



**4TH ANNUAL CONGRESS  
QUALITY & SAFETY IN HEALTHCARE:  
LUXURY OR NECESSITY ?**

**SEPTEMBER 23<sup>RD</sup> AND 24<sup>TH</sup> 2016**

**MONROE HOTEL- BEIRUT, LEBANON**



# Achieving Prevention to Leverage Quality of Care

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# International Prevention Research Institute

- Scientific research dedicated to
- Institute of global part of the U
- Independent
- Published research papers and several
- 2016: Guidelines for a healthier and longer life



[www.i-pri.org](http://www.i-pri.org)





# Improve Citizen's Health





**Reduce Costs  
Get Rewarded**



# Tobacco



- About 1.3 billion people around the world smoke making tobacco a major avoidable cause of disease and (premature) mortality worldwide.
- Approximately 150 million deaths from tobacco use are projected worldwide during the first quarter of this century (2000-2024) if current smoking patterns persist.
- **Stopping at age 60, 50, 40, or 30 gains, respectively, about 3, 6, 9, or 10 years of life expectancy.**





# Implementation of smoke-free policies causes a substantial decline in passive exposure



- Smoke-free workplaces cause a reduction in cigarette consumption among continuing smokers and in adult smoking prevalence.
- Smoke-free policies reduce youth smoking prevalence. that smoke-free policies do not cause a decline in the business activity of restaurant and bar industries; there is sufficient evidence.
- Smoke-free policies causes a reduction in respiratory symptoms in workers; and there is strong evidence suggesting that implementation of smoke-free legislation causes rapid decline in heart disease morbidity.
- Voluntary smoke-free home policies cause a reduction in children's SHS exposure.
- Smoke-free home policies cause a reduction in adult smoking;
- Smoke-free home policies reduce youth smoking.



# Body Weight



- There is increasing evidence of the benefits of weight control and physical activity as part of a healthy lifestyle.
- It is desirable to maintain a Body Mass Index in the range of 21 to 28 kg/m<sup>2</sup> and people who are already overweight or obese should aim to reduce their BMI to below 25 kg/m<sup>2</sup>.
- A minimum of thirty minutes of physical activity each day is strongly recommended.
- A lifestyle that incorporates a healthy diet, exercise and weight control is beneficial to the individual with regards to a variety of diseases.



# Breast Feeding



*Image L'orient Le Jour*

- Among many good reasons for mother and newborn, the longer women breast feed the more they are protected against breast cancer.
- The lack of or short lifetime duration of breastfeeding typical of women in high-income countries, and in particular in Europe, makes a major contribution to the high incidence of breast cancer in these countries.
- Society in general needs to have a greater understand and attitude to mothers breast feeding.





# Diabetes



*Image Lapresse.ca*

- Screening should use an approach that incorporates the concepts of age, high risk ethnic groups and other risk factors particular overweight/obesity.
  - Age: over 25 yrs if Asian and overweight (BMI >23) and others > 40 yrs
  - Frequency: every 3 to 5 years
  - Test: Fasting blood glucose
  - Risk threshold: Diabetes FBG > 126 mg/dl (7.0 mmol/L / A1C > 6.5%)

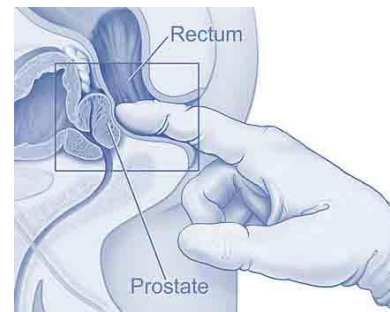


# Cancer

- **Primary prevention** will include the well-established information campaigns on tobacco, alcohol, physical activities, nutrition and life style.
- **Secondary prevention** will consider cancer screening (breast, colorectal, skin, cervix and prostate).
- **Early diagnosis** is the key for a longer survival. In addition to the screening campaigns it is key to make all citizens familiar with the most frequent symptoms of cancer. Public information will be developed in an understandable manner and made widely available through different channels.



