



CONFERENCE ABSTRACTS

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WACP0801.

Acute Neurological and Psychiatric Presentation as a Predictor of Mortality in Hospitalized HIV Infected Patients

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Background: Human Immunodeficiency Virus (HIV) infection manifest with varied systemic presentations. Presentations might have different clinical significance and prognosis.

Objectives: This study was undertaken to determine the relationship between major presenting syndromes and outcome following hospitalization in HIV infection.

Methods: Prospective hospital based study involving patients admitted to adult medical wards at AKTH, Kano, Nigeria in a 6 months period between April – Sept 2005. Acute Neurological / Psychiatric Presentation [ANPP] was defined by focal deficit, meningitis, seizures, confusion or recent onset psychiatric ailment. Outcome was evaluated at discharge as dead or alive.

Results: A total of 437 patients were admitted during the period. Of the 257 patients with known HIV status 107 (42%) were infected and 43 of them died. At admission most patients were neither on ART nor on co-trimoxazole prophylaxis. Over two-thirds presented with weight loss, anaemia, cough / respiratory symptoms and diarrhea. Half had ANPP. One third had lymphadenopathy, dermatoses and dysphagia. There was no difference in gender, mean length of stay (in days), hematocrit and CD4 cell counts between infected patients with and without ANPP ($p > 0.05$). In univariate analyses HIV positivity and anemia predicted hospital mortality [OR; 95% Confidence Intervals; p value] (0.45; 0.25 – 0.82; 0.0049 and 0.53; 0.030-0.94; 0.02). However, of the presentations only ANPP predicted mortality (0.18; 0.07 – 0.47; 0.0001) among HIV positive patients in univariate analysis while associa-

tion of anemia with outcome approached significance ($p = 0.0714$). In a logistic regression controlling for presentations, stage and CD4 cell counts ANPP still predicted mortality (0.19; 0.06 – 0.63; 0.007).

Conclusion: ANPP predicted mortality in hospitalized HIV infected patients. Early recognition, capacity strengthening (in the form of laboratory [etiologic] diagnosis, neuro-imaging and training), provision of appropriate therapies, and prompt referral and management at tertiary facilities are required to improve outcome of ANPP among HIV infected patients. Use of ART and co-trimoxazole may reduce ANPP.

WACP0802.

Trends and response to the Lassa fever epidemic in Nigeria, 2000-2008

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Background: Lassa fever is the major viral haemorrhagic fever in West Africa. Upper level estimates of the disease burden in Nigeria are about 51 million at risk population, and about 3 million illnesses, 2.5 million reinfections and 58,330 deaths per year. It is also an important cause of sensorineural deafness, and maternal and foetal deaths. In addition, the risks of nosocomial spread and health worker deaths from occupational exposure are high. In spite of this (frightening) profile, the control efforts in Nigeria have remained underdeveloped. This presentation profiles the epidemic and the national response from 2000-2008, with recommendations on the way forward.

Objective: To describe the spread and response to the epidemic from 2000-2008 and make recommendations for the upgrading of the control efforts.

Methods: Chronicling of the spread of the epidemic; review of the national response;

review of literature on the disease burden.

Results: Lassa fever may account for at least 6% of fevers in patients in endemic areas in the country. The number of affected states jumped from an average (range) of 1.6 (1-3) per year from 2000-2006 to 10, including the FCT in 2007/2008. The dearth of diagnostic capacity, limited knowledge of the size and extent of the epidemic, erratic supply of the antiviral drug Ribavirin and a (surprising) lack of political will have been major limitations to the national control efforts.

Conclusions: There is an upsurge in the epidemic beginning from 2007. Upgrading of the national response is needed urgently to limit the spread and impact of the epidemic. The promotion of awareness both among the general public and among health care workers at all levels, development of diagnostic and managerial capacity and establishment of a sustainable supply and distribution chain of Ribavirin are critical in this regard.

WACP0803.

Assessment of the Sensitivity of Clinical Criteria in the Diagnosis of Suspected Lassa fever

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Background: Lassa fever, a viral haemorrhagic fever endemic in West Africa, is a significant cause of morbidity and mortality in Nigeria. It is particularly endemic in Edo State. The clinical diagnosis is made difficult by the similarity of the clinical features with those of other common endemic diseases like malaria and typhoid fever, and the dearth of diagnostic laboratory facilities. A high index of suspicion is therefore an imperative in clinical practice and the Federal Ministry of Health has designed clinical criteria to aid diagnosis in this regard. This study aims to

determine the sensitivity of clinical criteria as a guide to diagnosis in settings without laboratory backup, a common scenario in Nigeria.

Method: A retrospective study of all suspected cases of Lassa fever seen at the Irrua Specialist Teaching Hospital from January to March 2008 was done. The clinical diagnosis and outcome were matched with the results of the serological and polymerase chain reaction (PCR) tests for Lassa fever.

Results: Forty-two (41) cases were seen during the period under review. Twenty two (21) cases were confirmed by a combination of both serology and PCR to be Lassa fever, giving a sensitivity of clinical diagnosis of 51.2%.

Conclusion: For an illness with a case fatality ratio sometimes in excess of 60-80%, particularly during epidemics, a sensitivity of clinical diagnosis of 51% is reasonably high and underscores the need to retain clinical criteria in diagnosis. This is important considering the need for early diagnosis in the effort to reduce mortality and nosocomial transmission/occupational exposure from Lassa fever.

