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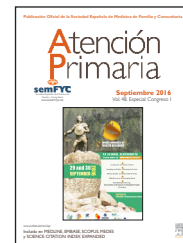**Atención Primaria**

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

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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/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

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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

Methods: We conducted a cross sectional study in a sample constituted by 201 students of Portuguese Catholic University, Viseu. Data collection was performed through a self-administered questionnaire about OHAB, which included the Hiroshima University Dental Behavioural Inventory.

Results: We found that 69.5% of the students adopted less adequate OHAB. Only the year of the course influenced the OHAB. Therefore, the higher the year, the better were OHAB. By calculating the variability, we found that the year was responsible for 8.87% of the variation in OHAB and the statistical differences were between the students of 1st and 4th year and 1st and 5th year.

Conclusions: These results are consistent with some studies that point to the likely influence of the exposure and acquisition of knowledge about OHAB transmitted along the academic education and clinical experience. As students progress through the course, they are more aware and more attentive to their oral health. Consequently, they adopt better attitudes and preventive behaviours. It is very important to change the way we do oral health education. The planning of teaching strategies for oral health behavioural changes should give importance to teaching self-care techniques, towards to alert to the perception of risk factors what are in the origin of oral diseases.

Keywords: Oral health attitudes and behaviours. Dental study.

SHEAR BOND STRENGTHS TO PROROOT® MTA AND BIODENTINE™ WITH DIFFERENT ADHESIVE STRATEGIES

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Objectives: To study the influence of the maturation time of the restorative material and of the adhesive strategy on the bond strength to ProRoot®MTA and BIODENTINE™.

Methods: 180 acrylic blocks were prepared and filled out with ProRoot®MTA (n = 90) or BIODENTINE™ (n = 90) and divided into 18 groups(n = 10), according to the storage period of the restorative material (7 days (7d), 72 hours (72h) and 4 hours/12 minutes (4h/12')), at 37 °C and 100% of humidity and to the adhesive strategy (Scotchbond™ Universal – etch&rinse version (SUER), Scotchbond™ Universal – self-etch version (SUSE) and Adper™ Scotchbond™ 1XT (SB) [3M ESPE – St. Paul, EUA]). A composite resin (Grandio®SO) was then applied. After 24h, the shear bond strengths and the failure modes were evaluated. The obtained values were analysed using Mann-Whitney and Kruskal-Wallis's tests at a significance level of 5%.

Results: The maturation time influenced the bond strength to ProRoot®MTA (p = 0.007), with values between 7.6 MPa after 3 days and 3.1 MPa after 7 days. However, the adhesive strength was not influenced by the maturation time of BIODENTINE™ (p = 0.181). The adhesive strategy influenced the adhesion to ProRoot®MTA (p = 0.014) and BIODENTINE™ (p = 0.002). Universal Scotchbond™ (self-etch) showed the highest adhesion values to ProRoot®MTA (7.0 MPa). Universal Scotchbond™ (etch&rinse) showed the highest values to BIODENTINE™ (7.1 MPa). The failure mode was mainly of mixed type and was not influenced by any of the factors studied (maturation time: p = 0.053; adhesive strategy: p = 0.214).

Conclusions: Different adhesive strategies led to different adhesive strengths on the two substrates studied. The maturation time of the substrate only influenced the bond strength to MTA.

Keywords: MTA. BIODENTINE™. Shear bond strengths.

20. OTHERS

KNOWLEDGE ABOUT THE RNCCI: AN EXPLORATORY STUDY ABOUT THE PERCEPTION OF NURSING STUDENTS

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Introduction: The National Network of Continuing Care (RNCCI) was created in 2006 by Decree Law nr. 101/2006. Its mission is to supply adequate health and social care to all people who, independent of their age, are in a situation of dependence, and its action is articulated with the already existing health and social services, being a multidisciplinary team needed composed out of medical doctors, nurses, social workers and psychologists. Given the aforementioned it's pertinent to perform research, with nurses and nursing students, about this new valence of care.

Objectives: Measure knowledge about the RNCCI of 3rd and 4th year nursing students.

Methods: Transversal study of quantitative, descriptive and correlational nature. A non-probabilistic and by convenience sample of 120 students was taken (75% of the population). A questionnaire was created, exclusively based on the Decree Law nr. 101/2006.

Results: 75% of the respondents answered wrongly to the statements related to the referral and typology of the answers of the RNCCI. It is verified that the students do not have sufficient knowledge to perform functions or processes related to the RNCCI. Notwithstanding having general knowledge, the students present considerable gaps in the referral process as do the professionals that already work in this area. The hypothesis "There is a relationship between socio-demographic variables (gender and age) and the knowledge of the nursing students about the RNCCI" was validated for gender being the observed differences between female and male respondents statistically significant (p = 0.03).

Conclusions: The results highlight the importance of theoretical and/or practical training on continuing care in the undergraduate nursing course outline.

Keywords: Knowledge. RNCCI. Nursing students.

AN IMPACT EVALUATION STUDY OF A SHORT INTENSIVE COURSE TRAINING IN EVIDENCE-BASED NURSING

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Introduction: The implementation of Evidence-based Nursing (EBN) requires training of key people regarding evidence. In this study we aim to evaluate the impact of an educative intervention as an implementation strategy of EBN among nursing leaders and local key partners.

Methods: We promote an educative intervention on 414 RN in Portugal. Overall we carried out 6 educative sessions. Each one was based on an 8 hours course about EBN main subjects. Data were collected before and after (at least 2 months) the training intervention. Both moments of data collection were based on the Portuguese versions: "Questionnaire Barriers and Facilitators to Using Research in Practice (BARRIERS)"; "Clinical Effectiveness and Evidence Based Practice Questionnaire (EBPQ)"; and the "Attitudes to Evidence-Based Practice Questionnaire (AEBPQ)". Overall we study a merge convenience sample with 650 valid questionnaires.