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Keynote lectures

S1

The role of practice-based research in stimulating educational innovation in healthcare

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Background
Practice-based research is not uncommon in healthcare. In fact, the way nurses and doctors train is through extensive and intensive practice [1]. In other words, practice-based research has been used to gain new knowledge partly by means of practice and the outcomes of that practice [2]. Practice based research networks have also been gaining on importance in healthcare as ways of addressing research questions informed by practicing clinicians. They aim to gather data and improve existing practices of primary care [3], practice-based research is not only about gaining new knowledge via practice and improving existing practices.
Objective
In this presentation/paper I explain and highlight the role of practice-based research as an instrument for educational innovation in healthcare sciences.
Methods
I used interview excerpts and examples of projects related to healthcare at different universities of applied sciences in the Netherlands and Germany (also known as polytechnics in Portugal) to advance the role of practice-based research in educational innovation. This type of research is an integral part of teaching and curricular assignments in the healthcare settings in the Netherlands and Germany, and particularly at universities of applied sciences. I emphasized how practice-based research can improve and enrich the curricula, while at the same time, building necessary skills of future healthcare professionals and improving practices in already existing healthcare institutions.
Results
I show that practice-based research is in fact short term problem-oriented research which serves educational purposes by upgrading students' and teachers' skills and knowledge of the profession and dynamics in the work environment; which also has the potential to improve company products or design solutions and at the same time contribute to local and regional innovation in professions and profession related institutions [4-5]. Its role is multidimensional and dialectic insofar it serves multitude goals and is accomplished in dialogue among relevant stakeholders [6]. Practical suggestions for healthcare educators and practitioners in designing their curricula to incorporate the basic elements of this practice-based research are also offered in this presentation/paper.
Conclusions
Practice-based research is more than knowledge acquisition via practice. Its role and goals expand to enriching educational curricula with a more comprehensive engagement of external and professional stakeholders, at the same time contributing to student soft and professional skill development and solving stakeholder problems or optimizing services and products at local or regional levels.

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Keywords
Practice-based research, Short term, Problem oriented, Healthcare, Universities of applied sciences.

S2

Is sexuality a right for all? Sexual revolution in the old age

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Background
"Do not you think your grandmother has sex? What happens with old gays? Why does a kiss between two elders tenderizes us and we do not think it is erotic" (interview, Ricardo Iacub, 2018). It still impacts us, and what do we do with it? Do we let it pass? Do we encourage them?
Throughout the centuries, sex has been postulated as the impulse that gives life to people. This word, of Latin origin, has always aroused much interest in society and in all stages of life; but it must be differentiated from "sexuality", because it contemplates various aspects among which it is found; sex, identities and gender roles, eroticism, pleasure, intimacy, reproduction and sexual orientation [1-6]. Sexuality is a vital dimension that is present in all stages of life, at least since adolescence. It contributes significantly to health and quality of life and is, moreover, a right recognized by international organizations such as the World Health Organization (WHO) [4, 7-9].

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the other hand, mothers educational level (p = 0.001) and the number of older children (p = 0.018) presented a statistically significant relationship with BF duration.

Conclusions

Our study did not establish a correlation between maternal age and BF duration which contradicts other findings [1–3] and can be explained by pregnancy and childbirth postponement nationwide [4]. In relation to mothers' educational level, we verified a statistically significant relationship with BF duration, being that the mothers who detained a higher level of education, breastfed longer [1,5–7]. As for marital status, we did not verify a statistically significant relationship with BF duration, which is in line with a recent Portuguese study [5] but differs from other international studies [2,3] that refer that married mothers breastfeed longer. This difference can be explained by cultural differences and by the paradigmatic change of the women's role, concept of marriage, and a diversity of forms of family life (great increase in unmarried couples). We also verified an increasing tendency in BF duration with the increase of the number of older children [6,7], but it was not lowest in primiparous women which contradicts other findings [6,7]. This may be clarified, once again, by the sociodemographic changes in the last decade in Portugal that include population ageing, an increasing tendency for families with an only child [4] and the great investment in parenthood and child well-being. Health care professionals should consider that sociodemographic characteristics are in constant change and so is its relation to health. These findings help health professionals to identify who may be most vulnerable to early weaning and allows them to explore expectations and develop a care plan accordingly.

