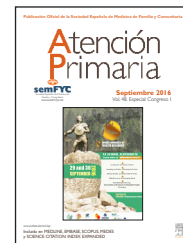


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PARALLEL SESSIONS: ORAL COMMUNICATIONS

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1. ADULT HEALTH

CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

Matilde Martins^a, Patrícia Ribas^b, Joana Sousa^c, Andreia Cunha^c, Norberto Silva^d, Teresa Correia^a

^aHealth School of Polytechnic Institute of Bragança, Sports Sciences, Health Sciences and Human Development, Portugal; ^bClinic of Arrifana, Portugal; ^cHealth School of Polytechnic Institute of Bragança, Portugal; ^dHealth School of Polytechnic Institute of Bragança, Unit of the Northeast Local Health Bragança, Portugal.

Contact details: matildemartins@ipb.pt

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 1st 2015 to June 30th 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/m² (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

Eduardo Santos^a, Andréa Marques^b

^aAssociate Research at the Portugal Centre for Evidence-Based Practice (PCEBP): a Collaborating Centre of the Joanna Briggs Institute - Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESENFC); ^bRheumatology department, Centro Hospitalar e Universitário de Coimbra, EPE.

Contact details: ejf.santos87@gmail.com

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 χ^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

PERCEIVED BARRIERS TO HEALTHY EATING BY UNIVERSITY EMPLOYEES' AT THE WORKPLACE

João Lima^a, Sofia Costa, Teresa Brandão^b, Ada Rocha^a

^a*Faculdade de Ciências da Nutrição e Alimentação da Universidade do Porto, Portugal*; ^b*CBQF - Centro de Biotecnologia e Química Fina - Laboratório Associado, Escola Superior de Biotecnologia, Universidade Católica Portuguesa, Porto, Portugal.*

Contact details: nutricionista.joalima@gmail.com

Introduction: Several studies concluded that individuals who identified a higher number of barriers for healthy eating correspond to those that have worse eating habits.

Objectives: Identify the perceived barriers for healthy eating at the workplace by University of Porto employees'.

Methods: A cross sectional observational study was conducted at the University of Porto. Participants were randomly selected. Data was obtained through the application of a self-administrated questionnaire, including questions about socio-demographic data and about barriers for healthy eating at the workplace. Data analysis was performed using the SPSS®.

Results: The majority of respondents were women (65.5%). Only 23.1% of respondents classified their diet as unhealthy at the workplace. Barriers for having a healthy diet pointed out more frequently were work commitments/lack of time, lack of healthy options, inability to prepare meals and lack of knowledge about nutrition. Men identified lack of knowledge more frequently than women ($p = 0.028$). It appears that food price is a prohibitive factor for having a healthy diet, essentially for non-teachers respondents ($p = 0.019$). The lack of areas to prepare and storage food at the workplace also seems to be more important for non-teachers ($p = 0.002$). The non-existence of healthy options for meals is also identified as inhibitory factor, with differences between teachers and non-teachers ($p = 0.013$). Respondents' educational level influence their identification of the price as a determinant for having a healthy diet ($p = 0.001$).

Conclusions: More studies are necessary in order to realize in what extent these barriers affect choices, contributing for the development of new intervention strategies to the promotion of healthy habits.

Keywords: Perceived barriers. Workers. Healthy eating.

EXPERIENTIAL AVOIDANCE IN ELITE ATHLETES: MBSR-SP PROGRAM FOR OPTIMIZING PSYCHOLOGICAL FLEXIBILITY

Bruno Carraça^{a,b}, Sidónio Serpa^b, Joan Palmi^c, António Rosado^b

^a*ARSC - I.P. ACES Dão Lafões*; ^b*FMH-Univ.Lisboa*; ^c*INEFC-Lleida University.*

Contact details: psidicas@gmail.com

Introduction: The difference between success and failure has become increasingly smaller in sport. A "third wave" approach in sport psychology, is been recently used for the first time to increase the performance level of the elite athletes with very well defined programs (Birrer et al, 2012). Study findings yielded that high-level athletes meta-awareness and effective refocusing training by mindfulness based programs were identified as important factors on performance training, psychology flexibility and competition (Solé, Carraça, Palmi, & Serpa, 2014).

Methods: 57 male participants - elite soccer players (2nd Portuguese league) were splitted in two groups ($n = 28$ experimental group and $n = 29$ control group) to MBSR-SP program. Standardized instruments were used. Changes in psychological inflexibility (pre and post-test) were measured using Acceptance and Action Questionnaire II (Bond et al., 2007; Portuguese version of Pinto-Gouveia

& Gregório, 2007). The instrument in our study revealed good internal consistency ($\alpha = 0.878$).

Results: The athletes participating in the MBSR-SP program significantly decrease the attributes related to experiential avoidance/psychology inflexibility ($t = 10.58$, $p = 0.00$) than control group.

Conclusions: Mindfulness training as a process to direct attention increases the sense of psychological flexibility, that is hopeful for high performance demands (Birrer, Rothlin, & Morgan, 2012). Further research needs to explore deeply the mechanisms through which mindfulness may influence psychological flexibility and performance and larger samples.

Keywords: Mindfulness. Experiential avoidance. Sports.

SURGICAL SITE INFECTION IN COLORECTAL SURGERY

Vera Preto^{a,b}, Maria José Alves^a, Norberto Silva^{a,b}, Matilde Martins^{a,c}

^a*Health School of Polytechnic Institute of Bragança, Portugal*;

^b*Unit of the Northeast Local Health Bragança, Portugal*;

^c*Sports Sciences, Health Sciences and Human Development, Portugal.*

Contact details: vera.preto@sapo.pt

Introduction: Surgical Site Infection is one of the most common infection associated with health care, but can also be the most preventable situation. Surgical site infection in patients undergoing colorectal surgery varies according to the literature, from 3.5 to 21.3%, being identified as the highest rate of infection among elective procedures and emergency.

Objectives: To identify and characterize the occurrence of surgical site infection in patients undergoing colorectal surgery at a hospital in northern Portugal.

Methods: A prospective study in a hospital in the north of Portugal in 2015, patients admitted to the surgical service who underwent colorectal surgery. Patients were selected more than 24 hours of admission, obtaining a sample of 102 participants. The characterization of the patient and the surgery was done using a search in the first 24 hours after surgery and the registration of the infection at the time of occurrence and 30 days after the intervention.

Results: 102 participants, 67 (65.7%) were male with a mean age of 71.92 years (37-93 years) and 40.2% underwent emergency surgery. There was a prevalence of surgical site infection in 21 patients (20.6%). Among these 15 were male (71.4%) with mean age of 72.24 years. They were hospitalized on average 22 days, with an average of 19 days of hospitalization after surgery. Escherichia-coli was the microorganism most frequently isolated in culture studies with 13 (60.0%) cases of surgical site infection and organ/space was the main site identified with infection - 38.1%.

Conclusions: The prevalence of surgical site infection was 5.1% and Escherichia coli most common etiologic agent. It is suggested that other studies can analyze the associated factors with this type of infection.

Keywords: Surgical site infection. Colorectal surgery.

NURSING IN CONTEMPORARY BRAZIL: FROM THE EXPOSED MODEL TO THE MODEL IN USE

Madalena Cunha, Zaine Fernandes, Ana Andrade

CI&DETS Health School, Politech Institute of Viseu, Portugal.

Contact details: madac@iol.pt

Introduction: Nursing education in Brazil has evolved to break paradigms in the practice of teaching with possibilities of improving the quality of teaching-learning process and of nurses' care practices.