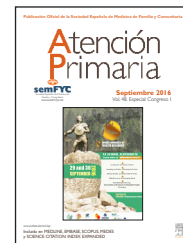


# Atención Primaria

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## PARALLEL SESSIONS: ORAL COMMUNICATIONS

### 3<sup>rd</sup> World Congress of Health Research

Viseu - Portugal, 29-30 September 2016

## 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 ± 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 kg/m<sup>2</sup> (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

factors associated to tobacco, with the economic consequences of rising health care costs, and productivity breakdown of those who become ill. Health professionals play an important role fighting this scourge, especially when they are active part as non-smokers, being the example crucial. It is crucial that these can quit while still students. Universities where health courses are taught have, therefore, an important role in this strategy.

**Objectives:** This work was intended to assess behaviours and attitudes of students of the Coimbra Health School, in order to implement an intervention program to reduce the smoking habit in students of 12 health courses taught.

**Results:** We found a population of 16% smokers and 6.9% ex-smokers. All were presented the same 8 questions, whose answers have been addressed by age, gender, attended course and academic year in which they are. There's the question: do you agree with the restrictions of smoking in school, the oldest (over 26 years) are the most concordant (96.4%) and are also those who answer that they would like the school to be more proactive in helping those who want to quit smoking (100%); In the division by gender, women are the most restrictive of the habit (82.4%) and the ones that agree more with repressive measures. In the division by school year, it is the 3<sup>rd</sup> year (of 4) that refers more discomfort with tobacco.

**Conclusions:** Despite the low number of smokers, there is room to a more interventionist program by the school, aiming at a higher restriction of the smoking habit and an increased promotion of giving up smoking.

**Keywords:** Tobacco. Health students. Smoking habit.

#### DIFFERENCES BY GENDER IN BARTHEL INDEX CHANGE AFTER STROKE: A RETROSPECTIVE STUDY IN THE NORTHEAST PORTUGAL

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**Introduction:** Foreseeing functional recovery after stroke plays a crucial role in planning rehabilitation programs.

**Objectives:** To assess differences over time in functional recovery assessed through the Barthel Index (BI) rate of change (BIRC) between admission and discharge in stroke patients.

**Methods:** This is a retrospective hospital-based study of consecutive patients with acute stroke admitted to a hospital in the Northeast Portugal between 2010 and 2014. BIRC was computed as the difference between the admission and discharge BI scores divided by time in days between these assessments. General linear model analysis stratified by gender was used to know whether there was an increase in BIRC during time period under study. Adjusted regression coefficients and respective 95% confidence interval (95%CI) were obtained.

**Results:** From 483 patients included in this analysis 59% (n = 285) were male. Among women, mean BIRC was 1.8 ( $\pm$  1.88) units/day in 2010 and reached 3.7 ( $\pm$  2.80) units/day in 2014. Among men the mean BIRC in 2010 and in 2014 were similar being 3.2 ( $\pm$  3.19) and 3.1 ( $\pm$  3.31) units/day, respectively. After adjustment for age, BI at admission, type and laterality of stroke we observed an increase in BIRC over time among women such that mean BIRC in 2014 was 0.82 (95%: 0.48; 3.69) units higher than the one observed in 2010. No such increase in BIRC over time was observed among men.

**Conclusions:** We observed an improvement in functional recovery after stroke but only among women. Our results suggest differences over time in clinical practice toward rehabilitation of women after stroke.

**Keywords:** Stroke. Gender. Barthel Index Change.

#### HEALTH PROMOTION MODEL OF MOYRA ALLEN AND NOLA PENDER - AN INTEGRATED APPROACH TO CLASSIFIED LANGUAGE

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**Introduction:** New health policies are focused on citizen's empowerment as an health care customer. Nurses mobilize technical, scientific and relational skills to identify and understand problems, to promote partnership in the implementation and management of a care plan appropriate to customer needs, using a classified language which allows to judge the health gains sensitive to their care. This paper aims to integrate the classified language proposed by International Council of Nursing, International Classification Nursing Practice (ICNP), with the Health Promotion Model (HPM).

**State of art:** Nurses have, over time, supported their intervention on models representing health and disease, on models that explain behaviour changes and on theories and/or theoretical nursing models. ICNP "is an assessment tool to describe nursing practice" (PNA, 2003).

**New perspectives:** The HPM aims to help nurses to understand the behaviour of the main determinants of health, which are the basis for behavioural counseling in healthy lifestyles promotion (Pender, 1996). ICNP helps documenting the standardized care provided to customers and is designed to be an integral part of global information infrastructure, which aims to improve care quality throughout the world (APE, 2003).

**Theoretical and practical implications:** Heydari and Khorashadizadeh's findings (2014), show that the HPM is feasible and useful to provide information to intervention's development, to avoid accidents and diseases risk factors, to develop changes in practices and health promotion activities.

**Conclusions:** Although HPM isn't a recent model, its use on clinical practice helps to understand health problems and guides to the solutions that meet customer needs and interests, contributing unequivocally to their empowerment.

**Keywords:** Health promotion model. Nursing. ICNP version 2.

#### NURSES HOSPITALAR EMPOWERMENT

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**Introduction:** In Nursing, the empowerment concept has been used and analysed on the academic literature, with particular interest to health organization's bosses and managers. The nurses perception about empowerment in health organizations is highlighted, becoming determinant in organizational results, professional autonomy, individual and collective power gains and patient cares.

**Objectives:** Evaluate nurses' perception about empowerment (psychologic and structural) and identify the factors influencing such perception and its consequences.

**Methods:** Quantitative and correlational descriptive study, recurring to the application of the scales "Conditions of Work Effectiveness Questionnaire-II" and "Psychological Empowerment Instrument", applied to 269 nurses with hospital functions, 76.6% of the female gender, average age of 40.36 years old, 68.8% licentiates, 16% post-graduated, 14.5% with masters-degree, 19.7% with a professional experience between 20 and 24 years and 34.2% working in the service for less than 5 years.

**Results:** The perception of psychological empowerment is related to the structural empowerment perception. Older nurses and nurses with longer professional exercise time revealed greater com-