

MEETING ABSTRACTS

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Session 1: Citizenship in health

S1

Health literacy and health education in adolescence

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Health literacy, a more complex concept than knowledge, is a required capacity to obtain, understand, integrate and act on health information [1], in order to enhance individual and community health, which is defined by different levels, according to the autonomy and personal capacitation in decision making [2].

Medium levels of Health literacy in an adolescent population were found in a study conducted in 2013/2014, being higher in sexual and reproductive health and lower in substance use. It was also noticed that the higher levels of health literacy were in the area adolescents refer to have receipt more health information. The health literacy competence with higher scores was communication skills, and the lower scores were in the capacity to analyze factors that influence health. Higher levels were also found in younger teenagers, but in a higher school level, confirming the importance of health education in these age and development stage. Adolescents seek more information in health professionals and parents, being friends more valued as a source information in older adolescents, which enhance the importance of peer education mainly in older adolescents [3].

As a set of competences based on knowledge, health literacy should be developed through education interventions, encompassing the cultural and social context of individuals, since the society, culture and education system where the individual is inserted can define the way the development and enforcement of the health literacy competences [4]. The valued sources of information should be taken into account, as well as needs of information in some topics referred by adolescents in an efficient health education.

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Session 2: Evaluation & intervention in health

S2

The effect of a walking program on the quality of life and well-being of people with schizophrenia

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Schizophrenia is a serious and chronic mental illness which has a profound effect on the health and well-being related with the well-known nature of psychotic symptoms. The exercise has the potential to improve the life of people with schizophrenia improving physical health and alleviating psychiatric symptoms. However, most people with schizophrenia remains sedentary and lack of access to exercise programs are barriers to achieve health benefits. The aim of this study is to evaluate the effect of exercise on I) the type of intervention in mental health, II) in salivary levels of alpha-amylase and cortisol and serum levels of S100B and BDNF, and on III) the quality of life and self-perception of the physical domain of people with schizophrenia. The sample consisted of 31 females in long-term institutions in the Casa de Saúde Rainha Santa Isabel, with age between 25 and 63, and with diagnosis of schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). Physical fitness was assessed by the six-minute walk distance test (6MWD). Biological variables were determined by ELISA (Enzyme-Linked Immunosorbent Assay). Psychological variables were assessed using SF-36, PSPP-SCV, RSES and SWLS tests. Walking exercise has a positive impact on physical fitness (6MWD – $p=0.001$) and physical components of the psychological tests ([SF-36] physical functioning $p < 0.05$; [PSPP-SCV] functionality $p < 0.05$ and SWLS $p < 0.05$ of people with schizophrenia. The walking program enhances the quality of life and self-perception of the physical domain and physical fitness of people with schizophrenia.

S3

Diagnosis and innovative treatments - the way to a better medical practice

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Background

Diabetes mellitus type 2 is one of the non-communicable diseases with increasing prevalence, associated with strong physical, emotional and socio-economic repercussions. Therefore, it requires new integrated approaches to prevent and combat the disease, based on the evidence already being produced. Objective: This study aimed at assessing knowledge, empowerment and quality of life of people with type 2 diabetes, being followed in Alto Minho Region of Portugal.

Methods

This correlational descriptive study was conducted on a random sample of 537 individuals, 277 of them in primary care (clusters of health care centres, ACES). The questionnaire encompassed a sociodemographic and clinical characterization part, together with the DES-SF (empowerment), DKT (knowledge) and EQ-5D (quality of life) scales.

Results

Individuals' mean age was 64.7 ± 11.7 (ACES) and 62.3 ± 12.9 (hospital). Concerning empowerment and quality of life we found similar mean scores in both settings 3.7 ± 0.9 and 0.6 ± 0.3 in ACES, and 3.7 ± 0.7 and 0.6 ± 0.3 in hospital. On the other hand, knowledge was higher in the hospital (66.7 ± 12.4) vs. primary care (59.7 ± 16.3), especially in non-insulin treated individuals. Men followed in hospital also showed higher empowerment than women although having similar knowledge. The highest knowledge deficits were related to hypoglycaemia handling, meaning of haemoglobin HbA1C, ketoacidosis signs among the insulin treated, and the care of the feet. Younger and less educated individuals showed higher knowledge of quality of life and empowerment.

Conclusions

There is lack of knowledge in fundamental aspects of the disease's management, followed by an unrealistic feeling of empowerment, taking into account the evidence produced. Local intervention strategies should consider these findings.

Keywords

Type 2 diabetes, empowerment, knowledge, quality of life

O125

Antihypertensive therapy adherence among hypertensive patients from Bragança county, Portugal

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Background

Hypertension increases the risk of cardiovascular diseases and is highly prevalent worldwide, reaching more than a quarter of the Portuguese population. Poor antihypertensive therapy adherence has been identified as the main cause of failure to control hypertension. Objective: To estimate the prevalence of antihypertensive therapy adherence and related factors.

Methods

This cross-sectional study was based on a questionnaire, with MAT scale (measure of adherence to therapy) validated for the Portuguese population [1], applied to 122 hypertensive patients from Bragança county, in northern Portugal. To assess therapy adherence, those whose average adherence levels were ≥ 5 were called adherent. Descriptive statistics were used, correlations were accessed using chi-square test, with a significance level of 5 %.

Results

The sample consisted mainly of females (59.1 % vs. 40.9 %), aged between 31 and 92 years old (mean 69.8). The participants show high antihypertensive therapy adherence level (82.8 %). Only marital status is related to therapy adherence, with married or widowed people being those who least adhered to antihypertensive treatment ($p = 0.04$).

Conclusions

This study shows that a high prevalence of hypertensive patients adhered to the antihypertensive therapy prescribed, the married or widowed being those who least adhered to treatment.

References

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Keywords

Antihypertensive therapy adherence, hypertensive patients, therapy adherence, therapy non-adherence

O126

Subjective perception of sexual achievement - An exploratory study on people with overweight

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The literature reports that Body Mass Index (BMI) changes are directly related to sexual interest. Individuals with overweight and obesity self-report fewer sexual partners and are less likely to have a romantic relationship compared to their non-obese counterparts.

The objectives of this work are to know the level of perceived sexual achievement, in overweight people with the Binge Eating Scale (BES) and to study the association between age and the perception of quality of sex in people with overweight are the objectives of this work.

An exploratory and quantitative study was developed, based on a sample of 218 patients of both genders, aged between 18 and 65 years. Data was collected in various hospitals of northern and central Portugal with the Sexual Satisfaction Index (SSI) being used for this purpose.

Of all participants, 64.5 % expressed overweight. On a scale of 0 to 100, the SSI was, on average, 26.7 (SD = 14.6). On average, Individuals with severe poor scores on the BES registered the highest level of sexual dissatisfaction. There were, statistically, significant differences in the SSI, among individuals with and without overweight. Dissatisfaction is greater the more advanced the age of participants. Contrary to what is reported in the literature, there was no difference between individuals with and without overweight according to the number of sexual partners.

The results obtained with this research are consistent with the literature, except for those concerning the number of sexual partners.

Keywords

Perception, sexual achievement, overweight, Portugal

O127

Physical activity level and associated factors in hypertensive individuals registered in the family health strategy of a basic health unit from the city of Palhoça, Santa Catarina, Brazil

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