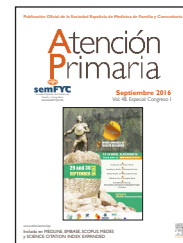


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PARALLEL SESSIONS: ORAL COMMUNICATIONS

3rd World Congress of Health Research

Viseu - Portugal, 29-30 September 2016

1. ADULT HEALTH

CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

Matilde Martins^a, Patrícia Ribas^b, Joana Sousa^c, Andreia Cunha^c, Norberto Silva^d, Teresa Correia^a

^aHealth School of Polytechnic Institute of Bragança, Sports Sciences, Health Sciences and Human Development, Portugal; ^bClinic of Arrifana, Portugal; ^cHealth School of Polytechnic Institute of Bragança, Portugal; ^dHealth School of Polytechnic Institute of Bragança, Unit of the Northeast Local Health Bragança, Portugal.

Contact details: matildemartins@ipb.pt

Introduction: Non-invasive ventilation (NIV) is the application of a ventilatory support without resorting to invasive methods. Today it's considered a credible therapeutic option, with enough scientific evidence to support its application in various situations and clinical settings related to the treatment of acute respiratory disease, as well as chronic respiratory disease.

Objectives: Characterize patients undergoing NIV admitted in Unit Intermediate Care (ICU) in the period from October 1st 2015 to June 30th 2016.

Methods: Prospective study conducted in ICU between October 2015 and June 2016. In this study were included all patients hospitalized in this unit (ICU) and in that time period a sample of 57 participants was obtained. As data collection instruments we used a questionnaire for sociodemographic and clinical data and the Braden scale.

Results: Participants were mostly male 38 (66.7%), the average age 69.5 ± 11.3 years, ranging between 43 and 92 years. They weighed on average 76.6 kg (52 and 150), with an average body mass index of 28.5 kg/m² (20 to 58.5). With skin intact 28 (49.1%) with abnormal perfusion 12 (21.1%), with altered sensitivity 11 (19.3%) and a high risk of ulcer on the scale of Braden 37 (65%). The admission diagnosis was respiratory failure 33 (57.3%) and had different backgrounds. We used reused mask 53 (93.0%), the average time of NIV was 7.1 days (1-28), 4.8 days of hospitalization (1-18) and an average of 7.8 IPAP pressure. 11 (19.3%) of the participants developed face ulcer pressure.

Conclusions: The NIV is used in patients with advanced age, obesity, respiratory failure and high risk of face ulcer development.

Keywords: Patients. Noninvasive ventilation.

TELEPHONE SUPPORT LINE OF RHEUMATOLOGY DEPARTMENT: A 4.5 YEARS EXPERIENCE

Eduardo Santos^a, Andréa Marques^b

^aAssociate Research at the Portugal Centre for Evidence-Based Practice (PCEBP): a Collaborating Centre of the Joanna Briggs Institute - Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESENFC); ^bRheumatology department, Centro Hospitalar e Universitário de Coimbra, EPE.

Contact details: ejf.santos87@gmail.com

Introduction: In many health services in developed countries, the telephone support has been used as an innovative approach to providing care and answering questions by nurses, developing especially in specific areas such as rheumatology (Brown et al., 2006).

Objectives: To analyze the profile of users and the main reasons of patients that uses the Telephone Support Line of Day Hospital and early arthritis consultation of the CHUC Rheumatology Department, EPE.

Methods: This is a retrospective descriptive-correlational study with a convenience sample of 448 calls. For continuous variables we used the t-student test, for dichotomous variables the χ^2 test and, finally, we performed a cluster analysis by the TwoStep Cluster method through the log-likelihood distance.

Results: Users have an average age of 44.8 years being predominantly male (58%). The cluster analysis allowed to create three groups whose profile shows that the cluster 1 (n = 96/21.4%) are formed by "older" adults that need to clarify mainly doubts about the results of auxiliary examinations tests (AET)/prescriptions and side effects/complications; the cluster 2 (n = 232/51.8%) are formed by young adults that call to change appointments and mainly to clarify doubts on the results of AET/prescriptions; finally, the cluster 3 (n = 120/26.8%) are formed by "middle age" adults that want to clarify doubts about medication and disease management.

Conclusions: Incoming calls cover a wide range of ages and all kinds of rheumatic diseases. This study allows us to identify in which groups it is necessary to make a more detailed educational

BREASTFEEDING DIFFICULTIES AFTER DISCHARGE IN NEWBORNS HOSPITALIZED IN INTENSIVE CARE UNITS

Luísa Mota^a, Graça Aparício^b, João Duarte^b

^aViseu School of Health Sciences; ^bPolytechnic Institute of Viseu; Viseu School of Health Sciences.

Contact details: Luisamota9@gmail.com

Introduction: The success of breastfeeding in babies with special needs depends on the knowledge of their needs and the circumstances of their feeding. Despite these babies benefit so much of breast milk, they are more exposed to early weaning related with various difficulties.

Objectives: Identify maternal difficulties associated with the breastfeeding after discharge of intensive care units.

Methods: Quantitative, descriptive, analytical, cross-sectional study, conducted in a non-probabilistic sample of 100 mothers (mean age = 29.63 years, SD = 5.39), who stay with their newborn in intensive care Unit. We used a self-report questionnaire over experience of breastfeeding mothers (Sousa, 2014).