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Keywords

Age, Breastfeeding, Education, Population characteristics, Population dynamics.

O84

Population analysis of cleft lip and/or palate patients treated in the Postgraduate Orthodontic Department of the Faculty of Medicine of the University of Coimbra

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Background

Cleft lip and palate is one of the most common dentofacial congenital anomalies, affecting on average 1:700 new-borns. Although the aetiology of this condition is not fully understood, it seems to be related with both genetic and environmental factors. This type of malformation may occur isolated or it could be associated with a syndrome. When compared with the general population, cleft lip and palate patients present in a larger number, a series of dental anomalies in number, size and tooth shape.

Objective

Analyse in a population of cleft lip and/or palate patients a number of anatomical and sociodemographic characteristics.

Methods

The study included 60 patients referred to the Postgraduate Orthodontic Department of the Faculty of Medicine of Coimbra by the Children's Hospital during the year of 2015. All data related to patients was obtained through a meticulous and thorough orthodontic exam (medical history, cast models, intra and extra oral pictures and radiographic exams).

Results

Of the 60 patients included in the study, 65% were of male gender. Patients with 11 years of age were the most prevalent ones (5-22 years of range). The most common anomaly was unilateral lip and palate cleft (63%). Maxillary endognathy was present in 75% of the cases. 74% of the patients presented at least one dental agenesis being the upper lateral incisor the more common one.

Conclusions

Cleft lip and palate is more frequent in male individuals and seems to be associated with conditions like maxillary endognathy and dental agenesis, with orthodontic treatment being required in these patients.

Keywords

Cleft lip and palate, Dental agenesis, Maxillary endognathy.

O85

Drug use in pregnant women of Mirandela, Macedo de Cavaleiros and Bragança

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Background

The use of drugs during the gestational period is a subject of great concern, once the exposure of medicines may result in toxicities with possible irreversible lesions for the foetus. In fact, drugs in pregnancy have been restricted since the accident of thalidomide. In 1979 the U.S. Food and Drug Administration (FDA) adopted the classification of drugs as the risk associated with their use during pregnancy, these being classified into 5 classes (A, B, C, D and X).

Objective

The aim of the present study was to characterize the use of drug therapy in pregnant women of Mirandela, Macedo de Cavaleiros and Bragança regions.

Methods

A cross-sectional study was performed through application of a questionnaire to 134 pregnant women in the Northeast (Mirandela, Macedo de Cavaleiros and Bragança regions) during consultation in a health centre. Descriptive statistics were used, as well as univariate and multivariate statistical analysis, with a significance level of 5%.

Results

The sample comprised a total of 134 pregnant women from the Northeast area, mostly with ages between 21 and 30 years or between 31 and 40 years (56.7% and 35.8%, respectively), holding secondary or higher education (48.5% and 42.5%, respectively) and employment (67.2%). About half of the pregnant (47.8%) were in the 3rd quarter of pregnancy. 78.4% (105 women) of the pregnant had used drugs during the pregnancy, 64.4% after medical prescription, and 71.6% have acquired the medication at the pharmacy. In detail,

the medication most used was folic acid (64.2%, 86 of the pregnant women) which belongs to class A; paracetamol from class B (35.1%, n = 47), iodine (17.2%, n = 23) and iron (14.9%, n=20), both belonging to the class A. Less reported drugs have included metoclopramide (6.0%) and Vitamin D_3 (6.0%), from Class C and Class D, respectively. It is important to refer that 12.7% of the women had a chronic disease and 2.2% had an acute disease during pregnancy. Diseases more reported were asthma and diabetes.

Conclusions

In the present study, the use of drugs in pregnancy was independent of the education level, chronic or acute disease, locality, marital status, employment status, gestational period and health centre. The drugs most used by pregnant women belong to class A (18.5%), class B (25.9%) and class C (33.3%) and the less used belong to class D and X. Supplements such as folic acid, iodine and iron and the analgesic paracetamol were the most reported.

Keywords

Pregnancy, Drug therapy, Risk, Disease.

