
1st World Congress of Children and Youth Health Behaviors / 4th National Congress on Health Education

Viseu-Portugal, 23-25 May 2013

SCIENTIFIC PROGRAMME

THURSDAY 23 MAY 2013

- 08:30 **Opening of the Secretariat**
- 09:00 – 09:45 **Opening Ceremony**
- 09:45 – 10:45 **Plenary Conference 1: In the context of crisis - What policies to promote health in Portugal?**
Francisco George - Director General Health - Portuguese Ministry of Health
- 11:15 – 12:45 **Parallel Session 1**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 14:30 – 15:30 **Plenary Conference 2: The importance of communication in the field of health promotion**
M. Gaspar de Matos - WHO / HBSC (Health Behavior in School-Aged Children)
- 15:30 – 17:00 **Parallel Session 2**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 17:15 – 18:45 **Parallel Session 3**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 19:30 **Welcome reception**
- 21:00 **Theatre Session/Concert**

FRIDAY 24 MAY 2013

- 09:30 – 10:30 **Plenary Conference 3: Sexuality in schools: The importance of work in community**
Félix López Sánchez - Salamanca University - Spain
- 10:45 – 11:45 **Plenary Conference 4: A good start in life and early prevention: Policy, evidence-based programs and monitoring methods in Sweden**
Matthew X. Richardson, Anna Jansson, Pi Högberg - Swedish National Institute of Public Health
- 11:45 – 13:15 **Parallel Session 4**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 14:30 – 15:30 **Plenary Conference 5: Childhood obesity in the WHO European Region: A challenge within a context of economic crisis**
João Breda - Programme Manager, Nutrition, Physical Activity and Obesity - World Health Organization: Regional Office for Europe
- 15:30 – 17:00 **Parallel Session 5**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 17:15 – 18:45 **Parallel Session 6**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 20:00 **Congress Dinner**

SATURDAY 25 MAY 2013

- 09:30 – 10:30 **Plenary Conference 6: Non-fatal Suicidal behaviors in adolescence**
Carlos Brás Saraiva - University of Coimbra - Portugal
- 11:00 – 12:30 **Parallel Session 7**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 14:30 – 15:30 **Plenary Conference 7: Ban tobacco advertising, promotion and sponsorship: Protecting children and youth**
S. Belo Ravara - Tobacco Control Committee of the European Respiratory Society
- 15:30 – 17:00 **Parallel Session 8**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 17:15 – 18:30 **Parallel Session 9**
Symposium Session / Workshops Session / Oral Communications / Poster Session
- 18:30 **Closing Ceremony**

Organizers	
	Superior School of Health of Viseu http://www.essv.ipv.pt/
	Polytechnic Institute of Viseu http://www.ipv.pt/
	University of Évora http://www.uevora.pt/
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TO LIVE OR EXPERIENCE YOGA IN THE SEARCH FOR A HEALTHY LIFE

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Introduction: Many social, economic and professional events that take place in modern society have put enormous pressure on people, making them sad, unsatisfied and, after a few years, sick physically and psychologically. Yoga is a complete method of physical, mental and moral education, that looks at each individual as a whole (body and mind), in order to create health, balance and quality of life.

Objectives: Present a holistic proposal for health, sustained in the fundamentals of yoga. Explain the general benefits and experience some techniques (physical postures, breathing and concentration techniques).

Methods: Presentation of the main concepts that support yoga and allow to consider it an ancient practice for health. Realization of a practical activity with physical postures, breathing exercises, concentration and relaxation techniques, followed by a final reflection concerning what was experienced during the practice.

Results: The results will be felt by practitioners during and after the practical activity, allowing them to experience some of the benefits associated with this therapy and reflect on the importance of it to improve their quality of life physically and mentally. Clarify possible doubts about the type of practices that yoga offers.

