

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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Background

This is a demographic transition scenario with implications in all areas of social life: it is unacceptable to face aging without reflecting on the problems around opportunities for older people, including satisfaction with social support. Social support is particularly important to facilitate an independent and fulfilling life in the community for the elderly. Objectives: To assess the satisfaction of elderly people with social support (individuals aged over 65 years) living in the district of Bragança, by applying a sociodemographic questionnaire and the Satisfaction Scale with Social Support (ESSS) of Ribeiro (2011) [1].

Methods

Starting from the elderly population living in Bragança district, we developed an observational, analytical and cross-sectional study with a quantitative approach, with a sample of 517 subjects, mostly females (54.9 %; n = 284); aged between 65 and 74 years old (45.3 %; n = 234); married or living in consensual union (61.9 %; n = 320); residents in rural areas (69.8 %; n = 361); with sons and daughters (89.0 %; n = 460); and illiterate (50.7 %; n = 262).

Results and conclusions

The sample under study has average social support, which allows us to infer that the elderly is, in general, satisfied with the social support which they have, and the support received from friends is that which gives them more satisfaction, expressing less satisfaction with family support. It is observed that most of the variables are, in the case of the elderly, determinants of their satisfaction with social support.

Keywords

Elderly, Social Support, Satisfaction

References

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O191

Prevalence of death by traumatic brain injury and associated factors in intensive care unit of a general hospital, Brazil

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Background

Traumatic brain injury is a major cause of acute brain injury and the leading cause of death among persons aged less than 50 years. Brain Injury is a public health concern that demands ongoing an epidemiological study, increased efforts to prevent occurring injuries, and research to advance medical options and therapeutic interventions. Objective: To assess the factors associated with death by Traumatic Brain Injury in a General Hospital.

Methods

Cross-sectional study, conducted at the Regional Hospital of St. Joseph, Brazil, with 75 patients diagnosed with traumatic brain injury admitted to the Intensive Care Unit from January/2010 to December/2011. Analysis by SPSS 20.0, Chi-square test with $p \leq 0.05$ and a confidence interval of 95 %. Approved by the Research Ethics Committee of University of Southern Santa Catarina, No 855.750.

Results

Prevalence in men (81.3 %), average age of 36.09 years (SD 15.35). The major cause of accidents were traffic accidents (54.1 %). The length of stay in the intensive care unit was 6-15 days (35.8 %), with severe classification in the Glasgow Coma Scale (77.1 %), pneumonia complications (16.0 %), and death in 37.1 %. Significant associations were found between death and severe classification ($p = 0.022$), period

of time in the intensive care unit of 1 to 15 days ($p = 0.051$), use of a catheter to evaluate intracranial pressure ($p = 0.002$) and tracheostomy ($p = 0.044$).

Conclusions

Death by traumatic brain injury is associated with aspects related to the severity of the condition, use of catheter to evaluate intracranial pressure and tracheostomy.

Keywords

Traumatic brain injury, death, craniocerebral trauma

O192

Relation between family caregivers burden and health status of elderly dependents

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Background

The inability of the National Health Service and sociodemographic changes have contributed to increase the number of elderly who are beneficiaries of informal care at home. However, the literature reveals association between exercising the role of caregiver and burden, which in turn is influenced by the health status of receptor. Objective: To assess the burden of family caregivers of dependent elderly in self-care and correlate the burden of family caregivers with health status of the receptor.

Methods

Cross-sectional analytical study. Were eligible 30 dyads of care composed by family caregivers and the dependent elderly in self-care. Collection of data was held by structured interviews and analysis by SPSS.

Results

Most of caregivers are female (77 %), in average with 74 years, married (73 %), with education below 4th year (76 %). Predominated the lower middle class (73 %). With regard to burden, 63 % had moderate, 30 % severe and 7 % extreme high. The Pearson coefficient revealed a statistically significant correlation between the burden caregivers and many variables of receptors like number of wounds ($r = -0.499$; $p = 0.009$); number of health complication ($r = -0.645$; $p = 0.003$); drug complex ($r = 0.326$; $p = 0.035$); dependence in AVDS ($r = 0.355$; $p = 0.021$); AIVDs ($r = -0.349$; $p = 0.025$); pressure ulcer risk ($r = 0.292$; $p = 0.041$) and cognitive impairment ($r = 0.578$; $p = 0.011$).

Conclusions

Family caregivers with higher levels of burden care for receptors with less number of wounds, less number of health complications, lower risk of pressure ulcers, lower dependence on Activities of Daily Living/Instrumental Activities of Daily Living (ADLs/IADLs) more complex drug regimens and cognitive impairment. These data revealed the need to elaborate assessment tools and customized/efficient intervention programs.

Keywords

Family Caregiver, Burden, Elderly, Health Status

O193

Phenomena sensitive to nursing care in day centre

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