AN EPIDEMIOLOGY OF TRAFFIC ACCIDENT IN NORTHERN THAILAND

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Objectives A cross-section study design aimed to explain the characteristics of traffic accident cases in northern Thailand.

Method A cross-section study design aimed to explain the characteristics of traffic accident cases in northern Thailand. The subjects were recruited from 8 hospitals and 7 police stations in the highest case accident areas from hospitals and police stations during 2009-2012. All medical records and police statements were used as the sources of data collection. All research procedures were approved by the committee for the protection of human subjects of Mae Fah Luang University.

Results Totally 35 925 cases had been recruited into the study during 2009-2012. All medical records and police statements were used as the sources of data collection. All research procedures were approved by the committee for the protection of human subjects of Mae Fah Luang University.

Conclusions A reduced cortisol response to a high-protein challenge may be associated with MetSyn. Future longitudinal studies could provide useful evidence for planning intervention studies on cardiovascular risk among police officers.

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OBJECTIVES The objectives of this study were to assess the importance of the mental suffering of employees in the service sector of a city in western Algeria and to identify risk factors and moderators of this suffering in order to develop an effective prevention.

Method Standardised questionnaires were subjected to 753 employees in the tertiary sector. These questionnaires include three categories: A social and professional record (21 items), Maslach Burn Out Inventory: MBI (22 items), Job Personal Interaction Scale: JPS (25 questions on the perception of the work environment by the individual divided into 6 rubrics (workload and unpredictability, control, rewards, recognition and fairness at work, social support, conflicts and perceived value), work and training).

The data collected were anonymous and confidential. Data analysis was performed using SPSS (version 17.0). Univariate analysis was performed (chi-square Pearson correlations and a multivariate analysis (logistic regression). The state of burn-out was 23.6% after logistic regression, the main social determinants of psychological distress in the overall sample one taking medication to relieve pain (p = 0.0002) remained significant.

Regarding the determinants “professional” contact with the public and strong mode part of work were significant respectively (p = 0.0017 and 0.0042).

Moderators of stress for the multivariate analysis recognised two subscales of bad training (p < 0.01) and conflicts of values (p = 0.02).

Conclusions Preventive actions to reduce or eliminate risk factors directly affect the environment and source of work: training more relevant, better organisation of work, especially the riding tasks and recognition of work done.

EVALUATION OF THE PREVALENCE OF URINARY INCONTINENCE SYMPTOMS IN ADOLESCENT FEMALE SOCCER PLAYERS AND THEIR IMPACT ON QUALITY OF LIFE

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Objectives To evaluate the prevalence, reliability and severity of symptoms of urinary incontinence (UI) in adolescent female soccer players and the impact of those symptoms on quality of life.

Method The present work is a cross-sectional study of 59 female adolescents divided into a group of athletes, which included 35 adolescent amateur soccer players aged between 12 and 19 years (15.6 ± 2.0), and a control group, which included 24 adolescents aged 11 to 19 years (14.8 ± 2.4) who did not practice any sports. The International Consultation on Incontinence Questionnaire - Short Form (ICIQ-SF), the pad test and King’s Health Questionnaire (KHQ) were used for evaluation.

Results The athletes displayed 62.8% positivity the pad test and the ICIQ-SF, whereas the control group exhibited 25% positivity. A medium agreement of 0.45 was found between the applied evaluation scales, as assessed with Cohen’s kappa coefficient. In terms of quality of life (as assessed with the KHQ), the athletes exhibited a score of 35.2 in the General Health domain, 37.3 in the Emotions domain and 26.5 in the Sleep/Energy domain.
Contribution to the prevention of occupational stress

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