

Results: The prevalence of LUTs was 62%. The commonest symptoms were frequency (43%) and stress incontinence (49%). It was significantly associated with BMI, past obstetric history, menopausal status and previous pelvic surgery. Storage symptoms including stress urinary incontinence (SUI) and overactive bladder (OAB); and voiding dysfunction also shows significant associations. For SUI, the subject's race, hormonal therapy status and smoking history were not significant. For OAB, other than race, HRT and smoking, BMI was also not significant. For voiding dysfunction, other than HRT and smoking, parity and menopausal status were also not significant.

Conclusion: This study shows that LUTS is highly prevalent in our population. However, further longitudinal studies are need to better understand the severity and potential impact on quality of life.

INVESTIGATION OF OXIDATIVE STRESS STATUS AND NEUROPROTECTION BY VITAMIN E IN CHRONIC CEREBRAL HYPOPERFUSION-INDUCED NEURODEGENERATION IN RATS.

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Introduction: Reduced cerebral blood flow (CBF) is associated with aging and neurodegenerative disorders. CBF-induced neurodegeneration is related with the formation of reactive oxygen species (ROS), which is fatal to neurons at high concentrations.

Objective: To study the neuropathological consequences of a reduced CBF, a similar condition has been created in rats by common carotid artery occlusion (2 vessel occlusion, 2VO). Since vitamin E is known to be a potent antioxidant, the present study was designed to assess the effects of vitamin E as an antioxidant and neuroprotective agent in 2VO rat model.

Methodology: After acclimatization, twenty four Sprague Dawley rats weighing 200-250 g were equally divided into three groups. Group A – sham control, Group B–2VO, and Group C–2VO+E (treated daily with Vit E, 100 mg/kg, orally following 2VO). On the 8th week, all the rats were euthanized and the hippocampi were isolated. Viable neuronal cell count in the hippocampal CA-1 region was estimated. The Isoprostane F2 (Iso-F2) levels were also measured in the brain homogenates to quantify the oxidative stress levels.

Results: There was significant difference in neuronal cell death in 2VO group as compared to sham group. In 2VO+E rats, the viable neuronal cell count of the hippocampal CA-1 region was significantly higher ($p<0.05$) as compared to the 2VO group. Moreover, Iso-F2 levels in 2VO group was significantly higher ($p<0.05$) as compared to 2VO+E group, implying high oxidative stress in 2VO group and reduction of oxidative stress levels in 2VO+E group.

Conclusion: This study clearly demonstrates the effectiveness of Vitamin E as a neuroprotective and antioxidative agent in chronic cerebral hypoperfusion induced-neurodegenerative in rats.

MEDICAL STUDENTS' KNOWLEDGE AND ATTITUDE ON ETHICAL ISSUES IN ANESTHESIA AND CRITICAL CARE

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Introduction: One of the important skills that medical students should acquire before graduation is the ability to discuss and resolve common ethical dilemmas in clinical practice. Lectures, student seminars and small group discussions on ethical dilemmas are methods used to equip them with this important skill.

Objective: A pilot study was conducted on a group of fourth year students to evaluate their knowledge and attitude on common medical ethical dilemmas.

Methodology: Questionnaires comprised of seven items related to consent, common ethical issues in anaesthesiology and critical care; two Case Scenarios regarding CPR and medical futility and a question on whether they had experienced or observed ethical situations in the wards. It was collected at the end of the workshop and manually analysed.

Results: The majority (97.56%) agreed that taking consent involves application of ethical principles. On euthanasia, the majority (87%) opined that it is not permissible in Islam. Three-quarters (75%) disagreed that withholding of life support from dying patients equals to physician-assisted euthanasia. When asked whether withdrawal of life support to a dying patient equals to euthanasia, approximately 56% agreed to the statement while the remaining 44% did not. The majority opined that withdrawal of life support is allowed in comatose patient with massive CVA (73.17%) and that it is permissible in the brain dead (92.70%) patient. The majority (75.61%) also opined that Morphine administered to a terminally ill cancer patient is not equal to indirect euthanasia. On the specific case scenarios, the majority (82.93%) opined that no CPR should be carried out in a post AMI patient who was brought to the A&E in a cyanosed and 'practically dead' situation. On opportunities to observe doctors resolving ethical situation in wards, approximately two-thirds stated a positive response.

Conclusion: Taking consent involves application of ethical principles. However, there are difficulties with end of life issues such as withholding and withdrawal of life support particularly when such activities are linked to the classification of euthanasia. There are great opportunities for students to learn and acquire ethical reasoning skills in the present set up as this study has shown.