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CHALLENGES & INNOVATION
IN HEALTH

Abstracts

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MEDICATION ADHERENCE AND CARDIOMETABOLIC CONTROL IN TYPE 2 DIABETES

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Introduction: Diabetes mellitus type 2 is a disease that affects 12.9% of individuals in Portugal and whose control is difficult to achieve. Non-adherence to diabetes treatment is probably one of the causes of uncontrolled diabetes.

Objective: The aim was to assess medication adherence in type 2 diabetic patients and its relation to the cardiometabolic control.

Methods: A descriptive cross-sectional study with 43 patients was performed through the application of a validated questionnaire and collection of cardiometabolic and anthropometric parameters.

Results: The mean age of patients was 62.02±12.0 years, with 60.5% male. The mean BMI was 28.40±4.07 kg/m² (pre-obese), and the mean waist circumference for men was 101.35±12.21 cm and 92.35±17.13 cm for women. The values of systolic blood pressure in most patients (90.7%) were uncontrolled, but 63% had values of diastolic blood pressure controlled. The mean value of total cholesterol was 196.98±41.15 mg/dL, about 72.1% had not a LDL cholesterol level controlled, but 60.5% had a HDL cholesterol level controlled. The metabolic syndrome was present in 67% of these patients. The mean of preprandial blood glucose was 164.23±74.088 mg/dL, with HbA1c mean value of 7.995±1.65%. About 74.4% of the patients had uncontrolled HbA1c. These patients were taking an average of 4.19±2.26 drugs, and the mean of medication adherence was 5.63±0.58 (“good adherence”) with 67.4% of patients with “completely adherence”. Medication adherence was not associated with cardiometabolic control (p>0.1).

Conclusions: It was possible to conclude that despite some cardiometabolic parameters are uncontrolled there may be other factors than medication adherence involved on the glycemic control of diabetic patients.

Descriptors: cardiometabolic control; medication adherence; type 2 diabetes.

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EVALUATION OF TRIHALOMETHANES AND ALUMINUM IN DRINKING WATER IN THE NORTHWEST OF PORTUGAL

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Introduction: Safe water for human consumption is defined by the World Health Organization (WHO) as water that does not cause a significant hazard to human health during its consumption.

Objective: The aim of this study was to evaluate the levels of trihalomethanes (THM) and aluminum in the drinking water of the District of Bragança, in order to understand the importance of periodicity these analyzes and the risks to the health of the populations that have been supplied by this water.

Methods: The THM and aluminum in drinking waters, 233 and 230 samples respectively, were analyzed in Public Health Laboratory of Bragança, in northeast of Portugal between January 1996 and April 2005, according to the guidelines of European Directives of 1980 and 1998. The THM concentration was determined by gas-liquid chromatography and aluminum concentration was determined by atomic absorption spectroscopy.

Results: The THM were determined in 233 samples, of which only two showed a concentration greater than the Maximum Acceptable Value (MAV=150 µg/L), from reservoirs of the region of Moncorvo. This value represents a minority (0,9%), compared to the total number of analyzed samples. The determination of aluminum was performed in 230 samples, of which 11.3% exceeded the MAV=200 µg/L. The region of Mogadouro exhibited the major number of samples (n=10) with concentrations above the MAV.

Conclusions: Individuals that consumed this water with high levels of THM and aluminum in particular the individuals of the regions of Moncorvo and Mogadouro, may be associated with several potential health risks.

Descriptors: trihalomethanes; aluminum; drinking-water; chemical contaminants; District of Bragança.

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