# Psychological determinants of pre-hypertension among students in a pre-university college in Malaysia

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### **ABSTRACT**

Background: Pre-hypertension is defined as Systolic blood pressure 120-139 mmHg and/or diastolic blood pressure 80-89 mmHg. The prevalence of pre-hypertension is highest among age group of 18 to 29 years old. Psychosocial factors such as depression, anxiety and stress have been associated with increased in blood pressure and previous studies more focuses on psychological determinants of hypertension than pre-hypertension. This study aim to determine the association between these psychological factors with pre-hypertension. Materials and Methods: A cross-sectional study was conducted in 2016 among students of a pre-university college in Malaysia. A stratified random sampling by gender was conducted, and a total of 761 students participated in this study with 179 male and 592 female participants. The Malay version of DASS-21 was used to elicit the level of depression, anxiety and stress. Blood pressures were measured twice using sphygmomanometer and the average readings were taken for further data analysis. Binary multiple logistic regression was done to identify factors of prehypertension. Result: The percentage of pre-hypertension was 34.2 % (95%CI [30.1, 38.3]. The percentage of pre-hypertension were higher among those with severe and extremely severe depression (71.4%), severe and extremely severe anxiety (45.6%) and severe and extremely severe stress (51.5%) as compared to those with no depression, anxiety and stress respectively. Severe and extremely severe depression are 5 times more of getting pre-hypertension as compared to those with no depression. Conclusion: The study noted one-third of respondents had pre-hypertension and that only severe and extremely severe depression is associated with pre-hypertension. By reducing depression will prevent progression of pre-hypertension to hypertension and other cardiovascular diseases. This can be done through improvement of mental health status and well-being and underline importance for strengthening mental health in the UN Development Agenda 2030 Sustainable Development Goals.

#### **KEY WORDS:**

DASS-21, depression, Malaysia, pre-hypertension, pre-university students

Med J Malaysia Vol 72 Supplement 1 August 2017:A160

## Quality of life in patients with androgenic alopecia

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## **ABSTRACT**

Introduction: Androgenic alopecia (AGA) is believed to be due to a combination of genetics and the male hormone dihydrotestosterone. The patient's self-image, pyscho-social functioning as well as quality of life are usually being affected. This study aimed to assess quality of life among Malaysian adults with AGA, using 2 validated questionnaires: The Dermatology Life Quality Index (DLQI) and Hairdex Score System (HSS). Method: A cross-sectional study was conducted in Crown Clinic, Cheras, Selangor, for a duration of six months from Jan to June 2016. Total of 125 patients suffering from AGA, of any severity, and aged 18 or above were recruited. Data on demographics were collected along with quality of life assessment using DLQ and HSS. Results: The ratio of male to female patients was 2.05:1.00, in which majority of males (n=42, 50%) have Norwood-Hamilton Type II hair loss, while all the females showed to have Ludwig Type I hair loss. The mean DLQI score in 125 patients was 14.12±2.69, which majority of them (n=119, 95.2%) reported large impact on their quality of life due to hair loss. On the other hand, HSS revealed that majority of them (n=103, 82.4%) experienced moderate to severe impact on their quality of life. HSS was significantly (P<0.05) associated with severity of AGA. In addition, age, gender and employment status were also shown to be significantly (P<0.05) associated with quality of life. Discussion: Poorer quality of life was reported among patients with higher severity, suggesting AGA had affected the mentality, self-esteem and social life of the patients. Poorer quality of life in male and at younger age suggest that their self-esteem is very much bound to the society perception towards their appearance. Conclusion: Quality of life in AGA patients were significantly associated with severity, age, gender and employment status.