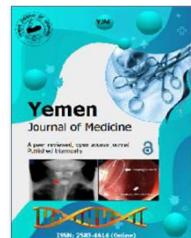




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SUDANESE DOCTORS ASSOCIATION IN QATAR



SUDAQ Medical Symposium III

Towards Better Healthcare: Advances & Innovations

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Pradeep Radhakrishnan, Raja Ahmed, Saad Ahmad, Albarraa Ahmed, Saqib Khan, Baraa Amer

<https://doi.org/10.63475/yjm.v4S1.1>

1- Assessing Knowledge, Attitudes, And Barriers To Assistive Device Use Among Elderly: Implications For Nursing Practice And Mental Well-Being

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Background: Assistive devices are essential tools that enhance independence, safety, and quality of life for elderly individuals, significantly supporting mental well-being by reducing dependence on caregivers and improving self-efficacy. Despite their importance, major gaps in knowledge and negative attitudes hinder their optimal use, particularly within the understudied Arab region. This study aimed to assess knowledge levels, attitudes, and the primary barriers influencing assistive device utilization among elderly individuals in a clinical outpatient setting.

Methods: A descriptive, cross-sectional study was conducted at a university hospital outpatient clinic using a convenience sample of 86 elderly individuals aged 60 years and above. Data were collected using a structured interview tool assessing socio-demographics, medical history, and knowledge, along with a validated 15-item attitude scale scored on a three-point Likert scale. Statistical analysis was performed using SPSS version 26.

Results: Results showed that 73.3% of participants had inadequate knowledge regarding assistive devices, and 61.6% expressed negative attitudes toward their use. A strong positive correlation existed between knowledge and attitude ($r=0.578$, $p<0.001$). The most prominent barriers identified were technical illiteracy (82.6%) and poor device sound quality (80.2%). Attitudes were significantly influenced by demographic factors including age, gender, marital status, and educational level ($p<0.05$).

Conclusion: These findings highlight the urgent need for nurse-led educational interventions that can address misconceptions, improve knowledge, and facilitate greater acceptance of assistive devices. Strengthening awareness and reducing barriers will enhance mental well-being, promote functional independence, reduce caregiver burden, and contribute to sustainable healthcare outcomes, aligning with the conference theme of empowering nurses to shape the future of care.

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2- Visual Assessment Among Patients Affected By Benign Intracranial Hypertension Attended Khartoum Teaching Hospital, 2023

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Background: Benign Intracranial Hypertension (BIH), or Idiopathic Intracranial Hypertension (IIH), is a neurological disorder characterized by elevated cerebrospinal fluid (CSF) pressure without an identifiable cause. The condition's most feared complication is irreversible vision loss due to persistent papilledema. This study aimed to assess the visual function and clinical profile of BIH patients attending the Khartoum Teaching Hospital (KTH) in 2023.

Methods: This was a hospital-based, descriptive cross-sectional study conducted at the Khartoum

Teaching Hospital.

Results: The study included thirty-two (N=32) patients diagnosed with BIH. Visual assessment involved evaluating visual acuity, performing a detailed fundus examination to grade papilledema (using the Modified Frisen Scale), and assessing the visual field using standard automated perimetry (for patients with visual acuity > 1/60). The majority of patients were females of childbearing age (29/32; 90.6%), with a mean age of years. All patients complained of headache and blurred vision. Papilledema was observed in 31/32 (96.9%) patients, with varying grades. 30/32 had visual acuity greater than . The average visual field mean deviation (PMD) was significantly affected, measuring dB in the right eye and dB in the left eye, with generalized reduction being the most common defect.

Conclusion: The demographic findings align with the global understanding of IIH affecting young, obese women. The near-universal presence of papilledema and the generalized visual field defects highlight the significant risk of permanent visual impairment in this population, despite relatively preserved visual acuity in most cases. Early diagnosis and timely intervention, predominantly with acetazolamide (effective in of treated patients in this study), or surgical shunting (required surgery), are crucial to prevent irreversible vision loss.

<https://doi.org/10.63475/yjm.v4S1.3>

3- Impact Of An Integrated Community Clozapine Clinic On Recovery And Healthcare Utilization In Qatar

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Background: Clozapine is the established gold-standard therapy for treatment-resistant schizophrenia, yet it requires rigorous safety monitoring and structured service delivery. Evidence describing community-based clozapine models in the Arab region remains limited. This study evaluated the impact of an integrated, nurse-led community clozapine clinic on clinical recovery, functional outcomes, and healthcare utilization in Qatar.

