

hypothyroidism and dyslipidaemia, respectively; 27% (n=44) had both diabetes mellitus and hypertension. Among males who were assessed using the International Prostate Symptom Score (IPSS) (n=37), mild lower urinary tract symptoms (LUTS) were identified among 91.9% (n=34). Among females who were assessed with the International Consultation on Incontinence Modular Questionnaire (ICIQ) (n=27), 70.4% (n=19) reported mild urinary incontinence. Among 79 patients for whom urine analysis was carried out, non-visible hematuria and proteinuria were encountered in 6.3 % (n=5) and 7.5% (n=6), respectively. Among males who underwent testing (n=24), serum creatinine was >1.2 mg/dl in 4.2% (n=1); none of the females had serum creatinine of >1.2 mg/dl. Mean size of the right and left kidney (n=125) were 9.9 (SD 0.9) and 10.1 (SD 1.1) cm. Mean post-voidal volume (n=123) was 10 (SD 11) ml. Mean prostate volume (n=35) was 18.6 (SD 7.1) ml. Right and left testicular volume (n=36) were 10.5 (SD 3.9) and 10.5 (SD 4.7) ml. Stage 3A and 3B chronic kidney disease (CKD) were identified among 23.1% (n= 18) and 3.8% (n=3) patients, respectively. Stage 4 and Stage 5 were not found. CKD was significantly associated with hypertension (p=0.014) and age (p<0.001).

Conclusions: Genitourinary health problems can be identified early in primary care settings. Referral and effective management are key parameters of disease management.

Keywords: Genitourinary health, Routinely collected data, Jaffna

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Common genitourinary health problems and associated factors among patients with non-communicable diseases in a primary care setting

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Introduction: Genitourinary health problems are common among elders and patients with non-communicable diseases. Most genitourinary problems can be dealt with greater efficacy if they are identified early and this is practically possible in primary care settings.

Objectives: This study aimed to describe genitourinary problems and associated factors among patients with non-communicable diseases in a primary care setting.

Methods: It was an institution-based descriptive cross-sectional study using routinely collected data in the Family Health Center Kondavil, Jaffna. Data collection was carried out in February 2022. A data extraction form was used to collect data from routinely maintained patient records at the Family Health Center Kondavil. Sociodemographic details, data related to disease conditions and genitourinary health, physical measurements and laboratory evaluations of 163 patients were included in the analysis. Statistical analysis was performed in SPSS (v23). Chi squared test was used. Ethical clearance was obtained from the Ethics Review Committee, Faculty of Medicine, University of Jaffna.

Results: Mean age was 60.9 (SD 11.6) years; 70.6% (n=115) were female. Over half (54.3%, n=88) were obese. In total, 50.9% (n=83), 58.9 % (n=96), 13.5 % (n=22), 7.4 % (n=12) and 20.9% (n=34) had diabetes mellitus, hypertension, bronchial asthma,