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INTERVENTION PROGRAM IN CHILDREN AND ADOLESCENTS TO PROMOTE PHYSICAL FITNESS, PHYSICAL ACTIVITY AND NUTRITIONAL KNOWLEDGE

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Introduction: In young people, reduced values of cardio-respiratory fitness (CRF) align themselves with the clustering of cardiovascular risk factors (CVRF). The relationships between volumes, physical activity (PA) intensities and CRF levels on the prevalence and clustering of CVRF have not yet been completely clarified. Assuming that inadequate levels of PA and suitable diets would influence the CRF, the body fat and, therefore, the metabolic profile, it seems prudent to intervene on sedentary behaviors and unhealthy habits to improve cardiovascular health from an early age. Studies involving together the two major determinants of health in these ages: food and exercise are fundamental to the establishment of effective and reasoned health policies.

Objective: To assess nutritional knowledge and dietary habits, and PA in a cohort of adolescents before and after an intervention program (IP) of nutritional food education and PA.

Methods: PA will be measured by accelerometers and food knowledge through questionnaire (Nutritional Knowledge Questionnaire - NKQ). The IP will be an experimental study based at school and on the internet for promoting healthy behaviors related to PA and healthy nutritional choices, supported by theories of behavioral change. Duration - 9 months involving school and parents community in curricular and extracurricular activities.

Results: (1) validation of NKQ (2) explore the associations between CRF, PA and food knowledge; and (3) evaluating the effects of an IP based at school and on the Internet (website), involving the promotion of PA and healthy nutrition behaviors.

Descriptors: physical activity; nutrition knowledge; intervention program; children; health promotion

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COMMUNITY-DWELLING ELDERLY: INEFFECTIVE MANAGEMENT OF DRUG REGIMEN AND RISK OF FALL

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Introduction: Drugs intake is common in the elderly, but pharmacodynamics/pharmacokinetic changes associated with multiple pathology amplifys the drug interactions and adverted effects.

Objective: Evaluate the management of drug regimen for the elderly residing at home (N=37), relating it to falls.

Methods: Data collection was carried out by semi-structured interview (using instruments validated for the Portuguese reality) followed by descriptive/inferential analysis. Insured informed consent.

Results: Average of drug ingestion was 6 drugs/day (min:2 /max:6) and 7 pills/day (min:2/max:15). A total of 9 prescribers were described: family physician (N=32), the hospital physician (N=26), the pharmacist (N = 6) and the elderly (N=6). The reasons why we found that 25 elderly do not meet treatment as prescribed, was due to forgetfulness (68%) and switching medications (23%). The management of medication regimen presents statistically significant differences compared to moderate/high risk of falling ($p=0.030$), dependence in activities of daily living ($p=0.008$), geriatric depression ($p=0.022$), number of pills/day ($p=0.006$) and number of different drugs ($p=0.009$). The risk of falling, in other way, is related to cognitive impairment ($p=0.032$), dependence in instrumental activities of daily living ($p=0.005$) and number of pills/day ($p=0.043$).

Conclusions: Data seem indicate that there is a proportional relationship between fall risk and ineffective management of medication regimen. Considering the prevalence of falls in the elderly and it's repercussions, highlights the need to implement nursing care of proximity/partnership, but also, integrals and integrated in both diagnoses, especially in the context of primary health care.

Descriptors: "Community-dwelling Elderly"; "Management of Drug Regimen"; "Accidental Falls".

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