Methods: A retrospective review was conducted for 60 patients who had been maintained on clozapine for at least one year within the clinic. Hospital admissions, duration of inpatient stay, police-assisted admissions, emergency department visits, and sick clinic attendance were compared across one year pre- and post-clinic enrollment. Functional outcomes, including engagement in volunteering and education, were also assessed.

Results: Analysis revealed substantial improvements following clinic implementation. Total hospital admissions decreased by 68% (from 125 to 40 episodes), while police-assisted admissions declined by 75%. Mean inpatient stay reduced by 64% (from 45 to 16 days), and emergency department visits dropped by 60%. Functional recovery indicators showed marked gains, with volunteering increasing from 5% to 28% and participation in education rising from 8% to 30%.

Conclusion: These results demonstrate that a structured, integrated community clozapine clinic significantly enhances clinical stability and functional recovery while markedly reducing healthcare

utilization. The findings support expanding nurse-led clozapine services as a best-practice model that strengthens continuity of care, promotes recovery, and advances healthcare efficiency within mental health systems.

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4- Efficacy Of A Structured Training Program On Disaster Management Knowledge And Skills Among Primary Healthcare Nurses In Qatar

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Background: Primary healthcare nurses play a critical frontline role in disaster response, yet significant gaps in preparedness persist in Qatar despite increasing risks associated with extreme weather, mass gatherings, and public health emergencies. This study evaluated the effectiveness of a structured in-service training program designed to strengthen disaster management knowledge and practical skills among nurses working in primary healthcare centers.

Methods: A quasi-experimental pre-test/post-test design with a control group was used across six centers, involving 300 nurses. The intervention group (n=150) received a four-hour integrated training session combining theoretical instruction—covering infection control, basic life support, evacuation procedures, and psychological first aid—with hands-on simulation exercises, while the control group (n=150) received no training. Validated knowledge assessments and skills checklists were administered at baseline, immediately post-intervention, and at three-month follow-up.

Results: Results demonstrated statistically significant improvements in disaster preparedness among the trained nurses ($p<0.001$). Knowledge scores increased from 48% at baseline to 92% post-training, while practical skills scores improved by 95%. Retention remained high, with scores maintaining 89% of post-test levels at follow-up.

Conclusion: These findings indicate that a structured disaster management training program significantly enhances both knowledge and skills retention among primary healthcare nurses. Integrating such evidence-based training into routine nursing education could substantially strengthen the resilience of Qatar's healthcare system and improve national disaster response outcomes.

<https://doi.org/10.63475/yjm.v4S1.5>

5- Perception And Attitude Among Healthcare Providers And Parents Towards Hand Hygiene In Relation To Covid-19 Infection Prevention

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Background: Since Coronavirus Disease 2019 (COVID-19) infection was declared a pandemic in March 2020, healthcare organizations have intensified efforts to increase awareness and reduce transmission among the general population. This study aimed to assess the perception among healthcare providers and parents regarding hand hygiene in preventing COVID-19 transmission.

Methods: A cross-sectional prospective study was conducted at Hamad Medical Corporation in April 2020, including 206 participants. Demographic data, educational level, and household size were analyzed in relation to health care providers and parents' perceptions of hand hygiene for COVID-19 prevention.

Results: Participants included parents (24.27%), doctors (22.82%), nurses (19.42%), allied health staff (8.74%), and non-medical staff (24.76%). The majority were female (72.23%), and 57.28% held college or university degrees. Most participants (94.17%) understood the concept of hand hygiene, and 89.81% believed it prevents COVID-19 transmission. Social media (54.59%) and internet browsing (25.41%) were the main information sources. Repeated handwashing with soap and water was considered the most protective method (69.42%). Nearly all participants (99.03%) improved their handwashing frequency after COVID-19 was declared a pandemic. Parents and non-medical staff demonstrated significantly less knowledge ($p=0.00$), less understanding ($p=0.002$), and greater dependence on social media ($p=0.001$) compared to healthcare staff.

