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Interpretation: Elevated body temperatures in asymptomatic infants less than 3 mo of age are common in high environmental temperatures. Further studies are needed to determine the clinical implications on this finding.

Source of Funding: None.

Abstract #: *1.019_INF*

Knowledge and Perception of Self Medication by the People in Mbarara Municipality

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Background: Self Medication (SM) is one of the key factors contributing to Antobiotic resistance. In 2012, the prevalence of antimicrobial SM in developing countries was 38.8%. A study done in 2014 showed that 75.7% of the people in Northern Uganda practice SM. WHO recommends both dispensing and using of antibiotics only when prescribed by a certified health professional.

Methods: This cross sectional study was conducted among adults aged 18 years and above attending any of the four randomly selected community Pharmacies for antibiotics in Mbarara Municipality in May, 2015. Participants were interviewed using an interviewer-administered questionnaire. Data was collected on socio-demographic characteristics, knowledge on SM, presenting symptoms and reasons for SM. Data was analysed by computing frequencies, percentages for variables, and running descriptive statistics on all variables. Ethical approval was sought from the Faculty research and ethics committee of Mbarara University of Science and Technology.

Findings: The mean age of the 104 participants was 32.4 years, 48 males and 56 females. 87 (83.6%) had no prescriptions, 76 (73.1%) had ever participated in SM, 18 (17.3%) never had SM and 2 (1.9%) were not sure. The majority, (57.2%) reported to have at least some knowledge about SM. There were significant relationships among the knowledge about drug, level of education, severity of illness and income with SM. The commonly self-medicated antibiotics were Amoxicillin (47.7%) and Metronidazole (30.5) and Cotrimoxazole (11.1%). Majority of the participants (79.2%) did not know the phenomena of potential for anti-biotic resistance with SM. They also perceived SM as being more beneficial as compared to the risks.

Interpretation: Many people have insufficient knowledge about SM, especially the risks. Massive sensitization should be done by the Ministry of health and community pharmacies should be involved in this campaign. National Drug Authority should enforce strict laws on drug outlets in such a way that antibiotics are not dispensed without prescription. Cost effective drugs should be made available in public health facilities and be accessible by the patients.

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Age of Menopause and Menopausal Symptoms in HIV Infected Women

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Program/Project Purpose: Of the 37 million persons living with HIV globally, 52% are women. Combination antiretroviral therapy (cART) has resulted in reductions in HIV-associated morbidity and mortality dramatically improving life expectancy. Most HIV infections occur early in reproductive life with the potential to impact reproductive health and aging. For women with HIV this infection appears to accelerate menopause, leading to adverse hypoestrogenic consequences.

Structure/Method/Design: A PubMed review of articles and web reports were conducted on menopause and health implications in HIV infected women.

Outcome & Evaluation: Age of natural menopause is determined by demographic (education, race, ethnicity), reproductive (parity, OC use, fibroids), familial, genetic and lifestyle factors (physical activity, weight, diet). Improper treatment of HIV, especially among Ugandan women, also affects age of natural menopause. Menopause among non-HIV-infected white, Hispanic women is on the average 51 years, and that of African American women is 49 years while mean age of menopause in HIV-infected women is 47–48 years. Various hypotheses exist to explain this difference and include the following: 1) viral influence on HPG axis, 2) immune dysregulation as sequela of viral infection 3)Adverse effects of cART and 4) persistent inflammatory state associated with chronic HIV affecting the neuroendocrine axis. Modifiable risk factors such as smoking, nulliparity and low BMI are also associated with lower age of menopause and are commonly reported in women living with HIV (WLHIV). In the general population older age at menopause confers health benefits as a result of protective functions of estrogen. The repercussions of early age of menopause in the HIV infected population are clinically important; this persistent state of hypoestrogenism subsequently confers increased risk for cardiovascular diseases, osteoporosis, infertility, and psychosocial impairment.

Going Forward: Menopausal sequela in the HIV infected population often go unrecognized by both healthcare providers and women themselves. Increased health risks secondary to premature menopause can have a tremendous effect on the health of this population in addition to the greater health care system. Focus on identifying those with premature menopause within the HIV infected population with an attempt to mitigate associated health risks should be incorporated into routine HIV care.

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Perceived Cost Advantages and Disadvantages of Purchasing HIV Self-Testing Kits among Urban Tanzanian Men: An Inductive Content Analysis

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