Conclusions: It is necessary to sensitize people to the fact that each one is, at least partially, responsible for their good or poor physical and mental health. Changing behaviors and attitudes daily is essential to prevent and treat certain problems. Self-knowledge, both physical and mental, inherent to the practice of yoga helps each individual to be more aware of his health status. Therefore, it will be easier to make the necessary changes in order to meet a healthier life and greater personal realization.

DAILY LIVING AND HEALTH LIFESTYLE IN STUDENTS OF THE HIGHER EDUCATION

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Introduction: The enrollment in higher education is a particular situation requiring changes which, in many cases, tend to have repercussions on the physical and mental health. In light of this, the primary focus of this particular investigation is on identifying health determinants and patterns of risk among students of Higher Education associated with this important period of social interaction.

Methods: Correlational study with questionnaire. A stratified sample was used, proportionate to each course and school that includes 272 male students (40.5%) and 400 female students (59.5%).

Results: The differences observed from a statistical relative to the variables of age, sex, school, academic retention and, to a lesser extent, the origin, socioeconomic level and participation in extracurricular activities suggest the need for a differentiated approach as far as implementing strategies for the promotion of health education, specifically tailored and appropriate for each group. The fact that no results of statistical relevance can be noted as far as the variable "moving out" suggests a greater influence of the social environment as, a circumstance that points to the need for working on and reinforcing self-protective behaviors. Also

consolidate policies that may establish guarantees of well-being through access to healthy nutrition, sports, and the fostering of cultural and artistic activities. Information about healthy behaviors and the awareness of the risks inherent to excessive consumption and unprotected sexual conduct may become priority for taking action.

Conclusions: The creation of a Centre for the Health of Students of Higher Education would allow the evaluation of health and the analysis of risky behaviors, as well as the factors that contribute to it.

THE INFLUENCE OF PHARMACOLOGICAL TREATMENT ON QUALITY OF LIFE OF HYPERTENSIVE PATIENT

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Background: Cardiovascular diseases have an impact on life quality, due to caused disability and the cost with pharmacological treatment.

Objectives: To identify the adherence degree of the hypertensive patient to pharmacological treatment; analyze the socio-economic factors influencing adherence to pharmacological and investigate the relationship between this adherence and life quality of hypertensive patients.

Methods: A quantitative, cross-sectional, descriptive, correlation and explanatory study; collecting data through a protocol, consisting of sociodemographic, clinical, pharmacological evaluation MAT (Delgado & Lima, 2001), evaluation of hypertensive patients life quality (MINICHAL). Sample with 431 hypertensive patients were inquired from the central region of Portugal, from July to September 2012. These were predominantly female (56, 85%) and the average age is 66, 97 years.

Results: Women have a "high adherence" to drug treatment ($X^2 = 5.747$, $p = 0.050$). The hypertensive residents in the village are the ones who have a "low adherence" level, 49.7%. There are no differences in the patients who benefit or not from the user fees ($X^2 = 1.344$, $p = 0.246$). The 65.7% who do not have an exemption on the purchase of therapy have no statistical differences ($X^2 = 0.411$, $p = 0.521$). There is some influence on cohabitation ($X^2 = 11.732$, $p = 0.001$) and marital status ($X^2 = 11.732$, $p = 0.001$), in relation to life quality in patients with hypertension and adherence to drug therapy. The male patients are the ones who have better quality of life - "HTA Impact" ($U = 18.995$, $p = 0.001$).

Conclusions: The challenge will be a multidisciplinary approach for a successful drug therapy adherence and an improvement on life quality.

IMPACT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE ON QUALITY OF LIFE

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Introduction: Chronic obstructive pulmonary disease (COPD) is a disease characterized by chronic airflow limitation, which causes a series of changes that lead to limitation of exercise tolerance, with pronounced negative impact on patients' quality of life.

Objectives: To assess the impact of COPD on quality of life of patients with this pathology.

Methods: The empirical research was based on a cross-sectional, with correlation guidance, based on a quantitative approach and