



Professional competences of the physiotherapists in the field of mental health in Portugal: a questionnaire based survey

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Material and methods: We performed an observational study with inclusion of thirteen male patients with coronary heart disease, 53.8 ± 8.2 years old who were admitted to the Department of Cardiology of Hospital Garcia de Orta and referred for CRP. The HRQoL was assessed with the short form-36 (SF-36) questionnaire. METS were calculated using the Bruce protocol when patients performed exercise stress test, body mass index (BMI) and waist circumference was measured, at initial physical examination. All subjects signed an informed consent. This study followed all the principles of Helsinki Declaration.

Results: The mean value for BMI was 28.3 ± 4.0 kg m⁻², waist circumference 102.6 ± 14.8 cm and METS 9.99 ± 3.14 . There was a positive correlation between BMI and waist circumference ($r = 0.87$; $p = .001$); between waist circumference and METS a negative correlation was observed ($r = -0.59$; $p = .040$). The domain physical functioning score from SF-36 was positively correlated with METS ($r = 0.65$; $p = .010$), and was negatively correlated with waist circumference ($r = -0.60$; $p = .020$). The lowest mean values of SF-36 scores observed were vitality (63.1 ± 20.4), and general health (56.8 ± 22.5).

Discussion and conclusion: As expected subjects with higher BMI had also higher waist circumference. Patients with better perception of physical function were those with lower waist circumference and who had better performance in exercise stress test. These results are in accordance with previous studies [4]. We can conclude that waist circumferences and METS could be good CRP effectiveness predictors on these patients. Once it is expectable to achieve decreases in waist circumferences and increase METS after CRP, with improvements in physical function perception.

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Professional competences of the physiotherapists in the field of mental health in Portugal: a questionnaire based survey

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ABSTRACT

Introduction: In 2001 the World Health Organisation made the following statement: "the Mental Health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries" [1]. In Portugal, the focus on this issue arose in 2017 when a national program for Mental Health was created stating that "people are living more years, but with disabilities on the area of Mental Health, which implies an overload for society" [2]. Currently, the importance of the role that Physiotherapy has in this field is demonstrated by the World Physiotherapy Day 2018 campaign held by World Confederation of Physical Therapy, which was centred on the theme "Physiotherapy and Mental Health" [3]. The role of the Physiotherapist in Mental Health aims to promote the welfare and autonomy of people with physical dysfunctions associated with mental diseases and use physical stimuli to influence Mental Health [4]. The purpose of this study is to characterise the professional profile of the Physiotherapists working in Portugal in the field of Mental Health.

Materials and methods: This is questionnaire online-based survey. An online questionnaire was sent to institutions, hospitals, centres where official records showed physiotherapists working in the field of Mental Health. The questionnaire was divided in 2 parts: socio-demographic information and questions related to Mental Health practice and training. The questionnaire was answered by 18 physiotherapists, which had an average age of 38 years (± 10.4) and 94% were female ($n = 17$). All the participants gave their informed consent.

Results: All the respondents have at least 3 years of continuous work in Mental Health field and 50% ($n = 9$) of them have experience for more than 5 years. Physiotherapists intervene daily with a minimum of 3 patients and 56% ($n = 10$) of them work within a multi-professional team. Concerning education, 78% ($n = 14$) of the physiotherapists stated that the theme of Mental Health was insufficiently addresses during the bachelor degree. More than 70% ($n = 12$) of the physiotherapists declared that have none or a little support to their clinical practice concerning training, guidelines.

Discussion and conclusions: Training in mental health during bachelor is insufficient and coincident with the information provided by the coordinators of the 19 physiotherapy degrees in Portugal. The recommendations collected in the questionnaire, highlight the main aspects that should be addressed within the mental health theme in the basic training of physiotherapists. Moreover, the physiotherapists working in the field report urgent needs of formation.

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Psychosocial aspects in temporomandibular disorder: clinical case report

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ABSTRACT

Introduction: Temporomandibular disorders have a considerable prevalence, with a significant impact on physical and psychosocial factors [1]. It contributes to high socioeconomic costs, which are generally associated with comorbidities such as depression and other psychological factors [2,3]. The Diagnostic Criteria for Temporomandibular Disorders is based on a bi-mechanical model of pain with two axes: physical signs and symptoms (axis I) and psychological factors (axis II). Psychological factors such as catastrophizing pain, psychic distress, guiding beliefs, beliefs related to painful perception, depressed or anxious mood, and passive coping are all related to an increased pain perception, increased levels of disability, in patients with chronic pain with temporomandibular disorders [3,5]. Psychosocial factors were also identified as predictors of treatment outcome in patients with temporomandibular disorders [6]. We consider that somatic awareness is an important sensory-discriminative factor to be taken into account in this group of patients. The aim of this case study is to analyse if the identification of psychosocial aspects contributes in controlling the temporomandibular symptoms.

Material and methods: A case study of a 25-year-old female patient with generalised headache, generalised myofascial pain (III) in the head and neck region, self-reported awake and sleep bruxism and important psychological factors related to catastrophic pain and anxiety, all described during the initial interview. The patient can positively correlate beginning of the manifestation of the painful symptoms with relevant psychosocial and drastic, in her own words, family changes. Pain intensity and headache are measured with numeric pain rating scale (NPRS) and the patient is submitted to one session of physical therapy per week. The treatment plan consisted of cognitive-behavioral therapy with a first appointment based on education, habits recognition and modification, the patient was medicated with muscle relaxants and off label gabapentine, physiotherapy and psychotherapy. All the assumptions of the Helsinki Declaration have been fulfilled and an informed consent for clinical case of Clínica Dentária Egas Moniz approved by the ethic commission of Instituto Universitário Egas Moniz.

Results: Three months after (12 sessions of physical therapy) the beginning of the treatment plan, the biggest breakthrough was the ability of the patient to identify psychological situations that trigger the exacerbation of pain. The patient referred absence of headache, a significant reduction of myofascial pain (I) located in the masseter and in the temporal of about 70% of the pain scale and changed from myofascial pain to local myalgia.

Discussion and conclusion: Psychosocial factors are frequently present in patients with temporomandibular disorders and their evaluation, grading and consequent intervention become important for the prognosis and resolution of the case. The assessment of psychosocial aspects should be considered in all patients with temporomandibular disorders in order to analyse, case by case, whether they are relevant for controlling their symptoms. It will be important to carry out an experimental study with a larger sample to verify whether the obtained results point in the same direction.

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