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1. CHILD AND ADOLESCENT HEALTH

FACTORS AFFECTING THE BMI IN ADOLESCENTS ATTENDING THE 2ND AND 3RD CYCLES IN PORTUGUESE SCHOOLS FROM VISEU

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Introduction: Many studies show that the prevalence of overweight and obesity among children is rapidly increasing and developing into a major public health problem worldwide.

Objectives: To assess the Body Mass Index (BMI) in school children from 2nd and 3rd cycles in Viseu schools and identify the sociodemographic, behavioural and educational factors that are related to the BMI.

Methods: This is a quantitative descriptive and explanatory study with a convenience sample of 742 students attending schools of the 2nd and 3rd cycles in Viseu. The study was carried out by means of a questionnaire, which was produced for this study and previously submitted to the approval of the competent authority (DGE) for application in school context.

Results: It was found that some sociodemographic factors were associated with BMI, namely age, school year, practicing high competition sport, being federate in a sport or vegetarian diet. Regarding the educational factors associated with BMI these included only the seminars given at school by specialist in nutrition. Furthermore, a significant relation between BMI and SF was found, where SF represents the school sources of knowledge. Finally among the behavioural factors associated to BMI stood: learning in classes, playing in the open air, reading books and use of internet.

Conclusions: The results reinforce the need of adolescents to practice a healthy lifestyle and the role of family and school in providing the right information to help making right food choices.

Finally in the sample at study the incidence of overweight and obesity was not at all preoccupying, thus indicating that the efforts to provide a good education both at home and at school are adequate and must be carried on.

Keywords: Body mass index. School children. Food education.

QUALITY OF LIFE OF CHILDREN AND YOUNG PEOPLE WITH DIABETES MELLITUS TYPE I

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Introduction: Diabetes Mellitus type I (DMT1) has become apparent in children/young people, a current and worrisome problem due to increasing incidence and prevalence. In addition to its consequences, it interferes with the quality of life (QOL), representing a public health issue.

Objectives: Characterize the QOL of children/young people with DMT1; identify factors influencing children/young people with DMT1 QOL; check DMT1 impact in the QOL of children/young people.

Methods: Systematic review of full text studies, published from January 2006 to June 2014 that included the QOL of children/young people with DMT1, children/young people with DMT1 with no other pathology and their parents, consulting CINAHL, MEDLINE, MediciLatina, Academic Search Complete, Psychology and Behavioral Sciences Collection and Scholar Google, using “quality of life”, “child”, “diabetes”. Studies of children/young people with DMT1 and other chronic illness were excluded. 546 articles have been identified, 11 selected and seven used.

Results: Parents perceive less QOL and greater impact in the life of children/young people than them. Children/young people QOL improve with the insulin pump and severe hypoglycemic crisis and ketoacidosis decrease. Gender and age group influence children/young people QOL. Severe hypoglycemic crisis are related to the parents' fear of hypoglycemia, affecting their and their children's QOL. Young people using complementary and alternative Medicine have better QOL than those using stress relief activities. Children with DMT1 have impaired school performance.

THE PROCESS OF DECISION-MAKING IN FAMILIES WITH FAMILIAL AMYLOID POLYNEUROPATHY (FAP)

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Introduction: This research explores and describes a genetic disease's impact on the family.

Objectives: To understand the process of decision-making in families with genetic disease; to develop the theoretical model of experience of decision-making in families with FAP.

Methods: A qualitative study, using symbolic interactionism as theoretical reference and Grounded Theory as methodological option.

Leading questions: How do families with FAP perceive the illness experience? Which decisions are made during development of the disease? What changes in family members as decisions are made? What do family decisions result in? Data collection was conducted through interviews applied to 19 families, totaling 43 members interviewed. Each family defined who the participants of the interview were. The study took place between February 2010 and September 2013.

Results: The theoretical model -"Basing the family's decision-making process in the co-construction of the self"- emerged from the comparative analysis of results. This model explains concepts and their respective properties, in a dynamic process that reflects the decision-making of families with FAP over time and development of the disease. Conditions, strategies, consequences and contexts of experience are highlighted, providing understanding of the interaction and meanings that families internalize in the illness cycle interface.

