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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

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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

Methods: This cross-sectional study was conducted on 35 community-dwelling older individuals (≥ 65 years old; 66% were men). Data collection was based on a questionnaire which includes three components: (1) Questions on sociodemographic characteristics; (2) A 13-item scale assessment of attitudes toward to sexuality (SAATS) scored from 0 to 52, being higher values related with positive attitudes; and (3) an open question "in your opinion what is sexuality?".

Results: In this sample 40% of participants (n = 14) reported that there is no sexuality among older people. For the whole sample, the mean score of SAATS and respective standard deviation (± SD) was 28.9 (± 6.63). There were no differences in the mean score of SAATS by gender, but such score was lower among oldest people (p = 0.006), among individuals reporting less schooling years (p = 0.001) and among those with no companion (p = 0.012). In regards to the qualitative analysis of the open question, the main answers obtained fall into the affective dimension, with the majority of participants reporting that sexuality is "love", "respect" and "tenderness".

Conclusions: Oldest people, those with lower education level and those with no companion presenting more negative attitudes towards to sexuality. Among older people sexuality is manly based on the affective dimension.

Keywords: Sexuality. Attitudes. Older people.

THE "INTERACTIVE EDUCATIONAL TECHNOLOGIES FOR FAMILY CARERS: KNOWLEDGE AND SKILLS DEVELOPMENT

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Introduction: In recent years, due to demographic change and the aging population, there are changes in the adopted policies paradigm, including the use of Information and Communication Technologies. The current scientific scenario points to an increasing use of educational platforms aimed at health education for citizens.

Objectives: The research described here is focused on the design and evaluation of an interactive educational technology and aims to support family caregivers who care for dependent persons.

Methods: After conducting an exploratory study of 12 family caregivers and another one with 14 nurses who helped to identify strategies and more relevant content to be included in the tool, we developed a quasi-experimental non-randomized study with a pre-post test design. To do this, we used a convenience sample of 65 family carers who care for dependents identified in two medical services of a hospital. To evaluate the effectiveness of interactive educational technology we proceed to the application of a set of instruments that assessed the knowledge and satisfaction with the use of technology.

Results: The analysis performed by comparing with the control group showed a statistically improvement in knowledge of the experimental group using the technology. In the control group, the knowledge did not vary in both moments of evaluation. The family carers made a very positive assessment of the use of technology, consider it useful, stimulating and easy to use, meeting the learning needs.

Conclusions: The implementation of educational technology for family caregivers in the clinical setting, proves the effectiveness and their contribution in the development of knowledge of family caregivers. This technology successfully met the technical quality and learning needs of caregivers, it is considered easy and stimulating.

Keywords: Caregivers. Nursing. Educational technology.

CHARACTERIZATION OF MEDICATION USE AMONG THE ELDERLY OF NORTH PORTUGAL

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Introduction: Aging associated with chronic comorbidities leads to polypharmacy, but the complex therapies in elderly can lead to therapy non-adherence, increasing costs and several health risks.

Objectives: To characterize medication use and related factors among northern Portuguese elderly.

Methods: This cross-sectional population-based study was centered on a structured interview to 442 elderly (≥ 65 years), non-probabilistic sample by convenience, at home and institutions in northern Portugal. It was considered as polymedicated seniors taking ≥ 5 drugs daily. Beers criteria (2012) were used to evaluate the potentially inappropriate medication use. It was used descriptive statistics and univariate and multivariate statistical analysis, with a significance level of 5%.

Results: The sample consisted mainly of females (56.6%), aged between 65 and 101 years (mean 76.84 ± 8.07). The prevalence of medication use was 97.3%. Most elderly are polymedicated (54.1%), on average 5.15 different drugs are administered per day. The most commonly prescribed groups were: cardiovascular drugs (82.8%), central nervous system agents (54.2%) and drugs with an effect on the digestive tract (40.9%). According to the Beers criteria, 53.5% of seniors taking potentially inappropriate medication. Polypharmacy was positively associated with living in littoral sub-region (p < 0.001), having a reasonable (p = 0.002) or poor health self-perception (p < 0.001), self-reported chronic diseases (p < 0.001) and number of doctors (p = 0.003).

Conclusions: Results shows a high proportion of medication use among the northern Portuguese elderly, including potentially inappropriate. The risk of polypharmacy is related to coastal region, perception of reasonably/poor health, chronic diseases and the number of doctors.

Keywords: Beers criteria. Elderly. Medication. Polypharmacy.

7. FAMILY HEALTH

THE IMPORTANCE OF FAMILY IN NURSING PRACTICE

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Introduction: Family nursing is crucial because health and illness are family events1, so this issue matters in nursing care. Family health care nursing is an art and a science that has developed as a way of thinking about families and working with them.

Objectives: The aim of this study is to evaluate the importance of family in nursing care.

Methods: Cross-sectional study applied to the Portuguese nurses, through a survey of the importance of families in nursing care (IF-