Conclusion: Parents and non-medical staff exhibited less knowledge and awareness of hand hygiene importance and practices. All participants acknowledged the value of hand hygiene in preventing COVID-19 transmission. Social media and internet browsing had a strong influence on awareness; therefore, targeted educational programs through hospital training and social media campaigns are recommended.

<https://doi.org/10.63475/yjm.v4S1.6>

6- Perception Of Mental Health Stigma Among Fourth And Fifth Classes Of Medical Students Of Sudan International University (SiU)- December 2021- To February 2022

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Background: Mental illnesses remain stigmatized amongst medical students. This has consequences for physicians There is an essential need for studying to mitigate stigma in earlier studying years. This study aimed to assess SIU medical students' perceptions and attitudes concerning mental disorder

Methods: - A self-administered questionnaire was used for data collection .Two hundred randomly participated. 126 females and 74 males. We stored collected data on the excel sheet. Analysis done by using SPSS- version 23. statistical significance was set at $p<0.05$ or " $\alpha=0.05$ "

Results: Two hundred participants; females were (63%) , males were 37 %. Most of their ages 22 to 25 years 71.5 % (143/200). A 72.30% of age - ranged 22-25 years reported they somewhat knowledgeable about mental disorders against 32.5% for other age ranges. Female at a rate of 63.30 %(114/180) agreed to help peoples with mental disorder compared to 36.7% of males. A 64.60 % of the female participants would allow their children to play near someone with mental illness. A 33.33 % (94/200) of all participants agreed not to trust individuals with a history of mental illness. Both genders a rate of 69% (138/200) agreed to support hiring qualified individuals with mental illness. While a rate of 46% (92/ 200) are willing to take classes with mentally ill peers. A 73.5% (147/200) disclosed fear of mentally ill individuals. 94.5% (189/200) of participants believed there is a need for more education in schools and for the community. A statistically significant finding was found of ages and genders in their willingness to work with mentally ill individuals, with rates of 62% (124 out of 200), and p-values of 0.023 and 0.01, respectively.

Conclusion: The study reveals medical students' willingness to work with persons who have mental disorders, emphasizing the necessity for improved education for both medical students and the wider communities to address the stigma surrounding mental illness.

<https://doi.org/10.63475/yjm.v4S1.7>

7- Transforming Care: Implementing Positive Behavior Support And Behavioral Activation To Improve Outcomes In A Rehabilitation Setting

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Background: Inpatient rehabilitation centers face significant challenges in managing patients with substance use disorders and comorbid mental health conditions, who often present with high rates of aggression, low motivation, and prolonged lengths of stay. This project aimed to transform care by implementing two evidence-based frameworks—Positive Behavior Support and Behavioral Activation—to enhance safety and improve clinical outcomes.

Methods: Led by a clinical nurse specialist, a multidisciplinary team at Umm Slal Rehabilitation Center integrated functional behavioral assessments using the Antecedent-Behavior-Consequence model to create individualized Positive Behavior Support plans, while Behavioral Activation was applied through structured activity scheduling and value-based goal setting for patients with depression. Staff training and multidisciplinary team collaboration were strengthened through regular case conferences, and implementation followed iterative Plan-Do-Study-Act cycles to ensure continuous improvement.

Results: The intervention produced substantial measurable outcomes, including a 70% reduction in aggressive incidents, over 90% reduction in the use of physical restraints, a 150% increase in patient participation in rehabilitation activities, and a 25–33% reduction in average length of stay for complex cases. Qualitative feedback from patients and families also reflected marked improvements in safety, respect, and therapeutic engagement.

Conclusion: The systematic implementation of Positive Behavior Support and Behavioral Activation proved effective in enhancing safety, accelerating recovery, and fostering a person-centered culture, offering a scalable model for managing complex behaviors in rehabilitation settings and demonstrating the pivotal role of nursing leadership in driving evidence-based practice change.

<https://doi.org/10.63475/yjm.v4S1.8>

8- A National Comparison Of Psychiatric Presentations Between Migrant Workers And Qatari Nationals: Implications For Culturally Sensitive Nursing Care

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Background: Arab Gulf nations host a substantial migrant population, yet comparative mental health research between migrant workers and nationals remains extremely limited. Understanding these

differences is essential for nurses delivering culturally competent and equitable psychiatric care. This national study compared psychiatric presentations, management challenges, and social stressors between migrant worker inpatients and Qatari nationals.

