



# Atención Primaria

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## PARALLEL SESSIONS: ORAL COMMUNICATIONS

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#### 1. ADULT HEALTH

##### CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

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**Introduction:** Non-invasive ventilation (NIV) is the application of a ventilatory support without resorting to invasive methods. Today it's considered a credible therapeutic option, with enough scientific evidence to support its application in various situations and clinical settings related to the treatment of acute respiratory disease, as well as chronic respiratory disease.

**Objectives:** Characterize patients undergoing NIV admitted in Unit Intermediate Care (ICU) in the period from October 1<sup>st</sup> 2015 to June 30<sup>th</sup> 2016.

**Methods:** Prospective study conducted in ICU between October 2015 and June 2016. In this study were included all patients hospitalized in this unit (ICU) and in that time period a sample of 57 participants was obtained. As data collection instruments we used a questionnaire for sociodemographic and clinical data and the Braden scale.

**Results:** Participants were mostly male 38 (66.7%), the average age 69.5 ± 11.3 years, ranging between 43 and 92 years. They weighed on average 76.6 kg (52 and 150), with an average body mass index of 28.5 kg/m<sup>2</sup> (20 to 58.5). With skin intact 28 (49.1%) with abnormal perfusion 12 (21.1%), with altered sensitivity 11 (19.3%) and a high risk of ulcer on the scale of Braden 37 (65%). The admission diagnosis was respiratory failure 33 (57.3%) and had different backgrounds. We used reused mask 53 (93.0%), the average time of NIV was 7.1 days (1-28), 4.8 days of hospitalization (1-18) and an average of 7.8 IPAP pressure. 11 (19.3%) of the participants developed face ulcer pressure.

**Conclusions:** The NIV is used in patients with advanced age, obesity, respiratory failure and high risk of face ulcer development.

**Keywords:** Patients. Noninvasive ventilation.

##### TELEPHONE SUPPORT LINE OF RHEUMATOLOGY DEPARTMENT: A 4.5 YEARS EXPERIENCE

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**Introduction:** In many health services in developed countries, the telephone support has been used as an innovative approach to providing care and answering questions by nurses, developing especially in specific areas such as rheumatology (Brown et al., 2006).

**Objectives:** To analyze the profile of users and the main reasons of patients that uses the Telephone Support Line of Day Hospital and early arthritis consultation of the CHUC Rheumatology Department, EPE.

**Methods:** This is a retrospective descriptive-correlational study with a convenience sample of 448 calls. For continuous variables we used the t-student test, for dichotomous variables the  $\chi^2$  test and, finally, we performed a cluster analysis by the TwoStep Cluster method through the log-likelihood distance.

**Results:** Users have an average age of 44.8 years being predominantly male (58%). The cluster analysis allowed to create three groups whose profile shows that the cluster 1 (n = 96/21.4%) are formed by "older" adults that need to clarify mainly doubts about the results of auxiliary examinations tests (AET)/prescriptions and side effects/complications; the cluster 2 (n = 232/51.8%) are formed by young adults that call to change appointments and mainly to clarify doubts on the results of AET/prescriptions; finally, the cluster 3 (n = 120/26.8%) are formed by "middle age" adults that want to clarify doubts about medication and disease management.

**Conclusions:** Incoming calls cover a wide range of ages and all kinds of rheumatic diseases. This study allows us to identify in which groups it is necessary to make a more detailed educational

## THERAPEUTIC REGIMEN MANAGEMENT IN NURSING HOMES

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**Introduction:** Increased life expectancy associated with the improvement of living conditions, technological development and improvement of health care, as well as the decrease in birth rates, results in a double population aging. This set of factors, which is also associated with an increased incidence and prevalence of chronic diseases tend to worsen in the coming years and its impact on financial, social and health systems has put added problems of resource management and sustainability of nursing homes.

**Objectives:** To identify chronic diseases and characterize the therapeutic regimen of older people in nursing homes; Identify differences in the therapeutic regimen between nursing homes.

**Methods:** Cross-sectional study, descriptive correlational, held in the nursing homes of the Northern Health Regional Administration, area of influence. This is a sample of 1,131 older persons and 12 nursing homes, representative of the population and proportional by district considering a 95% confidence interval and a 3% margin of error.

