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Achike FI, Ogle CW. Problem-based Learning and the teaching of Pharmacology. J Med Edu 2001; 5(4):382-388

## **Problem-based Learning and the teaching of Pharmacology**

Achike FI, Ogle CW

International Medical University

### **Abstract**

Problem-based learning (PBL) is a novel and innovative medical education paradigm which has existed for more than thirty years, since it was first introduced in the late 1960s by McMaster University in Canada. Its student-driven self-directed learning approach makes it distinctly different from the traditional teacher-driven approach to learning. The phenomenal growth in medical knowledge and information of the past century has served as a wake-up call for all medical educators, to the need for newer methods of training the doctor of tomorrow who must be equipped with special skills and attitudes in order to survive the new order. The PBL approach is increasingly the popular choice for this purpose. However, there is still a lot of anxiety expressed, especially by medical teachers in institutions that are planning a transition from the traditional to the PBL curriculum. One such major concern is the fear that the PBL approach may not be as efficacious as the traditional in imparting subject content to students. The authors share their years of experience in the teaching of Pharmacology in the traditional curriculum and while extolling its achievements concur that the PBL approach is innovative and if well managed could effectively deliver the pharmacology component of a medical curriculum.

**Key words:** Traditional curriculum, PBL, medical Pharmacology

## **Feminisation of aging**

Chen PCY

Department of Community Medicine, International Medical University

### **Abstract**

Fertility rates are falling while life expectancy is increasing sharply and expected to increase throughout the world. The number of reaching 60 years of age is thus increasing throughout the world. There are currently an estimated 580 million people who are 60 years or older in the world, almost 10% of the population of the world.

It is estimated that by 2020, 10.8% of the population of Malaysia will be 60 years or older and that 2050, about 21.1% of the population of Malaysia will be 60 years or older. However, due to the difference in life expectancy, which in 2001 is 70.3 years in Malaysian males and 75.2 years in Malaysian females, the proportion of women who are 60 years or older will be about twice that of men. With increasing age, the female: male ratio increases even more. For example in 1996 in USA, there were 145 women to every 100 men aged 65 years or older. However by the time they reach 85 years or older, the female: male ratio is 257 for every 100 men.

The longevity of women makes them more likely to suffer from chronic diseases commonly associated with old age. These include osteoporosis, incontinence, diabetes, hypertension, and arthritis. Since women live longer than men and they tend to marry older men, they are more likely to be widowed.

Grace J, Lee KK, Ballard C, Herbert M. The relationship between post-natal depression, somatization and behaviour in Malaysian women. *Transcultural Psychiatry* 2001; 38: 27-34

## **The relationship between post-natal depression, somatization and behaviour in Malaysian women**

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### **Abstract**

This study evaluated the rate of post-natal depression (PND) in a Malaysian population, investigated the relationship between belief systems and PND, and examined the relationship between PND and somatization. The sample included 154 consecutive attendees for a 6-week post-natal check at a general hospital well-baby clinic in Kuala Lumpur. Patients were assessed using the Edinburgh Post-Natal Depression Score (EPNDS), the Bradford Somatisation Inventory (BSI), and a questionnaire to assess beliefs about pregnancy and childbirth. The rate of PND was 3.9%. EPNDS and BSI were moderately correlated. Women who practised specific post-natal practices had a higher EPNDS and BSI than those who did not. The rate of PND is lower than in Western studies but similar to that seen in other Asian countries. The correlation between BSI and EPNDS suggest that the BSI will not detect cases missed by the EPNDS.

**Key words:** Chinese, depression, Malay, post-partum, somatization

Hanifullah Khan, Jason Lim Meng Hock, Subramaniam R. The effects of maternal oxygen administration on fetal arterial oxygen saturation as measured by intrapartum fetal pulse oximetry. Mal J Obstet Gynecol 2001; 7(3): 39-48

## **The effects of maternal oxygen administration on fetal arterial oxygen saturation as measured by intrapartum fetal pulse oximetry**

Hanifullah Khan, Jason Lim Meng Hock, Raman Subramaniam

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Sunway Medical Centre, Petaling Jaya  
International Medical University, Kuala Lumpur

### **Abstract**

**Objective:** To observe the effects of maternal oxygen administration by face mask on fetal arterial oxygen saturation in normal patients during labour using the fetal pulse oximeter.

**Setting:** Department of Obstetrics & Gynaecology, University Hospital, Petaling Jaya

**Methods:** The fetal oxygen saturation was measured directly, non-invasively and continuously using the fetal oxisensor and a pulse oximeter specifically designed for fetal use.

**Results:** The administration of oxygen to the mother, whether 50% or 100% was effective in raising the fetal oxygen saturation by approximately 45%.

**Conclusion:** Intrapartum maternal oxygen therapy via face mask can increase fetal oxygen saturation. Furthermore fetal pulse oximetry has the potential to be used as a fetal monitoring tool during labour.