WACP0804.

Evaluation of cost of management of chronic viral hepatitis B and C in Zaria, Kaduna State, Nigeria.

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Background: In view of the high cost of investigation and management of chronic viral hepatitis, a disease with high mortality and little public knowledge as compared to HIV/AIDS, we looked at the possibility of a governmental help in the management because of the economic status of most people in the country.

Objective: To determine the cost of routine investigations needed for the diagnosis of chronic Hepatitis B and C and also to look at the price of the available drugs for the management and to compare them to those of HIV.

Methods: A price list survey was carried out in the laboratories and pharmacy department of Ahmadu Bello University Teaching Hospital, Zaria, and All Nigerian Foundation laboratory in Kaduna, Pathcare Nigeria laboratory in Abuja and also in five different private pharmacy shops, two in Zaria and three in Kaduna.

Results: Core investigations are still to be provided in the government hospitals and are therefore very expensive. The yearly costs of managing chronic viral hepatitis (B and C) are not within the reach of the affected people in terms of investigations and medications.

Conclusion: That chronic viral hepatitis places a significant burden on the economy of the country and that the cost of managing it is enormous and unaffordable for most people. Also that little information is made available to the public via the media concerning this deadly disease and that the country need to do more in terms of policies and subsidy for the patients and the care givers as well.

WACP0805.

Need for a Nigerian Infectious Diseases Society: A call and plan for action!

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Background: Communicable and Infectious Diseases (CIDS) remain endemic in countries of the West African region. Globally Nigeria has the third highest burden of Human Immunodeficiency Virus (HIV) infection, the fourth highest burden of Tuberculosis and Malaria transmission is one of the most intense. Avian Influenza and Lassa fever have emerged and are re-emerging. Rational antimicrobial use remains poor and drug resistant microbes are increasing. The burden of nosocomial and zoonotic infections are unknown but thought to be increasing. But despite the significance of CIDS there is no professional interest group that oversees

responses to CIDS in a coordinated and systematic manner while providing an advocacy platform.

Description and Recommendations: An Infectious Diseases Society is planned with broad membership drawn from among epidemiologists, immunologists, microbiologists, pharmacists, physicians, veterinarians, etc, from all over the country. The Society will serve as an advocacy body and will also facilitate improvement and maintenance of standards through exchange of ideas, research, training and advancement of scholarship. Regular periodic operational and scientific meetings will be stipulated and organized by an executive committee at different locations in the country. Such a committee will have a defined lifespan and patrons will be selected from among senior Nigerians.

Conclusion: It is hoped creation of the society will lead to better coordination, harmonization and use of resources to target CIDS. Also, it is hoped the practice and overall management and control of CIDS in the country will improve. When required the group will also help National health authorities to effect appropriate interventions and policies against CIDS in the context of WHO existing policies.

WACP0806.

Evaluation of the Effectiveness of the Prevention of Mother-to-Child Transmission (PMTCT) Program in University of Port Harcourt Teaching Hospital, Nigeria.

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Background: Mother-to-child transmission of HIV can be reduced by interventions targeted at the mother during pregnancy and at the baby after birth.

Objective: To evaluate the effectiveness of the prevention of mother-to-child transmission (PMTCT) interventions in Port Harcourt, Nigeria.

Methods: A prospective study of HIV exposed infants aged 6weeks-18months presenting at the Paediatric HIV Clinic between November 2007 and June 2008. Information obtained includes gender, age, and antiretroviral drugs in pregnancy and at birth, delivery method and feeding option. Infection status was determined by DNA PCR using dried blood spot (DBS) specimen.

Results

A total number of 163 [71 males and 92

females; M: F ratio of 1:1.3] children were seen within the study period, out of which 47 [19 males and 28 females; M: F ratio of 1:1.5] were positive giving an infection rate of 28.8%. All the infants with positive results were delivered vaginally. Ninety-one (56%), 52(32%) and 20(12%) infants received exclusive breast milk substitute (EBMS), mixed feeding and exclusive breastfeeding (EBF) respectively. Of the positive results, 8 (17%), 33(70%) and 6 (13%) received EBMS, mixed feeding and EBF respectively. The difference between those who received EBMS and mixed feeding was highly significant ($p=0.0000014$).

The more the PMTCT intervention, the less the likelihood of infection in the infants. In 48 mother-baby pair, there was no intervention and 34 (71%) of the babies were infected whereas none of the infants who received full PMTCT intervention was infected. The difference in the number of infected children in those who had no intervention and those who had at least one intervention was highly significant ($p=0.0000003$).

Conclusion: PMTCT interventions are highly effective in preventing HIV infection in exposed infants.

WACP0807.

Comparison of chlor-proguanil-dapsone with a combination of chloroquine and sulfadoxine-pyrimethamine in children with malaria in Jos, Nigeria

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Background: Effective, available and affordable treatment for uncomplicated malaria in children is critical in the face of increasing resistance of *Plasmodium falciparum* to chloroquine (CQ) and sulfadoxine-pyrimethamine (SP). Artemisinin combination therapy, though efficacious, is not accessible to many of those at risk of malaria in Nigeria. We compared the efficacy of chlorproguanil-dapsone (CD) with a combination of SP+CQ in children less than five years with malaria. Objectives.: (1) To determine the efficacy of CD (2) To determine the efficacy of SP+CD (3) To compare the efficacy of CD and SP+CQ. Methods: Of 889 children presenting with fever, 264 met the inclusion criteria and were randomized to receive SP+CQ ($n = 136$) and CD ($n = 128$). Clinical and parasitological response was assessed on days 1,2,3,7 and 14. Results: A total of 122 subjects in SP+CQ group and 118 in CD group completed the study. Adequate clinical and parasitological

response occurred in 111(94%; 95% CI 91.6 – 95.7%) in CD and 113 (92.6% CI 89.9-94.3%) in SP+CQ ($p = 0.85$).

