

21st WONCA World Conference of Family Doctors

Apresentação oral

ENSINO

OP1 - 0800 HOTLINE: TELECONSULTATIONS ON REAL TIME TO SUPPORT PRIMARY CARE PHYSICIANS OF BRAZIL.

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Introduction and objectives: Teleconsultations in clinical setting can help decision-making process and also provide an education environment. TelessaúdeRS intends to qualify the practice of primary health care (PHC) professionals supporting clinical and managerial decision through information and communication technologies. A toll-free phone (0800 hotline) was created and is available to all PHC nurses and physicians of Brazil. This paper shows the distribution and the most common physician's questions. Methods: Physicians access 0800 hotline from Monday to Friday and discuss with a teleconsulting physician. The answers are made in real time, based on the best scientific evidence, adapted to local needs. Distribution of teleconsultations throughout the country is shown by region and the questions were classified according to International Classification of Primary Care (ICPC-2). Results: From March 2013 to January 2016, there have been 25622 teleconsultations distributed according to regions: South(54%), Southeast(20%), Midwest(9,3 %) Northeast(14,5%) and North(2,2%). Among those who answered the satisfaction survey, 99,1% were satisfied or very satisfied, and 70% of teleconsultations avoided a referral when it was the physician intention (avoidance by region: South(63%), Southeast(76%), Midwest(88%), Northeast(75,5%) and North(82%)). The most common questions were about: Diabetes non-insulin dependent(T90), Hypertension uncomplicated(K86), Hypothyroidism/myxedema(T86), Diabetes insulin dependent(T89), Pregnancy(W78), Cystitis/urinary infection(U71), Skin disease(S99), Infectious disease other(A78), Hyperthyroidism/thyrotoxicosis(T85) and Syphilis female(X70). Conclusion: The 0800 hotline was accessed by physicians from the 5 regions of Brazil and had a high satisfaction score. Teleconsultations could prevent unnecessary referrals to specialized services and identified the most common subjects to organize a professional education program.

PALAVRAS-CHAVE: Telemedicine; Education, Continuing; Primary Health care

OP4 - ACADEMIC DEVELOPMENT IN A SOCIAL ACTION MEETING: AN EXPERIENCE RELATE

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Introduction: Social actions in public spaces are extremely important in health education and are part of Academic Leagues extension activities. Such activities promote both academic and personal growth for the students. This work relates the development of an extension action of health promotion and exposes its impact in medical education during II Health Meeting on a public square at Fortaleza, Ceará.

Methodology: Professors and students of the Homeostasis League from Universidade de Fortaleza participated on a social action meeting in a square at Fortaleza downtown on May 9, 2015, where activities of health promotion were developed, such as: blood pressure, blood glucose and anthropometric indices measurements, fundus examination and otoscopy. The public audience was the local population. The citizens were also oriented by medical students and professors about their health situation.

Results and conclusion: The action enabled citizens to better understand their current health situation who also received important orientations, such as how the health service is organized and advices of how to adapt their life to a healthier routine. It also offered the students an academic and personal growth, since they could exercise skills like empathy and measurement techniques of glycaemia and blood pressure. It is important to note the epidemiologic value of this activity, once it allowed a better knowledge of the comorbidities that are most prevalent in the population.

PALAVRAS-CHAVE: Primary Health Care; Education, Medical; Delivery of Health Care

OP5 - ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) BRAZIL

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- Introduction and Objective

The Advanced Life Support in Obstetrics (ALSO) course was established in Brazil in 2000. Since that time over 5200 Brazilian maternity care providers have taken the course. In addition to teaching ALSO throughout the country, Brazil has introduced the course to Portugal and Angola.

- Methods

The number of instructors and participants trained has tracked since the inception of ALSO in Brazil. Where the course has been taught has been mapped over time. Reasons for success and challenges faced have been documented.

- Results and Conclusions

The ALSO course in Brazil has grown steadily from 2000-2016 and is now taught throughout the country. Maps give visual documentation of its steady expansion.

Reasons for the successful dissemination include a dedicated core team of teachers and powerful partnerships. Important partnerships include contracts with the Ministry of Health and the World Bank.

Challenges include a need for more core instructors and more financial resources to cover course costs. Travel costs are significant given the size of Brazil.

Brazil has become an international leader in ALSO. In fact, the 2016 ALSO International ALSO Meeting is being held in Rio in conjunction with the WONCA World Congress. Having established ALSO in Portugal and Angola, ALSO Brazil plans to introduce the course to Mozambique and Benin as well.

PALAVRAS-CHAVE: EMERGENCY MEDICAL SERVICES; OBSTETRICS; EDUCATION

OP6 - ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) MEXICO

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- Introduction and Objective

The Advanced Life Support in Obstetrics (ALSO) course is a two-day course which teaches emergency management skills to maternity care providers. ALSO Mexico started in 2006 by a multi-disciplinary team. The founding organization is PACEMD, a community based training program, which houses competency-based certification by the courses American Academy of Family Physicians (ALSO), American Heart Association, National Association of Emergency Medicine Technicians, and others. ALSO Mexico has found a successful strategy for disseminating related Basic Life Support in Obstetrics (BLSO) and piloted Community-Based Life Support in Obstetrics (CLSO) courses.