O86

Knowledge representation about self-management of medication regime in Portuguese Nursing Information Systems

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Background

The use of a standardized language in nursing supports the nursing science and contributes to the management of the discipline's own knowledge [1, 2]. Nurses can control, practice, and teach only what they can name. The documentation of care in Nursing Information Systems in Portugal is based on the international classification for nursing practice (ICNP®) [3].

Objective

The purpose of this study is to describe and specify nursing diagnoses centred on the clients' knowledge for self-managing the medication regime in chronic diseases.

Methods

Exploratory study. All nursing documentation, concerning all health centres and public hospitals, customized in the Portuguese nursing information System-SAPE® (2012) and in SClinico® (2016) was subject to content analysis. Content analysis of nursing documentation was based on ICNP® terminology. After conducting content analysis, the material was validated by a group of 14 nursing experts.

Results

A set of nursing diagnoses related to the person's knowledge on the medication regime management were specified. Knowledge refers to the development of the client's informational content about how to manage his medication regime. These diagnoses focus on the potential to improve knowledge about: self-management of the medication regime; medication regime; response to medication and side effects of medication; health services; complications and preventing complications of compromised self-management; and the use of devices to facilitate drug intake.

Conclusions

The specified diagnoses reflect nursing care needs that nurses document in the Portuguese nursing information systems, related to medication self-management. These results are contributes to the formalization of nursing science's knowledge in the field of self-care of people living with chronic diseases.

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Keywords

Self-management, Knowledge, Nursing Diagnoses, Nursing Information Systems.

O87

Illness perceptions, beliefs about medicines and medication adherence in hypertension

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Background

Hypertension constitutes the most prevalent modifiable cardiovascular risk factor and a major risk factor for cognitive decline and dementia. Antihypertensive medication is essential to minimize the consequences of the disease, stressing the need for a high adherence to treatment to achieve hypertension control. Illness perceptions and beliefs about medication have been identified as important determinants of treatment adherence.

Objective

To identify patients' perceptions on hypertension and beliefs about antihypertensive medication and assess associations between these beliefs and medication adherence.

Methods

63 hypertensive patients, 69.8% females, 54-95 years (M = 69.02; SD=10.07), 96.8% diagnosed for more than one year and with antihypertensive medication prescribed completed the Revised Illness Perception Questionnaire (IPQ-R), the Beliefs about Medicines Questionnaire (BMQ-Specific) and a medication adherence measure (Medida de Adesão aos Tratamentos – MAT).

Results

Most of the patients perceived hypertension as a chronic (100%), cyclical (96.8%) condition, which can be controlled by medication (96.8%) and behaviour (90.5%), presented strong beliefs in the necessity of medication (96.8%), but also strong concerns about the consequences of taking it (87.3%). Patients reported a high level of adherence to medication (M = 5.41; SD = 0.55 on MAT, 7 as highest possible score) and low frequency of non-adherent behaviours. Significant positive correlations were found between necessity scale (BMQ) and hypertension timeline (acute/chronic) ($rs(63)= 0.34$; $p < 0.01$), treatment control ($rs(63)= 0.43$; $p < 0.01$), emotional representations ($rs(63)= 0.50$; $p < 0.01$) and between concerns scale (BMQ) and hypertension consequences ($rs(63)= 0.26$; $p < 0.05$); timeline (cyclical) ($rs(63)= 0.46$; $p < 0.01$), emotional representations ($rs(63) = 0.32$; $p < 0.05$). Significant negative correlations were found between concerns scale and personal ($rs(63)= - 0.35$; $p < 0.01$) and treatment ($rs(63)= - 0.28$; $p < 0,05$) control. We also found significant negative correlations between adherence (MAT) and hypertension timeline (cyclical) ($rs(63)= -0.27$; $p < 0.05$), consequences ($rs(63)= -0.50$; $p < 0.01$) and emotional representations ($rs(62)= -0.37$; $p < 0.01$).

Conclusions

Our findings suggest that illness perceptions play a key role in the way patients cope with their illness, through the development of patient's beliefs concerning the necessity of medication and concerns about taking it, and also by directly influencing adherence to treatment. In our study, non-adherence is essentially unintentional (patients forget or are careless about treatment), what explains the lack of association between adherence and beliefs about medication, although we have found that, for the majority of subjects, concerns about taking medicines are outweighed by a belief in the necessity of the prescribed medication.