

Poster Abstracts

17th World Congress for Disaster and Emergency Medicine

(P1-1) The Daily Risk

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Background: Can Health Professionals do something to diminish the risks in big cities? Civilian society is in need of protection and training when emergencies occur. The objective is to develop the capacity to feel competent when daily violence occurs and to diminish the risks of possible tragic, daily and unexpected events. Inexperience and lack of knowledge has a direct impact on Public Health. Through orientation and training with appropriate tools we prevent and diminish the effects on daily catastrophes: insecurity, violence, loss of material things, mourning to elaborate for loss after tragedies, car accidents, effects on financial emergencies, social alert states, etc.

Methodology and Objective: Through questionnaires and observation directed to city residents data was generated for evaluation. We reached the conclusion that non-government organizations (NGO) and government organizations (GO) together can diminish the effects of daily tragedies. Approximately 4500 citizens were trained directly and indirectly to give them the tools and techniques to support groups in communities in order to diminish the risk among high impact psychosocial events and abrupt events produced by nature or men that expose persons to disruptive situations that need to be solved. The modules include First Aid, Psychological Support, Debriefing and Stress.

Conclusion: Diminishing the risks depends on the people's vulnerability, resilience, social, institutional and family support groups and training. The use of participative techniques allows participants to assimilate the content of the course directed to men and women from different ages. It is necessary to generate an emergency culture for a society at risk.

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(P1-2) Incidence and Pre-Hospital Care of Acute Coronary Syndrome in Emergency Department Banja Luka

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Introduction: The acute coronary syndrome is a leading cause of heart death among adults. The treatment of such patients begins during the first contact with the doctor who is in most cases neither an internist or cardiologist, but an emergency medicine specialist or general practitioner working in the emergency department. For that reason it is of great importance to educate doctors who will be able to establish a fast and precise diagnosis,

start therapy and organize quick transport to the nearest catheterization room or coronary unit.

Objective: The primary objective was to measure frequency of patient's visits to the Emergency Department because of an acute coronary syndrome. The Secondary objective was to examine the choice of treatment in pre-hospital conditions.

Methodology: Through the statistical retrospective analysis we collected the data from the Emergency Department protocols for the period between June 1, 2008 and December 31, 2008.

Results: In 14,986 patients during the six-month period, 343 of them had acute coronary syndrome. Men were more affected ((59.5%) than women (40.5%). Most cases belonged to the age group from 65 to 80 years (39.6%) and prevalence after 50 years shows abrupt growth. According to the diagnoses, most patients had unstable pectoral angina (42%) and then followed stenocardia (31%) and AIM (27%). Other therapy included NTG (22%), antihypertensives (21%), acetyl-salicylic acid (20%), analgesics (13%), antiarrhythmics (4%). Fifty-seven percent of the patients had complications. STEMI was diagnosed in 69% of patients, and most often the anterior wall was involved (35%).

Conclusion: The diagnosis of acute coronary syndrome was established in 343 patients based on the clinical image, electrocardiographic changes and level of cardiospecific enzymes (troponin T).

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(P1-3) Frequency of Cerebrovascular Diseases and Risk Factors in Emergency Department in Banja Luka

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Introduction: Cerebrovascular disease include all disorders in which a part of brain is transiently or persistently damaged by ischemia or bleeding and/or where one or more blood vessels of brain are primarily damaged by pathological processes. The research confirmed the influence of risk factors.

Objective: The primary objective was to measure frequency of patients with cerebrovascular diseases in the Emergency Service during the period from September 1, 2008 to March 1, 2009. The secondary objective was to prove co-morbidity between the risk factors and cerebrovascular diseases.

Method: Numerical indicators for patients with cerebrovascular diseases are extracted retrospectively by statistical work-up for the six-month period. The data indicating the risk factors predisposing cerebrovascular diseases are obtained through the (hetero)anamnesis.