Results: From the newborn, 39.0% were premature and 41% had infectious risk. Of mothers, 96% breastfed their baby into the discharge of the Unit. Had difficulties with breastfeeding 53% of mothers, particularly related to breast engorgement (40%), nipple cracks (16%) and 92% recognized being supported by nurses. Older mothers and with higher education level, revealed have no difficulties with breastfeeding, but with no statistical significance, while the type of delivery (eutocic) ($p = 0.042$) and baby's weight (overgrowth) ($p = 0.016$) were associated significantly to the mother's breastfeeding difficulties.

Conclusions: The training and mother training for breastfeeding, especially in sick newborns is very difficult. Health professionals must adapt their practices to the situation of each baby, but above all the experiences and difficulties of each mother, identifying their expectations and needs support.

Keywords: Breastfeeding. Difficulties. Neonatal Intensive care.

RESILIENCE AND SENSE THE HUMOR OF STUDENTS IN CLINICAL TEACHING

A. Jorge^a, P. Ferreira^b, S. Fernandes^b, S. Lopes^b, T. Ramos^b

^aEscola Superior de Saúde do Instituto Politécnico da Guarda;

^bInstituto Politécnico da Guarda.

Contact details: anajorge@ipg.pt

Framework: Be resilient is to have the ability to face the adversities, transformations, disruptions and challenges, elaborating the situations and recovering face to the same.

Objectives: To identify the personal characteristics of nursing students in clinical training; to know the characteristics of academic nursing students; know the self-esteem and the humour in nursing students in clinical training; to identify the relationship between personal characteristics, academic characteristics, the self-esteem, the humour and the resiliency of nursing students in clinical training.

Methods: a quantitative described-correlational study. We used the questionnaire for data collection as: gender; age; the option of course; reasons for coming to the course; year of frequency; change of residence; cohabitation; global assessment of the resiliency; global Assessment of the self-esteem; Ladder of multi-dimensional evaluation of sense of humour ; and which measures to implement in order to promote resiliency in students in clinical training. The sample was composed by 97 nursing students.

Results: The sample consists mainly of students were female (77.3%), with a predominance of students aged between 18 and 23 years (76.3%). In this study we observed that the majority of the nursing students have a capacity for high resiliency (50.5%), only 1 presented low levels of resiliency and the remaining were

in average. The self-esteem and the humour relate to resiliency of students.

Conclusions: Majority of the nursing students have a capacity for high resiliency, this means that the majority has the ability to handle and overcome adversity, transforming negative experiences in learning and opportunity for change.

Keywords: Resilience. Students. Clinical teaching.

TIME-TRENDS IN INFANT MORTALITY RATES IN THE SOUTHERN EUROPE

Celeste Antão^a, Cristina Teixeira^{a,b}

^aPolytechnic Institute of Bragança, Bragança, Portugal; ^bEPI Unit, Public Health Institute, University of Porto, Porto, Portugal.

Contact details: celeste@ipb.pt

Introduction: Infant Mortality Rate (IMR) has been considered an important health indicator in monitoring quality of health care.

Objectives: To examine trends in IMR in Southern Europe (SE) over the last two decades.

Methods: Number of live births and infant deaths reported for SE (Portugal, Italy, Greece and Spain) between 1990 and 2013 were abstracted from World Health Organization Database. Annual IMR per 1,000 live births was computed for each country and for SE as a whole. Joinpoint regression models were used to estimate average annual percent change (AAPC) in IMR and respective 95% Confidence Interval (95% CI) and to identify points in time when significant changes in trend occurred (joinpoints).

Results: Between 1990 and 2013, IMR significantly decreased from 9.2 to 3.4 in SE and the highest decrease was observed from 1992 to 1998 (AAPC = -6.1%; 95%CI: -6.5%; -5.8%). Significant decline in IMR was observed in all countries but the pattern was different across countries. IMR varied across countries between 11.5 and 8.3 and between 3.1 and 3.8 in 2013; highest IMR were observed in Portugal for 1990 and in Greece for 2013. Most notable decreases in IMR were observed from 1990 to 1995 in Portugal (AAPC = -8.4% 95%CI: -8.8; -8.1), from 1993 to 1997 in Italy (AAPC = -6.6% 95%CI: -7.8; -5.5) from 1998 to 2006 in Greece (AAPC = -6.8% 95%CI: -7.0; -6.5), and from 1993 to 1996 in Spain (AAPC = -7.3% 95%CI: -9.0; -5.6). Decreases in IMR were significant during all time period in Italy and Greece but in Portugal and Spain IMR became unchangeable after 2010-2011.

Conclusions: Decrease in IMR in countries of SE suggests steadily improvement in the quality of health care. However differences in the pattern of decrease across countries during the last years deserve particular attention.

Keywords: Time-trends. Infant mortality. Rates. Southern Europe.

ADOLESCENTS' PERCEPTIONS ABOUT THEIR HOSPITALIZATION

Sandra Cruz^a, Margarida Reis Santos^a, Carla Carvalho^b

^aEscola Superior de Enfermagem do Porto; CINTESIS, Portugal;

^bUnidade Local de Saúde de Matosinhos E.P.E., Portugal.

Contact details: sandracruz@esenf.pt

Introduction: The adolescence is a period of growth and development which health and wellbeing is predominant and this can be an explanation for the lack of specialized wards for adolescents.

Objectives: To analyse the adolescents' perception about the health care team; to know the adolescents' experiences regarding their hospitalization in the paediatric ward of the Matosinhos Local Health Unit (ULSM) and to know the adolescents' opinion on the ideal health care service/unit.

Methods: We conducted a qualitative, exploratory, descriptive and retrospective study with 10 adolescents between 10 and 18 years