- Methods

With its base in Guanajuato Mexico, ALSO Mexico used a teach the teacher model to quickly train a core team for dissemination of the course throughout the country. Partnering with the Ministry of Health aided the funding and organization. ALSO Mexico has tracked the number of courses taught and providers trained over the last decade.

- Results and Conclusions

ALSO Mexico has trained over 10,000 providers throughout Mexico. It has had a big impact in some of the states with the worst maternity care outcomes, including Chiapas, Oaxaca and Mexico State. ALSO Mexico has become a leader in dissemination of the course not just in Mexico, but throughout Latin America. Mexico with its dramatically varied environments, and decentralization needs, has served as a valuable “proving ground” for implementation of ALSO programs in Mexico and Latin America.

PALAVRAS-CHAVE: EMERGENCY MEDICAL SERVICES; OBSTETRICS; EDUCATION

OP8 - ASPIRE: WONCA'S GLOBAL LEADER PROGRAM FOR TRAINEES AND JUNIOR PHYSICIANS

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Introduction and Objective: WONCA notes that leadership training has a direct impact on the ability of physicians to make continual system improvements. In order to improve leadership development worldwide, the ASPIRE Global Leader Program was developed to augment skills of medical student, resident, and junior GP/FP staff while simultaneously increasing their involvement within their national organizations and WONCA. ASPIRE is a mnemonic representing its foundation: Academics, Students, Pre-conferences, International Collaboration, Research/Residents, and Exchanges. After completing all steps, qualified individuals will have accomplished a groundwork to help them guide and lead others in multiple aspects of family medicine in the global setting. The goal is that each participant becomes personally invested in the program for the improvement of junior WONCA members and beyond.

Methods: ASPIRE is a tiered program with three levels as well as an ASPIRE-Instructor level available for experienced FPs. This stepwise progression serves to guide participants through the achievement of desired program goals, the creation of a more enriched experience, and the potential to progress to the next tier.

Results and Discussion: ASPIRE launched in October 2015 and currently has a regional representative for each WONCA region and two dozen participants from six regions. In its first year, ASPIRE has helped create junior WONCA leaders through over six international collaborations and over five published or pending publications. The talk will introduce the program to listeners, describe experiences of current participants and how to start the ASPIRE leadership journey!

PALAVRAS-CHAVE: Leadership; young doctor movement; professional development

OP9 - PRIMARY HEALTH CARE AND COMPREHENSIVENESS: IMPLICATIONS FOR TEACHING-LEARNING

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This research analyzed the Comprehensiveness awareness from the nursing and medical student's perspective involved with the Primary Health Care (PHC). The guiding assumption is the need to fathom comprehensiveness in the PHC, taking into consideration its polysemy, and its impact and relevance in the training of future healthcare professionals. A qualitative approach to the type Case Study was approved by the Human Research Ethics Committee of the Faculty of Medicine of Marília (FAMEMA). The research participants were eight students with whom an interview was made, being data interpreted subsequently by the Thematic Content Analysis tool. Three analytical categories emerged: "The integration between the educational units (UES, LPP and UPP) complements the work of teaching and learning in teams and promotes understanding of comprehensiveness", "Comprehensiveness developed through light technology, connection, commitment and look at the person, family context and in all phases of the life cycle " and "The non-structuring of the UPP and the Health Units leaves gaps in comprehensiveness learning ". We long for a teaching/learning process that regards care in the comprehensiveness' perspective.

PALAVRAS-CHAVE: primary health care; Health education; Comprehensive Health Care

OP10 - INTERNSHIP ASSESSMENT IN PRIMARY CARE

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Introdução :This study quantitative and qualitative conducted through case study, using Attitudinal Scale Likert to analyze the perception of students and preceptors Medical Internship Program of Primary Health in the Casa de Saúde Santa Marcelina, a proposal for evaluation with different evaluation methods. **Métodos** : 28 assertions were created belonging to four distinct dimensions: skills development; formative nature of the evaluation; diversity and complementarity of evaluation methods and meta-evaluation. Through the analysis sought to identify the evaluative nature of skills development in the proposed process; analyze the perception of internal and preceptors, the diversity and complementarity of evaluation methods; identify moments of dialogue, feedback, shared learning and use of evaluation for making new decisions in the evaluation processes of the boarding school in APS. The analysis was compared according to studies evaluating Luckesi, Perrenoud and Batista. The research revealed that there was great harmony between the perceptions of students and tutors about the evaluation design proposed for the internship; the dimension that dealt with the diversity and complementarity of evaluation methods was the best scored, followed by meta-evaluation, formative nature of assessment and skills development. **Conclusões** :The Attitudinal Likert Scale was validated with 26 assertions loss of only 2 (7.14%) and an end reliability coefficient, calculated by the Spearman-Brown, of 0.81%, which showed the four dimensions of positive assertive look of the actors involved, validating the research instrument for research of this nature.