**Key words:** fetal oxygen saturation, fetal pulse oxymetry

## Diagnosis of lymphatic filariasis: some issues and challenges

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### Abstract

Diagnosis of filariasis is based on clinical suspicion and confirmed by laboratory evidence of infection with the parasite. Detection of infection is needed in control programmes and for management of the individual patient. As the clinical spectrum of lymphatic filariasis is wide different laboratory diagnostic techniques may be required to detect different phases of the infection. Filariasis control programmes have rather specific requirements; we need to know the geographical distribution of endemic areas and tests are mainly needed to detect microfilaraemics and intensity of transmission. Control programmes based on selective or mass treatment of endemic populations require direct laboratory evidence of active infection. This may be achieved through demonstration of microfilaraemia or antigenaemia. Detection of infection in mosquitoes especially demonstration of the parasite infective stage in mosquitoes is needed to identify vectors and determine vectorial capacities. In the clinical setting, a greater range of techniques may be useful in assessing the stage of the infection or for differential diagnosis. For example, laboratory requirements for the diagnosis of tropical pulmonary eosinophilia and other forms of occult filariasis are different from that for detection of microfilaraemia in the patient presenting with acute adenolymphangitis. Molecular approaches to diagnosis including the production of reagents for diagnostic assays have resulted in a variety of different assays for detection and evaluation of infection status. Many of these assays are extremely sensitive and specific but are not easily adapted to field use. Other assays, especially some commercial kits are convenient to use and can rapidly detect infection at the point of care. The challenge is to match the sensitivity and specificity of the assay to the appropriate situation and not to be overwhelmed by the perceived need to follow blindly practices useful in other health scenario. It is important to determine the appropriate assays for the different purposes needed by healthcare workers in control programmes and in clinical practice. Perhaps it is opportune for us to produce practice guidelines on what tests are appropriate in the different health situations. Outcomes research based on cost effectiveness, client satisfaction, efficiency and accuracy, etc. utilizing meta-analyses of data from health and medical practices as well as clinical trials can assist and should be carried out.

**Key words:** clinical diagnosis, molecular assays, rapid diagnostic tests, outcomes research

Naidu R, Norhanom AW, Yadav M, Kutty MK, Nair S. Detection of amplified Int-2/FGF-3 Gene in primary breast carcinomas using differential polymerase chain reaction. *Int J Mol Med* 2001; 8: 193-198

## **Detection of amplified Int-2/FGF-3 Gene in primary breast carcinomas using differential polymerase chain reaction**

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### **Abstract**

Amplification of int-2/FGF-3 gene was investigated by differential polymerase chain reaction (dPCR) in 440 archival primary breast carcinoma tissues. Of these, 23 were comedo ductal carcinoma in situ (DCIS), 18 were non-comedo DCIS, 41 were comedo DCIS with adjacent invasive ductal carcinomas, 19 were non-comedo DCIS with adjacent invasive ductal carcinomas, 270 were invasive ductal carcinomas, 33 were invasive lobular carcinomas, 21 were colloid carcinomas and 15 were medullary carcinomas. Int-2 was amplified in 22% (96/440) of the primary breast carcinomas. It was shown that int-2 was amplified in 13% (3/23) of the comedo DCIS, 17% (7/41) of the comedo DCIS and 29% (12/41) of the adjacent invasive ductal carcinomas, 26% (71/270) of the invasive ductal carcinomas, 18% (6/33) of the invasive lobular carcinomas, 10% (2/21) of the colloid carcinomas and 13% (2/15) of the medullary carcinomas. In contrast, int-2 was not amplified in non-comedo DCIS and invasive ductal carcinomas with adjacent non-comedo DCIS lesions. A significant association was observed between int-2 amplification in the in situ components and adjacent invasive lesion ( $P < 0.05$ ). All tumors with int-2 amplification in the in situ lesions (7/7) also demonstrated same degree of amplification in the adjacent invasive components. However, 9% (5/53) of the tumors with no amplified int-2 gene in the in situ components showed int-2 amplification in the adjacent invasive lesions. A significant relationship was noted between amplification of int-2 and lymph node metastases ( $P < 0.05$ ) and poorly differentiated tumors ( $P < 0.05$ ) but not with estrogen receptor status ( $P > 0.05$ ) and proliferation index (Ki-67 and PCNA) ( $P > 0.05$ ). In Malaysia, majority of the patients belong to younger age group (<50 years old) but a comparison of the age groups showed that the amplification of int-2 was not statistically associated with patient age ( $P > 0.05$ ). These observations indicate that amplification of int-2 tends to strengthen the view that int-2 may have the potential to be an indicator of poor prognosis regardless of the age of the patient. Moreover, the presence of int-2 amplification in preinvasive, preinvasive and adjacent invasive lesions, and invasive carcinomas suggest that int-2 could be a marker of genetic instability occurring in early and late stages of tumor development.



