

Public and medical personnel reactions towards radiological events

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ABSTRACT

Radiation, particularly ionising radiation, unquestionably have effects on humans. However, with proper protection, as per distance, time and shielding concept, radiation exposure to humans can be minimised. Humans are continuously exposed to radiation, especially from the natural sources. Though exposed to radiation, human body can repair the ionising damage effect on the deoxyribonucleic acid (DNA), up to a certain level of exposure. The drawback of radiation is that it cannot be detected by human senses. Therefore, the use of survey meter is essential in handling radiological events. The fear of radiation progressed for years, especially referred to Hiroshima and Nagasaki atomic bomb explosions. Subsequently, there is perception among the public that equates all radiation as explosive, although it is not. The Fukushima Daiichi nuclear power station accident further add psychological fear among the nearby population and world community. Inaccurate media reporting also contributed towards the fear of radiation. The seemingly unstoppable rise of social media also fuelled misinformation on radiation. In local situations, a fire that broke out in an irradiating facility went viral with misperception, misinformation of explosion risk and unnecessary fear. In other instance, chemical accidents were labelled as radioactive in nature. Misperception of radiation might also made worse by inaccurate comments by unfamiliar and untrained medical personnels. In conclusion, misinformation and miscommunication on radiation should be addressed to reduce misperception among medical personnels and the public.

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Quality of life of informal caregivers for patients with dementia in Kuching: a cross-sectional study

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ABSTRACT

Introduction: Caregiving exerts impact on Quality of Life (QoL) of caregivers for dementia patient. The growing of caregiver population in tandem with dementia disease burden demand public health concern and action. Objective of this study was to determine factors associated with the QoL of informal caregivers for dementia. **Methods:** This was a cross-sectional study conducted in Kuching. Data collected via researcher guided interview assessing caregiver, patient, caregiving characteristics, support needs, depression, caregiving burden and QoL. Data entry and analysis done by SPSS version 22. **Results:** There were 217 respondents recruited in this study with 67.3% female and 63.1% Chinese. Most respondent provided care for their parents (62.7%), and stay with patients (67.3%). Average duration of care was 4.2 years (SD=3.72). Resource referral (M=3.52, SD=1.334) and education support (M=3.67, SD=1.054) was highest need. Majority respondents experienced little to no burden (59%). Most respondents were not depressed (98.1%). Behavioural competence to face difficulties created by disease was associated with patient's gender, Behavioural and Psychological Symptoms of Dementia (BPSD) status and education support; QoL in relation to environment was associated with caregiver's gender, co-residency, duration of care, respite need, patient's BPSD status and belonging support; psychological perception of situation was associated with patient's age, BPSD status, respite need, belonging and tangible support; possible perception of distress was associated with caregiver's gender, illness/disability, duration of care, respite need, tangible and education support; caregiving burden was associated with caregiver's gender, illness/disability, duration of care, respite need, belonging and tangible support. All factors were significant at $p < 0.05$. **Discussion:** Issues of QoL of informal caregiver is complex, which involved eleven factors that affects different domain of QoL. Intervention should aim at simultaneous management of patient and caregiver. It requires commitment and collaboration of governmental and non-governmental agencies with the community.

KEY WORDS:

Dementia, caregiver, burden, depression, quality of life