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1. ADULT HEALTH

CHARACTERIZATION OF PATIENTS UNDERGOING NONINVASIVE VENTILATION ADMITTED IN UNIT INTERMEDIATE CARE

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Introduction: Non-invasive ventilation (NIV) is the application of a ventilatory support without resorting to invasive methods. Today it's considered a credible therapeutic option, with enough scientific evidence to support its application in various situations and clinical settings related to the treatment of acute respiratory disease, as well as chronic respiratory disease.
Objectives: Characterize patients undergoing NIV admitted in Unit Intermediate Care (ICU) in the period from October 1st 2015 to June 30th 2016.
Methods: Prospective study conducted in ICU between October 2015 and June 2016. In this study were included all patients hospitalized in this unit (ICU) and in that time period a sample of 57 participants was obtained. As data collection instruments we used a questionnaire for sociodemographic and clinical data and the Braden scale.
Results: Participants were mostly male 38 (66.7%), the average age 69.5 ± 11.3 years, ranging between 43 and 92 years. They weighed on average 76.6 kg (52 and 150), with an average body mass index of 28.5 kg/m^2 (20 to 58.5). With skin intact 28 (49.1%) with abnormal perfusion 12 (21.1%), with altered sensitivity 11 (19.3%) and a high risk of ulcer on the scale of Braden 37 (65%). The admission diagnosis was respiratory failure 33 (57.3%) and had different backgrounds. We used reused mask 53 (93.0%), the average time of NIV was 7.1 days (1-28), 4.8 days of hospitalization (1-18) and an average of 7.8 IPAP pressure. 11 (19.3%) of the participants developed face ulcer pressure.

Conclusions: The NIV is used in patients with advanced age, obesity, respiratory failure and high risk of face ulcer development.
Keywords: Patients. Noninvasive ventilation.

TELEPHONE SUPPORT LINE OF RHEUMATOLOGY DEPARTMENT: A 4.5 YEARS EXPERIENCE

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Introduction: In many health services in developed countries, the telephone support has been used as an innovative approach to providing care and answering questions by nurses, developing especially in specific areas such as rheumatology (Brown et al., 2006).
Objectives: To analyze the profile of users and the main reasons of patients that uses the Telephone Support Line of Day Hospital and early arthritis consultation of the CHUC Rheumatology Department, EPE.
Methods: This is a retrospective descriptive-correlational study with a convenience sample of 448 calls. For continuous variables we used the t-student test, for dichotomous variables the χ^2 test and, finally, we performed a cluster analysis by the TwoStep Cluster method through the log-likelihood distance.
Results: Users have an average age of 44.8 years being predominantly male (58%). The cluster analysis allowed to create three groups whose profile shows that the cluster 1 (n = 96/21.4%) are formed by "older" adults that need to clarify mainly doubts about the results of auxiliary examinations tests (AET)/prescriptions and side effects/complications; the cluster 2 (n = 232/51.8%) are formed by young adults that call to change appointments and mainly to clarify doubts on the results of AET/prescriptions; finally, the cluster 3 (n = 120/26.8%) are formed by "middle age" adults that want to clarify doubts about medication and disease management.
Conclusions: Incoming calls cover a wide range of ages and all kinds of rheumatic diseases. This study allows us to identify in which groups it is necessary to make a more detailed educational

NEGATIVE PRESSURE WOUND THERAPY VS MOIST WOUND HEALING THERAPY: A PHARMACOECONOMIC APPRAISAL

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Introduction: The implementation of Negative-Pressure Wound Therapy (NPWT) in chronic wounds has raised concerns about the economic costs and respective clinical benefits. Pharmacoeconomics assessment are fundamental to decide therapeutic options based in the best available evidence.

Methods: We developed a systematic literature review according with the Joanna Briggs Institute methodology in order to evaluate the cost-effectiveness, cost-benefit and cost-utility in the application of NWPT in chronic wounds vs Moist Wound Healing Therapy (MWHT). The selected studies were Cochrane systematic reviews, cohort studies, meta-analysis, randomized controlled trials and one probabilistic study. Their critical appraisal was conducted with the instruments PRISMA (Systematic Reviews and meta-analysis), CONSORT (Randomized Trials) and STROBE (Observational studies) according with the studies design.

Results: NPWT high costs materials are offset by a decrease in the number of visits and minutes/treatment. Overall this means an inferior absorption of human resources, less total time of treatment and higher perceptions of comfort and quality of life for patients measured in Quality Adjusted Life Years (QALY's).

Conclusions: NWPT demonstrates advantages at a pharmacoeconomic level compared to MWHT. Evidence-based care should consider the best evidence from research the available resources, clinical experience and training and the patient preferences. Critical search of evidences helps to take better and informed decisions with better outcomes to patients, professionals and the organizations.

Keywords: Chronic wound. NPWT. MWHT. Pharmacoeconomics.

MOTIVATION FOR BREASTFEEDING: A MATTER OF SCHOOLARITY LEVEL?

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Introduction: The Age-Friendly Cities project was launched by the World Health Organization to address two contemporary issues of increasing relevance: urbanization and demographic ageing. The resulting Checklist of Essential Age-Friendly City Features, designed for a city's self-assessment, comprises eight areas of urban living associated with active ageing. Health and support services were considered a vital area to maintain health and independence in the community.

Objectives: Assess the "age-friendliness" of Coimbra's community and health services; explore the relation between the perception of different dimensions of Coimbra's urban setting and Quality of Life (QoL).

Methods: This quantitative and transversal study, included 215 elderly persons, aged between 60 and 90 years old (M = 71.03; SD = 6.97), residents of various Coimbra parishes. The sample is predominantly female (66%), married (56%), retired (86%) with a perception of sufficient health (46%). The instruments used were