

MEETING ABSTRACTS

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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].



Keywords

Breast cancer survivors, Blogs, Health information needs, Content analysis.

O78**Visual images spectrum android classification for diabetic foot ulcers**

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Background

According to the Portuguese Society of Diabetology, about 415 million (8.8%) of the worldwide population was diagnosed with Diabetes Mellitus in 2015. Being the Portuguese population incidence of 1 million people (13.3% of the total population), with a national annual total estimated cost of 1.7 billion euros with this condition. One in each four patients of DM develop Diabetic Foot Ulcer (DFU) in their lifetime, ending some in amputations and consequently in death [1]. Furthermore, the Directorate-General of Health estimated that in 2016, the prevalence of DFU was of 11.5% in the Portuguese population [2]. Throughout the years, DFU assessment tools have been created, such as: I) scales, which depend on visual examination being highly subjective; II) invasive methods that use manual procedures for depicting the shape, area, depth and volume of wounds, that are time consuming, susceptible to human errors and can lead to wound contamination [3]; or III) non-invasive methods such as optical based techniques which provide three-dimensional information about the lesion, which are expensive, time consuming and require user training [4]. Therefore, more objective measures are required.

Objective

This research study aims to create an objective and simple methodology based in a mobile application which incorporates an algorithm that characterises DFU ulcers providing information about its area and tissue colour composition.

Methods

An Android mobile application was developed, tested and evaluated in 200 diabetic foot ulcers, after signing the informed consent and the procedure being explained to patients. The study was approved by the ethical committee of Centro Hospitalar do Porto.

Results & Conclusions

The use of this new android mobile app showed a high correlation with the traditional clinical assessment ($r^2 = 0.97$), reducing subjectivity, avoiding wound contamination probability and smaller costs when compared to conventional solutions.

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Keywords

Android, Classification, Diabetic foot ulcers, Imaging, Wound assessment.

O79**Sleep disorders in elderly: is it a problem?**

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Background

Sleep disorders are one of the most relevant clinical symptoms in adults, with increasing prevalence throughout life, reaching in large scale the elderly population.

Objective

The present study aimed to characterize sleep disorders in the elderly and its pharmacological therapy.

Methods

A cross-sectional study was performed through application of a questionnaire to 381 elderlies in pharmacies of Braga, Bragança and Porto cities. Descriptive statistics were used, as well as univariate and multivariate statistical analysis, with a significance level of 5%.

Results

Elders were most from female gender (60.1%), aged between 65 and 74 years (49.6%) and lived in rural areas (73.4%). Just 36.5% of the elderly practice physical exercise and an important amount of elderly drink coffee and tea (68.8% and 73.2%, respectively). Concerning sleep characteristics, the elders go to bed between 6 p.m. and 2 a.m. and about half of participants (52.8%) go between 10 p.m. and 12 a.m. Approximately one third had difficulty in falling asleep (38.1%), especially the elderly from the region of Bragança. During sleep, a large proportion of the elderly reported having sleep stops (78.2%) usually for 15-30 minutes and 26.5% reported waking up twice during the night. Taking into account that the time of delay to sleep is an important factor, in the present study, this was statistically related with the gender ($p = 0.003$) and with taking medication to sleep ($p < 0.001$). The same two factors are statistically related with "wake up during the night" ($p = 0.046$, $p = 0.003$, respectively). 40.7% of the surveyed elderly have been diagnosed with sleep disorders, mainly insomnia (19.7%) following by restless legs syndrome (3.4%), excessive drowsiness (2.9%) and sleep apnoea, sleep-walking and narcolepsy (about 1%). It is important to refer that among the elderly, that assume to suffer from sleep disorders, just 40.7% have been consulted by a physician. Of those who consulted a doctor, 21.3% of the elderly were advised to change their lifestyle habits, such as, to avoid heavy meals before bedtime, to establish a sleep routine, to lie down only when he/she is sleepy and to practice physical activity. Concerning the pharmacological therapy, 41.7% take medication for sleep disorders, 9% take medication without consulting a doctor, while 32.5% elderly people take medication after consulting a doctor. From

these, the most used are benzodiazepines such as alprazolam (12.5%), diazepam (8.6%), lorazepam (4.5%) and brotizolam (3.7%).

