

MEETING ABSTRACTS

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Session 1: Citizenship in health

S1

Health literacy and health education in adolescence

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Health literacy, a more complex concept than knowledge, is a required capacity to obtain, understand, integrate and act on health information [1], in order to enhance individual and community health, which is defined by different levels, according to the autonomy and personal capacitation in decision making [2].

Medium levels of Health literacy in an adolescent population were found in a study conducted in 2013/2014, being higher in sexual and reproductive health and lower in substance use. It was also noticed that the higher levels of health literacy were in the area adolescents refer to have receipt more health information. The health literacy competence with higher scores was communication skills, and the lower scores were in the capacity to analyze factors that influence health. Higher levels were also found in younger teenagers, but in a higher school level, confirming the importance of health education in these age and development stage. Adolescents seek more information in health professionals and parents, being friends more valued as a source information in older adolescents, which enhance the importance of peer education mainly in older adolescents [3].

As a set of competences based on knowledge, health literacy should be developed through education interventions, encompassing the cultural and social context of individuals, since the society, culture and education system where the individual is inserted can define the way the development and enforcement of the health literacy competences [4]. The valued sources of information should be taken into account, as well as needs of information in some topics referred by adolescents in an efficient health education.

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Session 2: Evaluation & intervention in health

S2

The effect of a walking program on the quality of life and well-being of people with schizophrenia

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Schizophrenia is a serious and chronic mental illness which has a profound effect on the health and well-being related with the well-known nature of psychotic symptoms. The exercise has the potential to improve the life of people with schizophrenia improving physical health and alleviating psychiatric symptoms. However, most people with schizophrenia remains sedentary and lack of access to exercise programs are barriers to achieve health benefits. The aim of this study is to evaluate the effect of exercise on I) the type of intervention in mental health, II) in salivary levels of alpha-amylase and cortisol and serum levels of S100B and BDNF, and on III) the quality of life and self-perception of the physical domain of people with schizophrenia. The sample consisted of 31 females in long-term institutions in the Casa de Saúde Rainha Santa Isabel, with age between 25 and 63, and with diagnosis of schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). Physical fitness was assessed by the six-minute walk distance test (6MWD). Biological variables were determined by ELISA (Enzyme-Linked Immunosorbent Assay). Psychological variables were assessed using SF-36, PSPP-SCV, RSES and SWLS tests. Walking exercise has a positive impact on physical fitness (6MWD – $p=0.001$) and physical components of the psychological tests ([SF-36] physical functioning $p < 0.05$; [PSPP-SCV] functionality $p < 0.05$ and SWLS $p < 0.05$ of people with schizophrenia. The walking program enhances the quality of life and self-perception of the physical domain and physical fitness of people with schizophrenia.

S3

Diagnosis and innovative treatments - the way to a better medical practice

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O179

Women's beliefs about pap smear test and cervical cancer: influence of social determinants

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Background

Cervical cancer is considered a serious public health problem. Objective: To analyse the influence between social determinants and women's beliefs regarding Pap smear and cervical cancer by using the scale Health Belief Model Scale for Cervical Cancer and Pap Smear Test.

Methods

Cross-sectional study conducted in a primary care unit in Fortaleza, Brazil, with 175 women. For data collection, it was used the socio-demographic and gynaecological characterization form based on the Model of Social Determinants of Health involving individual, proximal, intermediate determinants and influence of social networks, beyond the scale. Data was collected in May 2015.

Results

Women over 30 years old had better perception regarding cervical cancer seriousness ($p = 0.024$); women with menarche over 11 years old had high health motivation ($p = 0.052$); women with less education had many barriers to realize the preventive exam ($p = 0.000$) and better perception of cervical cancer seriousness ($p = 0.000$). Concerning the perception of cervical cancer seriousness, stood out women with a partner ($p = 0.030$), pregnant women ($p = 0.010$), those who have sex currently ($p = 0.029$) and those who currently owned partner ($p = 0.020$). Those with income less than one salary had lot of barriers to realize the preventive exam ($p = 0.000$).

Conclusions

The social determinants of health influenced health beliefs for cervical cancer. Therefore, to intervene in such determinants may contribute to decrease the morbidity and mortality caused by this disease.

Keywords

Colonic Neoplasms, Health Promotion, Papanicolaou Test

O180

Validity of the Portuguese version of the ASI-3: Is anxiety sensitivity a unidimensional or multidimensional construct?

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Background

We aimed to test the Portuguese version of the Anxiety Sensitivity Scale 3 - ASI-3-PT factor structure, by comparing the fit of the data for a unidimensional and a multidimensional hierarchical approach.

Methods

We recruited a sample of 322 college students (mean age = 22.26; SD = 5.75) of which 76.3 % were women. We tested the goodness of fit of two models, conducting a confirmatory factor analysis (CFA). In Model 1, we proposed that Anxiety Sensitivity should be understood as a unidimensional construct, with the items directly contributing to

a global score. In Model 2 we proposed that Anxiety Sensitivity is organized into different domains (social concerns, cognitive concerns and physical concerns), with the items contributing to the global construct but also, and to some extent, operating as independent.

Results

Results showed Model 2 to be the best fitting, where items loaded onto a first-order factor which in turn loaded onto a second-order factor which represents anxiety sensitivity. Model 1 had a poor fit to the data ($\chi^2 135 = 787.08$, $p < 0.001$, CFI = 0.79; RMSEA = .12 (90 % CI = .11; .13), while the fit indices of Model 2 were satisfactory ($\chi^2 132 = 402.26$, $p < 0.001$) CFI = .91, RMSEA = .08; (90 % CI = .07; .09).

Conclusions

In sum, the ASI-3-PT is an instrument aiming to measure the Anxiety Sensitivity construct. Factorial analysis suggests it can be used as a screening tool, assessing an Anxiety Sensitivity Global Index as well as the Anxiety Sensitivity subscales of Physical, Social and Cognitive Concerns.

Keywords

Anxiety Sensitivity Index-3-PT, Confirmatory Factor Analysis, Assessment

O181

Lifestyles of higher education students: the influence of self-esteem and psychological well-being

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Background

The transition to higher education can affect lifestyle-related factors. Objectives: To identify lifestyles of higher education students and analyse the influence of self-esteem and psychological well-being.

Methods

Correlational cross-sectional study. A total of 4,314 students participated in the study. Online questionnaires were used: Estilo de Vida Fantástico (Fantastic Lifestyle Assessment) [1]; Questionário de Bem-estar Psicológico (Psychological General Well-Being Questionnaire) [2], and Escala de auto-estima de Rosenberg (Rosenberg Self-Esteem Scale) [3].

Results

Most students (85.3 %) have a healthy lifestyle. Lifestyle is strongly correlated with self-esteem and psychological well-being ($p < 0.001$). While analysing the association between self-esteem and psychological well-being and the various lifestyle domains according to gender, a positive and significant correlation ($p < 0.001$) was found among female students, except for the Smoking domain ($p = 0.393$); in relation to psychological well-being, positive correlations were found in all domains. Among male students, positive and significant correlations ($p < 0.001$) were found in most lifestyle domains and self-esteem, except for the Smoking ($p = 0.992$), Alcohol and other drugs ($p = 0.181$) and Other behaviours ($p = 0.442$) domains; in relation to psychological well-being, positive and significant correlations ($p < 0.001$) were found in most lifestyle domains, except for the Smoking ($p = 0.458$) and Other behaviours ($p = 0.128$) domains.

Conclusions

Based on the results, higher education institutions should support intervention projects to maintain high levels of psychological well-being and self-esteem, promoting healthy lifestyles.

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