

frequent cause of death in Portugal is coronary heart disease (CHD). Despite this high prevalence, evidence increasingly suggests that the atherosclerotic process can be slowed and its consequences markedly reduced by preventive measures. Secondary prevention relies on early detection of disease process and application of interventions to prevent progression of disease.

Objectives and methods: Describe a case of a 56 years old male patient with a CHD diagnosis, using as main variables - symptoms, complementary diagnostic exams and treatment.

Results: A 56 years old male patient, from a nuclear family on stage VII of Duvall life cycle, with history of dyslipidemia, went to a family medicine appointment because of retrosternal burning sensation with 2 weeks of evolution and fatigue. He denied other symptoms, including dyspepsia, epigastric pain, or vomiting. On clinical examination, blood pressure, heart and respiratory auscultation and abdominal examination were normal. He showed blood tests results with normal values of total cholesterol, HDL cholesterol and triglycerides. He kept his usual medication (pravastatine 20 mg and fenofibrate 160 mg) and an effort electrocardiogram (EE) was ordered. He returned to show the EE that was suggestive of myocardial ischemia. He was sent to a cardiology appointment (CA) on the reference hospital. He was evaluated on the CA and submitted to cardiac catheterism where 2 stents were applied. Aspirine, clopidogrel and carvedilol were prescribed.

Conclusions: Patients' complaints shouldn't be underestimated. Family doctors have a privileged task on early diagnosis and therapeutic orientation.

Keywords: Coronary artery disease. Diagnosis. Prevention.

TREATMENT OF ARTERIAL HYPERTENSION IN DIALYSIS PATIENTS

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Introduction: Renal insufficiency is characterized by a gradual deterioration of the kidneys. The first approach in hypertensive users on dialysis should be non-pharmacological (such as salt restriction, and decreased ultrafiltration), and only then pharmacotherapy should be implemented. There aren't still many studies about the effectiveness of antihypertensive drugs in this population or guidelines by which doctors can guide to standardize procedures.

Objectives: This review aims to study the effect and efficacy of antihypertensive drugs in the treatment of hypertension in renal failure, and relate the use of antihypertensives to the occurrence of hyperkalemia and intradialytic hypotension.

Results: The results of this review were divided into three tables. The first one refers to the effectiveness of some antihypertensive drugs on dialysis patients. The second one describes some procedures that can be implemented to decrease blood pressure. Finally, the third one analyzes the physician prescribing patterns, as well as the existence of drug interactions or inappropriate prescribing on dialysis patients.

Conclusions: The first therapeutic options in this population should be ACEIs or ARA because they lower blood pressure and confer cardiovascular protection. Direct renin inhibitors are also an option to be considered in lowering blood pressure, although further studies are required. Despite this, complications such as intradialytic hypotension and hyperkalemia are associated with the consumption of these drugs. Drug therapy should be complemented with other procedures such as salt restriction, reduction of dialysate sodium and short-term dialysis treatment (to reduce the ultrafiltration rate).

Keywords: Treatment. Hemodialysis. Antihypertensives.

3. CHILD AND ADOLESCENT HEALTH

PARENTING PROMOTION ON PARENTS OF A CHILD WITH CHRONIC DISEASE

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Introduction: Parenthood built after the child's birth requires constant adaptation and challenges in building positive relationships for the development of the child. Hospitalization and diagnosis of chronic illness in a child is a stressful and distressing time for the whole family, considered a critical point in the transition process of parenting. Thus, we intend to increase knowledge to promote parenting (positive) in parents of children with chronic disease.

State of art: Parenthood in terms of family structure organization implies the appearance of parental subsystem that includes a set of functions assigned to the parents to care for and educate their children, and, positive parenting, focus on the child's best interests. The new perspectives for transition to parenthood indicate as focus of attention the training of parents, parent-child interaction and positive discipline. The diagnosis of chronic disease originate change in the lives of parents, implying a reorientation of family life project, marking the beginning of a transition that tends to the transformation of parenting. The needs and parental expectations are often underestimated by health professionals. So, approach the family individually; recognize the important role of parents; adequately meet their needs for support; valuing its practical knowledge and participation in decision-making are fundamental to adjust coping strategies, that facilitate the transition/family adaptation to the new parental role and to the hospitalizations and child chronic disease.

Conclusions: Exercise parenting with a child who has special needs changes the meaning of parenthood and parental vision of themselves. The transition is not just a change but a process of incorporation of change in their lives.

Keywords: Positive parenting. Child. Chronic disease.

MOTHERS' KNOWLEDGE ABOUT BREASTFEEDING AND ITS RELATIONSHIP WITH SOCIODEMOGRAPHIC VARIABLES

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Introduction: Breastfeeding is a right of the newborn, being crucial under the nutritional and immunological point of view, particularly during their first year of life. Despite the investment in the promotion, protection and support of breastfeeding, it is recognized the need for a more targeted approach in order to be achieved the indicators recommended by WHO.

Objectives: Evaluate mother's knowledge about breastfeeding and its relationship with sociodemographic variables.

Methods: Quantitative, descriptive, analytic-correlational and cross-sectional study, applied to a non-probabilistic sample of 100 mothers of newborns and/or infants up to 1 year of life. It was used a questionnaire of socio-demographic characterization and a self-report questionnaire (Sousa, 2014).

Results: of the mothers 50% revealed good overall knowledge about breastfeeding, 4% insufficient, and 90.3% recognized being informed by nurses. Admitted the importance of the initiation of breastfeeding in the first hour of the baby's life 93% of mothers and like exclusive feeding up to 6 months 28%, while only 45% men-