Conclusion: SP+CQ and CD were equally effective in their antimalarial efficacy and may provide an affordable choice in the treatment of uncomplicated malaria in children in Jos, north-central Nigeria.

WACP0808.

Obstacles to Successful Community Mobilization and Child Health Interventions for the Attainment of MDGs: The Experience in Gokana Lga, Rivers State, Nigeria.

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Background: Maternal and child mortality indices are major indicators of global developmental status. Most maternal and child deaths occur at home and are largely preventable. As part of the efforts to attain the MDGs in the West African subregion, the West African Health Organisation adopted strategies for reducing maternal and neonatal deaths through the implementation of relevant activities at demonstration sites. Some of the strategies are community-based hence the need for effective community mobilisation.

Gokana Local Government Area is one of the eleven demonstration sites selected for project implementation. In this paper, we present our experiences with the mobilization of the communities for the project with the aim of highlighting some obstacles to its success.

Objective: To identify obstacles to the successful mobilization of selected communities for maternal and child health interventions.

Methods: The team from the Institute of Maternal and Child Health and WAHO mobilised the communities through the following activities: mails, telephone calls, meetings and launching of the project. Records of activities were obtained and obstacles to successful project implementation identified.

Results: The communities, K'Dere and Bodo, were successfully mobilised. Obstacles identified included: Community and leadership conflicts, cultural practices, political influences, etc. These obstacles were addressed through advocacy.

Conclusion: These obstacles and their successful handling identify the need for

sensitivity in health programme implementation if the MDGs must be attained.

WACP0809.

The burden of vaccine preventable diseases in Sokoto State and the challenges of immunization campaigns in Northern Nigeria.

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Background: Childhood vaccine preventable diseases (VPDs) remain as major players and contributors to morbidity, mortality, disability and overall quality of life among children, particularly in Africa and most of the developing world.

Objectives: The objective of the study was to determine the magnitude of vaccine preventable diseases (VPDs) reported from all LGAs in Sokoto State and to discuss the current challenges to immunization campaigns and vaccines utilization in Northern Nigeria. Methods: This study employed a descriptive, cross-sectional design to analyze a 5-year routine communicable diseases surveillance and notification data from 1997 to 2001.

The chain of transmission of obtained data were from the records of health posts, dispensaries and other PHC centers, private and government hospitals in urban and rural LGAs, to the primary health care departments of local government councils and from there to the Epidemiological unit of the Sokoto State Ministry of Health. The data was entered and analysed using the Microsoft excel statistical software package.

Results: A total of 729,730 cases and 14,919 deaths of communicable diseases were reported over the 5-year period (CFR = 2.04%). VPDs accounted for 6 of 10 communicable diseases with the highest fatality. VPDs had a CFR of 11.2% compared with 1.5% in non-VPDs. The leading causes of VPDs with the highest fatality were NNT (57%), non-NNT (54%), TB (14%), CSM (13.8%) and Measles (11%). The VPDs with the highest morbidity (in descending order were, Measles, TB, Pertussis, non-NNT Tetanus, CSM, Hepatitis and NNT. VPDs also account for 2 of the 3 prevalent Epidemic-Prone diseases (EPDs) in our study population.

Conclusion: VPDs constitute a considerable part of the burden of communicable diseases morbidity in the study area with an associated high CFR. The implications of the study findings for the health care delivery system and the challenges to immunization campaigns and vaccines utilization in Northern Nigeria.

WACP0810.

The Challenges of attaining MGDs 4 and 5 in a rural community in Rivers State.

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Background: In spite of the adoption of the MDGs in 2000AD and efforts towards their attainment, Nigeria's health indices, especially those related to maternal and child health, have remained poor. Some reasons for this include lack of access to quality health care and under-utilisation of available services. This paper presents the situation of health services in Gokana LGA of Rivers State, Nigeria, selected as a pilot site for the West African Organisations (WAHO) Demonstration Project for improved maternal and child health indices.

Objectives: To obtain updates on the situation of project sites with reference to service delivery and their utilization

Methods: Primary Health Centre K'Dere and Bodo General Hospital previously assessed for the implementation of the WAHO Demonstration project were visited by the project team from the Institute of Maternal and Child Health. Data obtained included information on the physical structure, equipment, manpower and utilization using a check list.

Results: The facilities provide maternal and child health services on routine and emergency basis. However, the physical infrastructure and equipment were dilapidated compared to previous assessment report. There were no basic life saving equipment and supplies. The utilisation of services except immunization was poor. The only midwife in the PHC and the two doctors in the hospital were not resident.

Conclusion: These findings confirm lack of access to skilled care and poor utilization of existing services and necessitate urgent stakeholders' intervention if the MDGs must be attained.

WACP0811.

Health and Social Problems of Children in an Institution for Motherless babies in Ibadan, Nigeria

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Objective: This study was conducted to

describe the health and social problems of children in an institution for care of motherless and abandoned babies.

