

HEALTH LITERACY PRIORITIES IN PRIMARY HEALTH CARE

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Introduction: Health literacy has been identified as a way to improve health care in Portugal. Several studies have shown that exist a relation between low levels of health literacy and poorer health condition.

Aims: To develop a methodology that allows the prioritization of health literacy needs from the physicians and citizens perspectives.

Methods: Survey with three dimensions: health management and wellbeing; access and utilization of health care services; informational resources. The survey was applied to 1404 citizens and 79 physicians, aiming to answer the questions what the people needs?

Results: Citizens priorities Dimension 1-1 understand the instructions on how to take a prescribed medicine; 2nd find information on treatments of illnesses that concern you; 3th find out what to do in case of a medical emergency; 4th understand the differences between treatment options; 5th find information about symptoms of illnesses that concern you. Dimension 2-find out information about 1st which transport should take to health services according to the situation; 2nd how to manage in the best way the health expenses; 3th the social sector support. Physicians priorities Dimension 1-1st (equal); 2nd (equal); 3th find out information about family planning and contraceptives methods; 4th find out information about sexual risk behaviors; 5th find information about healthy nutrition. Dimension 2-find out information about 1st schedules and general functioning; 2nd different services available in which unit; 3th to which service should go according to the personal needs.

Conclusion: Comparing the perspectives, there are significant diversions in the health literacy interests. It's crucial the development of mechanisms that allows people to participate in the health literacy promotion interventions.

Keywords: Health literacy. Primary health care. Empowerment.

NEUROMUSCULAR TAPING DOES NOT CHANGE FIBULARIS LONGUS LATENCY TIME AND POSTURAL SWAY

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Introduction: Ankle sprains are a common injury and fibularis longus plays an important role improving functional stability. Neuromuscular tape seems to improve muscle force, although little is known regarding its effect on latency time.

Objectives: To examine the effects of Neuromuscular Taping on fibularis longus latency time and postural sway in healthy subjects.

Methods: Twenty subjects were randomized into the experimental (n = 10, age 22.4 ± 3.0 years) and control groups (n = 10, age 23.5 ± 6.3 years). Before and after the intervention, postural sway was assessed on a force plate and fibularis longus latency

time was recorded with surface electromyography during a sudden inversion perturbation. In the experimental group, the Neuromuscular Tape was applied from the origin to the insertion of the fibularis longus and then subjects rested with the tape applied during 20 minutes. The control group rested during the same period without Neuromuscular Tape.

Results: At baseline, no differences were found between groups regarding age, anthropometrics variables, postural sway and fibularis longus latency time. In the experimental group, the application of tape did not change postural sway (COPx 3.8 ± 0.7 to 3.8 ± 0.6 cm, p = 0.989; COPy 3.0 ± 0.6 to 3.0 ± 0.5 cm, p = 0.742; COP area 11.8 ± 4.5 to 11.6 ± 3.3 cm², p = 0.858, total COP oscilation 94.6 ± 25.0 to 90.1 ± 19.3 cm, p = 0.0269, COP velocity 4.5 ± 1.2 to 4.3 ± 0.9 cm/s, p = 0.265) and fibularis longus latency time (93.7 ± 15.0 to 89.9 ± 15.6 ms, p = 0.102). No changes were observed also in the control group.

Conclusions: Neuromuscular tape did not enhance peroneal reaction time and postural sway in young healthy subjects.

Keywords: Latency time. Neuromuscular taping. Postural sway.

THE IMPACT OF ORAL HEALTH ON QUALITY OF LIFE IN TYPE-2 DIABETIC OLDER PEOPLE FROM INLAND NORTHERN PORTUGAL

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Introduction: The assessment of the relationship between oral health and quality of life (OHRQOL) is crucial to planning oral health care programs but there is paucity in research on such relationship among people with poor oral health.

Objectives: To assess the OHRQOL among older diabetic people from inland Northern Portugal.

Methods: A cross-sectional study was carried out among 250 type-2 diabetic individuals aged 65 years or more; 54% being female. Data collection included clinical examinations and structured interviews. The OHRQOL was assessed by using the OHIP-14 questionnaire (scale ranged from 0 to 56; higher scores indicating poorer OHRQOL). Multiple linear regression analyses were conducted separately by gender, using OHIP-14 score as dependent variable and oral health parameters (dry mouth, gingival bleeding, periodontal pockets, number of natural anterior and posterior teeth and prosthodontic rehabilitation) as explanatory variables. Multiple standardized regression coefficients (β) were obtained for variables that kept in the model through a stepwise procedure.

Results: Clinical examination revealed that women had poorer oral health than men. OHIP-14 score was significantly higher among women than among men (28.3 ± 13.30 vs 20.8 ± 12.28; p = < 0.001) Multiple regression analysis in male group showed that number of natural posterior teeth (β = -0.428; p < 0.001) and dry mouth (β = 0.225; p = 0.020) had significant association with OHIP-14 score. In female group there were no oral factors significantly associated with such score.

Conclusions: The OHRQOL showed a different pattern by gender. Among men the number of natural posterior teeth had impact on OHRQOL, highlighting the importance of strategies in preserving natural teeth throughout lifetime.

Keywords: Diabetes. Oral health. Quality of life. Elderly.