

RSP Revista de Saúde Pública

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IPLeiria International Health Congress

09^{and} 10, MAY 2014

CHALLENGES & INNOVATION
IN HEALTH

Abstracts

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FUNCTIONAL AND COGNITIVE DECLINE IN HOSPITALIZED ELDERLY

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Introduction: Hospitals can be a strange environment and sometimes hostile to elderly patients and that will accrue in the same person the effects of normal aging and the effects of bed rest and hospitalization. Although necessary, hospitalization can lead to complications not related to the initial health problem, increasing length of stay, changes in quality of life and increased morbidity and mortality.

Objective: Assess the impact of hospitalization on functional and cognitive decline in elderly patients.

Methods: A descriptive and correlational study was conducted. Functional and cognitive status was measured at admission and discharge, using the Functional Independence Measure (FIM) and the Mini-Mental State Examination (MMSE), in elderly patients with gastroenterological and respiratory disorders admitted in an internal medicine unit.

Results: Were included 51 elderly (75.53±7.16 years), 53% women, with a length of stay of 14.27±6.45 days. Results show a significant decrease of scores from admission to discharge in FIM ($t=3.78$; $p=0.00$), FIM cognitive ($t=4.14$; $p=0.00$), FIM motor ($t=3.24$; $p=0.041$) and in MMSE ($t=5.47$; $p=0.00$). Negative correlations between age and length of stay and the scores of all measures were found. Better scores, with significant differences between means, were obtained by the participants living at home when compared with institutionalized ones (FIM $t=2.30$; $p=0.039$ vs $t=2.45$; $p=0.03$; MMSE $t=3.26$; $p=0.002$ vs $t=3.42$; $p=0.001$).

Conclusions: Hospitalization contributes to a greater weakness/frailty of the elderly and is considered high risk for decline in physical fitness and cognitive function. This study highlights the importance of assessment of functional capacities in elderly patients.

Descriptors: Cognitive decline, Functional decline, Elderly, Hospitalization, Institutionalization.

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USER SATISFACTION WITH PRIMARY HEALTH CARE: AN ANALYSIS OF THE EMERGENCY CARE ATTENDANCES

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Introduction: In Brazil, patients seek urgent or emergency units without the need of urgent or emergency assistance.

Objective: We aimed to analyze user's satisfaction of Primary Health Care (PHC) in Ribeirão Preto, SP, Brazil, by analyzing the medical records in Emergency Care Units (ER).

Methods: Qualitative study. The scenario of investigation were the five ER, one for each of the five Health Districts in the city. We selected 20 users (4 for each ER) that were not in emergency situations to be interviewed. We used semi structured interview to research aspects related to access to health services at PHC, the user's satisfaction to the health assistance, the resolution of the presenting health problem, reason for seeking the ER and comprehensiveness of health care system. The interviews were recorded, transcribed, interpreted and analyzed by the researcher.

Results and Conclusions: Results showed that users reported receiving proper care and attention when seeking the PHC but the delay in appointment scheduling and referrals to medical specialties, that can last many months, were frequently reported complaints, leading to the increase of the number of appointments at the ER as it has 24 hours assistance and more technology. Furthermore, they reported that in ER appointments the attendances are quicker and they are only treated for the actual health complaint but there is no complete resolution of their health problem. We have observed these same complaints in the 5 ER in the city. We concluded that the users understand the importance of primary care for follow-up health but have great difficulties in getting proper assistance.

Descriptors: Public health; primary health care; user satisfaction; health services accessibility; emergency medical services.

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