Methods: A descriptive study was conducted and information on socio-demographic characteristics as well as health and social problems of the children in the institution was obtained from their carers and from their case files. The children's weight and height/ length were also measured.

Results: There were 19 children aged 11 days to 42 months, (median: 9 months) in the home, 15 (78.9%) were females and 4 (21.1%). Seventeen (89.5%) were admitted on account of maternal deaths and 2 (10.5%) because they were abandoned. They had been in the home for 7 days to about 38 months (median = 8 months). Seven (36.8%) of the children had stunted growth, 9 (47.4%) were wasted and 10 (52.6%) were underweight. They had all commenced the routine immunizations and all those aged 12 months and above were fully immunized. Six (31.6%) had been ill in the 1 month period prior to the study and one child died just before the study was concluded. On their social problems, only 4 (28.6%) were visited by their father or other relations regularly i.e. at least once a week. Most fathers had paid the initial admission deposit but only 5 (26.3%) had since paid any additional fee, though additional upkeep fees were not yet due for 5 (26.3%) children.

Conclusion: The study confirmed that children in institutions have a number of health and social problems. Prevention efforts by government, health workers and the general populace are needed to reduce maternal mortality as this was the commonest reason for admitting children into the institution. In addition, carers of these children need to pay attention to their dietary intake in view of the high prevalence of undernutrition reported. Relations of children in homes should also be more actively involved in their care by paying them regular visits and taking them out of the homes at the stipulated time.

WACP0812.

Paediatric HIV in University of Port Harcourt Teaching Hospital, Port Harcourt.

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Background: HIV/AIDS is a major cause of childhood morbidity and mortality and escalating problem of frightening proportion in Nigeria.

Objectives: Determine mode of transmission,

clinical presentation, co-morbidity and outcome among children with HIV/AIDS UPTH.

Methods: From January 2003 to Dec 2007, children with HIV infection in our clinic were prospectively followed up. Clinical and laboratory evaluation were performed and managed according to standard treatment guidelines.

Results: There were 384 children with HIV infection, 190(49.5%) males, 194(50.5%) females. Two hundred and sixty three (68.5%) were below 18 months. Three hundred and forty six (90.1%) acquired infection vertically. Common symptoms were fever 73.3%, cough 64.9%, weight loss 41.1% and diarrhoea 40.8%. Common signs were generalized lymphadenopathy 44.1%, pallor 39.3% and hepatomegaly 38.1%. Commonly co-morbidities were malnutrition 31.1%, tuberculosis 24 and, pneumonia 15.4. Majority 66.9% presented in WHO stage 3 and 4 disease. Twenty seven (7.7%) have died while 67 (17.4%) have been lost to follow up. Age specific mortality was highest among those below 18months. Greatest contributors to case fatality were pneumonia (44.4%) and malnutrition (33.3%).

Conclusion: Paediatric HIV/AIDS occurs predominantly by mother to child transmission and constitutes a significant cause of childhood morbidity and mortality at the UPTH. There was high rate of lost to follow up hence strategies as support group and expert patient training should be put in place to track down defaulters for optimal care.

WACP0813.

Prevalence of Mental Depression and Coping Strategies among Medical Students of University of Nigeria, Enugu Campus

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Objectives: To assess the prevalence of mental depression among medical students, to identify factors predisposing medical students to depression and to ascertain how the medical students cope with mental depression.

Methods: Study was cross-sectional with sample of 400 drawn by stratified random sampling from third, fourth, fifth and sixth year classes. A self administered questionnaire that incorporated the Becks Depression Inventory BDI-II to assess depression was used.

Results: Mean age of respondents was 24.08 ± 2.41. Prevalence of minimal depression was 61.9%, mild depression 27.6%, moderate depression 8.9% and severe depression 1.6%. Statistically significant difference ($p=0.09$) exist in the prevalence of mild depression in different classes. The factors associated with depression in order of importance were: high failure rates in the MBBS examinations (80.6%), frequent rescheduling of lectures (73.3%), long travel time from residence to learning areas (75.5%); long stay in medical school (71.7%), inadequate accommodation (69.3%). Others are study conditions, lecturers' attitudes, finances, frequent examinations / tests, parental expectations, dual roles and poor relationship with parents.

Coping strategies identified: 25% coped passively, 25% talked to friends/ classmates, 23.9% discussed it with their parents/ guardians while 17.1% talked to a priest. About 11.5% resorted to alcohol, 4.7% to smoking / use of stimulants. Only 2.1% sought medical advice.

Conclusion: The prevalence of mild to moderate depression among medical students is high. Factors related to the academic environment are associated with depression in students and only minimal proportion sought medical advice.

WACP0814.

Bulimia Nervosa in a 57 year old male Nigerian Chief Magistrate: Case Report.
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Background: Bulimia means binge eating; eating more food than most persons, accompanied with a strong sense of losing control. The text revision of the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), defined bulimia as binge eating combined with inappropriate ways of stopping weight gain.

Objectives: To present and discuss the peculiarities of this uncommon presentation of Bulimia Nervosa.

Method: The patient is a 57-year old retired male Nigerian chief magistrate. He was referred by the family medicine clinic of the University Teaching Hospital to Internal Medicine Department for treatment of vomiting after meals of 10 months duration. Extensive assessment and investigations by the consultant physician revealed no abnormality and a diagnosis of psychogenic vomiting was

made. The patient was then referred to the consultant psychiatrist in the teaching hospital. History and thorough assessments by the psychiatrist revealed that the patient had induced vomiting at least twice daily after the habit of overfeeding himself for duration of over 30 years. He claimed he induced the vomiting because he felt bloated and disgusted after overfeeding himself. He only sought for medical help when the situation was "out of control" as he induced vomiting more than four times daily.

