



## PARALLEL SESSIONS: ORAL COMMUNICATIONS

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#### 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

levels, with security assuming a major role. In 2011 WHO developed "Patient Safety Curriculum Guide - Multi-professional Edition" where the flexible proposals are being integrated in the already existing curriculums.

**Objectives:** To survey the Situation of education and training in "Patient safety" in healthcare institutions (primary healthcare and hospital care), schools/universities.

**Methods:** Qualitative and retrospective studies through the analysis of the content with an exploratory approach, based on an a priori categorization. The initial structure of the approach analysis came from the analysis grid "Multiprofessional Guide Topics".

**Results:** The execution of this research allowed us to verify that healthcare professionals are properly trained to deal with patients, however there still are misjudgements and miscommunication due to the lack of education and training in patient safety. The analysis of the content from the school curriculums showed that it is given more importance to technical skills than to the non-technical skills, opposing the Multiprofessional Guide. It was concluded that there is necessity of an in-depth patient safety curriculum, theoretical and practice wise.

**Conclusions:** The European Commission (2014) identified the lack of education and training, in Patient Safety, on healthcare professionals, in Portugal. Therefore, we came across the same conclusion, patient safety should be part of healthcare providers education and training.

**Keywords:** Patient safety. Education. Training.

## REFERRALS FOR HOSPITALAR CONSULTATION REGARDING THYROID NODULES - ARE FAMILY PHYSICIANS ACTING PROPERLY?

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**Introduction:** An estimated 20-76% of the population have a thyroid nodule (TN) detectable by ultrasonography (US). According to European guidelines, biopsy is usually recommended for solid nodules exceeding 1 cm and mixed cystic-solid nodules exceeding 1,5 to 2 cm. Purely cystic nodules do not require biopsy.

**Objectives:** Characterize the referrals for hospitalar consultation of population of a Health Care Center (HCC) diagnosed with TN between 01/2013 and 12/2015.

**Methods:** Observational, descriptive and retrospective study. Analysis of referrals for hospitalar consultation of users enrolled in HCC with TN. Study variables: gender, age, ultrasonographic features of thyroid nodules and referrals' adequacy according to European guidelines. Data collected through SINUS<sup>®</sup>, SCLínico<sup>®</sup> and Alert<sup>®</sup> and processed in Excel<sup>®</sup>.

**Results:** 65 referrals were obtained. 5 excluded from study because of lack of information about TN's ultrasonographic features. 60 patients were identified, of whom 83.3% were female, aged between 22 and 83 years (mean 58.3 years). Suspicious ultrasonographic features were found in 38.1% of the nodules. Most TN that justified hospitalar referral were solid (85,7%), followed by the mixed cystic-solid (11.1%). Only 6.7% (n = 4) of all referrals did not respect the criteria established by European guidelines. These cases involved 3 patients with infracentimetric solid TN without risk factors and 1 patient with a 1 cm purely cystic nodule.

**Conclusions:** The knowledge about which TN necessitate a biopsy and which can be safely monitored or ignored may avoid unnecessary requests for hospitalar consultation and unjustified invasive procedures. This study showed that most family physicians are acting according to European guidelines for the management of TN.

**Keywords:** Thyroid nodules. Referrals. Hospitalar consultation. Ultrasonography. Biopsy.

## 22. SEXUAL AND REPRODUCTIVE HEALTH

### USE AND KNOWLEDGE OF ORAL CONTRACEPTION IN HIGHER EDUCATION STUDENTS OF POLYTECHNIC INSTITUTE OF BRAGANÇA AND OF MACAU

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**Introduction:** The oral contraception (OC), consisting of estrogens and progestogens in different dosage and combination, is one of the most used and effective contraceptive methods.

**Objectives:** The present study aimed to characterize the use of OC and evaluate the knowledge related to the effectiveness and adverse effects of this contraceptive method.

**Methods:** A cross-sectional study was performed through application of a questionnaire to 206 female students of Polytechnic Institute of Bragança (IPB) (aged  $22.8 \pm 18.0$  years) and 150 of Polytechnic Institute of Macau (IPM) with  $20.6 \pm 1.5$  years.

**Results:** The results showed that 71.4% of IPB students use OC, especially the Minigeste<sup>®</sup> or its generic, and began the consumption at 17.6 years old. For IPM students, the aged of start of use is similar (17.3 years), however the consumption is much lower (1.3%). The differences of the use between the two groups are statistically significant ( $p = 0.00001$ ). Additionally, 30.0% of the IPB students use OC for 3 to 4 years while 60.0% of IPM students for less than a year. The amount of the experienced adverse effects is equivalent in both groups (32.0% and 33.3% for IPB and IPM, respectively). The knowledge related to the adverse effects is reasonable for the two groups with 29.6% and 34.5% to IPB and IPM students, respectively. However, the knowledge about the effectiveness of OC in the IPB students is higher (very good, 41.7%) than that of IPM (very weak, 61.3%), confirmed by Student's t test ( $p = 0.00001$ ).

**Conclusions:** This study revealed that IPB students are the most users of CO and, globally, have higher knowledge about the thematic.

**Keywords:** Oral contraception. Knowledge. Use. Students.

### KNOWLEDGE, PERCEPTIONS AND ATTITUDES ON THE SEXUALITY OF NURSING STUDENTS AND TEACHERS

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**Introduction:** The personal attitudes regarding specific aspects of sexuality are of interest to practices of personal concern, as they are to practices inserted in professional roles. General attitudes towards sexuality and sexual health were evaluated.

**Objectives:** To describe the perceptions and attitudes of students and nursing teachers about sexuality.

**Methods:** We used a mixed methods design with a sequential strategy: QUAN-qual of descriptive and explanatory type. 646 students and teachers participated. The Sexual Attitudes Scale (EAS) of Hendrick & Hendrick (Alferes, 1999) and Attitude Scale Address Sexual and Reproductive Health (EAFSSR) of Nemčić et al (Abreu, 2008) were used.

**Results:** There are significant differences in the level of knowledge about sexuality depending on the sample ( $\chi^2$  KW (2) = 18.271;  $p = 0.000$ ): students of 1st year have lower levels. The profile of the four dimensions of EAS per sample is identical in all 3 samples, having responsibility the highest average value. In subscales EAFSSR per sample and sex there are significant differences ( $p < 0.05$ ) for