Methods: A retrospective cohort design was used, analyzing electronic medical records from 288 inpatients admitted between July and December 2020, including 150 migrant workers and 138 nationals. Data on sociodemographics, clinical characteristics, and management factors were examined using chi-square tests, t-tests, and logistic regression.

Results: Although both groups were predominantly male with similar mean ages and lengths of stay, marked disparities were observed. Qatari nationals had significantly higher rates of past psychiatric history (73.2% vs. 42.7%), substance use disorders (29.0% vs. 6.7%), and physical comorbidities (40.6% vs. 24.0%). Migrant workers demonstrated substantially higher odds of depressive disorders and trauma- and stressor-related disorders, reflecting migration-associated psychosocial adversity. Migrants also reported significantly elevated social stressors, including limited social support, work-related stress, and geographical separation from family.

Conclusion: These findings highlight a critical divergence in psychiatric needs: nationals often require assertive management of severe, chronic mental illness, while migrants need trauma-informed, culturally sensitive, and socially responsive interventions. Nurses are uniquely positioned to lead these dual care approaches by integrating cultural competence, psychosocial assessment, and patient advocacy into routine psychiatric practice, ultimately advancing equitable outcomes and strengthening Qatar's mental health system.

<https://doi.org/10.63475/yjm.v4S1.9>

9- Effectiveness of Fluid Resuscitation Strategies on Outcomes in Sepsis Patients with Pre-Existing Heart Failure: A Systematic Review

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Background: Sepsis in patients with pre-existing heart failure (HF) poses significant management challenges due to fluid intolerance, yet current sepsis guidelines lack HF-specific recommendations. Early aggressive fluid resuscitation can improve perfusion but may increase the risk of overload, making the optimal strategy uncertain.

Objectives: This review aimed to synthesize evidence on sepsis management in adults with HF, with a primary focus on fluid resuscitation strategies and their impact on mortality and organ outcomes, and to clarify the relationship between early resuscitation volumes, cumulative fluid balance, and patient outcomes.

Methodology: Following PRISMA guidelines, PubMed, Scopus, Cochrane, and ClinicalTrials.gov were searched for English-language studies from the past 20 years. Eligible designs included randomized controlled trials, cohort, and case-control studies in adult sepsis HF patients. Of 3,223 screened records, 7 studies met inclusion criteria, comprising 5,598 patients. Data extraction was performed independently by two reviewers, and risk of bias was assessed using the MASTER scale.

Results: High early fluid balance was consistently associated with increased mortality, whereas guideline-recommended ≥ 30 mL/kg fluids often improved functional outcomes such as reduced acute kidney injury rates and shorter ICU stay without increasing ventilation or readmission, though mortality benefit varied. One large cohort found that < 15 mL/kg in the first 6 hours was linked to lower mortality, suggesting restrictive volumes may benefit select HF patients.

Conclusions: Early high cumulative fluid balance is harmful in sepsis with HF, but initial guideline-based resuscitation may offer organ protection if tailored to patient physiology. HF-specific randomized trials and nonbiased standardized fluid metrics are needed to guide optimal, individualized protocols. Fluid accumulation index is the best predictor and it is proportional to mortality.

<https://doi.org/10.63475/yjm.v4S1.10>

10- Xylometazoline-Induced Precipitous Hypertension During Trans-Nasal Trans-Sphenoidal Hypophysectomy Under General Anesthesia: A Case Report And Literature Review

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Xylometazoline is an alpha 1 agonist that is used as a local vasoconstrictor before trans-nasal surgeries. Endonasal passage can be significantly obscured by nasal mucosal bleeding, mandating hemostatic techniques including head-up surgical position, nasal infiltration of vasoconstrictors, or use of hypotensive general anesthesia (1). A thorough literature review identified similar cases of xylometazoline associated hypertension in both acute and chronic settings. We report a 29-year-old man with locally advanced pituitary macroadenoma who developed refractory stage 2 hypertension during trans-nasal hypophysectomy under general anesthesia. On the day of surgery, pre-surgical BP in the ward was 120/80 mmHg and HR was 76 bpm. Xylometazoline drops-soaked gauzes were packed in the nostril for decongestion. About 18 minutes after endotracheal intubation, the patient's blood pressure started to rise, and the hypertensive episode lasted for about 20 minutes. Given the absence of usual triggers and other contributing factors, the temporal sequence and the dominant hypertensive response pointed to systemic absorption of xylometazoline as the likely cause. This is attributed to improper technique of administration or excessive dosage (2). This case highlights a rare instance of intra-operative hypertension in a young male with macroadenoma, defying typical explanations like light anesthesia or surgical stimulation. While primarily used as a topical nasal decongestant, its systemic absorption can lead to alpha adrenergic effects, causing a significant rise in blood pressure. This case highlights a critical point for anesthesiologists: when a patient experiences unexplained high blood pressure during surgery, it's essential to consider topical vasoconstrictors as a potential cause. Close monitoring, cessation of the suspected agent, and timely administration of antihypertensives are crucial for prompt diagnosis and prevention of complications.