Phua KL. Borrowing from the managed care “Toolkit” to increase efficiency in public hospitals. Buletin Kesihatan Masyarakat 2001; Isu Khas: 196-202

## **Borrowing from the managed care “Toolkit” to increase efficiency in public hospitals**

Phua KL

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### **Abstract**

Although the concept of managed care is controversial, the number of MCOs (Managed Care Organisations) is steadily increasing in Malaysia. This article will not deal with managed care per se but with innovations arising from the managed care movement that are potentially useful tools for increasing productivity and efficiency in public hospitals. These tools include demand side as well as supply side interventions. Demand side tools are designed to change the behaviour of patients (“health consumers”) while supply side tools are designed to change the behaviour of doctors and hospitals (“health providers”). Demand side tools include health promotion, self-care, increase consumer cost-sharing, case management and so on while supply side tools include clinical practice guidelines, controls on acquisition and use of expensive technology, formularies and generic drugs, utilization review, medical practice profiling, second opinions, increase use of non-clinician providers, teleconsultations etc. Ultimately, of course, much depends on whether incentives to increase efficiency in the public hospitals are adequate and whether Ministry of Health guidelines are sufficiently flexible to permit innovation at the level of the individual hospital.

**Key words:** Hospital efficiency, managed care tools and innovations

Phua KL. Changing family dynamics in Malaysia and Singapore: what are the implications for individual well-being? Social Science Paper Publisher 2001; 4(2)

## **Changing family dynamics in Malaysia and Singapore: what are the implications for individual well-being?**

Phua KL

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### **Abstract**

Major issues, developments and transformations related to the contemporary family in rapidly changing Asian countries such as Malaysia and Singapore are identified. These include increasing numbers of singles, delayed childbearing, smaller completed family size, more female participation in the labour force, "multinational families", cohabitation, rising divorce rates, single parent families, and assisted reproduction. In Singapore, there is also the phenomenon of highly educated women who have difficulty finding husbands and lowly educated men who have difficulty finding wives. Possible impacts of these changes on the well-being of family members are then discussed.

**Key words:** family dynamics, Malaysia, Singapore, individual well-being

Rohani A., Chu WL, Lee HL, Phang Siew-Moi. Effect of four chlorophytes on larval survival, development and adult body size of mosquito *Aedes aegyptii*. J Appl Phycology 2001; 13: 369-374

## **Effect of four chlorophytes on larval survival, development and adult body size of mosquito *Aedes aegyptii***

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<sup>3</sup>Institute of Biological Sciences, University of Malaya, 50603, Kuala Lumpur, Malaysia

### **Abstract**

The effect of four microalgal chlorophytes, *Chlorella vulgaris*, *Scenedesmus quadricauda*, *Chlorococcum* sp. and *Ankistrodesmus convolutus*, on the survival, larval development and adult body size of the mosquito *Aedes aegypti* was investigated. The percentage mortality of larvae fed with *C. vulgaris*, *Chlorococcum* sp. or *S. quadricauda* after six days was 100%, 84% and 88%, respectively. Delayed pupation and body size reduction of the mosquitoes fed with *C. vulgaris*, *Chlorococcum* sp. and *S. quadricauda* were observed. In contrast, larvae fed with *A. convolutus* were bigger than those fed with normal insectary feed. The study showed that *C. vulgaris*, *S. quadricauda* and *Chlorococcum* sp. have potential to be used as larvicidal agents.

**Key words:** *Aedes aegypti*, *Ankistrodesmus*, *Chlorella*, *Chlorococcum*, chlorophyte, larvicide, microalgae, mosquito, *Scenedesmus*

Sukumar N & Qureshi A. Adenocarcinoma of the rectum metastasizing to the penis. Med J Malaysia 200; 56(2):255-256

## **Adenocarcinoma of the rectum metastasizing to the penis**

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### **Abstract**

An elderly gentleman with adenocarcinoma of the rectum who had abdominoperineal resection presented with scrotal skin and penile metastasis. Adenocarcinoma of the rectum metastasizing to the groin and penis is very rare and few cases have been reported.

**Key words:** Carcinoma rectum, Cutaneous metastases

Teng CL, Shajahan Y, Khoo EM, Nurjahan I, Leong KC, Yap TG. The management of upper respiratory tract infections. Med J Malaysia 2001; 56(2): 260-266

## The management of upper respiratory tract infections

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### Abstract

Upper respiratory tract infections are the commonest reason for consultation in primary care. Group A B-haemolytic Streptococcus (GABHS), the most important bacterial pathogen in this condition, can be cultured from about 30% of patients, more so in children than adults. Clinical features that are predictive of positive GABHS culture are absence of cough, fever, cervical adenopathy, tonsillar enlargement and tonsillar exudate. Use of a sore throat score can help in the detection of streptococcal throat infection. Symptomatic therapies which are useful include anticholinergic, antihistamine, decongestant, humidified hot air and Vitamin C. Antibiotics are universally over-prescribed in this condition as a result of high patient expectation and faulty clinical decision making. Oral Penicillin V for 10 days is the drug of choice. Effective interventions to reduce inappropriate antibiotic prescription probably require a multifaceted approach targeted at both the patients and the prescribers.

**Key words:** Upper respiratory tract infection, Sore throat, Streptococcal infection, Antibiotic prescription