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## Accessing the potential impact of education about cancer screening programs: a pilot before and after study

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### ABSTRACT

**Introduction:** In the context of the Public Health curricular unit, students were requested to choose a relevant theme within the scope of public health and to develop a field study involving the community and ideally draw an intervention impacting on their well-being. We identified breast, cervical and colorectal cancer as a priority [1]. Our aim was to evaluate the citizens' knowledge about screening and then subsequently to raise their awareness of the importance of screening. Our ultimate goal was to increase knowledge by providing written information on the theme.

**Materials and methods:** We conducted a pilot before and after study aiming to involve 10% of the estimated sample (700 adult individuals; for an 11% increase [2], 5% Type I and 20% type II errors using *Sample Size Calculator*) living in the municipalities of Almada, Santarém and Lisboa. To evaluate their knowledge, we developed a 20-item questionnaire containing statements to be rated using a 4 point Likert scale, scored for a maximum of 80 points. We assessed knowledge at baseline and 48 h following the intervention. The intervention consisted of the delivery of a flyer containing general information on cervical cancer, breast cancer and colorectal cancer prevention and early detection means. Data analysis resorted to paired samples *t*-test using IBM SPSS Statistics, version 25.0, considering a 95% confidence interval.

**Results:** The sample included 70 people aged between 23 and 70 years, 73% female, with 56% having university education. Most respondents considered important to engage in screening programs, at both time points (70%); however, only 56% knew where these could be sought, as opposed to 68% following intervention. Mean baseline knowledge was 63.27 points, increasing to 73.54 post intervention, i.e. 10.27 points corresponding to a significant increase of 12.37% (*p*-value  $\leq .05$ ).

**Discussion and conclusions:** Our data suggests that through a very simple educational intervention it is possible to improve the population's knowledge about cancer screening programs, with impacts exceeding previously reported studies [2]. We should acknowledge our sample is limited (10%) and probably biased as educational levels reported were quite high. This apparent limitation, however, suggests we may even produce greater differences targeting our intervention at lower literate individuals. Future studies should focus on the link between knowledge and behaviour as the literature suggests intention may have a role in mediating this association [3].

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## Management of clinical relevant drug-drug interactions with antipsychotics in nursing homes

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**ABSTRACT**

**Introduction:** Antipsychotics (APs) have been linked to several clinically relevant drug-drug interactions (leading, e.g. to QT-prolongation, torsades de pointes) but little is known about their management in nursing homes residents. Our aim was to characterise clinically relevant drug-drug interactions involving APs and to assess their prevalence in nursing homes residents.

**Materials and methods:** We conducted a cross-sectional study in two nursing homes in Portugal. Patients were included if they were older  $\geq 65$  and prescribed at least one AP (registered in medical charts). Interactions were identified using Drug Interaction Chequer (Medscape [1]) and supplemented with the summary of product characteristics (SmPC) when deemed necessary. Clinical relevant interactions were defined as serious or contraindicated interactions according to Medscape tool. Data were analysed using univariate statistics (Microsoft Excel 2016).

**Results:** A total of 59 patients ( $83.7 \pm 7.1$  years) were analysed, 79.7% ( $n = 47$ ) females. A mean of  $1.6 \pm 0.7$  antipsychotics were prescribed/patient, mostly on a regular basis (61.0%;  $n = 36$ ). The majority were exclusively prescribed atypical APs (59.3%;  $n = 35$ ), 28.8% ( $n = 17$ ) simultaneously atypical and typical APs and 11.9% ( $n = 7$ ) prescribed only typical APs. Nearly 90% ( $n = 52$ ; 88.1%) of patients reported interactions with APs, (mean =  $2.9 \pm 2.3$ /patient). A total of 169 interactions with APs were found, mainly with antidepressants (27.2%;  $n = 46$ ), benzodiazepines (22.4%;  $n = 38$ ), and other antipsychotics (10.6%;  $n = 18$ ). The majority of AP-drug interactions (83.4%;  $n = 141$ ) were classified as "to be closely monitored", mostly due to the sedation effect (56.7%;  $n = 80$ ). Quetiapine was the AP most often involved in interactions (45.6%;  $n = 77$ ), where 9.1% ( $n = 7$ ) were considered "serious". Haloperidol also registered 37 interactions (21.9%), four of which resulted in increased QTc interval (10.8%).

**Discussion and conclusions:** Data showed that one third of patients had clinically relevant AP-drug interactions. Future work will include the development of a user-friendly booklet on clinical relevant drug-drug interactions in elderly patients using APs, expected to contribute to enhanced patient safety and a more rational use of medicines.

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**Oral anticoagulation on patients with atrial fibrillation: are we doing a good job?**

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**ABSTRACT**

**Introduction:** Atrial fibrillation (AF) is one of the major causes of stroke and cardiovascular morbidity in the world [1]. Oral anticoagulation (OAC) with vitamin K antagonists (VKAs) or non-VKA oral anticoagulants (NOACs) reduces the risk of such events in AF patients [1–3]. Our aim was to evaluate if AF patients were correctly hypocoagulated and the prevalence of acute ischaemic stroke (IS) and acute transient ischaemic attack (TIA) among these patients.

**Materials and methods:** A cross-sectional study was undertaken in a Portuguese hospital in Beja in the last three months. Patients (aged 18 years or older) with previous history of AF admitted to internal medicine ward were included. Data was extracted from medical charts, which included sociodemographic and clinical variables. To assess if patients were correctly medicated or in need for OAC, we calculated CHA<sub>2</sub>DS<sub>2</sub>-VASc (if  $< 2$ : no need for OAC; if  $\geq 2$  (male) or  $\geq 3$  (female): need for OAC), assessed renal function (creatinine value; creatinine clearance using Cockcroft-Gault Equation), INR, and the type of OAC and doses. The informed consent of the subjects and acceptance of the study protocol by a local ethics committee has been obtained. Data analysis was performed using univariate statistics (IBM SPSS v.20.0).

**Results:** A total of 150 patients were included, with a mean age of  $81.8 \pm 7.7$  years old and 52.7% ( $n = 79$ ) were female. Almost half of the sample was not on OAC (48.0%,  $n = 72$ ). From the ones on OAC, 60.3% ( $n = 47$ ) were on NOAC, with apixaban as the most prescribed drug (55.3%;  $n = 26$ ), followed by rivaroxaban (31.9%;  $n = 15$ ). A considerable proportion of patients was using warfarin (38.5%;  $n = 30$ ). Almost 60% of the cases were incorrectly hypocoagulated, either due to