KEY WORDS: 1. Evaluation of Learning 2. Medical Internship 3. Primary Care Health 4. Formative Evaluation 5. Diversity and Complementarity of evaluation methods.

PALAVRAS-CHAVE: Avaliação no Ensino Médico; Internato médico; Atenção Primária.

OP12 - BREASTFEEDING-FRIENDLY PRIMARY CARE INITIATIVE: IMPACT REVIEW

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Introduction: Breastfeeding-Friendly Primary Care Initiative (BFPCI) was proposed by the State Health Secretariat of Rio de Janeiro (RJ) in 1999. Objectives: investigate the impact of BFPCI. Methods: literature review in the MEDLINE database about BFPCI' impact studies on the prevalence of exclusive breastfeeding (EBF) and other outcomes. Results: five studies were identified, one experimental and four cross-sectional. Experimental study with 20 FHP' units, half of them was exposed to BFPCI' 24 hours course, found a significant increase in median duration of EBF in the intervention group. Cross-sectional study in 24 basic healthcare center of the State of RJ found higher prevalence of EBF and maternal satisfaction in units with better performance in BFPCI ($p < 0.001$). Study at a basic healthcare center in RJ comparing two periods, before and after BFPCI certification, found a higher prevalence of EBF and a reduction in the number of consultations motivated by some type of disease among infants more than 4 months old ($p < 0.05$) after the certification. Study at 56 basic healthcare centers in Rio de Janeiro/RJ showed that, in the multivariate analysis, the upper tertile of performance was 34% higher prevalence of EBF (PR=1.34, 95% CI:1.24 to 1.44). Study at the municipality of Barra Mansa/RJ whose data source was obtained in two vaccination campaigns (before and after implantation of BFPCI certification), showed that EBF prevalence increased (30,2% to 46,7%) and the use of pacifier reduced (51% to 44%). Conclusions: BFPCI contributed to the practice of EBF and there were repercussions on maternal satisfaction, the use of pacifiers and infant health.

PALAVRAS-CHAVE: Breastfeeding; Primary Health Care; Health Evaluation

OP13 - BURNOUT PREVENTION THROUGH YOUNG DOCTOR MOVEMENT INVOLVEMENT

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Introduction and Objective: Fifty percent of family physicians across all age categories reported burnout in a recent 2015 report - a figure that is up from 43% just two years previously. This alarming trend proves worrisome due to the potential to decrease the quality of patient care, hurt recruiting into our specialty, and increase the number of associated health concerns. As Young Doctor Movements (YDMs) provide extracurricular activities and a strong social support network, this study looks to identify any differences in burnout between Family Physician (FP)/General Practitioner (GP) trainees and new physicians who are involved in YDMs and those who are not.

Method: FP/GP trainees and new physicians from all seven WONCA regions will be recruited via social media in order to complete the Maslach Burnout Inventory (MBI). Responses will be broken down into two groups - YDM participants and those not participating in a YDM. Mean values for the MBI's subgroups will be evaluated and compared for statistically significant differences.

Results and Conclusions: The study is currently underway with the results pending. It is expected that the YDM group's results will display decreased levels of burnout per their MBI responses. If these results hold true, this correlation would provide further evidence of the benefits of YDM involvement.

PALAVRAS-CHAVE: Burnout; Young Doctor Movement; Resiliency

OP14 - CARE PATHWAY PROJECT: THE PEDOGOGICAL PURPOSE AND ACTIONS ON MENTAL HEALTH IN PRIMARY CARE/BRAZIL

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Introduction and objectives: The Care Pathways project is one of the actions of the Health Ministry (HM) in partnership with three public health institutions for mental health in primary care; planned to provide training to all Community Health Workers (CHW) and one Auxiliary or Practical Nursing (APN) of each Family Health Services totalizing 292,899 students. Method: The project content based on national politics on mental health and drug abuse with damage reduction as a center of health care. The pedagogical purpose went toward to Freire's problematization method. Results and conclusion: The pedagogical team created three teaching materials, as well the courses to the students and to their "teachers", and trained 187 counselors (for distance education to the tutors), and 2000 tutors to focus the ability on reflections of the workers about their every-day capacity to make health intervention related with mental suffering and drug abuse in their communities. The course brought different points of view about mental health helping to construct a new look for it. It pointed to the need for training the whole primary care team to broaden the understanding on mental suffering.

PALAVRAS-CHAVE: Continuing education; Mental Health; Primary Care

OP15 - CONTRIBUTIONS OF FAMILY MEDICINE LEAGUE FOR A NEW MEDICAL EDUCATION

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Introduction and Objectives:

The Brazilian National Curriculum Guidelines (NCGs) for the Undergraduate Course in Medicine purpose the physicians must act with integrality perspective. They should promote prevention, recovery and rehabilitation of health. Many faculties in Brazil still have a pedagogical model focus on teaching diseases and medical specialties. The students don't have much contact with Primary Care (PC). The Academic League of Family Medicine (ALFM) is extracurricular activity that promotes a training in PC and may favor approximation of the traditional curriculum with the changes proposed by the NCG. To reflect about the contributions the ALFM can bring training students with a traditional curriculum.