<https://doi.org/10.63475/yjm.v4S1.11>

11- Left Ovarian Vein Thrombosis Associated with Epiploic Appendagitis in a Postmenopausal Woman

Aya Mohamedkheir , Areej Saad ,Duha Mohammad , Aya Mohamed , Asma Yousif, Bidoor Alabbas , Osman Elhassan

Ovarian vein thrombosis is an uncommon and potentially serious cause of abdominal pain, most often occurring in postpartum patients and individuals with malignancy or other hypercoagulable states. Epiploic appendagitis is also rare and can closely mimic more common acute abdominal conditions, complicating diagnosis. We report a unique case of a 46-year-old postmenopausal woman who presented with left lower abdominal pain and exhibited no typical risk factors for ovarian vein thrombosis. Clinical examination demonstrated localized tenderness without peritoneal signs, while laboratory testing revealed elevated inflammatory markers. Contrast-enhanced computed tomography of the abdomen and pelvis confirmed epiploic appendagitis affecting the descending colon region and concurrently identified a filling defect in the distal segment of the left ovarian vein, consistent with partial thrombosis. The patient received a conservative treatment approach including antibiotic therapy for epiploic appendagitis and anticoagulation with rivaroxaban for ovarian vein thrombosis, resulting in complete symptom resolution

on follow-up. This rare coexistence suggests a possible relationship between localized inflammation and ovarian venous thrombosis, particularly in patients without traditional risk factors. This case emphasizes the crucial role of early imaging in identifying unexpected dual pathologies when evaluating acute abdominal pain, especially in postmenopausal women, and highlights the importance of prompt therapeutic intervention to prevent complications such as pulmonary embolism. Clinicians should consider ovarian vein thrombosis in the differential diagnosis when inflammatory abdominal conditions are identified, even outside the typical clinical setting.

<https://doi.org/10.63475/yjm.v4S1.12>

12- Psoas Myositis A Rare Complication Of Varicella Zoster Virus Reactivation-A Case Report And Literature Review

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Psoas myositis secondary to Varicella Zoster Virus (VZV) reactivation is an exceptionally rare manifestation of herpes zoster, particularly outside ophthalmic involvement. We conducted a comprehensive literature review to identify similar cases and provide a thorough description of our own. We present a case of a 65-year-old woman with a history of metabolic syndrome who presented with left flank pain and haematuria. CT imaging ruled out urinary tract obstruction but revealed para-aortic lymphadenitis with reactive psoas myositis (Figure 1). Within 24 hours, she developed a vesicular rash in the L2-L3 dermatome, confirming herpes zoster. Laboratory findings showed mild inflammatory elevation without muscle enzyme derangement. She was managed successfully with acyclovir and amitriptyline, achieving pain control and recovery. This case highlights an atypical presentation of VZV reactivation involving deep skeletal muscle, a condition documented only in one prior report. The likely pathophysiology parallels that seen in herpes zoster ophthalmicus or Ramsay Hunt syndrome, where inflammation extends to the muscles via affected sensory neurons. Additionally, para-aortic lymph node involvement suggests that reactivated VZV may induce local lymphadenitis within the corresponding "dermomyotome." Such pre-rash symptoms may lead to diagnostic confusion with more common etiologies such as renal pathology. Clinicians should consider VZV in the differential diagnosis of unexplained flank pain or myositis, especially when CT findings suggest muscle inflammation without clear aetiology. Early recognition and antiviral therapy can prevent progression and minimize complications such as postherpetic neuralgia.