

SECONDARY PREVENTION AND METABOLIC CONTROL AFTER ACUTE MYOCARDIAL INFARCTION - WHICH OUR REALITY?

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Introduction: Cardiovascular diseases are the leading cause of death in Portugal. They are also responsible for high health expenditures by the recurring number of prolonged hospitalization and morbidity.

Objectives: To determine the adequacy of treatment of secondary prevention of post acute myocardial infarction (AMI) users; To evaluate the metabolic control of these users.

Methods: Observational, retrospective and descriptive study. Study period: February 2016. Population: individuals with the diagnosis of AMI belonging to 8 medical files from a family health unit (USF). Variables: demographic, treatment, blood pressure, Body Mass Index, HbA1c, total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides, smoking habits. Data source: clinical process, Data Analysis: Excel®2011.

Results: Of the 15,490 users of the USF, 78 (0.5%) had a diagnosis of AMI. They had a mean age of 66.2 years (± 13.3) and they were majority males (69.2%). The main identified comorbidities were: hypertension, 66.7%; dyslipidemia, 35.9%; obesity, 24.4%; DM2, 21.8%; smoking, 19.2%; stroke, 12.8%; atrial fibrillation, 10.3%; heart failure, 8.9% and gout, 5.1%. As for therapy for secondary prevention of AMI, it was adequate in 38.5% of users. As for the metabolic control there was: TA > 140/90 mmHg in 15.4% of users; HbA1c > 6.5% in 11.5%; Total cholesterol > 155 mg/dl in 60.3%; LDL cholesterol > 70 mg/dl in 67.8%; HDL < 45 mg/dl in 37.5% of women and < 40 mg/dl in 37% of men triglycerides > 150 mg/dl in 29.5% and BMI > 25 kg/m² in 60.3%; in such cases the metabolic control wasn't adequate.

Conclusions: The family doctor is, by the continuity of care and proximity to the user, the key element to initiate, coordinate and provide a long-term monitoring in the prevention of cardiovascular disease.

Keywords: AMI. Secondary prevention. Metabolic control.

PROFESSIONAL'S PERSPECTIVES AMONG ELDERLY ADULTS HEALTH LITERACY BARRIERS

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Introduction: Research has shown that the quality of doctor-patient communication is critical to health care outcomes and medical adherence. Indeed the communication is a basic competence and a cornerstone in healthcare encounters (van Vliet & Epstein, 2014), however elderly adults don't have enough communications competences in the dialogue with their doctors.

Objectives: Our aim was to examine the professional's perspectives among elderly adults health literacy barriers.

Methods: For this qualitative exploratory study, semistructured interviews were conducted with a sample of 26 social and health professionals. Discussions about barriers of health literacy were analyzed using thematic analysis.

Results: From this study emerged five categories: (1) limitations in selecting the credible health information, (2) difficulties in understanding the medical terminology, (3) predominance of asymmetric communication, (4) difficulty understanding the most appropriate health informants, and (5) infoexclusion.

Conclusions: Overall, participants displayed awareness of potential problems related to health information. Findings from this study

point to a set of barriers of communication about health information between older adults and doctors. This study highlights the need for enhanced older communication skills. To address the problem is necessary designed an education intervention to promote elder proactivity and doctor communication skills in medical contexts.

Keywords: Health literacy. Barriers. Elderly.

LITERACY AND EMPOWERMENT OF TYPE 2 DIABETICS ELDERLY

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Introduction: Despite diabetes mellitus (DM) has being considered a priority chronic disease, in recent years, the prevalence is increasing worldwide. This impels to the study and intervention focus in the promotion of health literacy and empowerment of the patient, which both are capable of extensive development.

Objectives: The aim of this study was to analyze the capacity of self-control, the knowledge and the Quality of Life (QoL), of people with type 2 diabetes, aged 65 or older, enrolled in four Family Health Units, belonging to a Regional Grouping Center.

Methods: An exploratory and descriptive-correlational study was applied to 137 sample subjects, that responded a sociodemographic and clinical characterization questionnaire and the validated versions for the Portuguese population of the DES-SF, DKT and the EQ-5D.

Results: The results point to: a high perception of capacity for self-management of DM, associated with a poor general knowledge about the disease, particularly in relation to food, HbA1c and complications of the disease, with mean \pm SD scores of 3.52 ± 0.69 of DES-SF, 54.34 ± 17.72 of DKT and 0.63 ± 0.30 of EQ-5D. We also detected, a positive and significant correlation between the ability to control the DM, the knowledge and the QoL. The male participants, aged less than 75 years, with qualifications higher than basic education, duration of disease greater than 5 years and no DM complications had better scores on the three scales in the study relatively to the other groups. Although not always find statistically significant differences.

