



# #5 2024 NHRC

5TH ANNUAL  
**NATIONAL HEALTH  
RESEARCH CONFERENCE**  
Digital Health Transformation:  
Leveraging Technology for Better Care  
NOVEMBER 22, 2024

# CALL FOR ABSTRACTS

DEADLINE: JUNE 30, 2024

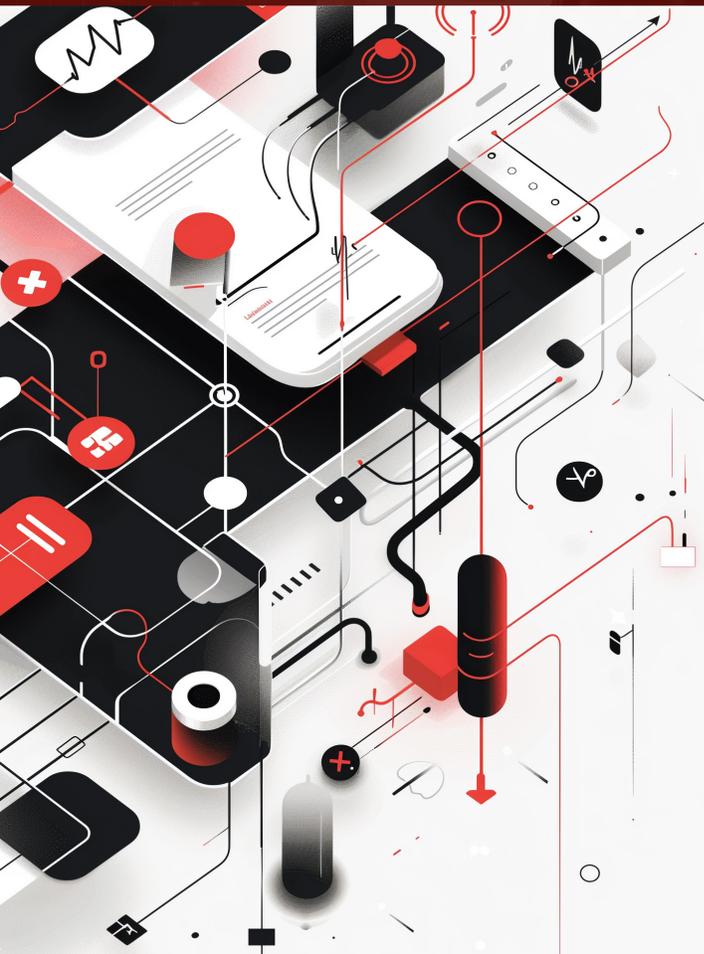
## ABOUT THE CONFERENCE

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

The Theme for the 2024 Conference is ***"Digital Health Transformation: Leveraging Technology for Better Care"***.

**Abstracts do not have to be consistent with the theme. Quality Abstracts in ALL HEALTH AREAS can be submitted, including studies using quantitative, qualitative and mixed methods** (e.g. Public Health, Environmental Health, Biomedical Research, Communicable and Non-Communicable Diseases, Nutrition, Health Economics, Social and Behavioural Health Sciences, etc.).

**SUBMIT YOUR ABSTRACT! >>>**



## THE ABSTRACT

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

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

## SUBMISSION

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**Email Abstract to [researchconferencett@gmail.com](mailto:researchconferencett@gmail.com) by June 30, 2024.**

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

**In your email, please indicate whether the study/abstract was done by Academic Staff, Postgraduate Students or Undergraduate Students.**

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

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

## PUBLICATION

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

## CONTACT INFORMATION

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If you need additional information or clarification, please contact us at:  
[researchconferencett@gmail.com](mailto:researchconferencett@gmail.com)  
Tel: 662-2002 ext. 85486

## SAMPLE ABSTRACT

1. **Title** in bold. Should be as concise as possible. No abbreviations; informative, descriptive title in sentence form.

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

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*Marsha A. Ivey<sup>1</sup>, Sateesh Sakhamauri<sup>2</sup>, Lexley M. Pinto Pereira<sup>1</sup>*

2. **Authors'** full names with initial for middle name. Must be in *italics* with superscript numbering for affiliations. Omit degrees/titles.

3. **Department, Institution** in *italics*; each in a new line with numbering

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<sup>2</sup>Department of Clinical Medical Sciences  
Faculty of Medical Sciences, The University of the West Indies, St. Augustine  
youremail@email.com*

4. **Email address** of corresponding author in *italics*. No space between affiliation and email address

5. **Objective:** Introduce the main aim of the study in clear language. Provide background and context.

#### **Objective**

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

6. **Methods:** Describe the exact design, data collection and analysis

#### **Methods**

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

7. **Results:** Findings concisely reported (with statistical support where applicable)

#### **Results**

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

8. State **Conclusions** derived from the study. Limit to those directly supported by results. May highlight areas for future research

#### **Conclusions**

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

● Single Space