caused by RNA Orthomyxoviruses type A,B and C. Typical sign of the infection is high level contagiousity, the source of it is a sick person.

A new influenza variant was discovered last year – A H1N1 , so called: swine influenza - causing pandemics, that's why a new designation "pandemic influenza" was adopted.

The differences in between seasonal and pandemic influenza are as follows:

Seasonal influenza usually occurs during winter and spring time, most frequently from october to march, incubation period is short, lasting two to three days, affecting mostly marginal age categories like children and elderly people. Disease itself begins abruptly with high fever up to 40°C, chills, typical retrobulbar headache and lastly dry irritating cough.

Pandemic influenza indeed, could occur anytime throughout the year. Incubation period is longer, lasting one to several weeks, causing disease among younger population. Clinical signs are typically dyspnoe, myalgia, arthralgia but also GIT manifestation could be present.

Author is further focusing on complications, diagnostics, treatment, and also on possibilities of prevention of influenza.

OCCURRENCE OF DISEASES DURING RAIN AND DRY SEASON IN SOUTH SUDAN

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The study reflects the comparison of occurrence of diseases in dependence on the change of the weather in South Sudan. The country Sudan lies in tropical climate area, for what is typical changing rainfall and dry season. The change of the weather is influencing the occurrence of diseases, the amount of people, who get sick and die. During rain season the most often diseases are malaria and respiratory tract infections. The study was realized in Mary Immaculate hospital in Mapuordit in South Sudan from March to July 2010.

Key words: South Sudan, dry season, rain season, diseases

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INTEGRATING FAITH-BASED METHODS INTO PUBLIC HEALTH COURSES AND CURRICULUM

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Public health leadership requires managers who have core values and adhere to ethical standards. In order to meet the social, political and corporate demands for changes in leadership values and ethics, universities will need to develop new and innovative teaching methods and practices in public health courses and curriculum. Society is looking for healthcare leaders who understand the importance of civic engagement and social responsibility at the community level. Both government and society at large are now demanding that healthcare leaders engage in practices of transparency and accountability for the management of public health services. Universities are concerned with developing responsible citizens as part of the educational experience. Civic engagement and service learning need to be valued by faculty and students so they become part of the academic culture and teaching processes. This presentation will examine the specific use of Jesuit pedagogy/androgogy in public health courses. A faith-based model is presented along with characteristics, teaching methods, educational themes and a paradigm for post-graduate education. This developmental model focuses on the use of competency-based education approaches. A faith-based model of civic engagement and framework for service learning is presented for use with adult learners and post-graduate students in the applied public health professions. Educational methods, practices and processes to help individuals build meaningful service commitments to their communities are examined. Finally, elements of civic engagement are explored including the importance of advocacy, mentorship, social justice and community partnerships. Examples of competency-based education using faith-based approaches are used to illustrate important principles of androgogy (adult learning).

Key words: Faith-Based, Values, Civic Engagement, Social Responsibility

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AN APPROACH SOCIAL WORK STUDENTS TO A MIGRATION AND MIGRANTS

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This contribution is focused on description of approach of social work students to a migration and migrants. Migration is a phenomena which is typical for this days for our country, too. We can meet a person with another colour of his skin or with another nationality on a street. We tried to find out if they have positive or negative approach to people who are different. We supposed that they have positive approach because i tis important for social workers and their good job.

Key words: Approach, migration, migrants, social work, students.

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