Conclusions: The review's conclusions point to peculiarities in the empowerment perception and knowledge that should be taken into account in individual therapy education processes and systematized groups.

Keywords: Empowerment. Knowledge. Quality of life. Individuals with type 2 diabetes. Elderly.

RISK OF MALNUTRITION IN A SAMPLE OF COMMUNITY-DWELLING ELDERLY

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Introduction: Portuguese studies evidence situations of malnutrition risk among the elderly, with negative implications for the aging process. It's important to increase the diagnosis and to identify

variables that may mediate the process, in order to sustain socio-educational interventions.

Objectives: To identify situations of malnutrition or risk and contrast the nutritional status, according to gender, age, household, place of residence and physical activity practice (low, moderate and high) in a sample of Portuguese elderly.

Methods: 240 participants (67.5% female), into three age groups (62-69, 70-75 and 76-94 years), particularly come from rural areas (58.3%) and the interior of the country (70.4%). 27.5% live alone and only 14.2% have satisfactory levels (moderate or high) of physical activity (PA). Were used as instruments, the MNA (nutrition level), the Baecke (PA) and a characterization questionnaire.

Results: There is high risk of malnutrition (> 40% in most groups). Only the older (76-94), the males, those not living alone and those with better PA levels have lower percentages of risk, but $\geq 37.5\%$. The highest percentage of individuals at risk (46.9%) refers to those living alone. Also, this is the most undernourished group (7.8%), followed by the older people (6.9%). The independent variables, by themselves, don't discriminate the malnutrition risk.

Conclusions: The risk of malnutrition, corroborating other Portuguese studies, permeates all groups and reaches worrying levels, like a "condition" of the elderly. The results refer to the urgent and concerted need for multidisciplinary socioeducational intervention, directed to the elderly and carers, in order to reverse the negative impact on aging process and quality of life in this population.

Keywords: Community-dwelling elderly. Risk of malnutrition.

OVERLOAD IN INFORMAL CAREGIVERS OF ELDERLY OVER 65 YEARS

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Introduction: Studies show that about 40% of individuals aged 65 and older need some kind of help to perform at least one task such as shopping, take care of finances, prepare meals and clean the house.

Objectives: Characterize the informal caregivers of people over 65 years in the community and relate some variables with overload.

Methods: Quantitative study, cross-sectional correlational in a northern region of Portugal. The sample was not intentional probabilistic formed in snowball by 1,342 people over 65 years of which 81 had caregivers. Data collection was conducted from December 2014 to February 2015, using a questionnaire consisting of sociodemographic questions and QUASCI-VR scale (Martins et al., 2014) that evaluates the effects on welfare in the medium and long deadlines by up caregiver.

Results: Sample consists of 91.4% of female caregivers, with an average age of 53.6 years, 75.3% are married. 92% have a family relationship with the person who care and 79% co-inhabit with him. Nursing is partial assistance in 48.1% of supervision and guidance in 30.9% and 13.6% replacement on tasks. There is a statistically significant difference between the level of education and subscale satisfaction with the role and the family $p = 0.011$. There is a correlation between the provision of care hours and the subscale emotional overload $r = 0.317$ $p = 0.011$. There is a negative correlation between education level and the sub-scale reactions to $r = -0.251$ requirements $p = 0.029$.

Conclusions: The family are the main informal caregivers in our study there is a higher media overload in men. Although our results reflect a local reality these contributions to the characterization of informal caregivers and care of the elderly over 65 years in the community.

Keywords: Caregivers. Old age assistance. housing.

WITHDRAWN ABSTRACT

LIFE QUALITY AND THE WELLNESS IN ELDERLY. STUDY CASE OF THE CASA DO MENINO JESUS

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This research aims to present an analysis on the absence of innovative social responses to elderly, taking into account the need for stimulation of this population segment. Our main goal is not only a theoretical approach about the issue of elderly, but also present a study on the potentialities of the Casa do Menino Jesus, our case study, can apply for funding of a multisensorial stimulation response for elderly. This paper is divided into three parts: theoretical framework and characterization of our social organization, according to an exploratory research, structuring a strategic plan of the organization, through field research, and as final result, to present a proposal for funding and implementation of an innovative social response, according to the underlying legislation to Portugal 2020. The sample is focused on the population of Mirandela municipality. To conclude, it is important to make this local approach, because of the increasing number elder people with dementia problems and specific needs of treatment and stimulation.

Keywords: 3rd Sector. Life quality. Strategic management. Social responses to elderly.