Methods: Newly diagnosed OSA subjects were recruited into this RCT. The control group received usual advice on the importance of CPAP therapy and its care. Intervention group received usual care plus brief motivational enhancement education directed at enhancing subjects' knowledge, motivation and self-efficacy to use CPAP. This education program included a 25-minute video, a 20-minute patient-centered interview and a 10-minute telephone follow-up (Figure 1). CPAP compliance data were recorded in the CPAP machine, and downloaded at 1 month, 3 months and 1 year after CPAP treatment. The primary outcome was CPAP usage, and the secondary outcomes were self-reported daytime sleepiness [Epworth Sleepiness scale (ESS)], health-related quality of life [Calgary sleep apnoea quality of life index, Short Form (36) Health Survey, Functional outcomes of sleep questionnaire], and mood (Depression anxiety stress scale 21), and blood pressure.

Results: 100 OSA subjects were recruited, with a mean±SD age of 52±10 years, ESS 9±5, median Apnea Hypopnea Index of 29 (20, 53) events/hour. The intervention group had better CPAP usage compared to the control group, higher daily CPAP usage by 2 hours/day ($p<0.001$); a five-fold in the number of subjects using CPAP for ≥70% of days with ≥4 hours per day ($p<0.001$)], and a greater improvement in daytime sleepiness (ESS) by 2.1 units ($p=0.002$) at 1 year. No significant differences were found in blood pressure, health-related quality of life and mood.

Conclusions and Discussion: OSA subjects who received motivational enhancement education in addition to the usual care had better CPAP adherence than the usual care alone, with a greater improvement in daytime sleepiness after 1 year of treatment. A simple motivational enhancement education programme (one face-to-face session and one telephone follow-up) is able to utilize limited-time and -manpower resources to enhance CPAP adherence, with clinical improvement in subjects with OSA.

Ref. No.: 09101291

P45-Ab0104
Protocol-Driven Adjustment of Ocular Hypotensive Medication in Patients at Low Risk of Conversion to Glaucoma

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Aims: To investigate the safety and potential savings of decreasing medication use in low-risk ocular hypertensive (OH) patients.

Methods: OH patients receiving pressure-lowering medication identified by medical record review at a university hospital underwent examination by a glaucoma specialist with assessment of visual field (VF), vertical cup-disc ratio (vCDR), central corneal thickness (CCT) and IOP. Subjects with estimated 5-year risk of glaucoma conversion <15% were asked to discontinue ≥1 medication, IOP was re-measured one month later.

Results: Among 212 eyes of 126 patients, 44 (20.8%) had 5-year risk >15% and 14 (6.6%) had unreliable baseline VF. At one-month, 15 patients (29 eyes, 13.7%) defaulted follow-up or refused to discontinue medication and 11 eyes (5.2%) had risk > 15%. The remaining 69 patients (107 eyes, 50.7%) successfully discontinued 141 medications and completed 1-year follow-up. Mean IOP (20.5 ± 2.65 mmHg versus 20.3 ± 3.40, $p = 0.40$) did not change, though mean visual field pattern standard deviation (1.58±0.41 dB versus 1.75±0.56 dB, $p = 0.001$) and glaucoma conversion risk (7.31±3.74% versus 8.76±6.28%, $p = 0.002$) increased at one year. Mean defect decreased (-1.42 ± 1.60 versus -1.07 ±1.52, $p = 0.025$). One eye (0.47%) developed a repeatable visual field defect and 13 eyes (6.1%) had 5-year risk > 15% at 1 year. The total one-year cost of medications saved was USD4,596.

Conclusions: Nearly half (43.9%) of low risk OH eyes in this setting could safely reduce medications over one year, realizing substantial savings.

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P46-Ab0031
Professional Breastfeeding Support for First-time Mothers: A Multicentre Cluster Randomised Controlled Trial

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Objective: To evaluate the effect of two postnatal professional support interventions on the duration of any and exclusive breastfeeding.

Design: Multicentre, three-arm, cluster randomised controlled trial.

Population: A cohort of 722 primiparous breastfeeding mothers with uncomplicated, full-term pregnancies.

Methods: The three study interventions were: (1) standard postnatal maternity care; (2) standard care plus three in-hospital professional breastfeeding support sessions, of 30-45 minutes in duration; or (2) standard care plus weekly post-discharge breastfeeding telephone support, of 20-30 minutes in duration, for 4 weeks. The interventions were delivered by four trained research nurses, who were either highly experienced registered midwives or certified lactation consultants.

Main outcome measures: Prevalence of any and exclusive breastfeeding at 1, 2, and 3 months postpartum.

Results: Rates of any and exclusive breastfeeding were higher among participants in the two intervention groups at all follow-up points, when compared with those who received standard care. Participants receiving telephone support were significantly more likely to continue any breastfeeding at 1 month (76.2 versus 67.3%; odds ratio, OR 1.63, 95% confidence interval, 95% CI 1.10-2.41) and at 2 months (58.6 versus 48.9%; OR 1.48, 95% CI 1.04-2.10), and to be exclusively breastfeeding at 1 month (28.4 versus 16.9%; OR 1.89, 95% CI 1.24-2.90). Participants in the inhospital support group were also more likely to be breastfeeding at all time points, but the effect was not statistically significant.