# Cancer Screening

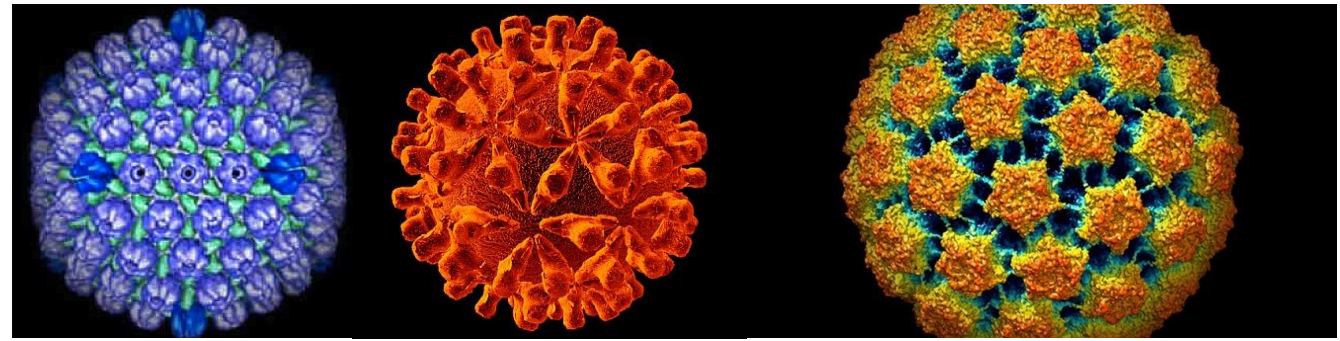


- **Breast Cancer:** Strongly recommended for women aged between 50 and 70 despite the limitations to the benefit of screening mammography
- **Cervix Cancer:** Screening should be offered to all women over 25 years of age. Women of all ages who have two negative HPV tests three months apart should be vaccinated against HPV.
- **Colorectal Cancer:** Two-yearly haemocult testing reduces the mortality. Colonoscopy reduces the both the incidence of invasive colorectal cancer and the mortality.
- **Prostate Cancer:** The PSA screening remains controversial and cannot be recommended at the present time.
- **Lung Cancer:** There is no evidence to support a recommendation that any of the available early detection modalities (X-ray, cytology, LDCT) can reduce the risk of lung cancer death.
- No evidence available at the present time to support screening of bladder, ovary, skin cancers, testis or stomach cancers.





# Cancer Vaccination



- It is currently accepted that approximately **15–20% of cancers worldwide** can be attributed to chronic infection with specific agents.
- However, this proportion is higher in low- and medium-resource countries (up to 30% or more) than in high-resource countries (typically less than 10%).
- Common cancers induced by specific infectious agents include hepatocellular carcinoma associated with human **hepatitis B virus (HBV)** or **human hepatitis C virus (HCV)**, cervical cancer and other malignancies associated with human **papillomavirus (HPV)**, gastric cancer with **Helicobacter pylori (H. pylori)**, lymphomas and nasopharyngeal carcinoma associated with **Epstein-Barr virus (EBV)**, leukaemia associated with **human T cell virus (HTLV)**, Kaposi sarcoma associated with **human herpes virus 8 (HHV8)**, and cancer of the urinary tract with **schistosoma haematobium**.



# Vaccines for Newborns, Children and Adolescents

## *NEWBORN*



- An effective way to start the vaccination experience of newborn is to give them an hexavalent vaccine in (DPT,Hib, IPV,HepB) 3 doses in the first year of life : a booster dose can be given in the second year of life.
- Also rotavirus and pneumococcal conjugate vaccine should be given in 3 doses in the first year of life.
- Influenza vaccine is suggested by ACIP annually after the first semester.
- The quadrivalent meningococcal vaccine (given at different months according to the licensed product) complete the first year of life vaccinations.
- At the end of first year the quadrivalent MMRV (Measles, Mumps,Rubella, and Varicella) viral vaccine should be given.

## *CHILDREN and ADOLESCENTS*



- A second dose of quadrivalent MMRV is to be given at the end of 5 years.
- At 12 year HPV 9 valent vaccines is to be given in 3 doses to both sexes.
- The universal anti influenza strategy recommend annual vaccination also to this age group.



# Vaccines for Adults and the Elderly

## *ADULTS*



- A booster dose of **Tdap** (tetanus low dose, diphtheria, acellular pertussis ) is recommended.
- The influenza annual vaccination saves lives, diseases, and worktime losses.
- A catch up strategy suggest vaccination in non-vaccinated individuals for Hepatitis B, HPV9, Meningococcal vaccine.

## *ELDERLY*



- Annual Influenza vaccination is mandatory for elderly people.
- Pneumococcal conjugate vaccine should be actively offered to people over 65 years.
- Vaccine against Herpes Zoster is to be given starting at 60 years of age.

