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Perceived connections between oral health and stress among pregnant women: A study in Saudi Arabia

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Background: Although stress during pregnancy has negative effects on children's development and pregnant women's health, no study has assessed stress and its predictors among pregnant Saudi women.

Aim: The aim of this study was to assess the relationship between sociodemographic and self-reported oral health problems and perceived stress in a sample of pregnant Saudi women.

Materials & Methods: A cross-sectional study was carried out at King Abdulaziz Medical City in Riyadh, Saudi Arabia, on 438 pregnant women who attended the obstetrics/gynecology clinic. We collected data on their sociodemographic and oral health status. Stress was assessed using the perceived stress scale.

Results: 33.4% of the sample reported high stress. The study revealed significantly high stress in women with no or low income, chronic disease, sleep deprivation, no teeth brushing, irregular eating patterns, gestational diabetes, and no family support ($P < 0.05$). Self-reported oral health problems were significantly associated with high stress ($P < 0.05$). A multiple linear regression model shows no teeth brushing, chronic disease, sleep deprivation, gestational diabetes, and gingival redness predicted an increase in stress by (3.6, 2.4, 2.1, 1.4, and 1.4, respectively).

Conclusions: It was estimated that 3 in 10 pregnant women in our hospital reported high stress levels. Our study shed light on the relationship between healthy habits, oral health status, and perceived stress in pregnant women. This research may help healthcare practitioners who provide care to pregnant women to educate them in regard to healthy habits, and to develop a program to reduce stress.

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Patient centered care in primary care

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We are in the era of high tech medicine more than ever. Medicine is advancing through innovation, 3D printing, etc. Emerging of personalized medicine is one of the exciting news of all. Personalized medicine is going to identify the characteristics of individual's susceptibility, will select the optimal treatment based on context of genetic content and predict better the risks for diseases. As such it has inspired hope for curing the incurable and raised the expectation for improvement of healthcare. On the other hand family medicine with its principles of patient centeredness, community based discipline, and a resource to define practice population, remains an essential part of healthcare system, can take the advantage of sophisticated technology supported by its skilled clinicians; to provide better care for the patients and community. These inventions not only would not put the role of family medicine at risk but it strengthens it. It will provide an opportunity to integrate those new tech into the personalized care that family physician provides. Family medicine will remain as a corner stone of healthcare as far as the direction of all development is toward personalized care even though through sophisticated highly specialized technics that fits in secondary or tertiary care. This advancement ultimately leads to prediction of the susceptibilities of the individuals, communities and population to diseases, which would need planning to prevent them to save lives, cost, promote health and improve quality of life. Experience worldwide shows successful primary health care system is usually a result of involvement of primary care doctors with postgraduate training in family medicine or general practice. There are enough evidences that healthcare system with good primary care services has better health outcome in all areas. Primary care results in better health outcome and equity in distribution of the health with lower cost.

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