Conclusions: Professional breastfeeding telephone support provided early in the postnatal period, and continued for the first month postpartum, improves breastfeeding duration among first-time mothers. It is also possible that it was the continuing nature of the support that increased the effectiveness of the intervention,

rather than the delivery of the support by telephone specifically.

Ref. No.: 07080881

P47-Ab0115

Person-centred Care for Demented Older Adults: A Qualitative Analysis

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Background: Along with the rapid pace of an aging society in Hong Kong, the demand for dementia care has placed increasing pressure on the long-term care service sector. A scientific care approach is urgently needed to ensure quality of care. Person-centred care (PCC) has been shown to be the "most desirable" option for older adults with dementia. Yet, how PCC is conceptualised and practiced in Hong Kong remains unknown.

Objectives: This study aims to explore stakeholders' attitudes towards PCC for elderly patients with dementia in Hong Kong.

Methods: A qualitative research method was adopted: Eight focus groups and eight in-depth interviews among four groups of stakeholders (e.g., professional formal caregivers, nonprofessional formal caregivers, family caregivers, and mildly cognitively impaired older adults) were conducted. Guidelines were developed based on Brooker's PCC=V+I+P+S model and were supplemented by a tripartite model of attitude.

Results: Formal care providers believed that PCC provided both holistic care and respect for the dignity of older adults, in line with their professional ethics, vision, and mission. However, family caregivers were unfamiliar with the concept of PCC. In contrast to formal care providers, they believed that "professionalised" formal care could be strengthened. With regard to affection associated with PCC, formal care providers were both familiar and positive towards the affective component of PCC, but were somewhat ambivalent when they failed to achieve "PCC." On the contrary, family members felt unfamiliar with PCC. After the meaning of PCC was explained, they expressed positive feelings towards the concept, but were still notably distant from full acceptance. With regard to the practice of PCC by stakeholders, there were a series of good practices that were in line with PCC principles. Meanwhile, although informal caregivers showed high tendencies of infantilising older adults with dementia, they proactively communicated with formal caregivers in order to achieve personalised care.

Conclusions: Diverse attitudes towards PCC were observed among stakeholders concerning their perceptions, affections, and practices. These diverse attitudes could be rooted in cultural and contextual determinants (e.g., family caregivers' attitudes of relying on authority and a lack of policy framework for dementia care). Finally, we discuss implications for policy and service development.

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P48-Ab0020

Quality of Life and Symptom Measurements in Chinese Women with Pelvic Floor Disorders: Validation Study of Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ)

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Objective: The reliability, validity and responsiveness of Pelvic Floor Distress Inventory (PFDI) and Pelvic Floor Impact Questionnaire (PFIQ) in Chinese women suffering from pelvic floor disorders (PFD) were investigated.

Methods: Chinese women with PFD filled in the Chinese PFDI and PFIQ and Short Form Health Survey (SF-36). Both the women and the attending gynecologist were asked independently to grade the overall severity of symptoms on a visual analogue scale (VAS). They completed a 3-days urinary and faecal diary, and were followed by urodynamic studies (UDS) and/or anal manometry and anal ultrasonography where appropriate.

After four weeks, the women recruited in the first 6 months repeated the questionnaires. All were not offered any treatment during this interval. 156 women were assessed again after they received continence surgery and/or pelvic floor repair (PFR) surgery, or vaginal pessary.

Results: 597 women, aged 55.0±11.3 years and parity 2.7±1.5, completed the study. Among them, 54.4% had urinary incontinence (UI) only, 32.2% had both UI and pelvic organ prolapse (POP), 10.9% had POP only, 2.2% had UI and FI and 0.3% had UI, FI and POP.

Reliability: The Cronbach's alpha of PFDI and PFIQ was 0.92 and 0.98, indicated that both had high internal consistency. The intraclass correlation coefficient of PFDI and PFIQ was 0.77 and 0.79, indicated that the test-retest reliability was acceptable.

Convergent validity: There were significant negative correlation between PFDI and PFIQ and SF-36. The staging of POP was positively correlated with POPDI and POPIQ. Daytime voiding frequency was positively correlated with UDI and UIQ. No abnormality detected group had significantly lower UDI score than the USI or DO group. The frequency of FI episode was positively correlated with CRADI and CRAIQ. Both women's and gynaecologist's VAS score was positively correlated with PFDI and PFIQ.

Responsiveness: There were significant improvements in the respective subscales of PFDI and PFIQ, demonstrating moderate to great responsiveness after treatments. The minimal clinically important change (MCIC) of UDI and UIQ for women who underwent continence surgery and POPDI, POPIQ, UDI, UIQ, CRADI and CRAIQ for women who underwent PFR surgery or vaginal pessary were also established.

Conclusions: The Chinese PFDI and PFIQ were valid and reliable for use. Its responsiveness was established. The MCIC of UDI and UIQ for women who underwent continence surgery and POPDI, POPIQ, UDI, UIQ, CRADI and CRAIQ for women who underwent PFR surgery or vaginal pessary were also established.

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