

women), with an average age of 44.48 years (SD = 21 years) living in centre and north of Portugal. LH was assessed by the European Questionnaire on Literacy for Health (HLS-EU-PT) validated in Portuguese by Saboga-Nunes and Sorensen (2013) and the assessment of BMI, AC and PCN followed the benchmark accepted in Portugal, DGS (2013).

Results: It was found that 73.62% of participants have an inappropriate and problematic level of literacy for health. Participants with inadequate LH had a higher BMI (Chi Square = 78.09; $p = 0.000$; MR = 322.62; $p = 0.000$), greater AC (MR = 331.29; $p = 0.000$) and greater PCN (MR = 268.04; $p = 0.016$) i.e., worse nutritional status, hence we may infer that less literate people presented risks to a state of optimal health.

Conclusions: The results show that the increase in literacy for health represents a decrease in BMI, AC and PCN. LH is therefore assumed to be one of the interdependent determinants of multifactorial causality of nutritional status with repercussions on the state of health. Thus, including promotion of LH is pertinent in the strategic development of Portuguese public health.

Keywords: Literacy for health. Nutritional status.

ADOLESCENTS HEALTH LITERACY IN THE PORTUGUESE CONTEXT: THE CRADLISA PROJECT (HLS-EU-PT)

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Introduction: Health literacy (HL), a relevant social determinant of health, is seldom considered at early ages, like adolescence. HL research focus on adults in health care settings and has mainly made use of health definitions restricted to a disease oriented meaning.

Objectives: The purpose of this research is to explore the potential of existing tools to measure adolescents HL (CrAdLiSa project) on the development of comprehensive instruments that may help path the way to health promotion initiatives. Special focus is given to HLS-EU-PT, the portuguese version of the European Health Literacy Survey instrument (www.literacia-saude.info) that has been validated to measure HL in the Portuguese context.

Methods: A quantitative and qualitative explanatory cross-correlated study based on a sample of 138 adolescents from the southern of Portugal was collected in a school setting, after ethical procedures were followed.

Results: Reliability analysis of HLS-EU-PT dimensions show an internal consistence (Cronbach's alpha coefficient) of 0.938 (Health Care), 0.945 (Disease Prevention) and 0.947 (Health Promotion), while the global instrument presents a value of 0.974. Inadequate HL (2.1%) and problematic HL (32.9%) show that about 35% of respondents have limited HL.

Conclusions: The results enhance the reliability, validity, internal validity, statistical validity longitudinal and linguistic validity, as land marks of the translation and validation process to Portuguese of the HLS-EU survey and applied to evaluate adolescents HL. The usefulness of the HLS-EU-PT instrument can be further discussed while planning health promotion initiatives in the schools settings. Further research must consider discriminatory items potential to evaluate HL at this age with HLS.

Keywords: Health literacy. HLS-EU-PT. Adolescent health.

SYMPOSIUM: ORAL HEALTH IN CHILDREN AND ADOLESCENTS: A PUBLIC HEALTH ISSUE

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Incorporate Communications

DENTAL ANXIETY – THE IMPORTANCE OF ITS MANAGEMENT IN DENTAL APPOINTMENTS AND THE INFLUENCE ON CHILDREN'S ORAL HEALTH

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Introduction: The management of dental anxiety in children during a dental appointment is essential to the further success of dental treatments and to reduce the negative impact on child's oral condition.

Objectives: Assess levels of anxiety expressed by children during dental treatments and the degree of pain described in the same clinical context, in order to relate them with previous experiences and other etiologic factors.

Methods: A cross-sectional study was conducted in a sample of 59 children from 8 to 14 years, who attended the Pediatric Dentistry appointments at the Dental Clinic of the Portuguese Catholic University in Viseu, Portugal. Data collection was accomplished by applying a questionnaire with questions about socio-demographic and oral health variables and also included two self-reported scales to measure anxiety and pain: Faces Version of the Modified Child Dental Anxiety Scale and Wong-Baker Faces Pain Scale. The decayed, missing and filled teeth index for permanent and deciduous teeth (DMFT and dmft index) was assessed.

Results: Overall, 76% of the sample showed slight anxiety. Children between 8 and 11 years have a higher level of anxiety compared to those aged over 12 years. It was shown the impact of previous negative experiences in subsequent appointments ($p < 0.001$), in addition to increased susceptibility to pain ($p < 0.01$). The injection of local anesthesia has been shown responsible for 90% of anxiety and pain symptoms in children. Regarding oral condition, there was no relation between anxiety and the DMFT and dmft indexes.

Conclusions: Anxious and uncooperative behaviour in the pediatric dental appointments occur in early ages. Additionally, the more invasive dental procedures are associated with higher expression of anxiety and pain.

Keywords: Dental anxiety. Pain. Self-reported scales. Pediatric dentistry. Oral health.

DENTAL CARIES RISK ASSESSMENT IN A PORTUGUESE SAMPLE OF 6-YEAR-OLD SCHOOLCHILDREN

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Introduction: The National Program for the Promotion of Oral Health defines a set of goals, in terms of oral health, recognizing the importance of assessing the risk of dental caries.