Conclusion: This case is not a typical presentation especially as it relates to the gender. The challenges of this case are discussed and the management protocol instituted yielded positive results.

WACP0815.

Psychiatric Morbidity among Parents of Children with Epilepsy

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Background: Epilepsy is a common chronic neurological illness in Nigerian children. The burden of this disease is enormous and psychiatric disorders have been reported not only in the patients but even their siblings. There is a dearth of information on psychiatric morbidity among parents of children with epilepsy. This study is aimed at determining the prevalence of psychiatric morbidity among parents of children with epilepsy in our environment and the relationship with any seizure-related factors.

Method: In this cross-sectional study, 308 parents of epileptic children attending the Paediatric Neurology Clinic of the University of Nigeria Teaching Hospital, Enugu and 308 control parents were interviewed using the 60-question version of the General Health Questionnaire (GHQ-60) to obtain information on the mental health of the parents. Statistical analysis was done using Chi² test and $P = 0.05$ was considered significant.

Results: One hundred and nine index parents and 68 controls had GHQ scores of 12 and above. The difference was statistically significant with $\chi^2 = 22.73$ and $p < 0.001$. There was a significantly higher morbidity rate among index mothers (49.4%) compared to the index fathers (20.9%) with $p < 0.001$. Mean GHQ scores were also significantly higher in index mothers than in controls with $t = 6.14$, $p < 0.001$. Psychiatric morbidity in parents was significantly related only to seizure control with $p < 0.001$.

Conclusion: Parents of epileptic children have an increased prevalence of psychiatric morbidity and mothers are more affected than fathers. Need for an in-depth psychiatric study on parents and regular counseling is advocated. Keyword: Childhood epilepsy, Psychiatric disorder, Parents

WACP0816.

Use of Herbal drugs among pregnant women in Enugu, Nigeria

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Background: There is very limited data on the extent of use of herbal drugs in pregnancy despite the absence of knowledge about their potential benefits and risks.

Objective: To assess the prevalence, indications and pattern of use of herbal drugs in pregnant women in Enugu.

Methods: A survey of parturients at the antenatal clinics of three major hospitals in Enugu was done using pre-tested, interviewer administered semi-structured questionnaire.

Results: The mean age of the respondents was 28.2 ± 4.6 years and their parity ranged from para 0-7. The rate of herbal drug use was 11.6 % and was commonest in older, more parous and less educated parturients. The commonest herbal drugs used were leaves (28.3%), herbal tea (23.9%) and a mixture of roots and leaves (23.9%). Most (52.2%) used herbs only a few times (2-5) in pregnancy mainly in the first trimester (34.8%) and the third trimester (37.0%). The commonest reason for the use of herbal drugs was to reduce the birth weight of their babies. Five of the babies delivered by women who used herbal drugs in pregnancy required serious resuscitation and intense care immediately after birth. No perinatal deaths were reported.

Conclusion: Physicians caring for pregnant women must realize that some of them might be using undisclosed herbal drugs which may be potentially harmful to their babies.

WACP0817.

Morbidity among Community Dwelling Elderly in Northern Nigeria.

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Background: The population of elderly is increasing rapidly in all regions of the world. This is more glaring in Asia and Africa, where

the majority of elderly people lives. Population ageing is associated with increase morbidity and demand for health care services. However, the extent and pattern of morbidities in the elderly have not been widely studied in developing countries. Therefore the magnitude of the problems remains largely unknown.

Methods: A total of 322 community dwelling elderly and their relatives in Zaria city were recruited for the study. They were interviewed using Community Screening Interview for Dementia, Word list learning test, Word list recall test, Stick design test, Modified Mini Mental State Examination and Blessed dementia Scale. All the elderly subjects also had a physical examination and were followed up for 1 year.

Results: The mean age of the subjects was 76.09±9.49 years. All the subjects lived in a multigenerational setting. About 12.1% were receiving pension. Only 29(9%) had formal education but literacy rate was 37.6%. The prevalence of morbidity among the elderly was 59.6%. The three most common morbidities among the subjects were hypertension (34.50%) cognitive impairment (21.12%) and arthritis (18.90%). Age, gender literacy were not significant risk factors for morbidity. However, age and literacy were significantly associated with cognitive impairment.

Conclusion: The rate of morbidity among the elderly is very high and might lead to serious burden to both the elderly and their care givers. This might affect achieving the aims of millennium development goals.

WACP0818.

Quality of Sleep among Hypertensive Patients in a Semi-Urban Nigerian Community: A Prospective Study.

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Background: We hypothesize that severity of hypertension directly influences quality of sleep, and poor quality of sleep may worsen hypertensive conditions.

Objective: The study aimed to measure the prevalence of "poor sleep" in hypertensive patients and to examine the association between quality of sleep and the severity of hypertension in this population.

Methods: Quality of sleep was measured using the Pittsburgh Sleep Quality Index

(PSQI) in chronic hypertensive patients attending a tertiary hospital in Nigeria.

