P-K-010

SMOKING PATTERNS AND NICOTINE DEPENDENCE OF NORTH KOREAN MALE DEFECTORS

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Objective: Cigarette smoking in South Korea population has decreased substantially. In 1995, the smoking rate of South Korean men was 73.0%, while the number was decreased to 44.9% in 2012. However, smoking rate and patterns of North Korea population are mostly unknown. From WHO report (2009), smoking rate of North Korean men was 58%. Now in South Korea, more than 20,000 North Korean defectors settle down and we can estimate the current situation of North Korea from them. This study evaluated the smoking pattern and nicotine dependence in North Korean male defectors.
Methods: All North Korean defectors spend their first three months in South Korea in a facility learning to cope with their new home. We retrospectively analyzed the questionnaire which was done from North Korean male defectors in this facility during August 2012 to February 2014. The questionnaire consist of brief personal information, smoking history, Fagerstrom test for nicotine dependence and Kano test for social nicotine dependence.
Results: From 272 men, there were 84.2% current smokers, 12.5% ex-smokers and 3.3% ever-smokers. Mean age was 35.8 ± 11.3 (19~65) and start age of smoking was 18.2 ± 4.8 (7~46). Smoking amount was 0.68 ± 0.37 pack per day with 17.0 ± 10.7 years of smoking. Without 12 people who didn't answer, 78.08% had a family member smoking. Within 229 current smokers, 66.1% have ever tried to stop smoking and 65.1% answered to be interested in stop smoking. Fagerstrom test and Kano test for current smokers showed 3.35 ± 2.26 (Cronbach's α : 0.62) and 13.75 ± 4.85 (Cronbach's α : 0.68), respectively. In Kano test analysis, question 9 ("Doctors exaggerate the ill effects of smoking") and question 10 ("People can smoke at places where ashtrays are available") showed higher points than other questions.
Conclusions: Smoking rate of North Korean men was higher than our expectation and previous data. Although the interest of smoking cessation was high, the result of Kano test suggests that one-way teaching of smoking cessation by doctors can cause resistance. Further investigation needed to find diverse efficient methods of smoking cessation for North Korean smokers.

P-K-011

ANTIBACTERIALS FOR SYSTEMIC USE IN PRIMARY HEALTH CENTRE IN PROBOLINGGO: WHERE A JUDICIOUS ANTIBIOTIC USE GOES?

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Introduction: Indonesian National Formulary was published to support rational drug use in universal coverage era. A consideration of antibiotic choices in primary health centre is limited, usually narrow spectrum and to treat susceptible bacteria.
Methods: We gathered information from six primary/community health centre in district Probolinggo. There are more than nine thousand to more than twenty three thousand people visit those health centres a year. The amount of antibiotic use was calculated in Defined Daily Dose (DDD) per 1000 patient visit day on J01 (ATC classification for antibacterials for systemic use). Data analysis with One Way ANOVA (Analysis of Variance) Microsoft excels to identify the antibiotic usage significance differences between primary health centres.
Results: Eight antibiotics (amoxicillin, ampicillin, chloramphenicol, erythromycin, ciprofloxacin, phenoxymethylpenicillin, procaine benzylpenicillin, and tetracycline) are antibiotic for primary health centre; five antibiotics (cefadroxil, cefotaxime, ceftriaxone, clindamycin, levofloxacin) are antibiotic which should only use at secondary or tertiary health centre according to Indonesian National Formulary 2013. Its DDD per 1000 patient visit day differ significantly ($p < 0.05$), i.e. 2.67; 3.27; 3.82; 4.14; 4.86; 6.22 respectively. The most three infectious diseases in those community health centres are upper respiratory tract infection, diarrhea, and influenza; which, usually, are caused by virus, not bacteria.
Conclusion: In this district broad spectrum antibiotics are used to treat some infectious disease, mostly caused by virus. Injudicious antibiotic use may increase the incidence of antibiotic resistance.

P-K-012

CHEST COMPUTED TOMOGRAPHIC FINDINGS IN RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS

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Background: Rapidly progressive glomerulonephritis (RPGN) is a clinical syndrome manifesting with features of glomerular disease in the urine and by progressive loss of renal function over a comparatively short period of time. In patients with RPGN, coexisting pulmonary lesions are considered to be an adverse prognostic factor. However, there has been no report that examined the characteristics of coexisting pulmonary lesions and chest CT findings in patients with RPGN in detail.
Objectives: The aim of this study is to investigate the characteristics of chest CT findings in patients with RPGN.
Methods: 43 consecutive patients who were diagnosed with RPGN, had renal biopsy and undergone chest CT between January 2000 and March 2012 at our hospital, were included. Patients' background, definitive diagnosis and prognosis were evaluated using medical records. The frequency and characteristics of coexisting pulmonary lesions were evaluated using CT images, and finally, we investigated the prognostic significance of pulmonary lesion.
Results: The aetiologies of RPGN in the study were ANCA-associated glomerulonephritis (55.8%), idiopathic crescentic glomerulonephritis (9.3%), systemic lupus erythematosus (7.0%), renal amyloidosis (4.8%), Henoch-Schönlein purpura (4.7%), polyarteritis nodosa (2.3%) and Churg-Strauss syndrome (2.3%). At the time of RPGN diagnosis, coexisting pulmonary lesions were found in 15 patients (34.9%), and that was most frequent in patients with ANCA-associated glomerulonephritis. About the characteristics of CT findings, CT pattern of chronic interstitial pneumonia was the most frequent (27.9%). During the follow-up period, new pulmonary lesions were observed in seven of 15 patients (46.7%) with preceding pulmonary lesions, and seven of 28 patients (25.0%) without. Coexisting pulmonary lesions at the diagnosis of RPGN had no statistically significant prognostic impact ($P = 0.10$). However, notably after four-years of follow-up, patients with preceding pulmonary lesions seemed to have worse prognosis. The most frequent cause of death in late period of follow-up was lung cancer.
Conclusion: We considered that RPGN patients with coexisting pulmonary lesions at the diagnosis, need long-term follow-up, especially for lung cancer. A part of this study have been presented in ERS International Congress 2013.