Methods:

This is experience report of students from their training in the ALFM. The period was 8 months with total workload a hundred hours.

Results and Conclusions:

The students could see the contradictions between the disease centered model and person centered model. The family physicians usually aboard psychosocial aspects of patient's life. These doctors use genogram as a tool and tend to include the person in clinical decisions. The students had the opportunity to participate of a multidisciplinary team, which includes professionals from Matrix Support Teams. But there is still a lot turnover of doctors in PC. This impairs the health care.

The training in the Academic League of Family Medicine contributed to develop students' critical to the model centered in hospital and disease and promoted the integrality perspective of care.

PALAVRAS-CHAVE: Medical Education; Academic League of Family Medicine; Medical Students

OP16 - DARING TO BE DIFFERENT: CREATING A FAMILY MEDICINE QUALIFYING EXAM WHERE THERE ARE NO FAMILY DOCTORS

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Introduction and Objective:

Family medicine training is just beginning in Ethiopia. This rural country of 90 million has decided to address health care needs through primary care. TAAAC-FM is a collaboration between University of Toronto and Addis Ababa University. The three year family medicine program is about to graduate its first cohort. AAU's medical school has a 40 year tradition with summative terminal examinations employing MCQs and Viva. What assessment strategies would be most appropriate for the determination of competence to begin the practice of family medicine?

Methodology:

1. Engagement of the community of educators and learners (participatory action approach)
2. Striving to be different from other previous examination traditions in order to help distinguish family medicine from other disciplines. This included integration of current assessment tools such as Short answer management problems, OSCEs and SOOs (Simulated Office Orals) adapted to the language of the clinical encounter in Ethiopia.
3. The exam should reflect the unique qualities of family medicine – in particular the importance of context.
4. The exam is part of a larger approach to programmatic assessment.

Results and Conclusions:

1. Exam creation fostered faculty development in assessment strategies.
2. Exam fostered future teaching ideas using simulation.
3. The 'Simulated patient' was introduced as valuable and feasible in low resourced environment.
4. Broader 'faculty wide' interest in new assessment tools catalysed by novel family medicine exam.
5. Exam creation oriented teachers and learners to evidence- based teaching and assessment practices that should enhance learner experience.

PALAVRAS-CHAVE: family medicine; educational assessment; primary healthcare

OP17 - DEVELOPING A SUCCESSFUL GLOBAL HEALTH PROGRAM

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Introduction & Objective

International travel and relocation leads to the need for family physicians well versed in global health. The Northwell Health department of family medicine created a global health program for both residents and faculty. The mission of the program is to improve the health and well-being of children and families living in medically underserved communities in low and middle income countries through clinical care, education and research.

Methods

- Determined the resources available for the program (time, faculty, funds)
- Created both a longitudinal curriculum as well as short burst intensive electives for those pursuing the extra education.
- Partnered with the department of pediatrics who were embarking on a similar project.
- Followed a strategic approach to the global rotations
 - o Phase 1
 - ♣ Build partnerships with institutions located in key low-middle income countries for clinical and public health rotations
 - o Phase 2
 - ♣ Develop research collaborations with existing partner sites and also build collaborations with dedicated research institutions in resource limited countries
 - o Phase 3
 - ♣ Initiate opportunities for faculty exchanges, telemedicine and long-term educational interventions

Results & Conclusions

Since the revamping of our program 2 years ago, we have created 5 global sites and one local (US based) site for the training. There have been over 30 residents who have participated in the intense program along with 7 faculty. This has become a very competitive program and has increased built bidirectional global health and educational networks amongst our program and global sites

PALAVRAS-CHAVE: global health; residency; international health

OP18 - DEVELOPING THE "MOTHERS AND FATHERS OF FAMILY MEDICINE" IN PALESTINE: AN INNOVATIVE POSTGRADUATE INTERNATIONAL TRAINING PARTNERSHIP

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Introduction and Objective: This presentation describes an international collaboration between primary care academics at An Najah National University in Palestine and general practitioners linked to three universities in the UK and Italy.

The goal of the programme is to support the first accredited family practice training programme and to help build capacity in partnership with local and international NGOs and the Palestinian Ministry of Health (MoH). All partners are committed to a reorientation of established primary care centres to an integrated family medicine approach.

Method A needs assessment conducted over a period of a year - with visits and virtual meetings - will be described. The most urgent priorities were to breach the isolation of the Palestinian faculty and their first cohorts of residents and the certified family doctors. Palestinian colleagues can rarely leave the country and during frequent times of heightened security often have difficulty leaving their immediate vicinity.

Educational programme has therefore prioritised short and longer term visits by members of the IDFMP faculty to Palestine, and the use of an innovative weekly online case-based international seminars.

