

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

Ângela Teixeira, Carlos Albuquerque

USF Infante D. Henrique

Contact details: rita.teixeira389@gmail.com

**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 ( $\pm$  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/m<sup>2</sup> 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

Carla Serrão, Sofia Veiga

Escola Superior de Educação do Instituto Politécnico do Porto.

Contact details: carlaserrao@ese.ipp.pt

**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

Suzete Oliveira<sup>a</sup>, Carminda Morais<sup>b,c</sup>

<sup>a</sup>APNOR - Superior de Tecnologia e Saúde do Instituto Politécnico do Porto, Portugal; <sup>b</sup>CEISUC - Centro de Estudos e Investigação em Saúde da Universidade de Coimbra, Portugal; <sup>c</sup>ESS/IPVC - Escola Superior de Saúde do Instituto Politécnico de Viana do Castelo, Portugal.

Contact details: suzt.oliveira@gmail.com

**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  $3.52 \pm 0.69$  of DES-SF,  $54.34 \pm 17.72$  of DKT and  $0.63 \pm 0.30$  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

Emília Martins, Francisco Mendes, Rosina Fernandes, Cátia Magalhães

ESEV e CI&DETS - Instituto Politécnico de Viseu.

Contact details: emiliamartins@esev.ipv.pt

**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