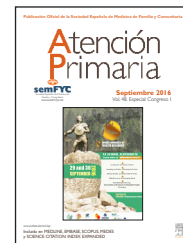


# Atención Primaria

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## PARALLEL SESSIONS: ORAL COMMUNICATIONS

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

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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

the importance of using a condom consistently and dual protection (hormonal methods and condom).

**Keywords:** Contraception. College students. Sexual health.

### THE KNOWLEDGES OF THE RESIDENTS OF ÉVORA'S UNIVERSITY CAMPUS ON HIV AND SEXUAL PRACTICES

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**Introduction:** Portugal, during the year of 2014, accentuated the tendencies to the decrease of the number of new declared cases of infection for HIV. Since the beginning of the epidemic in Portugal, 74.2% of the declared cases occurred in an age group of 20-44 and 14.6% in people over 49 years old. If the manifestations take, sometimes, a long period until its clinical diagnosis (Boyer & Kegeles, 1991). To implement prevention campaigns it's necessary to know its recipients. The knowledge of the university students on HIV is satisfactory (Jahanfar, Lye, & Rampal, 2009; Sutton et al., 2011) but it is not documented on residents of University Campus.

**Objectives:** To describe the knowledge on HIV infection of the students who live in University Residences.

**Methods:** It was done a quantitative, descriptive and transversal study. Convenience sample from 200 subjects with average ages of 21.77 years old (DP = 2.24), being 66.5% girls. The survey concerns on socio-demographic aspects, course attended and knowledge on HIV through a scale. (Zimet, 1998).

**Results:** The level of knowledge is high (M = 18.17; DP = 2.26). The students of a graduation course have bigger knowledge than the ones attending masters and doctorates graduations and other trainings, in these final ones with meaningful differences. It's the subjects who have a regular partner and that simultaneously have sexual relations with others that have weaker knowledge on HIV.

**Conclusions:** Sexual education in compulsory education, the promotion in the mass media and health education campaigns, may justify the score of the sample. However it will be necessary to find strategies to bind the knowledge to safe behaviours.

**Keywords:** University students. HIV Infection. Sexuality.

### SEXUALITY IN ADOLESCENTS: FORMATIVE INTERVENTION

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**Background:** Adolescents with access to knowledge will be able to change their attitudes and their behavior.

**Objectives:** Characterize adolescents in sexual variables; identify the knowledge about STIs and family planning; identify attitudes towards sexuality, pill and condoms; identify the motivation to have or not have sex; determine the effectiveness of an educational intervention.

**Methods:** The data collection instrument is a questionnaire with sociodemographic and sexual characteristics, attitudes to sexuality in adolescents scale (Nelas et al., 2010), knowledge about infections of sexual transmission scale (Nelas et al., 2010), attitudes towards condom scale (Ramos et al., 2008), attitudes towards pill scale, knowledge about family planning scale (Nelas et al., 2010), motivation to have or not have sex scale (Alfares, 1997).

**Results:** The sample consists of 56 students (28 in the control group and 28 in the experimental group). The control group consists of adolescents with a minimum of 13 and maximum of 17

years; the experimental group consists of participants with a minimum of 14 and a maximum of 18 years, students of older experimental group, with a mean age of 15.29. The girls in the control group showed more knowledge about sexually transmitted infections in both evaluation moments, the male adolescents, in both moments, reveal more knowledge about family planning, compared to adolescent females. The positive rates before the training intervention corresponded best rates after the training intervention.

**Conclusion:** The nurse specialist in health education should promote attitudes and necessary personal skills to adopt healthy behaviors by adolescent.

**Keywords:** Adolescents. Sexuality. Sex education. Training intervention.

### ATTITUDES OF TEENAGERS TOWARDS SEXUALITY

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**Introduction:** The area of sexuality is seen as very relevant at any stage of life, but with specific characteristics in adolescence. Attitudes, behaviors, beliefs and values related to sexuality in the life cycle stage, are factors that can influence the health of adolescents, affecting the integrity of the various levels of functionality.

**Objectives:** To know the attitudes of teenagers towards sexuality and analyze its relationship with gender and religion.

**Methods:** It is a study of quantitative approach, observational, descriptive and analytical. A questionnaire was applied on a sample of 432 adolescents aged between 14 and 18 years.

**Results:** The results show that most young people presents more liberal positions and less conservative towards sexuality positions. The girls expressed more liberal attitudes compared to boys. The girls value more affective dimension. With regard to religion, the attitudes of teenagers towards sexuality Catholics no are different from non-Catholic teens.

**Conclusions:** Although in recent years there had been changes in cultural patterns, which are reflected in a relative change of mentalities, we found that sexuality in general still remains associated with myths and taboos. Teens revealed liberal attitudes about sexuality in general, but also show fear, shame and embarrassment regarding their sexuality and embarrassment in communicating about it.

**Keywords:** Sexuality. Attitudes and adolescence.

## 23. SLEEP DISORDERS AND STRESS

### BIOFEEDBACK AND STRESS MANAGEMENT IN UNIVERSITY FIRST YEAR NURSING STUDENTS

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**Introduction:** Stress is a problem with high prevalence among higher education students, with impact on their well-being and academic performance. Limited resources require the research for cost-effective solutions (Dyson & Renk, 2006). Biofeedback has