

3. ADULT HEALTH

WHAT'S THE PERCEPTION ABOUT DIGNITY DURING A DISEASE SITUATION? – SYSTEMATIC REVIEW OF LITERATURE

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Introduction: Although there exists much literature that refers to the term dignity, the common use of this concept seems confuse and does not clarify its meaning (Gallagher et al, 2008) (Jacelon, Connelly, Brown, & Proulx, 2004).

Objectives: So, based on the initial search about the studied variables in previous works, it was outlined the next main question: What's the perception about your dignity during a disease situation?

Methods: The systematic review is a method that has being used incrementally in scientific studies, evaluating an existing dataset so it obtains scientific information that is synthetic and rigorous about a given topic according to a set of defined criteria (Munoz et al, 2002).

Results: Three studies were found, these studies share the qualitative method, which proved the most adequate to the exploitation of a reality influenced by the experimentation of each person. The communication is very important in the caretaking process. The sick person realizes both verbal and nonverbal communication and it interferes with the efficiency of the therapeutic process. It is important that the sick person realizes that the practitioner is with him and plays a crucial part in the care process. Indeed, it is clear that patients' allocate their "dignity guardian" to the nursing staff. Dignity is a person's fundamental right.

Conclusions: As a conclusion of this systematic review, it appears that the maintenance of the patient's dignity is crucial in the care process. It interferes with the patients' health. The patient demands that the role he plays as a patient doesn't overlap, the role he plays as a person. The sick person may be vulnerable; however it is the nurse's job to promote its dignity, reflecting with the patient about the best way to be taken care of.

Keywords: Dignity. Patient. Concept.

CHARACTERIZATION OF THE LIPID PROFILE OF PATIENTS POST-ACUTE MYOCARDIAL INFARCTION

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Introduction: The high LDL-cholesterol (LDL-C) is major risk factor for Coronary Artery Disease. As secondary prevention, the European Society of Cardiology, advocate LDL-C levels < 70 mg/dl in post-Acute Myocardial Infarction (AMI). Thus it was considered appropriate characterize the lipid profile of patients who have suffered AMI.

Objectives: 1) Characterize the lipid profile of patients post-AMI; 2) determine patients % with LDL-C < 70; 3. Determine patients % with statin prescription.

Methods: Study: observational, descriptive, cross-sectional; Population: Unit's patients who diagnosed AMI; Inclusion Criteria: medical contact ≥ 1 in 2013; AMI until 31/12/2012; Exclusion Criteria: lipid data outdated.

Results: Of 15677 Unit's patients, 0.57% (n = 90) had AMI, 58 users (72.4% ♂) were included, with average age of 65.9 (± 12.8) years.

Objetivo 1: Total Cholesterol (TC) (mg/dl): CT > 190-24,1%; CT between 155-190-44,8%; CT < 155 - 31,0%; LDL-C (mg/dl): LDL-C > 115-20,7%; LDL-C between 100-115-17,2%; LDL-C between 70-100-41,4%; LDL-C < 70-20,7%; HDL-cholesterol (HDL-C) (mg/dl): HDL-C ♀ > 45-62,5%; HDL-C ♂ > 40-59,5%; Triglyceride (TG) (mg/dl): TG <150-65,5%. **Objetivo 2:** 20,7% has LDL-C < 70, all patients medicated. Of 79.3% with LDL-C > 70 6.5% (n = 3) have not prescribed statin. **Objetivo 3:** 94,8%. The statin more prescribed was Rosuvastatin 10 mg (29,1%).

Discussion: The majority of the sample has CT between 155-190 (44.8%), HDL-C ♀ > 45 (62.5%), HDL-C ♂ > 40 (59.5%) and TG < 150 (65.5%). The LDL-C reduction, namely < 70, is the most notable factor in secondary prevention, however, only 20.7% do that. Despite the benefits of statins in post-AMI secondary prevention, they are not prescribed in whole sample (94.8%).

Keywords: Acute myocardial infarction. LDL-C. Statin.

ATTITUDES TOWARDS DISEASE SYMPTOMS: PROCESS OF HEALING AND DOCTOR/PATIENT RELATIONSHIP

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Introduction: In this communication we present the results of an investigation which aimed to build a typology of attitudes towards disease symptoms and the identification of symbolic references involved in the process of healing and doctor/patient relationship.

Methods: For the construction of this typology we used the results of the second edition of the European Social Survey. The samples used are representative of 26 European countries. We used different statistical techniques: Cluster Analysis, in order to identify different profiles of behaviour in relation to a set of symptoms of disease, and Principal Component Analysis to analyse the symbolic references for the process of healing and doctor/patient relationship.

Results: [Profile 1] This profile includes 23.2% of the sample, and it is constituted by people who consult exclusively a doctor when confronted with disease symptoms. [Profile 2] The second profile, corresponding to 39.5% of respondents, consists of individuals who show a more moderate demand for medical care, compared to the previous profile. When facing disease symptoms, these individuals rely mostly on the physician, but also recourse to other health professionals, with particular relevance to the pharmacist. [Profile 3] Individuals who are classified in this profile tend to look for advice, in most situations, with friends or family, and corresponds to 18.6% of respondents. [Profile 4] This is a profile which involves 18.7% of respondents and comprises individuals who reveal an attitude of passivity against the symptoms.

Conclusions: The results demonstrate the existence of different patterns of behaviours associated with social and cultural factors related to the condition of individuals.

Keywords: Attitudes. Illness. Doctor. Symptoms.

