Association Between Sodium Intake with 24 Hour Urine Sodium Among Malay Adult Respondents; Findings from Mycoss 2018 Study

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ABSTRACT

INTRODUCTION: High sodium intake is a major risk factor for hypertension and other health related problems. 24-hour urine sodium is the gold standard to accurately estimate sodium intake of population. This study aims to determine the association between sodium intake with 24-hour urine among Malay respondents. **METHODS:** Data from MyCoss 2018 Study was analysed in a cross sectional study involved 556 adults. **RESULTS:** The descriptive data shows 235 (42.3%) were males and 321 (57.7%) were females. The mean BMI was 26.7 kg/m^2. Total of 363 (34.7%) respondents had normal BMI while 256 (24.5%) were obese. About a third of respondent were identified as housewives. The majority (25.7%) of respondent were in the age group of 55-64 years old. Most of the respondents received secondary education (50.0 %). Mean household income of respondents was RM3033.04. The mean sodium intake among Malay respondents was 2982.21mg/d. Top five foods with highest sodium level consumed are nasi lemak, roti canai, fried vegetables, omelette and grilled fish from a list of 100 food items. Among these five foods, only nasi lemak (p<0.032) and roti canai (p<0.044) had significant association with 24-hour urine sodium. **CONCLUSION:** There is a significant difference between nasi lemak and roti canai with 24-hour urine sodium which are two main high sodium food consumed by Malay respondents.

KEYWORDS: 24-Hour Diet Recall, Sodium, 24 Hour Urine, MyCoss 2018 Study

Association Between Stigma, Psychological Well-Being and Quality of Life Among People Living with HIV in Kuala Lumpur

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ABSTRACT

INTRODUCTION: Quality of life (QOL) is important in the evaluation of the well-being of PLHIV. However, stigma and psychological well-being continue to be a barrier to obtain a good QOL. This study assesses the level and association between QOL, stigma and psychological well-being among PLHIV. **METHODS:** A cross-sectional study involving 305 PLHIV from infectious disease clinic and Community-Based Organisations (CBOs). Face to face interviews using quality of life scale (WHO-QOL HIV BREF), Depression, Anxiety and Stress Scale (DASS) and HIV Stigma Scale was conducted. **RESULTS:** Total QOL of respondents was low to moderate (mean=93.7; SD=15.6) and was significantly impaired by the social relationship domain (mean score = 12.9; SD=3.2). The overall stigma in this study was moderate (mean score 100.4; SD=17.3). Disclosure domain was the highest stigma where difficulty to disclose HIV serostatus may be influenced by the cultural and religious belief. Stigma was associated with higher odds of depression (aOR: 1.05, 95%CI: 1.02, 1.07), anxiety (aOR: 1.04, 95%CI: 1.02, 1.06) and stress (aOR: 1.03, 95%CI: 1.00, 1.06). Psychological manifestation was prevalent among PLHIV with 48.7% of respondents having depression, 58.4% anxiety and 30.5% stress associated with lower odds of good quality of life (aOR: 0.92, 95%CI: 0.89, 0.94) for depression, (aOR 0.94, 95%CI: 0.92, 0.96) for anxiety and (aOR 0.92, 95%CI: 0.90, 0.95) for stress. **DISCUSSION:** Stigma and psychological well-being make a distinctive, significant contribution to overall QOL. Therefore, efforts to diagnose and treat depression, anxiety and stress and measures to address disclosure stigma are strategies to improve QOL among PLHIV.

KEYWORDS: PLHIV, QOL, depression, anxiety, stress, stigma