



## 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  $69.5 \pm 11.3$  years, ranging between 43 and 92 years. They weighed on average 76.6 kg (52 and 150), with an average body mass index of  $28.5 \text{ kg/m}^2$  (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

by professionals, in particular on the treatment and care conditions with the disease, and an indispensable need for the adhesion process and the continuity of health monitoring.

**Objectives:** To identify the educational needs of PLWHA.

**Methods:** Qualitative study developed in the Specialized Care Services (SAE) to PLWHA in the city of Ribeirão Preto, Brazil. Data were collected from May to August 2015 through semi-structured interview, applied to 26 patients with HIV/AIDS in monitoring. The interviews were recorded and later transcribed for analysis. Were used the thematic analysis method proposed by Bardin.

**Results:** Respondents demonstrated knowledge about the disease, but they lack information about the topics: benefits of drug treatment and side effects; new methods preventives; body care and its benefits (nutrition, physical activity, leisure, sexuality); opportunistic diseases and their rights (reproductive, labor and confidentiality of the disease).

**Conclusions:** There were the different educational needs of PLWHA. We emphasize the importance of continuity of studies on the subject, as the authors emphasize the need for greater investment in information and communication actions and review of the strategies that have been developed, focused on this subject, allowing the individual to greater ownership of knowledge to himself self-care and to improve their quality of life.

**Keywords:** HIV. Health education. Nursing.

### QUALITY OF LIFE IN INSTITUTIONALIZED ELDERLY UNDERGOING AN ACTIVE AGING PROGRAM

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**Introduction:** Living with quality is a growing concern of the old population. There is an increasing institutionalization of the elderly, and it is in this context that active aging programs assume relevance, allowing the elderly the contact with experiences that allow them to age with quality of life, by maintaining their autonomy and promoting their physical, mental and emotional well-being. This study aims to assess the quality of life of institutionalized elderly undergoing to an active aging program.

**Methods:** We have developed a semi-experimental study that considers the quantitative methodology in which the following instruments were used to measure the quality of life: Eurohis-Qol-8 (Pereira, Melo, Gameiro, & Canavarró, 2011) and Whoqol-Old (Vilar et al., 2010), to which sociodemographic and clinical questions were added. Assessments were made in two different moments, before and after the intervention program, in a sample of 37 institutionalized elderly.

**Results:** Concerning the assessment of quality of life related to health (Eurohis-Qol-8), significant higher scores were obtained in the second moment ( $p = 0.004$ ). Regarding the quality of life related to the elderly significant better scores were also obtained in the second assessment ( $p = 0.001$ ).

**Conclusions:** The results obtained allow us to conclude that using either of the measuring scales of Eurohis-Qol-8 or Whoqol-old, there is a perceived improvement in quality of life in those using the active aging program. Thus, institutionalized elderly must be the main target in the design and implementation of active aging programs.

**Keywords:** Quality of life. Aging. Active aging.

### FACTORS RELATED TO HOSPITALIZATION OF PEOPLE LIVING WITH HIV/AIDS IN BRAZIL'S INTERIOR

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**Introduction:** With the introduction of antiretroviral drugs was obtained increased survival, decreased hospitalizations and complications associated with the disease; yet observed persistent cases of hospitalization.

**Objectives:** To analyze the variables which are associated with hospitalizations of people living with HIV/AIDS.

**Methods:** Transversal study conducted in the interior of Brazil in the years 2014 and 2015. Study participants were users of a specialized clinic for people living with HIV/AIDS. Individuals over 18 years old who were taking antiretroviral therapy and attended the clinic were invited. The gathering was carried out through individual interviews. The data were organized in Excel 2010 and processed in SPSS 23.0. We used the chi-square test adopting a significance level of  $p < 0.05$ . All ethical aspects were contemplated.

**Results:** Of the 258 service users, 78 (30.2%) had been hospitalized for complications of the disease; 47 (60.3%) were men; 30 (38.5%) were over 50 years old; 44 (56.4%) had attended 5 full school years; 45 (57.7%) earned less than the minimum wage; 52 (66.7%) started treatment soon after diagnosis; 66 (84.6%) were taking two pills a day; 60 (76.9%) had no adverse effects; 60 (76.9%) had no comorbidities and 51 (65.4%) did not use drugs. The variable "occupation" was the only one that showed significance with hospitalization ( $p = 0.007$ ).

**Conclusions:** This study drew attention to the number of men over 50 years old with low education and low wages, which were hospitalized for complications of HIV; however the variable hospitalization was only statistically significant with the association with the variable occupation.

**Keywords:** HIV. Hospitalization. AIDS.

### DRUG CONSUMPTION BY PEOPLE LIVING WITH HIV/AIDS IN THE INTERIOR OF MINAS GERAIS- BRAZIL

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**Introduction:** Drug use is a global problem that affects the immune system, especially if associated with the use of antiretroviral drugs, and the possibility of increasing transmission of HIV among drug users.

**Objectives:** To identify the variables related to drug use by people living with HIV/AIDS.

**Methods:** Transversal study conducted in the interior of Brazil, in the years 2014 and 2015. Study participants were users of a specialized clinic for people living with HIV/AIDS. Individuals over 18 years old who were taking antiretroviral therapy and attended the clinic were invited. The gathering was carried out through individual interviews; the data were organized in Excel 2010 and processed in SPSS 23.0. All ethical aspects were contemplated.

**Results:** The study included 258 members, of whom 74 (28.7%) reported to use any type of drug, being 41 (15.9%) alcohol, 26 (10.1%) marijuana, 7 (2.7%) cocaine, 9 (3.5%) crack, 23 (8.9%) cigarette and 2 (0.8%) heroin. Among those who used drugs, 47 (33.4%) were men, 31 (36.9%) 20-39 years old, 36 (28.6%) up to 5 years of school, 36 (37.9%) more than a minimum wage per month. 41 (27.7%) had