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1. CHILD AND ADOLESCENT HEALTH

MANDATORY REPORTING OF CHILD AND ADOLESCENT ABUSE BY GENERAL PRACTITIONERS IN A STATE OF BRAZILIAN NORTHEASTERN

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Introduction: Violence against children and adolescents is an unequal power relationship. The Brazilian Child and Adolescent Act adopt a strategy of safety and protection of all suspected cases of abuse.
Objectives: The aim of this paper is to analyze the system of general practitioners (GPs) notification for child and adolescent mistreatment throughout Ceará State, Brazil.
Methods: A structured questionnaire was given to 227 general practitioners in 85 cities across the state. A quantitative analyze was done. The research was conducted in accordance with recognized ethical standards and national/international laws.
Results: The professional average age is 35.7 years (Standard Deviation = 12.2). The GPs have been working on primary healthcare less than 05 years (51.5%). The results illustrate that the majority of GP had no training on child/adolescent mistreatment notification (73.6%), but knew the Child and Adolescent Act (72.7%). GPs that trust in protection agencies of child and adolescent are the majority (70.8%) and do not feel under threat by the State (75.8%), for this reason they know how to forward the child/adolescent mistreatment cases (64.2%). Among 227 GPs participants, 53,1% affirmed that they had identified cases of child abuse in their careers (53.1%), nevertheless, just 52.6% of these occurrences of abuse had notified.

Conclusions: These findings show that as less training GPs are, less notification of abuse problem they do. This is under the Brazilian National Health System (SUS) expectation and an abuse notification system on the SUS must to be done, looking for changes on the GPs notification.
Keywords: Child abuse. Notification. Primary healthcare.

INVESTIGATION AND ANALYSES OF THE CAUSES OF INFANTILE DEATHS IN THE CITY OF MANAUS, AMAZONAS-BRAZIL, IN 2012

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Introduction: Data of the United Nations for the Childhood Fund (UNICEF) demonstrate a reduction in the infant mortality taxes in Brazil in the last two decades. However the monitoring of this indicator is necessary, because this translates the situation of health of a população.
Objectives: In this work, academics and tutors of the nursing and medicine courses of the University of the State of Amazonas-Brazil (UEA) accompanied the professional work of the Municipal General office of Health of Manaus/Amazonas-Brazil (SEMSA-Manaus), with the objective of living actions related to the surveillance in health in the scope of the infant mortality.

Methods: This cross-sectional and correlational study, had a sample of 330 individuals, 57.0% females and 43.0% males, aged between 18 and 88 years (mean 41.3). Data collection was carried out through a self-administered questionnaire. Statistical analyses were applied measures of central tendency and dispersion, and the chi-square considering a significance level of 5%.

Results: The prevalence of self-medication was 87.6%, of which 78.2% self-medicated in the last year, the majority only a few times per year (81.2%), with a minority that makes daily (0.9%). The drugs most frequently used are Paracetamol (75.8%) and Ibuprofen (61.2%), headaches (67.0%) and colds (65.2%) being the main reasons. Among individuals who self-medicate, 52.1% admit to inform physician of non-prescribed drugs used and 83.0% reported not having notied the occurrence of undesirable effects. Of all individuals surveyed, 88.2% claim that self-medication is dangerous for health. Gender and educational level appear to be associated with self-medication ($p < 0.001$ and $p = 0.01$, respectively).

Conclusions: Self-medication is highly prevalent, but infrequent over the year. The analgesics and anti-inflammatorys are the most used due to headaches and colds. Self-medication is considered risky to health and appears to be linked to gender and education level.

Keywords: Self-medication. Drugs not subject to prescription.

PERCEPTION OF USERS ABOUT THE PRESCRIBED DRUG THERAPY AFTER MEDICAL CONSULTATION AND AFTER PHARMACY DISPENSING

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Introduction: Promoting rational use of medicines is crucial to ensure therapeutic efficacy. Many users do not understand prescribed treatment, often for lack of information during the medical consultation and pharmacy dispensing, which results in difficulties for correct drug therapy.

Objectives: Determine the perception of knowledge about the drug therapy, after medical consultation and after Pharmacy dispensing, and identify related factors.

Methods: This cross-sectional and study, had a sample of 150 users of health centers and pharmacies in the north of Portugal, 64% females and 36% males, aged between 18 and 90 years (mean 57). A self-administered questionnaire was applied, including knowledge perception scale (Frohlich'10). In data analysis was used descriptive statistics and t-student test (significance level 5%).

Results: The perception of knowledge about drug therapy is insufficient either after medical consultation (70.7%) or after pharmacy dispensing (70.7%), only a minority of users had a good knowledge after medical consultation (5.3%) and after dispensing in community pharmacy (2.7%). The lowest knowledge was related with forgetting doses, drugs/food interactions and side effects. No differences were found between the perceptions of users of medical centers and pharmacy ($p = 0.191$), neither between the educational level (health center $p = 0.842$, $p = 0.307$ pharmacy).

Conclusions: The perception of knowledge about drug therapy is quite insufficient both after medical consultation and after pharmacy dispensing. There were no found differences between the perceptions of users of medical centers and pharmacy, probably due to the limited sample size. Contrary to expectation, the education level is not associated with the perception of knowledge about drugs therapy.

Keywords: Drugs therapy. Perception of knowledge. Pharmacy.

FLOWCHART FOR THE TREATMENT OF VENOUS LEG ULCERS – A BEST PRACTICE GUIDELINE

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Context: Leg ulcers are a major health problem with a great impact on patients quality of life and the work of nurses, particularly at the level of primary health care and differentiated services. In the clinical practice health professionals should evaluate the etiology typology, aggravating risk factors and select the appropriate treatment that the evidence points as compression therapy. Thus, when combined with the appropriate dressings and therapeutic options, compression therapy improves the rate of healing. However, in the absence of best practice guidelines health professionals tends not to apply the best available evidence.

Objectives: To present the flowchart for the treatment of venous leg ulcers.

Methods: Based on a review of guidelines and systematic reviews performed on several scientific databases (CINAHL with Full Text, MedicLatina, MEDLINE with Full Text, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials and JBI Library), we created a best practice guideline for the Treatment of Venous Leg Ulcers. Prior to inclusion all studies were submitted to critical appraisal.

Results: Data collected from studies suggest that a correct evaluation of the patients with venous ulcers needs a focal physical exam, anamnesis and vascular assessment. Current knowledge shows that should be implemented the recommendations for treatment into clinical practice like the wound bed preparation, right dressings choose and correct compression therapy use.

Conclusions: The Flowchart for the Treatment of Venous Leg Ulcers allows a sustained practice on the best available evidence, ensuring the effectiveness of treatment, standardizing the practice of nursing teams and improving healing rates.

Keywords: Leg ulcer. Compression bandages. Wound healing.

INVESTIGATION AND ANALYSES OF THE CAUSES OF MATERNAL DEATHS IN MANAUS, AMAZONAS-BRAZIL, BETWEEN 2010 TO 2012

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Introduction: The World Health Organization (WHO) estimates that in 2010 287.000 maternal deaths happened in the mundo1. The maternal death is a concern all over the world for managers of health, because it translates the social inequalities of a country and the quality of services health offered in a place.