Conclusions

Sleep disorders are frequent in the elderly population. It is necessary to raise awareness in this population group, which associates sleep problems to age.

Keywords

Sleep Disorders, Elderly, Pharmacological Therapy, Sleep and aging.

O80

Physical and mental health in community-dwelling elderly: functional assessment and implications to multidisciplinary clinical practice

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Background

Disability in old age may pose barriers to the achievement of goals and the ability to carry on roles that are important to a person. Knowledge about the functional disability in physical and mental areas in old people is crucial for the planning of interventions by the health technicians.

Objective

To evaluate functional physical and mental abilities of community-dwelling elderly for planning health care and the implementation of services.

Methods

Quantitative descriptive-correlational study of the project "The oldest old: Coimbra's ageing study" PTDC/CS-SOC/114895/2009 [1]. Sample constituted by 202 elderlies from a population of 808 (three age groups: 65-74; 75-84 and ≥ 85 years old), obtained in a randomized and probabilistic trial, from the files of users of a Health Centre, after ethic commission approval. As instrument and method of data collection was used the QAFMI (Portuguese version of the Older Americans Resources and Services), to evaluate the functional status, in terms of physical and mental health. Data analysis: a) descriptive analyses on the most common pathologies, their limitation and medication consumption; b) functional evaluation using the score given by the computer software based on the model of QAFMI.

Results

As main results we point out, the pathologies with major interference in physical activities, which are chronic bronchitis, skin disease, arthritis or rheumatism, effects of stroke and circulation troubles. Related to the consumption of medication, it was observed that for the most cited pathologies (hypertension and cardiac problems) there is a great percentage of consumption. Others (arthritis or rheumatism) have a lower prescription. There was no statistically significant difference for physical health, in the comparative study between genders. There are differences between the age groups, with lower scores for the oldest. Related to mental functional abilities, there is a statistically significant difference for the diverse age groups, with an increase of impaired capacity for the oldest. For the whole of the sample gender differences exist, being worst scored the women.

Conclusions

Women and the oldest, in general, appear as the ones that present lower functional physical abilities. The classification by

the QAFMI model, regarding the area of mental health, reports the approach of cognitive decline and perception of memory loss. Like in other studies, differences were found between genders, resulting in worse scores for women.

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Keywords

Elderly, Community-dwelling, Functional assessment, Physical health, Mental health.

O81

Adherence to therapy in elderly

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Background

In recent decades, the elderly population has grown significantly, leading to an increase in the number of chronic diseases and, consequently, to an increased need for polymedication for disease control. Polymedication means the use of multiple medications, which can cause adverse reactions/drug interactions that increase depending on the number of medications administered. In elderly with high number of pathologies associated or not with age, complex therapies are instituted which may lead to non-adherence to therapy. This situation can impair the aim of treatment, worsen the disease, add errors to diagnosis and treatment itself, or even lead to therapy failure.

Objective

The objective of the present study is to assess the adherence to therapy in elderly institutionalized during the day and investigate the main factors that influence it.

Methods

The study was conducted with the collection and processing of questionnaires, consisting of 3 parts: demographic characterization (e.g., age, gender, marital status); therapeutic characterization (amount of daily medications and treatment regimen) and evaluation of adherence to therapy by adapting the scale of measurement of adherence to treatment (MAT). The study sample was made up of 51 elderlies institutionalized during the day.

Results

It was observed that 98% of seniors join the instituted therapy: 37.3% showed a level of 5 therapeutic membership, approximately 49% showed a level of accession of 6 and only 14.9% expressed below. Of the factors studied as susceptible of influencing therapeutic membership, it was only found that oblivion is the conditioning factor associated with the recommended therapy ($p = 0.047$), affecting the levels of membership.

Conclusions

The results obtained allowed to conclude that the high levels of membership can be associated to the fact that the elderly were institutionalized during the day, having support available. Another possible explanation is the fact that the same live with family, being also accompanied during the night.

Keywords

Adherence to therapy, Elderly, Polymedication, MAT.