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09^{and} 10, MAY 2014

CHALLENGES & INNOVATION
IN HEALTH

Abstracts

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435

POLYPHARMACY IN THE ELDERLY: THERAPY ADHERENCEIsabel C Pinto^{1,a}, Maria I Ribeiro^{11,b}, I. Geraldo^{111,c}, S. Novo^{111,d}, M. Reis^{111,e}, D. Rocha^{111,f}¹*Departamento de Tecnologias de Diagnóstico Terapêutica. Centro de Investigação e Intervenção no Idoso. Escola Superior de Saúde do Instituto Politécnico de Bragança. Bragança, Portugal*¹¹*Centro de Estudos Transdisciplinares para o Desenvolvimento. Universidade de Trás-os-Montes e Alto Douro. Unidade de Investigação para o Desenvolvimento do Interior. Instituto Politécnico da Guarda. Instituto Politécnico de Bragança. Bragança, Portugal*¹¹¹*Escola Superior de Saúde. Instituto Politécnico de Bragança. Bragança, Portugal*

Introduction: The elderly population has been growing significantly, leading to an increased prevalence of chronic diseases and consequent taking medication. Polypharmacy is the chronic and simultaneous use of different drugs by the same individual, and the elderly are the more susceptible. The complex therapies of elderly can lead to therapy non-adherence, increasing several health risks.

Objective: This study aimed to estimate the prevalence of polymedicated elderly, evaluate therapy adherence and associated factors, and check the differences among non-institutionalized elderly and users of day centers.

Methods: This cross-sectional study was based on a questionnaire, validated for the Portuguese population based on the Morisky scale, applied to 200 non-institutionalized elderly and 68 under day centers, of interior and coastal counties of northern Portugal. It was considered as poly-medicated seniors taking ≥ 4 drugs. To assess therapy adherence, those whose average adherence levels were ≥ 3.5 , were called adherent.

Results: The sample was predominantly polymedicated (59%) and shows high therapy adherence (95%), the average number of different drugs daily ingested was about seven. Elderly of coastal, show superior levels of therapy adherence than those of interior county ($p=0.007$). Only the economic difficulties are related to non-adherence ($p=0.022$). No statistically significant differences were found between non-institutionalized elderly and users of day centers.

Conclusions: This study shows that a large proportion of elderly were polymedicated, managing an average of almost 7 drugs daily. The majority adhered to the therapy prescribed, and only the area of residence and economic difficulties were related to levels of therapy adherence.

Descriptors: Polypharmacy; Therapy adherence; Polymedicated elderly; Non-institutionalized elderly; Users of day centers.

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436

OPTIMISM, RESILIENCE AND FAMILY IMPACT IN PARENTS OF DISABLED CHILDJ. Mateus^{1,a}, S. Simões^{11,b}, H. Espírito-Santo^{11,c}, L. Lemos^{11,d}, S. Guadalupe^{11,e}, D. Guerreiro^{11,f}, M. Marques^{111,111,111,g}¹*Instituto Superior Miguel Torga. Coimbra, Portugal*¹¹*Centro de Acolhimento João Paulo II. Coimbra, Portugal*¹¹¹*Instituto Politécnico de Leiria. Leiria, Portugal*¹¹¹*Escola Superior de Desporto de Rio Maior. Rio Maior, Portugal*¹¹¹*Serviço de Psicologia Médica. Faculdade de Medicina. Universidade de Coimbra. Coimbra, Portugal*

Objective: Families with a disabled child face challenges requiring reorganization/s. However, some families positively adapt to the condition. Our aims were to verify parent's resilience and optimism impact in objective/subjective overburden associated with the fact of having a disabled child; explore associations between sociodemographic variables and both overburdens; explore overburden predictors.

Methods: 80 parents of children (1 month-6 years old) followed by the Local Early Intervention Team for Children of Leiria District (mean age=36,0; SD=5,87) filled in a sociodemographic questionnaire, Life Orientation Test, Global Assessment Scale of Resilience, Family Impact Scale (assessing objective overburden) and Depression, Anxiety and Stress Scale (assessing subjective overburden).

Results: Mothers showed lower resilience and optimism levels and higher subjective overburden (depression, anxiety and stress) levels versus fathers. Since there were no differences in objective overburden by gender, we explored this overburden (family impact) association with resilience and optimism in the total sample (mothers and fathers). We found no associations. Regarding mothers, higher resilience and optimism levels were associated with depression, anxiety and stress lower levels. In men, the number of children predicts depression and father's age predict anxiety. In women, help to take care of the child and optimism predict stress.

Conclusions: Mothers experience more psychopathology and lower levels in the positive constructs, versus father, following the literature. Parent's resilience and optimism does not influence objective overburden, contrary to the expected. Mother's optimism seems to protect against stress. Early interventions must prioritize family's needs/concerns and reinforce protective aspects (resilience/optimism) promoting well-being.

Descriptors: disability, family overburden, optimism and resilience.

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