- **Results and Conclusions** This presentation will describe the development of the curriculum structured around Boelen's pentagram. The challenges and opportunities encountered in designing and delivering face-to-face programmes and their integration with the online learning platform will be described along with the process of capacity building and strengthening the faculty at An Najah University and supporting board certified Family practitioners to become trainer and leaders in the clinical setting.

PALAVRAS-CHAVE: Family Medicine; Capacity Building; Curriculum development

OP19 - DIDACTIC TEACHING FOR HEALTH CARE PROVIDERS IN UNDERSERVED POPULATIONS: LECTURING ON COPD AND ASTHMA IN PAKISTAN

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Introduction & Objective

Retention of didactic teaching is generally lower than that of more interactive methods. Nevertheless, this is often the accepted format for medical education in developing countries. In January 2015 a lecture on COPD and asthma was presented to 15 health care workers in rural Pakistan. The purpose of this study is to investigate their retention of information one year later.

Objective - to evaluate didactic medical teaching in an underserved international context, specifically regarding levels of retention.

Methods

A table contrasting the symptoms of COPD and asthma was developed based on current guidelines. An Urdu version of this table was the basis of a 20-minute lecture delivered to 15 health care workers explaining how to differentiate COPD from asthma. A series of brief fictional cases was then presented, in which the workers matched symptoms of each case with diagnosis. Each time a worker identified a relevant symptom, a pink sticker was attached to that symptom on the table. Workers learned to make a diagnosis based on which column (COPD or asthma) had the most symptoms with stickers. A 10-question multiple-choice exam was administered. Pre-test and post-test results from the same day as the lecture showed impressive registration and short-term retention. A follow-up exam showed excellent retention over seven days. An additional follow-up exam is issued twelve months later to assess long-term retention.

Results & Conclusions

The results will demonstrate how much information was retained one year after the lecture, with implications for how physicians should teach internationally to underserved populations.

PALAVRAS-CHAVE: underserved areas, medically; medical education; countries, under developed

OP20 - EDUCATIONAL IMPRINTING OF EXPENDITURE PATTERNS IN TRAINING

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Background

Medicare beneficiary spending reflects that of Hospital Referral Regions (N=306) in which physicians trained; an “imprint” sustained for nearly two decades. We tested whether this relationship held at smaller Hospital Service Areas (HSAs) (N=3,436) and also investigated sponsoring institution features, inter-specialty differences, and claims-based, quality measures.

Methods

We performed multi-level, multivariable analysis of 2011 Medicare claims data for a stratified, random, nationally representative sample of family physicians and general internists who completed residency between 1992 and 2010 and had more than 40 Medicare patients. Practice and training locations were matched with Dartmouth Atlas HSAs and categorized into cost groups.

Results

Our sample included 3,075 physicians providing care to 502,920 beneficiaries. The unadjusted, annual spending difference between physicians trained in high- and low-cost HSAs was \$1,644 [95% CI: \$1,253-2,034]. The training and practice spending patterns remained significantly associated after controlling for patient and physician characteristics. General internists were significantly more likely to train in high-cost HSAs. Institutions with more graduates in rural practice and primary care produced lower-cost physicians. There were no significant quality differences across training HSAs, and no association with HSA practice.

Conclusions

The “imprint” of training spending pattern on residents and their downstream Medicare costs of care remains significant using small health-care spending geographies, 82.4 percent of which contain single training institutions, without discernable quality imprinting. Institution-level results point to training models that produce less costly primary care physicians. These findings support long-standing recommendations and promising programs that could improve the products of graduate medical education.

PALAVRAS-CHAVE: Post Graduate Training; Health Care Costs; Educaiton

OP22 - EVIDENCE-BASED MEDICINE AND QUALITY ASSURANCE WORKSHOPS A TEACHING STRATEGY IN UP-PGH DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE RESIDENCY TRAINING P

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Introduction and Objective.

This study aims to determine the effectiveness of Evidence-Based Medicine (EBM) and Quality Assurance (QA) lectures and workshops on osteoporosis screening as a teaching strategy in improving the current level of knowledge and appropriate care given by resident physicians of UP-PGH Department of Family and Community Medicine (DFCM) for adults at risk for osteoporosis.

Method.

A before-and-after educational intervention study was conducted within the residency training program of the UP-PGH DFCM. Results. A total of 28 resident physicians and 300 medical records of adult patients aged >50 years who were considered at risk for osteoporosis were included in the study. There was an overall significant increase in mean knowledge scores of resident physicians on osteoporosis after the four sessions. None of the medical records reviewed documented evaluation and screening for osteoporosis. Hence, the appropriate standard of care was not achieved as a target.

Results and Conclusion.

Evidence-Based Medicine and Quality assurance workshops conducted for resident physicians of UP-PGH DFCM were effective in improving the current level of knowledge in osteoporosis screening. However they were not an effective strategy in improving the level of appropriate care provided for adult patients at risk for osteoporosis.