Conclusions: Experiencing illness does not simply reflect the biomedical disease process, it combines values and expectations, both individual and collective. This study's worth is giving the scientific community these families' perspective on decision-making taken place during the PAF genetic disease process.

Keywords: Family. Decision-making. Family amyloid polyneuropathy. Genetics. Nursing.

BURDEN AND AWARENESS OF INFORMAL CAREGIVERS SOCIAL SUPPORT IN AVEIRO, PORTUGAL

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Introduction: The social support networks have proved an important variable to measuring life quality. Studies on this topic indicate that people who are part of a social network that provides support when they experiences painful events, feel less intensely stressful situations. The social support networks correlate with a lower incidence of physical and mental illnesses. In cases of families with disabled family members, networks of social support may contribute to improving the well-being of caregivers.

Objectives: 1) Analyse the relations between burden and the benefits of social support in informal caregivers. 2) Verify amongst male and female caregivers which them perceive social support best.

Methods: The survey was conducted between the months February to April 2013. Quantitative study, with sample of the 30 informal caregivers. We used a sociodemographic questionnaire, questionnaire overload informal caregivers (QASCI) and scales of social provisions (EPS).

Results: About the relationship of overload and social support, the results reveal no significant gender difference within the intimate and casual support respectively ($r = -0.064$; $r = 0.132$).

The dimensions of social support in intimate and casual support the results also point to a negligible difference between the sexes. The intimate support (male $M = 46.57$; women $M = 48.45$). Casual support (male $M = 23.71$; women $M = 24.48$).

Conclusions: The need for future studies to explore specific dimensions including congruence and how these depend on the relationship between social support and overhead.

Keywords: Overload. Informal carer. Social support.

INFORMAL CAREGIVERS OF DEPENDENT OLD PEOPLE: DIFFICULTIES AND SELF-EFFICACY

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Introduction: Taking care of elderly at home is not an easy task and involves physical, psychological, social and economic consequences for which the informal caregiver is not often ready, and in an attempt to fulfill his role, he compromises his well-being and his household.

Objectives: To assess the difficulties faced by informal caregivers in the municipality of Mirandela and the level of self-efficacy for the performance of his role as caregiver.

Material and methods: Descriptive, analytical and cross-sectional study, applying a questionnaire to a non-probabilistic sample of 50 informal caregivers which included the Barthel and Lawton & Brody indexes to assess dependency of the elderly and the Carers' Assessment of Difficulties Index (CADI) (Nolan, Grant, & Keady, 1998, Brito, 2002) and an adaptation of "The Revised Scale for Caregiving Self-Efficacy" developed by Mata (2012).

Results: Among caregivers prevailed the married women, daughters of dependent elderly with low education and with an average age of 57.04 years? We also conclude that caregivers showed average scores higher than the theoretical average in the global Index of difficulties and in every factor. Regarding self-efficacy, it was concluded that caregivers showed to have average levels in the global of scale and its dimensions, except in self-efficacy to obtain respite with the social network of friends where the evidenced levels were low. There was also a negative linear relationship between self-efficacy and difficulties, revealing that the higher the level of self-efficacy the lower are the perceived caregiver's difficulties ($\beta = -0.438$).

Conclusions: Results lead us to the need of more health, social and educational support both to informal caregivers and the cared person.

Keywords: Informal caregiver. Difficulties. Self-efficacy.

THE SOCIAL SUPPORT NETWORK IN HEALTH SELF-CARE, THE USERS WHO USE THE HEALTH SYSTEM BAIXADA SANTISTA SP- BRASIL

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Introduction: The Social Support Network corresponds to an interpersonal context that can be understood as the sum of all the relationships that a person perceives as significant or differentiated, that involve people with who maintains regular interactions.

Methods: The goal was to understand the meaning of the Social Support Network (self) care of patients who attend the variety of services and procedures of Metropolitan Health System Santos (Santos, SP - Brazil), with reference to the therapeutic itinerary.