PRACTICES AND ATTITUDES TOWARDS MEDICINE CONSUMPTION AMONGST THE PORTUGUESE POPULATION

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Introduction: The way different social groups interpret disease status constitutes a determinant factor of differentiation in the demand and consumption of drugs. In this communication we

define a typology of attitudes towards symptoms of disease as well as different practices in the consumption of drugs in each of the profiles.

Methods: This is a quantitative descriptive and explanatory study with a probability sample of the Portuguese population (2050 cases) based on the results of the European Social Survey (round 2).

Results: We have identified four groups of attitudes towards disease status. The comparison between the four groups showed the existence of statistically significant differences respecting the agreement with the use of drugs by healthy people (χ^2 KW(3) = 66.217; $p < 0.001$). We have also found the existence of statistically significant differences regarding the regular use of previously prescriptive drugs to herself/himself in each of the profiles of attitudes towards disease ($\chi^2(3) = 8.13$; $p = 0.043$). Respecting to self-medication practices (consumption of medication prescribed for others), we observed that it is most common among individuals who tend use informal support networks when facing disease symptoms (χ^2 KW(3) = 65.278; $p < 0.001$).

Conclusions: The results show that self-medication practices in Portugal are relatively common, although it may vary according to the profile of attitudes towards the disease symptoms. The results demonstrate the existence of an individual appropriation of expert logical therapeutic management. However, this trend assumes different proportions depending on how one interprets disease.

Keywords: Attitudes. Illness. Medication. Symptoms.

EVALUATION OF HEART FAILURE'S THERAPY IN THE PATIENTS OF OUR FAMILY HEALTH UNIT (FHU)

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Background: The European Society of Cardiology created a guideline for the treatment of Heart Failure (HF). Due to this importance, was decided to study our patients' medication, based on this guideline.

Objectives: Patients with HF: 1-Under adequate therapy with ACEinhibitor/ARB+BB; 2-With ACEinhibitor+digoxin and AF; 3-With ACEinhibitors/ARB+BB+mineralocorticoid receptor antagonist (MRA); 4-With ACEinhibitor/ARB+BB+MRA+Ivabradine.

Methods: Study observational, descriptive, cross-sectional in patients ≥ 18 years old from our FHU, with ≥ 1 consultation since 2012, HF in class II-IV and ejection fraction (EF) $\leq 40\%$. Exclusion criteria: patients without ECG, ionogram or renal function values.

Results: From 12224 adult patients, 1.12% have HF and we included 125 patients (64% ♀). Mean age of 77.59 years. 36% have Atrial Fibrillation (AF). 29.6% of the patients meet the 1st goal. The others (70,4%): 9.09% are without ACEinhibitor/ARB; 62.5% (n = 55) without BB (from these 36,36% have COPD); 20.45% are without ACEinhibitor/ARB and BB (from these 16.67% have COPD); 5.68% are medicated with ACEinhibitor, but have contraindication (CI) (20% have Creatinin > 2.5 , 80% have K^+ > 5); 2.27% are medicated with BB, despite CI (50% have asthma, 50% have FC < 60 bpm). 20% of the patients meet the 2nd goal. 5.6% meet the 3rd, but in 16% the MRA was introduced early. None of the patients meet the 4th objective, despite of 4.8% are medicated with Ivabradine.

Conclusions: 29.6% have adequate therapy. In 20% of AF patients (7.2% of the sample), the therapy is also appropriate. From the patients without adequate therapy, 92.05% haven't started the

recommended therapy yet (ACEinhibitors/ARB+BB), the others started but with CI. In 20.8% of the sample the medication (MRA and Ivabradine) was introduced early.

Keywords: Heart failure. Digoxin. Ivabradine. Beta blocker.

INFORMAL CAREGIVING IN EXTREME OLD AGE: A UNIQUE EXPERIENCE?

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Introduction: The increasing number of old people, particularly of centenarians, has enhanced the attention of health professionals to study their specific care needs. Caregiving can be a positive experience but also a straining one with negative impact on the caregivers' health.

Objectives: This study aims to explore differences between family carers of individuals aged 100+ yrs (group 1) and family carers of younger individuals aged < 90 yrs (group 2).

Methods: A sample of 106 informal caregivers was considered (48 caregivers of old people from the Caring at Home project and 58 caregivers of centenarians from the Oporto Centenarian Study). Information on sociodemographic aspects, on the caregiving experience (e.g. length of care, relationship with person), and the caregivers' mental health (selected items from the SF-12v2) were obtained.

Results: Informal caregivers of group 2 were younger (Mage 52,0 yrs; SD = 9.9 vs Mage 65.6 yrs; SD = 7.2), both groups were mostly constituted by women (93.1% in group 1, 91.7% in group 2), married (63.8% in group 1, 77.1% in group 2) and had the support of a secondary caregiver (91.4% in group 1, 70.2% in group 2). Significant differences between groups were only found for "vitality" ($\chi^2 = 13.267$; $p = 0.01$), with group 1 showing better results.

Conclusions: This is a preliminary comparison of informal caregivers of centenarians with informal caregivers of younger individuals. More research is needed to deepen these findings, namely the reasons that might be under the observed differences and its potential consequences for the care provided.

Keywords: Informal caregiving. Centenarians. Mental health.

SELF-MEDICATION IN A NORTHERN TOWN OF PORTUGAL

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Introduction: Self-medication is defined as the consumption of a drug without guidance or prescription of competent professionals, in which the patient decides that the product will be used.

Objectives: To determine the prevalence and frequency of self-medication; characterize the therapy used, reasons, verify the occurrence of undesirable effects and knowledge about the risks; and to determine associated factors.