**Results:** The elderly are aged between 65 and 102 years, mean 83.7 years. Majority are women, widows with low education. Most have relevant medical history, 80.6%, and chronic diseases, 97.1%. The complexity of the therapeutic regimen is on average 4.55 (SD = 1.80). Among the nursing homes there are significant differences in the variety of drugs, the number of doses, and the number of drugs to take as well as the complexity of the regimen.

**Conclusions:** The management of medication in nursing homes should receive special attention from nurses, because the older people's therapeutic regimen is complex and the risk of errors and adverse effects related to the preparation and administration of medication is high.

**Keywords:** Therapeutic regimen. Nursing homes.

## A MICROBIOLOGY STUDY OF THE SURGICAL SITE INFECTION, AT A HOSPITAL IN NORTHERN PORTUGAL

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**Introduction:** Surgical site infections (SSIs) remain a major clinical problem in terms of morbidity, mortality, time spent in hospital and overall direct and indirect costs.

**Objectives:** To measure the prevalence of the SSI, by type of surgery and microbiologically characterization, in adult patients undergoing surgery during 2015 at a public hospital in northern Portugal.

**Methods:** A prospective study, attended by 609 adult patients, undergoing surgery. The sociodemographic and clinical data of the population, as well as the surgical procedure and microbiological study were analyzed using Microsoft Access 2013.

**Results:** In the sample of 609 adults undergoing surgery, it was found that 62.89% of surgical wound were cleaned, 15.8% were clean-contaminated, 8.70% were contaminated and 9.36% infected. About 62.52% of the intervened patients had antibiotic prophylaxis prior to surgery. Out of all surgeries, 33.3% were laparoscopic. The percentage of SSI was 5.74%; In these positive cases, only 3.61% was identified the responsible bacteria. The urgent surgeries have

more infections when compared to the programmed ones. In colon surgery the number of infections was 60% after cholecystectomy (22.86%). In hernioplasty, infection occurred in only 2.86% of the patients. The most isolated bacteria was *Escherichia coli* with 59%, in which 30% are  $\beta$ -producing-lactamases of extended spectrum, followed by *Pseudomonas aeruginosa* (13.6%) and *Serratia marcescens* (13.6%). The mortality rate was 14.8%. *Pseudomonas aeruginosa* was isolated in 3 of 4 patients who died.

**Conclusions:** The most microorganisms belong to the group of Gram-negative and are usually linked to infections associated with health care.

**Keywords:** Surgical site infections. Type of surgery. Antibiotic resistance. Infectious agent.

## THE SPIRITUAL DIMENSION OF THE HOSPITALIZED CHRONICALLY ILL

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**Introduction:** Spirituality is a human characteristic often seen as the link between the loss of hope and the meeting of a new meaning for life. Spirituality and religion are considered by many authors as important resources that can help to overcome a crisis and suffering. As nurses we have the professional interest, moral and ethical to understand the spiritual dimension of hospitalized chronically ill, which will provide better care.

**Objectives:** Understand how the hospitalized chronically ill experiences spirituality and how this correlates with sociodemographic, family and clinical variables.

**Methods:** This is a triangulated descriptive correlational and cross-sectional study with a sample of 307 patients with chronic conditions admitted in surgical services, cardiology, gynaecology, internal medicine and outpatient department of a hospital in the central region of Portugal. Data were collected between January and June 2013 through a questionnaire that includes the APGAR family scale, and a Spirituality Scale.

**Results:** We found that most of the participants has a high "spirituality" ( $p = 0.001$ ). Age is positively correlated with spirituality and predicts 10.4% of the spiritual and religious beliefs. The highest levels of spirituality are significantly influenced by the perception of the absence of formal or informal support ( $p = 0.003$ ), unemployment ( $p = 0.000$ ), familiar functionality ( $p = 0.005$ ) and with a positive thinking about the disease that causes more suffering ( $p = 0.000$ ). On the other hand, participants with "academic titles" were those who have shown the lowest levels of spirituality ( $p = 0.005$ ).

**Conclusions:** The spiritual dimension of the hospitalized chronically ill proves to be highly present in their lives, and influenced by several factors.

**Keywords:** Nursing. Spirituality. Chronic disease.

WITHDRAWN ABSTRACT