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Session 1: Citizenship in health

Health literacy and health education in adolescence
Catarina Cardoso Tomás
Health Sciences Research Unit: Nursing, College of College of Health Technology of Coimbra, Coimbra, Portugal
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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.

References

Session 2: Evaluation & intervention in health

The effect of a walking program on the quality of life and well-being of people with schizophrenia
Emanuel Oliveira1,2, D. Sousa1, M. Uba-Chupe1, G. Furtado2, C. Rocha3, A. Teixeira2, P. Ferreira2
1Sisters Hospitallers of the Sacred Heart of Jesus, Casa de Saúde Rainha Santa Isabel, Coimbra, Portugal; 2Research Unit for Sport and Physical Activity, Faculty of Sport Sciences and Physical Education, University of Coimbra, Coimbra, Portugal; 3Complementary Sciences-INESCC, Coimbra, Portugal
Correspondence: Emanuel Oliveira – Sisters Hospitallers of the Sacred Heart of Jesus, Casa de Saúde Rainha Santa Isabel, Coimbra, Portugal

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, PSP-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; [PSP-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.

Diagnosis and innovative treatments – the way to a better medical practice
Celeste Alves1,2
1CUF Hospitals, Lisbon, Portugal; 2Breast Unit, Champalimaud Clinical Center, Lisbon, Portugal
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P7
Falls-risk screening – an opportunity for preventing falls in the elderly from Nordeste

Anabela C. Martins1, Anabela Medeiros2, Rafaela Pimentel2, Andreia Fernandes2, Carlos Mendoça2, Isabel Andrade1, Susana Andrade1, Ruth L. Menezes3

1Escola Superior de Tecnologia da Saúde de Coimbra, São Martinho do Bispo, 3046-854 Coimbra, Portugal; 2Municipality of Nordeste, Azores, 9630 – Nordeste, Azores, Portugal; 3University of Brasilia, Brasilia – Distrito Federal, 70910-900, Brasil

Correspondence: Anabela C. Martins (anabelacmartins@estescobriipa.pt) – Escola Superior de Tecnologia da Saúde de Coimbra, São Martinho do Bispo, 3046-854 Coimbra, Portugal

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Background

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) issued several key documents for launching and implementing a collaborative partnership aiming to increase the average healthy lifespan of Europeans by 2 years by 2020. Through cooperation between all EU countries, evidence-based programmes for the prevention, early detection, risk minimization and management of falls must be implemented. Objective. To identify the population at risk of falling (and of fractures) which may benefit from effective individual interventions.

Methods

A descriptive, exploratory study was conducted with 213 participants of a home-dwelling population (72.5 % female), with an average age of 75.85 years, SD = 6.94.

Results

The population from Nordeste evidenced a probability of limited mobility within the community, with a mean value of 13.45 sec in the walking speed test. A mean value of 12.43 sec in the Timed Up & Go test indicated a moderate risk of falling. Up to 36 % participants reported having fallen in the last 12 months.

Conclusions

All together these results are an opportunity for the development of a programme for fall prevention in the community, in a partnership between all health and social organizations. This will contribute to the implementation of programmes adapted to the functional and psychological demands of these older people from Nordeste, and also to their daily life activities, in order to enhance strength, walking speed, flexibility, balance and resistance, under the framework of the collaborative initiative “Dar Vida aos Anos” of the municipality of Nordeste dedicated to those over 65.

Keywords

Falls-risk screening, Home-dwelling, Older adults

P8
Aging provokes chronodisruption in mature people in temperature circadian rhythm

Rafael Bravo1, Marta Miranda2, Lierni Ugartemendia2, José Mª Tena3, Francisco L. Pérez-Caballero2, Lorena Fuentes-Broto2, Ana B. Rodríguez2, Barriga Carmen2, Rafael Bravo (rbravo@unex.es) – Universidad de Extremadura, Badajoz, 06071 Badajoz, España; 2Chronutrition Laboratory, Department of Physiology, Faculty of Science, University of Extremadura, Badajoz, 06071 Badajoz, España; 3Department of Anesthesiology, Complejo Hospitalario Universitario de Badajoz, 06080 Badajoz, España; 4Centro de Salud La Paz, Badajoz, 06011 Badajoz, España; 5Aragon Institute for Health Research, Zaragoza, 50009 Zaragoza, España

Correspondence: Rafael Bravo (rbravo@unex.es) – Universidad de Extremadura, Badajoz, 06071 Badajoz, España

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Most physiological functions in the body follow a circadian rhythm. There are several pathologies and biological processes like obesity or aging, among others, that provokes chronodisruption in these rhythms. It is well known that elderly people suffer from chronodisruption in most of their circadian rhythms. Our aim was to elucidate if this trend may begin in earlier stages. Thirty-two 32 people (aged between 40 and 65) participated in this assay. Volunteers wore a wrist temperature logger on their non-dominant hand for 3 days. Data were read in a computer and analysed through Circadianware software. Chronobiological parameters were calculated and correlated with age. Our results showed that MESOR (the average value around which the variable oscillates), amplitude (difference between the peak and the mean value of the wave) and acrophases (the time at which the peak of a rhythm occurs) were calculated and correlated with age. We conclude from the present assay that chronodisruption symptoms in temperature circadian rhythm in the elderly begin to be expressed in a mature stage in humans.

Keywords

Chronobiology, Chronodisruption, Aging, Temperature, Circadian rhythm

P6
Hospitalization for acute viral bronchiolitis of residents in the metropolitan region of Porto Alegre, Southern Brazil, 2012 to 2014

Morgana C. Fernandes, Roger S. Rosa, Rita C. Nugem, Lis F. Kienco, Mariana S. Siqueira, Ronaldo Bordin

Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, 90050-170, Brasil

Correspondence: Roger S. Rosa (roger.rosa@ufrgs.br) – Federal University of Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, 90050-170, Brasil

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Background

Acute viral bronchiolitis (AVB) is a disease characterized by acute inflammation of the bronchioles and increased production and secretion of mucus that may be associated with bronchospasm. It mainly affects infants being the most common cause of paediatric hospitalization in the first year of life. Objective. To describe the characteristics of hospitalizations for AVB in the public health system (SUS) of residents 0 to 2 years-old of the Greater Porto Alegre (GPA) region, in southern Brazil, 2012-2014.

Methods

Analysis of hospitalizations with first-listed diagnosis ICD-10 J21.0 and J21.8 from the Hospital Information System (HIS)/SUS publicly available. Calculation of indicators by sex, age groups, stay, mortality and spending.

Results

There were 7,091 admissions (2,364/year) in SUS for AVB of GPA residents (153.6/10,000 inhabitants/year). Males predominated (4,246 or 59.9 % vs. 2,845 or 40.1 % of females). Admissions of patients up to 1 year-old accounted for 99.2 %. Bronchiolitis by respiratory syncytial virus (ICD-10 J21.0) accounted for 2,226 (31.4 %) hospitalizations. The average length of stay was brief (5.3 days) and the mortality rate was low (0.2 %) having 12 deceased patients (4/year) (5 males and 7 females). The average annual expenditure was $955.7 thousand PPP (Purchasing Power Parity) and the average value per hospitalization $404.33 PPP.

Conclusions

As hospitalizations for AVB conditions are sensitive to primary health care interventions, these data can serve as a basis to identify weaknesses in the basic local network of health services.

Keywords

Acute viral bronchiolitis, hospitalization, public health system, children, primary care sensitive conditions