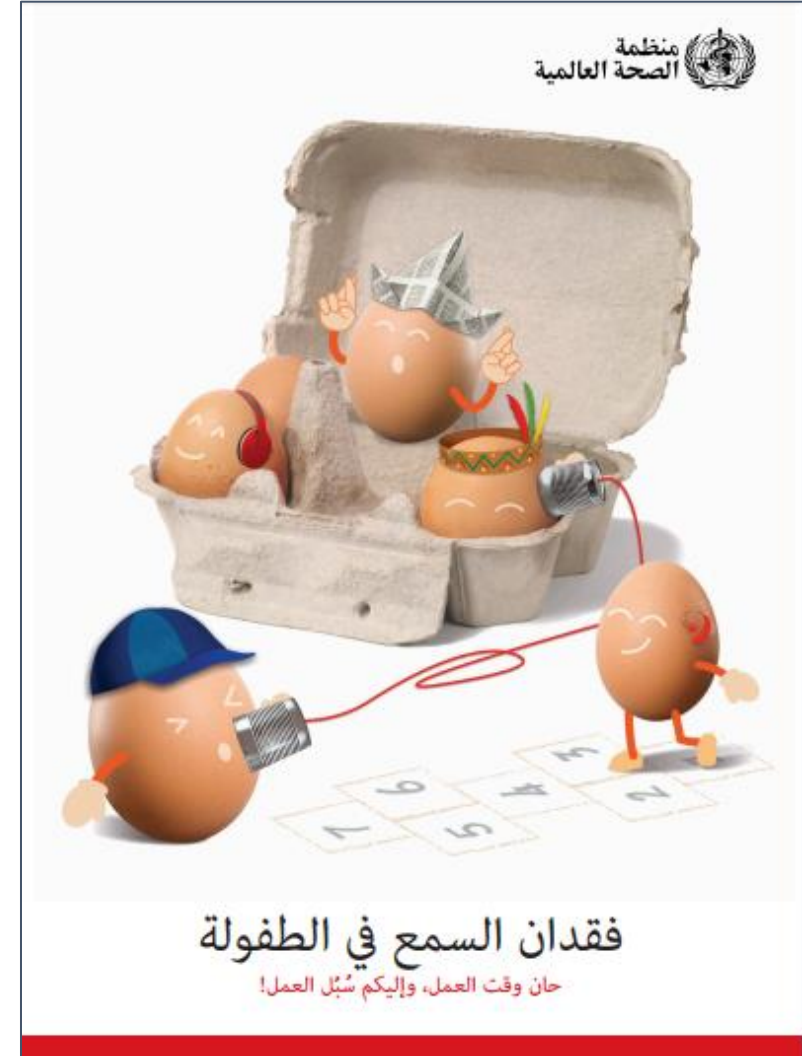




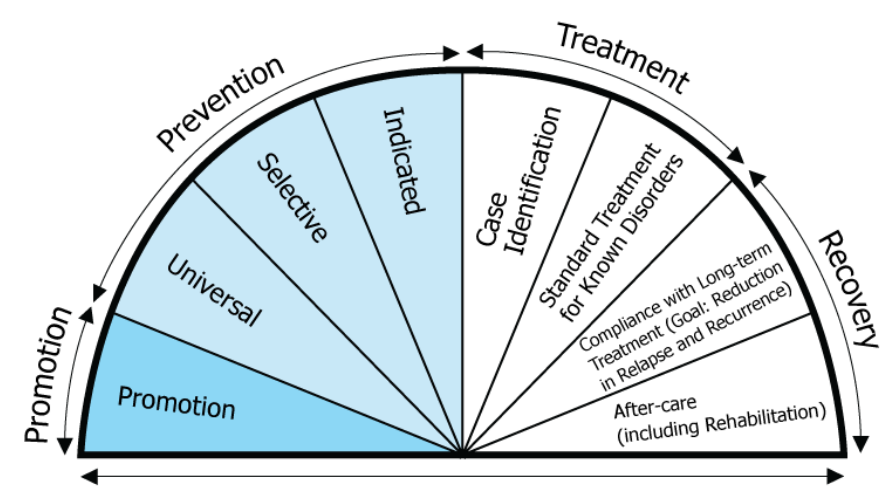
# Hearing Loss: > 1 billion by 2030

## Prevention of Hearing loss:

- Children Immunization
- Diagnosis and treatment of chronic suppurative otitis media
- Monitoring the use of ototoxic medications
- Safe listening to avoid noise induced hearing loss
- Early diagnosis of hearing loss and hearing aid prescription to avoid accelerated cognitive decline

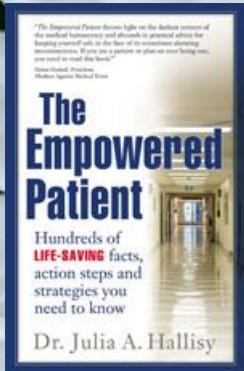


# Prevention and Quality of Health and Care

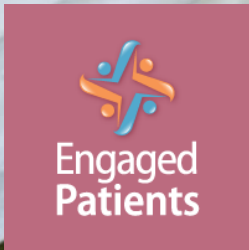
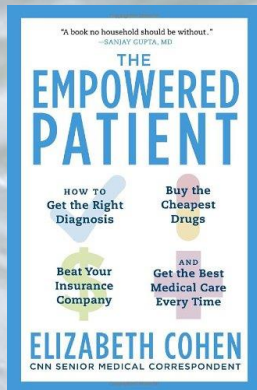


- The health status of every individual is related to several factors:
  - **Individual behavior: 50%**
  - Age, gender, heredity, socio economic status, job, location, ...: 30%
  - Access to the healthcare system: 20%
- Quality of care is improved by the involvement of the patient in the process of care (partnership with the caregivers, compliance, close follow-up, ...).
- The empowered patient is the one who takes care of himself when he is in good health and involve himself in the process of care when he is sick. **The preventive attitude is a continuum.**

Putting Health  
in the Hands of  
Patients



**PREVENTION**



**Support**









# Healthcare Prevention CHAIR



## Educate



A photograph of a natural rock archway in a mountainous landscape. The arch is formed by dark, layered rock. Through the arch, a valley with a road and some trees is visible. The sky is clear and blue. The foreground shows rocky terrain.

Thank You

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