PALAVRAS-CHAVE: Osteoporosis; Residency Training; Quality Assurance

OP23 - EXPERIENCE REPORTS OF INTERNSHIP FROM A PUBLIC UNIVERSITY IN A UNIT OF PRIMARY HEALTH CARE (PHC)

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Objective: Report the integration experience of study-service in a unit of PHC which has residence in Family and Community Medicine, during one month length casters to the interns involved.

Methodology: To report the experience.

Results:

It was observed difference in 'preceptorship' the interns learning in relation to the residents'. The main difficulties were: obligatory of the boarding period and resistance to it, among with the trainee's short lenght. It was needed to suit the working processes of the unit to the DCN and the boarding period's objectives – DMIFC. There was great knowledge exchange between all those involved, showing great differences in each new class.

Strategies of Preceptorship:

-Analysis of weekly field reports along with discussions of clinical cases. These two activities were used to improve the course and planning new activities.

There was a final students report about their learning.

-Definition of the general and specific learning objectives expected at the end of the caster, conducted by the Coordination of the boarding period.

-Establishment of a coexistence contract and definition of the activities schedule to:

a) Prevent tension;

b) Avoid overexposing the patients;

-Carry out interviews to know the work of the professionals of the unit.

-Use an unit member as a reference to the interns.

-The teachers of the undergraduate course kept working in the units, to interact with the local preceptors, reevaluate and improve the courses of gruduetion

Conclusion: The preceptorship required great emotional mobilization and team work, but, in the end, the results were satisfactory.

PALAVRAS-CHAVE: Experience Report, Internship; PHC; Strategies of Preceptorship

OP24 - FAMILY HEALTH STRATEGY TEAM WORK PROCESS – THE PAIDEIA METHOD AS CO-MANAGEMENT TOOL FOR HEALTH CARE

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Background and Aim

The aim of this study was to implement the Paideia Method as co-management tool in / with a Rio de Janeiro Family Health Strategy (FHS) team. The Paideia Method is used as a co-management tool in health care and work process, based on the Permanent Education in Health (PEH), a methodology that seeks to empower the workers and the health care process in the daily practice, increasing reflections, questionings and changes in the health work process.

Methods

It was an intervention in the daily practice of the health team, an Intervencionist Project that used descriptive qualitative research thecnics as part of the implementation of the proposal of the Paideia Method under the logic of the PEH, as: field dairy, focal group and narrative. It was analysed based on Bardin analysis of thematic content. The participants of the study were: a nurse, a family health doctor, six community agents, and a nursing technician.

Results and conclusions

Through the implementation of the Paideia Method in team meeting space, some changes happened in their work process: proper place for meeting, increasing professional participation, expansion and organization of the meeting duration, strengthening of professionals ties, stimulate reflection and questioning of everyday issues, enable the exchange of knowledge in addition to the planning and monitoring of activities of the health team. The Paideia Method aim to expand the capacity for reflection and analysis of health workers, as well as producing a less vertical relationship between them to improve the health care process.

PALAVRAS-CHAVE: Family Health Strategy; Health Management; Public Health

OP25 - FAMILY MEDICINE AND ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) IN ECUADOR

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• Introduction and Objective

Family medicine first became a specialty with residencies in 1968. Family medicine was first introduced to Ecuador in 1987. This was one of the first countries in Latin America to have formal family medicine residencies.

The American Academy of Family Physician's Advanced Life Support in Obstetrics (ALSO) is a two-day emergency obstetrics course which was developed in 1991 and introduced to Ecuador in 2003. Ecuador was one of the first countries in Latin America to teach ALSO and has been a leader in the dissemination of the ALSO course throughout Ecuador and Latin America.

In 2015, Ecuador underwent a program to retrain general physicians (GPs) throughout the country as family physicians. Taking the ALSO course was part of this training. This may serve as a model for teaching GPs to attend deliveries and meet the need for skilled birth attendants throughout the world.

• Methods

The number of GPs retrained as FPs and the number of GPs who took the ALSO course has been tracked. The number of deliveries attended by a skilled birth attendant has also been tracked.

• Results and Conclusions

As GPs are retrained as FPs and their ability to manage obstetrical emergencies improve, the percentage of deliveries attended skilled birth attendants has increased. Based on sound evidence, the World Health Organization has recommended that every birth be attended by a skilled birth attendant as an important means of decreasing maternal morbidity and mortality. Ecuador's teaching of ALSO to GPs may serve as a model internationally.

PALAVRAS-CHAVE: EMERGENCY MEDICAL SERVICES; OBSTETRICS; EDUCATION

OP26 - FAMILY MEDICINE FACULTY DEVELOPMENT IN SUB-SAHARAN AFRICA: A QUALITATIVE NEEDS ASSESSMENT

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• Introduction and Objective

Universities and hospitals in many Sub-Saharan African nations are beginning Family Medicine training programs. These institutions have had difficulty finding faculty adequately prepared for teaching, curriculum development, and leadership. The objective of this study was to describe the current status of faculty development and determine implications for future faculty development for sub-Saharan African family physicians.