Results: A total of 80(60.6%) respondents were females with a mean age of 58.3 ± 12.2 years (males = 58.8 ± 11.7 years). The mean body mass index was 26.42 ± 4.13 kg/m², with 63.1% of the respondents being either overweight or obese. The mean systolic blood pressure was 167.4 ± 21.8 mmHg, while the mean diastolic blood pressure was 96.7±14.9 mmHg. Fifty-six (42.4%) hypertensive subjects were "poor sleepers" (global PSQI > 5), with a global mean PSQI of 5.03 ± 3.28. This was significantly more than 17.3% of control subjects, with a mean global PSQI of 3.10 ± 0.83.

Conclusion: Large-scale, prospective, longitudinal studies are needed to confirm the high prevalence of impaired quality of sleep in this population, and to examine the association between severity of hypertension and quality of sleep while controlling for potential confounding variables.

WACP0819.

Assessing the Degree of Success for American Diabetes Association Clinical Goals among Diabetic Subjects in a Teaching Hospital Setting in Nigeria.

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Background: The American Diabetes Association (ADA) published treatment goals for physicians managing patients with diabetes mellitus in an attempt to improve control of diabetes and prevent complications.

Objective: The study aimed to assess the success with which physicians are able to meet the set ADA clinical goals in Nigeria.

Methods: Hospital records of sub-samples of consecutive patients with type-2 diabetes seen between September 1999 and August 2001 were reviewed to assess the attainment of the six ADA treatment goals and the frequency of receiving the four ADA-recommended health services.

Results: The mean number of ADA goals attained was 4.4 ± 1.2. No patient had attained all 10 goals. A total of 118 (54.1%) and 123(56.4%) patients had attained the ADA goals of diabetes daily use of aspirin and HDL level respectively; most patients had attained ADA goals for triglycerides 189(86.7%), LDL level 168(77.1%) and diastolic blood pressure control 175(80.3). Most patients had not received annual eye examination 210 (96.3%)

nor attained systolic blood pressure control 133 (61%). Although most of the patients had urinary microalbuminuria screening as part of another study protocol using the same sample population, routine urine microalbuminuria screening is not presently done and should be incorporated into the management protocols of our diabetics.

Conclusion: ADA treatment goals may be quite difficult to attain in the developing health care setting. Physicians and patients should make efforts to attain the ADA treatment goals so as to prevent diabetic complications.

WACP0820.

Imatinib Mesylate (GLIVEC) in a Population of Nigerians with Meta-static Gastrointestinal Stromal Tumours

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Background: The emergence of imatinib mesylate revolutionised the treatment of the rare tyrosine kinase KIT-positive (c-kit/CD117) gastrointestinal stromal tumours (GISTs), which were hitherto unresponsive to most conventional chemo- and radio-therapeutic agents. The drug is however unaffordable to ordinary patients in resource-limited populations until the advent of Glivec International Patient Assistance Programme (GIPAP).

Objectives: The objectives of this study were to assess the response to imatinib and the overall survival (OS) of patients treated with the drug.

Methods: Between July 2003 and September 2007, consenting patients with advanced c-kit-pos GISTs were enrolled for imatinib therapy (400-600mg daily) donated by Novartis and were prospectively followed-up. Overall survival (OS) survival was computed with Kaplan-Meier technique, using SPSS 11 statistical package (SPSS Inc, Nov 2001, USA).

Results: There were 11 patients, 9 (82%) males and 2 females. The median age was 56.0 years (range, 30–72). All the patients but one had extensive inoperable metastatic disease, and the only one operable had large bowel resection. The others underwent laparotomy for biopsies. Three (27.3%) patients died of

progressive disease after a median survival of 27 ± 4 (\pm SE) months (CI, 18.7–34.8). The overall survival (OS) at 1 year was 80% and 66.7% at 2 years; the longest survivor was already more than 6 years into Glivec therapy. The median duration of Glivec usage was 24 months (range 6–75). The drug is well tolerated by the patients.

Conclusions: In this small series, imatinib has induced an extended remission in patients with advanced inoperable GISTs, most of whom in our experience would have been dead in 6 months.

WACP0821.

Heart Failure with Normal Ejection Fraction in Adult Nigerians in Abeokuta: Data from the Abeokuta Heart Failure Registry

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Background: Heart failure (HF) with normal ejection fraction (EF) is an increasingly common presentation of acute decompensated HF. Differences between patients with HF and truly normal EF and those with mildly impaired EF have been described scarcely studied in native African.

Objective: The objective of the study is describe differences between patients with heart failure with normal ejection fraction and those with impaired ejection fraction

Methods: The Abeokuta Heart Failure Registry database was used to investigate differences between patients hospitalized with HF and decreased EF (EF <50%) and those with normal EF (> or =50%).

Results: Patients with EF > or =50% had increased pulse pressure, suggesting a role for arterial stiffening. Creatinine increased more often in the group with HF and normal EF than in the group with HF and severely decreased EF. In-hospital mortality and length of stay in the hospital varied inversely with EF.

Conclusion: In conclusion, patients with HF and normal EF are more likely to be women, have a history of high pulse pressure hypertension, and a lower risk of inpatient death but a higher likelihood of deterioration in renal function during hospitalization.

WACP0822.

Anaemia and Renal Function in Adult Nigerians with Hypertensive Heart Failure: Data from the Abeokuta Heart Failure Registry

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Background: Anaemia and renal dysfunction are common in patients with heart failure (HF). Most studies on this subject has emanated from Europe and North America.

