the high level of functional dependency of the care recipients. A clear picture of tasks and probable exhaustion of the group of people taking care of very old people is crucial in order to plan which and how to deliver formal care to these dyads. Such planning is important for preventing/alleviating burden situations and raising the quality of life of care recipients and their families.

Acknowledgements
Project was approved by Ethical Commission of ICBAS.UP, approval number 188/2017 and by Portuguese Data Protection Authority (CNPD), approval number 1338/2017.

Keywords
Informal caregiving, Oldest old people, Disability.

P56

Comparison of antioxidant activity for Ginkgo biloba L. and Rosmarinus officinalis L

Diana Silva[1], Ana França[2], Cláudia Pinho[3], Ana I Oliveira[3], Rita F Oliveira[3,4], Agostinho Cruz[3]
[1]Farmácia Holon, Baguim do Monte, Gondomar, Portugal; [2]Farmácia Higiénica, Fão, Esposende, Portugal; [3]Centro de Investigação em Saúde e Ambiente, Escola Superior de Saúde, Instituto Politécnico do Porto, 4200-072 Porto, Portugal; [4]Secção Autónoma de Ciências da Saúde, Universidade de Aveiro, 3810-193 Aveiro, Portugal
Correspondence: Cláudia Pinho (clp@eu.ipp.pt)
BMC Health Services Research 2018, **18(Suppl 2):**P56

Background
Natural antioxidant products have gained popularity worldwide and are increasingly being used to treat various diseases [1]. Leaves of *Rosmarinus officinalis L.* and *Ginkgo biloba L.* possess a variety of bioactivities, including antioxidant [2].
Objective
Therefore, the present study aims to evaluate *in vitro* antioxidant properties of aqueous and hydroalcoholic extracts of three different commercial brands of *R. officinalis* and *G. biloba*.
Methods
R. officinalis and *G. biloba* leaves from three different commercial brands were extracted with two solvents (water and 80% ethanol), and antioxidant activity of the extracts were screened using the superoxide anion and 1,1-diphenyl-2-picryl hydrazyl (DPPH•) radical scavenging, and metal ion chelating capacity.
Results
A comparison of both plant extracts in the DPPH assay and Fe^{2+} chelating activity indicated that *R. officinalis* showed lower IC_{50} values comparing to G. biloba, ranging from 44.1-61.8 μg/mL (aqueous extracts) and 20.8-23.3 μg/ml (hydroalcoholic extracts) in the DPPH assay, and 93.1-329.0 μg/mL (aqueous extracts) and 33.4-71.0 μg/mL (hydroalcoholic extracts) in the Fe^{2+} chelating activity. For the superoxide radical scavenging activity, the hydroalcoholic extracts of *R. officinalis* showed the best IC_{50} values, ranging from 5.1-15.5 μg/mL, with one brand showing and IC_{50} value lower (5.1 μg/mL) than positive control (5.8 μg/mL - ascorbic acid). Results also showed that in both plants and brands, the highest antioxidant activity was found mainly in the hydroalcoholic extracts, for all the assays tested.
Conclusions
The findings of this study support the view that some medicinal plants are promising sources of potential antioxidants. The different brands and solvent types used in the present study may influence the chemical composition of the rosemary and ginkgo extracts obtained and therefore their antioxidant capacity.

References
1. Zhang A, Sun H, Wang X. Recent advances in natural products from plants for treatment of liver diseases. Eur J Med Chem. 2013;63:570-577.
2. El-Beltagi HS, Badawi MH. Comparison of Antioxidant and Antimicrobial Properties for Ginkgo biloba and Rosemary (Rosmarinus officinalis L.) from Egypt. Not Bot Horti Agrobo. 2013;41(1):126-135.

Keywords
Antioxidant activity, *Ginkgo biloba*, *Rosmarinus officinalis*, Solvent extraction.

P57

The skills of the wound navigator in the health care team

Raquel Silva, Filipa Veludo
School of Nursing, Institute of Health Sciences, Universidade Católica Portuguesa, 1649-023 Lisbon, Portugal
Correspondence: Raquel Silva (raklitasol@hotmail.com)
BMC Health Services Research 2018, **18(Suppl 2):**P57

Background
Aging co-morbidities are the main reason for skin changes, requiring qualified professionals to assist the person with this problem [1,2]. In this sense, it emerges in the literature even the tenuous concept – wound navigator, which may enhance the approach to the person with wounds, often described as the tissue viability nurse.
Objective
Define the wound navigator and identify his skills.
Methods
Integrative literature review using electronic research (CINAHL®, Nursing & Allied Health Collection, Cochrane Plus Collection, MedicLatina, MEDLINE®) and manual research in 12 specialty associations in tissue viability, with the following descriptors (wound OR tissue viability OR ulcer) AND (nurs*) AND (care OR role OR skills OR patient care team OR navigator OR manager OR multidisciplinary OR interdisciplinary OR tissue viability service OR interven* OR pratic*). Inclusion criteria were articles in Portuguese, English, Spanish or French, without temporal limitation, full texts and free access. Exclusion criteria were articles that do not address the study phenomenon. The research was conducted on 08/25/2017, where we obtained 601 articles from the databases and 145 from associations. The titles and abstracts of the publications were read, followed by reading the full text of the selected publications. The sample was defined by 19 articles (15 from databases and 4 from associations).
Results
Only one article defines wound navigator, as the health professional with knowledge in the specialty, who acts as a defender of the interests of the clients, which combines the needs felt by them; the objectives of the treatment and the health care treatment plan by referral [3]. It collects the results achieved from the practice and dissemination of research, in order to highlight their actions before the policy of health care [3]. The competences found in the remaining 18 articles were divided into 4 categories: quality (training, auditing, research and elaboration of norms and protocols) management (involvement in product choice, articulation with suppliers, promotion of change and ability to work in multi and interdisciplinary team), care (postgraduate knowledge, experience in the area of tissue viability, prescription of specialized care and treatments with advanced therapies) and leadership (communication, supervision and consulting).
Conclusions
There is little literature that precisely defines the wound navigator and his skills, therefore more research is needed to describe in detail. When the term is defined and its competences are known, it may through them formally develop teams with nurses specialized in the area, holders of the general and specific attributes identified.

References
1. Bianchi, J. Preventing, assessing and managing skin tears. Nurs Times. 2012;108(13):12,14, 16