• Methods

Investigators conducted a cross-sectional qualitative assessment of faculty development needs for Family Medicine programs in Ethiopia, Ghana, Kenya, Nigeria, Rwanda, Tanzania, Togo and Uganda. Semi-structured interviews were held with 37 purposefully selected informants in the field of Family Medicine education. Interviews were transcribed and qualitative data analysis was completed.

• Results and Conclusions

Data analysis revealed major themes regarding current and future programming. Informants felt that teaching was a skill separate from clinical skills but that leadership often assumed that clinical training was sufficient to become a teacher. Informants reported that faculty development was most likely to be successful when built upon local mentoring and regional and international partnerships. It should be supported at the level of the department, institution, and licensing bodies. The results of this project will inform the development, implementation, and evaluation of new curricula to address the needs of faculty in countries where Family Medicine is emerging. This project will contribute to local and global efforts aimed at strengthening the competencies of Family Medicine faculty.

• Disclaimer - Conflicts of interest: None

PALAVRAS-CHAVE: EDUCATION, PROFESSIONAL; FACULTY, MEDICAL; AFRICA SOUTH OF THE SAHARA

OP27 - FAMILY MEDICINE IN ETHIOPIA: OVERCOMING CURRENT CHALLENGES AND SEIZING OPPORTUNITIES FOR FUTURE GROWTH

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Ethiopia's health indicators are among the worst in the world and there is a major physician shortage in the country. Ethiopia currently only has 3 physicians per 100, 000 populations. There is a growing recognition that development of Family Medicine as a specialty could help address Ethiopia's health care challenges. The first Family Medicine residency program was started in 2013 at the Addis Ababa University in collaboration with the University of Toronto and the University of Wisconsin and graduated its first class of residents in January of 2016. The Ethiopian Ministry of Health is planning to start additional Family Medicine programs in an effort to increase the number of family physicians in the country. Even though family medicine is off to a good start and there is vision at the highest level for rapid expansion, significant challenges remain. The challenges include that family medicine is not well understood by the community, the roles of family medicine is still not well understood, family medicine residents are uncertain about their future career options, there is scarcity of local family physicians and limitation of resources. For successful expansion of family medicine in Ethiopia, we need to develop common vision for family medicine, have continual discussion on potential roles of family medicine in Ethiopia, build local capacity and ownership, have policy framework placing family medicine at the base of the primary health care delivery and develop collaborative relationship with other sub-Saharan African countries.

PALAVRAS-CHAVE: Ethiopia; Family medicine; Residency

OP29 - FAMILY MEDICINE: MEDICAL TRAINING IN BIOPSYCHOSOCIAL MODEL

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Introduction and Objective: Family medicine is the model of care of the Unified Health System (SUS), whose principles are: universality, integrity and equity. More than curing disease, family medicine aims to the promotion, protection and prevention of community health, in an ethical and humane way, creating ties with families. This study aimed to understand the change from the Biomedical model vision to the Biopsychosocial, in which the community and the citizens are met in their entirety, with their differences and peculiarities respected.

Method: observations were made from home visits conducted by the multidisciplinary family health team strategy (ESF - "Estratégia Saúde da Família"), the practical activities of the Community discipline, Course of Medicine, PUC Goiás and analyzed the field.

Results and Conclusions: It was observed that home visits from health professionals increased interaction with the environment family and community; They enabled the mapping of determinants and health situations; and strengthened influence to change habits, lifestyles harmful to health and treatment. The community acquired more credibility and trust with the team. The Family Medicine provided a broader view of the actual conditions of family life, allowing to identify health risk factors, to guide the family to take measures such as changes in lifestyle that will contribute to a lower morbidity rate in the region improving the community's quality of life. Thus, the subjective nature of medical care runs through the humanization of health as a priority in the biopsychosocial model.

PALAVRAS-CHAVE: biopsychosocial model; Medical training; Family Medicine

**OP30 - GENERAL PRACTICE IN MEDICAL EDUCATION: A COMPARATIVE
STUDY OF UNDERGRADUATE MEDICAL EDUCATION POLICY
DISCOURSE IN BRAZIL AND THE UK**

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Introduction

General Practice's role in medical education is expanding throughout the world in response to the reorientation of health care from specialized focused hospital care towards generalist primary care. In the countries where demand for primary care services increased, medical schools shifted their medical curricula towards national medical education policies or guidelines that encourage General Practice placements throughout the duration of the course. The objective was to compare the discursive strategies used by medical education policies in Brazil and the UK in regards to the characterisation of General Practice as a field of knowledge throughout history.

Method

A comparative research design has provided the structure to understand the development of General Practice discourse in both countries. A Foucauldian discourse analysis of medical education policies was conducted to reveal the relationship between knowledge and power. Policies were gathered from the establishment of public national health systems in both countries (Brazil - 1980s and UK - 1940s).