Objective: The objective of this study is to investigate the frequency of anaemia and renal dysfunction and the relationship between the two within a cohort of newly diagnosed Nigerians with hypertensive Heart Failure.

Methods: Anaemia was defined as haemoglobin concentration of 13.0 g/dL for males and 12 g/dL for females. Probable renal dysfunction defined as an estimated glomerular filtration rate of 60 mL/min/1.73 m², using serum creatinine concentrations.

Results: The mean age was 48 ± 11 years, 52% were male. Overall, 13.5% of patients were anaemic and 11.8% had evidence of renal dysfunction, while 1.2% had both. Renal dysfunction was significantly more common in older patients.

Conclusion: The frequency of anaemia and renal dysfunction in this cohort was lower than that reported in western HF cohorts. Mode of Presentation: ORAL

WACP0823.

Determination of Starch Protein and Calcium Contents of Yam and Plantain Varieties

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Background: Yam and plantain of several varieties are staple foods in many parts of the world especially in west and central Africa, part of Central America and the Caribbean, the Pacific Islands and South East Asia. And have several varieties. Nutrients such as carbohydrate (starch), proteins, minerals and vitamins are derived from them, since these nutrients are needed for proper functioning of

the body and maintenance of good health, certain disease conditions like diabetes mellitus need some strict dietary restrictions and modification as part of its management. Thus, the need for the determination of the nutritional contents of these staple foods is undoubtedly necessary.

Objective: This study was conducted to determine the value of the different nutrients present in each of the different species of yam and plantain. This would aid nutritional planning / diet mod in health and diseases like diabetes mellitus.

Method: The edible portions of the respective five varieties of yam and plantain were carefully mashed and analysed using known analytical methods for each given nutrient. Their various percentages were determined using SPSS version 11.0.

Results: On a general note, yams had lower starch content but higher protein and calcium contents and, as such, are more nutritious than plantain. *Dioscorea Cayenensis* (yellow yam) had the best values.

Conclusion: The findings are important for nutritional planning in health and diseases like diabetes mellitus.

WACP0824.

Lack of Evidence of Avian-to-Human Transmission of Avian Influenza A (H5N1) Virus among Poultry Workers, Kano, Nigeria, 2006

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Background: On February 6th 2006th first case of highly pathogenic avian influenza [H5N1] in Africa was confirmed among poultry at Sambawa Farms in Kaduna State of Nigeria. However, anecdotal reports of

poultry outbreaks of poultry disease with very high mortality were being reported since December 2005. In Kano State the epidemic started around January 20th 2006. There was a lot of panic and poultry workers, veterinary officers and laboratory workers were highly exposed to the virus in pursuit of their duties with no or minimal protection. Federal and Kano State Ministries of Health and Agriculture and Centers for Disease Control and Prevention [CDC] undertook a seroepidemiologic survey to assess the risk of H5N1 infection in humans who had extensive occupational exposure to poultry infected with H5N1. This is the first serological survey to assess the risk of H5N1 virus transmission to humans in Africa and the first to assess the risk of transmission of clade 2 subclade 2 H5N1 viruses to humans.

Methods: Over a period of two weeks starting from 21st March 2006 a questionnaire was administered to 295 poultry workers and 25 laboratory staff to assess their exposure to H5N1 virus. Their medical history and their utilization of health care facilities were also assessed. A 5 ml blood sample was taken from each participant. The serum was tested at the CDC for presence of antibodies to H5N1 virus by both micro neutralization [MN] and modified horse red cell haemoagglutination inhibition [Horse HI] assay.

Results: The 295 poultry workers reported a median of 14 days of exposure to suspected or confirmed H5N1-infected poultry without anti viral chemoprophylaxis and with minimal personal protective equipment {PPE}. Among the 25 laboratory staff, all of them handled specimens with suspected H5N1 virus infection. All the 320 participants tested negative for H5N1 neutralizing antibodies in contrast 97% of specimens had neutralizing antibody titers of $\geq 1:80$ against a recently circulating influenza A H3N2.

Conclusion: Despite widespread exposure to poultry likely infected with H5N1, no serological evidence of H5N1 virus infection was identified among the participants.

We recommend continued seroprevalence studies given that H5N1 viruses continue to circulate and evolve among poultry especially in view of a WHO confirmed case in Nigeria on 3rd February 2007 and since the epidemiology of human influenza in West Africa has not been described laboratory based surveillance for human influenza is vital to ascertain the impact of influenza relative to the respiratory diseases and to be able to differentiate human influenza from human infection with H5N1.

WACP0825.

Differential Effect of Health Education on Domestic Refuse Management in Sokoto, Nigeria.

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Background: Domestic refuse remain a major environmental concern in large cities around the world. Its management also continues to be a major challenge.

Objective: The thrust of this paper is to assess the effect of health education on the knowledge, attitude and practices of domestic refuse management (DRM) among community members in Sokoto metropolis.

Method: A quasi experimental study with pre- and post-test design was employed to investigate two sampled (intervention and control group) population of 225 subjects in the study areas.

Results: Knowledge of DRM was considered good prior to instituted intervention and considerably improved following intervention. The mean knowledge score (%) of respondents in the intervention group pre- and post-intervention was 77.8% and 93.8% respectively, ($p < 0.0001$).

Attitude to DRM was quite good in all the study groups, although it was also significantly improved post-intervention in the intervention group. The mean attitude score (%) of respondents in the intervention group pre- and post-intervention was 88.1% and 97.3% respectively, ($p < 0.0001$).

