



# Atención Primaria

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## PARALLEL SESSIONS: POSTERS

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#### 1. CHILD AND ADOLESCENT HEALTH

##### MANDATORY REPORTING OF CHILD AND ADOLESCENT ABUSE BY GENERAL PRACTITIONERS IN A STATE OF BRAZILIAN NORTHEASTERN

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**Introduction:** Violence against children and adolescents is an unequal power relationship. The Brazilian Child and Adolescent Act adopt a strategy of safety and protection of all suspected cases of abuse.

**Objectives:** The aim of this paper is to analyze the system of general practitioners (GPs) notification for child and adolescent mistreatment throughout Ceará State, Brazil.

**Methods:** A structured questionnaire was given to 227 general practitioners in 85 cities across the state. A quantitative analyze was done. The research was conducted in accordance with recognized ethical standards and national/international laws.

**Results:** The professional average age is 35.7 years (Standard Deviation = 12.2). The GPs have been working on primary healthcare less than 05 years (51.5%). The results illustrate that the majority of GP had no training on child/adolescent mistreatment notification (73.6%), but knew the Child and Adolescent Act (72.7%). GPs that trust in protection agencies of child and adolescent are the majority (70.8%) and do not feel under threat by the State (75.8%), for this reason they know how to forward the child/adolescent mistreatment cases (64.2%). Among 227 GPs participants, 53,1% affirmed that they had identified cases of child abuse in their careers (53.1%), nevertheless, just 52.6% of these occurrences of abuse had notified.

**Conclusions:** These findings show that as less training GPs are, less notification of abuse problem they do. This is under the Brazilian National Health System (SUS) expectation and an abuse notification system on the SUS must be done, looking for changes on the GPs notification.

**Keywords:** Child abuse. Notification. Primary healthcare.

##### INVESTIGATION AND ANALYSES OF THE CAUSES OF INFANTILE DEATHS IN THE CITY OF MANAUS, AMAZONAS-BRAZIL, IN 2012

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**Introduction:** Data of the United Nations for the Childhood Fund (UNICEF) demonstrate a reduction in the infant mortality taxes in Brazil in the last two decades. However the monitoring of this indicator is necessary, because this translates the situation of health of a população.

**Objectives:** In this work, academics and tutors of the nursing and medicine courses of the University of the State of Amazonas-Brazil (UEA) accompanied the professional work of the Municipal General office of Health of Manaus/Amazonas-Brazil (SEMSA-Manaus), with the objective of living actions related to the surveillance in health in the scope of the infant mortality.

## HEALTH IN ELDERLY: AN INTERGENERATIONAL APPROACH

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**Introduction:** The health in elderly is not only a problem, but also a question of social and familiar integration and its relationships management, between them. In fact, to the successful ageing, it seems crucial the development of good and healthy interactions between grandparents and grandchildren.

**Objectives:** To assess the relationship between grandparents and grandchildren's to achieve well-being and health in familiar context.

**Methods:** This is a quantitative, descriptive and exploratory cross-correlated study, with a probability convenience sample of 426 respondents (57.5% females, 42.5% males), made during 2012-2014 school years. The evaluation protocol includes sociodemographic questions, the scale of interaction between grandparents and grandchildren (Castañeda et al 2004) and the functions of grandparents (Rico et al 2001).

**Results:** We found that the relationships between grandparents and grandchildren may influence significantly the information exchanged ( $p = 0.000$ ). However, this does not apply to functions and characteristics of grandparent's roles ( $p = 0.069$ ). Nevertheless, the perception of well-being seems to be higher in those who extendedly interact with regularity with grandchildren ( $p = 0.000$ ), consolidating their role and its own existence.

**Conclusions:** The results enhance the need to be involved. In fact, the interaction and dependence on one another emotional and instrumental contribute to a fulfilled life, with positive consequences on the psychological well-being and health of the intervenients.

**Keywords:** Health. Elderly. Well-being. Successful ageing.

## POLYPHARMACY IN INSTITUTIONALIZED ELDERLY IN NURSING HOMES OF NORTHERN PORTUGAL

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**Introduction:** The polypharmacy is a growing problem, especially in the elderly population due to chronic diseases requiring the simultaneous use of drugs. This issue has become worse due to the increasing aging of the world population.

**Objectives:** To characterize drug therapy, polypharmacy and possible interactions in institutionalized elderly, as well as polypharmacy associated factors.

**Methods:** This cross-sectional and correlational study, had a sample of 155 elderly ( $\geq 65$  years) polymedicated ( $\geq 3$  drugs) and institutionalized in nursing homes in northern Portugal districts (Porto, Vila Real and Viseu). Data were obtained by consulting the clinical files. Beers list and the Delafuente classification were used to evaluate the therapeutic and possible interactions. It was used descriptive statistics, the Kolmogorov-Smirnov and ANOVA tests, with a significance level of 5%.

**Results:** The sample consisted mainly of females elderly (69% vs 31%), aged between 65 and 99 years (mean 83.73), while 34.2% was between 85-89 years old. On average, 6.85 different drugs are administered per day, and antihypertensives are the most prescribed (71.0%). According to the list of Beers, 0.6% of seniors take drugs that should be avoided wherever possible and 10.3% takes drugs rarely appropriate. According Delafuente, we find 13 possible drug interactions. Only age seems to be associated with the number of drugs administered daily ( $p = 0.017$ ), older between 80-84 years are those who consume more.

**Conclusions:** Regarding polypharmacy there was an average of about 7 different drugs per day, antihypertensives the most prescribed. We identified 13 possible drug interactions and about 10% of elderly taking drugs rarely appropriate. Age seems to be associated with polypharmacy.

**Keywords:** Beers L. Drug interactions. Elderly. Polypharmacy.

## ASSESSMENT OF DAILY LIVING ACTIVITIES IN A GENDER PERSPECTIVE: A STUDY OF OLDER PEOPLE FROM LOUSÁ

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**Introduction:** The silent transformation in the demographic system is considered to be a strong threat to public health, because of its economic costs. Although the association recurrently made between the loss of functional capacity and aging, studies have emerged reporting that the life expectancy without disability presents a wide variability in the world, including by gender. The existence of inequalities in socioenvironmental scenarios is indicated as responsible for the variability in how populations are aging. There are significant differences in the way men and women experience and perceive their aging process.

**Objectives:** To evaluate daily living activities in a gender perspective.

**Methods:** The current study has a cross-sectional design. Participants were men and women ( $N = 300$ ) and inclusion criteria were age equal or higher than 60 years old ( $M = 74.03$ ;  $SD = \pm 8.5$ ) and the absence of cognitive impairment. The Portuguese version of the OARS (2009) was used for data collection. Preliminary checks were conducted to ensure that there was no violation of ANCOVA assumptions.

**Results:** AVD's differences for gender were analyzed controlling for age with one-way analysis of covariance. It was concluded that there are significant differences on the level of independence between gender (FANCOVA = (1.294); 10.271;  $p = 0.001$ ) and between age groups (FANCOVA = (2.294); 43.021;  $p < 0.001$ ).

**Conclusions:** Although women live longer, they experience higher levels of dependence and needs of care and support. Since quality of life depends on trails we cross throughout our life, we suggest social and health strategies that ensure the empowerment of citizens in order for them to benefit from a better quality of life regardless of gender.

**Keywords:** AVD. Gender. Aging.