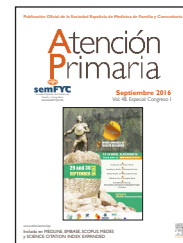**ELSEVIER**

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PARALLEL SESSIONS: ORAL COMMUNICATIONS

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1. ADULT HEALTH

CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

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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/m^2 (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

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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

Results: Findings highlighted that children and adolescents have a positive perception about their QOL, as well as parents about QOL of their children. There are statistical differences between the perceptions of children and adolescents versus parents. Although with little significant difference, the children's perceptions are higher than their parents. Given the type of VI, children and adolescents with low vision have higher QOL. Regarding to gender, the males have higher scores of QOL. In respect to age, children have a better QOL.

Conclusions: Given the small size of the sample, one cannot generalize the data. Nevertheless, results are important and allow us to know the QOL perceptions of the participants. The findings also provide relevant information to their own families, school, and particularly in terms of health services, in order to enhance QOL of this specific population.

Keywords: Quality of life. Perceptions. Visual impairment.

SLEEP QUALITY AND STRESS LEVELS AMONG HIGHER EDUCATION STUDENTS

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Introduction: A good night sleep enables to achieve physical and mental wellbeing (Paiva, 2015). The preservation of sleep quality is paramount as who sleeps well has a high adaptation capacity to adverse circumstances such as stress and anxiety, amongst others. There is an impacting relationship between reduced sleeping hours and high levels of anxiety, depression and stress (Pinto et al., 2012).

Objectives: Measure the sleep quality and stress levels amongst higher education students.

Methods: Quantitative study with a descriptive-correlational and transversal design. A socio-demographic record, the Pittsburgh Sleep Quality Index (PSQI) from Ramalho (2008) and the Anxiety, Depression and Stress Scale (EADS-21) from Ribeiro, Honrado and Leal (2004) were applied. The sample included 358 students.

Results: 54% of the students present a bad sleep quality, go to bed on average at 1am, take about 19 minutes to fall asleep and sleep on average 7 hours effectively. Female students have a 48% higher probability of having bad sleep quality. Stress, anxiety and depression levels were considered disperse with stress presenting the higher average. The majority of the students that refer having a bad sleep quality present an average score of 6.57 on the stress scale being approximately double of the students that refer having a good sleep quality (3.35).

Conclusions: Stress, anxiety and depression are positively and with statistic significance correlated to the sleep quality index where a higher score means worse sleep quality.

Keywords: Sleep patterns. Students. Stress. Disturbances.

SATISFACTION WITH THE PROFESSIONAL STATUS OF GRADUATES NURSES: SCALE VALIDATION

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Introduction: The Increasing number of Portuguese nurses' graduates, the reduction of employment opportunities in the country and the poor working conditions/wages cause many graduates in nursing to seek work elsewhere in the European Union. This study aims to analyze satisfaction with the employment situation of graduates in nursing.

Objectives: Characterize satisfaction with the professional status of graduated nurses.

Methods: This is a descriptive study with a sample of 141 graduated nurses between 2002 and 2014 in a Nursing School of the Northern Region of Portugal. It was created and validated the Satisfaction Scale with the Professional Situation of Nurses, based on the literature review. This is a Likert scale of the 1 at 5 points: 1 - very dissatisfied and 5 - very satisfied. The factor analysis with orthogonal rotation Varimax type at the scale consisting of 13 items shows good value of Kaiser-Meyer-Olkin (0.824) and high internal consistency (α = 0.779). The Scale has three dimensions: career, professional self-fulfillment and social representation of nursing.

Results: The career dimension has translated dissatisfaction (x = 1.93, SD = 0.70); professional self-realization reflects a tendency to a state of satisfaction (x = 3.58, SD = 0.85); and the social representation of nursing represents a degree of satisfaction that tends to very satisfied (x = 0.43; SD = 0.9).

Conclusions: The dissatisfaction of graduates with the professional career, more evident in items of remuneration and the current status of graduates, makes this a priority problem for Nursing. Thus, it is suggested the creation of intervention and research programs that deepen this problem in order to eliminate this negative perception of who initiates the nursing profession.

Keywords: Scale validation. Professional satisfaction. Nurse.

IMMUNIZATION OF PATIENTS WITH COPD FROM TWO FAMILY HEALTH UNITS

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Introduction: Chronic Obstructive Pulmonary Disease (COPD) is a chronic respiratory disease characterized by a progressive and persistent airflow limitation. Exacerbations are associated with disease worsening and increased mortality. Influenza and pneumococcal vaccines are a preventive strategy for acute exacerbations of COPD. According to the Global Initiative for Chronic Obstructive Lung Disease and the Portuguese guidelines, these vaccines are recommended in all COPD stages.

Objectives: Characterize patients with COPD diagnosis from 2 family health units (FHU), according to anti-influenza vaccination levels for the 2015-2016 season and anti-pneumococcal vaccination levels.

Methods: Observational, descriptive, cross-sectional study; Population - patients from 2 FHU with COPD diagnosis; variables - gender, age, anti-influenza vaccination for the season 2015-2016, anti-pneumococcal vaccination; data source - digitally available clinical files; statistical analysis - Microsoft Excel.

Results: A total of 284 patients with COPD were evaluated, from which 58.1% were male. Ages ranged between 36 and 94 years old. In total, 156 patients were vaccinated with the anti-influenza vaccine (season 2015-2016) and 55 patients were vaccinated with the anti-pneumococcal vaccine. From the latter, 39 patients were vaccinated with the 23-valent pneumococcal vaccine and 27 patients were immunized with the 13-valent pneumococcal vaccine (11 patients were vaccinated with both vaccines).

Conclusions: More than half of the patients were vaccinated against influenza, but the anti-pneumococcal vaccination rate was very low. Although these results could be biased by the lack of access to patients medical files from the hospital, there is a big margin to improve immunization of patients with COPD.

Keywords: COPD. Exacerbations. Immunization.