Observed practice of DRM was poor in all the study groups pre and post intervention. The mean appropriate observed practice score (%) of respondents in the intervention group pre- and post-intervention was 31.2% and 43.9% respectively, ($p < 0.0001$).

Conclusion: This study has identified the underlying problem of our DRM system to be inherent in the practice component in the triangulation of knowledge, attitude and practice of DRM. The implications of the study findings for healthcare policy, planning and implementation shall be discussed.

WACP0826.

Bilateral Thalamic Infarcts from Severe Hypovolemic Shock Exacerbated by Sustained Sitting Position – A Case Report

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Background: Severe circulatory collapse preceded or followed by appreciable period of hypotension often leads to ischemic alterations concentrated in the boundary zones between major cerebral arteries, as the brain can function only for seconds and survive only for few minutes after its oxygen supply is reduced below critical levels. This is what happened in this case of bilateral thalamic infarcts from hypovolemic shock exacerbated by prolonged sitting posture.

Case Report: HI, a 54 year old man was admitted into the intensive care unit of ABUTH Zaria unconscious. He was said to be well until 17 days earlier when he complained of fatigue, fever, chill, rigors, diarrhea, and vomiting and general body pains. 3 hours before presentation, he was found unconscious in his room and was brought to our hospital, a distance of about 78 kilometers from his home, strapped to his car seat in a sitting position. On presentation, he was febrile (temperature 37.6° C), severely dehydrated with cold extremities and no palpable peripheral pulses. His systolic blood pressure was 60mmHg and the diastolic blood pressure was unrecordable. He was anuric. His Glasgow coma score was 4/15, and he had Cheyne-Stokes breathing, extensor posturing, eyes which were fixed in mid position and pupils which were pinpoint and unreactive to flash of pen torch light. His neck was supple. His muscle bulk was normal, and power in all limbs was zero with reduced muscle tone and deep tendon reflexes. Babinski response was plantar extensor bilaterally. Blood chemistry showed raised serum urea, sodium, and creatinine, and low serum potassium and bicarbonate. Spot blood sugar was normal. Serology was positive for HIV-1. Other laboratory tests were normal. Brain computerized axial tomographic scan showed central concentric hypo-density in both thalami which did not take up intravenous contrast, suggesting infarctive thalamic lesions. A provisional diagnosis of diffuse diencephalic/thalamic infarcts secondary to severe hypovolemic shock was made. Patient's condition continued to deteriorate and on the 5th day of admission, he succumbed to cardio-

respiratory arrest. In conclusion, neurologic complications of severe circulatory collapse can be prevented by early resuscitation and placing patients in supine or trendelenburg position.

WACP0827.

Sociodemographic Characteristics of Breastfeeding Mothers of Infants Aged Four to Six Months in Selected Immunization Clinics in Ibadan.

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Background: The Innocenti declaration of 1990 proposes from scientific evidence, exclusive breastfeeding as a way of achieving optimal maternal and child health. Exclusive breastfeeding leads to improved nutritional outcomes and the reduction of child mortality (MDG 4). The exclusive breastfeeding rate in Nigeria is consistently low with figures of 2.1% in 1994 and 17% in 2006 in spite of

concerted efforts at its promotion. The study was conducted to determine socio-demographic factors associated with the practice of exclusive breast feeding in view of the important role this would play in mothers adoption of the practice.

The study was part of a larger prospective study of the growth pattern of the infants seen in the immunization clinics of two designated baby friendly hospitals in slum and metropolis areas of the urban city of Ibadan. Information on sociodemographic characteristics of the mothers and on the feeding method practiced were obtained by administering a pretested, semi structured questionnaire to the mothers of the babies.

Results: A total of 161 mothers seen during a six month period were interviewed. The mean age of the mothers was 28.4 years (\pm 5.1) years and the majority, 159 (98.8%), were married, 102(63.4%), self employed and 147(91.3%) were of the Yoruba tribe. In all, 131 (81.4%) of the mothers exclusively breastfed their infants for 4-6 months while 30 (18.6%) mothers gave supplements of water, herbal teas or formula supplements. The mode of delivery of the index baby ($p=0.127$), the level of formal education

($p=0.193$) and number of school years ($p=0.236$) as well as the parity of the mother ($p=0.523$) were not significantly associated with the practice of exclusive breastfeeding. More mothers 110 (96.5%), who attended the metropolitan clinic, practised exclusive breastfeeding compared with those attending the clinic in the city slum, 21 (44.7%) ($p=0.00$). All the fulltime homemakers practiced exclusive breastfeeding compared with those who were in formal employment 40 (93.0%), self employed 77(75.5%), or schooling 6(75%). ($p=0.042$). Also mothers aged 25 years and above were more likely to exclusively breastfeed 105 (85.4 %), compared with those aged 24 years and below, 24(68.6%) ($p=0.024$). Multiple logistic regressions showed that the clinic in which they were seen was a predictor of exclusive breastfeeding. (Odds ratio 0.33 and 95% C.I = 0.009 – 0.118).

Conclusion: An emphasis should be placed on targeting young mothers in programs promoting healthful practices such as exclusive breastfeeding. Further studies should be conducted to explore the reasons why mothers in the metropolitan clinic exclusively breastfed compared to those in the clinic in the urban slum with a view of unfolding enabling factors for the practice.