Results / Conclusions

Each country demonstrates a particular discontinuity of discourses. In the UK, General Practice is gradually reintroduced to medical education: first, as its final product and finally as consultant/specialist equivalent, with gains and losses in its distinguishing characteristics. In Brazil, Family Medicine was first introduced through its absence in the Basic Health Assistance discourse and finally as a new and distinct medical field alienated from its key origins. The study has conducted a deep analysis of the political/economical/social context surrounding the vicissitudes discovered, revealing the power struggles present in the history medical education.

PALAVRAS-CHAVE: general practice; medical education; discourse analysis

OP31 - GENERAL PRACTICE RESIDENTS' PERCEPTIONS ON THE DUALY ACCREDITED PROGRAM: A PILOT QUALITATIVE STUDY

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Introduction and Objective

To train qualified general practitioners and attract more graduates into general practice, a dually accredited program which integrated a 3-year general practice master degree program with the general practice residency training program was implemented in China since 2012. This study was aimed at revealing the opinions and perceptions of the residents on the dually accredited program and to provide advice to help this program develop efficiently.

Methods

We conducted three focus groups to identify the needs and viewpoints of the residents in Beijing in January 2015. Furthermore, we analyzed the audiotapes and transcripts to extract themes. The data was processed by content analysis in February 2015.

Results and Conclusions

Three dominant themes were converged: perception on the program and training, perspectives of general practitioners' positioning, and views on future career as general practitioner. The residents acknowledged the importance of the dually accredited program, the necessity of general practice continuing education for specialist faculty, the urgency of designing community-based training curriculum during clinical rotation, and the benefits of cooperation between specialist and general practitioner. But some barriers including undervalued profession, low social prestige and financial reward, insufficient clinical skills, and unattractive career future hindered their career choice in general practice.

This study achieved significant findings from the insights of the residents on the general practice dually accredited program. These conclusions would help revise and improve the dually accredited program in future training. The strategies to solve these barriers need to be designed and implemented by government.

PALAVRAS-CHAVE: general practice; integrated training; qualitative research

OP32 - GENERAL PRACTITIONERS' VIEWS ON THE ACCEPTABILITY OF USING QUALITY INDICATORS TO REDUCE UNNECESSARY PRESCRIPTION OF ANTIBIOTICS IN SOUTH-AMERICA

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Introduction and Objective

Use of quality indicators has been advocated to be a good tool to reduce the unnecessary use of antibiotics. Quality improvement is context dependent, thus we aimed to explore GPs views about the acceptability of using quality indicators to reduce the unnecessary prescription of antibiotics in patients with suspected Respiratory Tract Infections (RTIs) across 4 countries in South-America.

Method

In March 2015, General Practitioners (GPs) from Argentina, Bolivia, Paraguay and Uruguay participating in a quality improvement program were invited to participate in focus groups in which a previously developed discussion guide was followed. Data was analyzed through systematic text condensation with an inductive approach

Results and conclusions

171 GPs were invited to the focus groups and 48 % participated. There were not statistically significant differences between those attending or not de focus groups. The breadth of acceptability ranged from totally acceptable to slightly acceptable. The reasons behind this can be classified into the following domains: a) Health system barriers and facilitators, b) GPs as a professional group, c) Decision-making process and d) doctor-patient relationship. In general, there was a positive view toward the use of quality indicators as a tool to help GPs to reduce the unnecessary use of antibiotics. Nonetheless, applicability challenges arisen from the above-mentioned domains have to be taken into consideration and hopefully sorted out in order to consider the use of quality indicators an effective tool to be implemented in General Practice within the South-American context.

PALAVRAS-CHAVE: focus group; quality improvement; decision-making process

OP33 - GENERALIST MEDICAL TRAINING: JAMES COOK UNIVERSITY TRAINING GPs FOR CAREERS WITH ADVENTURE, SKILLS AND IMPACT IN NORTH-WESTERN QUEENSLAND AUSTRALIA

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Introduction and Objectives

James Cook University's Generalist Medical Training unit is a new organization delivering the Australian General Practice Training Program in North-Western Queensland, Australia from 2016. This paper outlines GMT 's establishment and its plans to address the workforce needs of the region.

Methods

In a first for an Australian university under AGPT, JCU has direct responsibility for providing 3-4 years of post-graduate training to RACGP or ACRRM Fellowship. Nationally there are over 4,000 AGPT registrars, with around 1,000 in Queensland. Half of those are in North-Western Queensland which makes up 90% of Queensland's geographic area with a population of over 1.5 million, including 100,000 Aboriginal people and Torres Strait Islanders and most of Queensland's rural/remote towns and regional centres.

Results and Conclusions

JCU's distinctive model of general practice training is integrated with clinical training delivered through clinical schools, rural training sites, and the Mount Isa Centre for Rural and Remote Health. The training model is community-engaged, collaborative and geographically-distributed, with smart use of technology and an emphasis on local delivery and development of local capacity. A strong apprenticeship model remains the core of training with a strategic intent to focus on the healthcare needs of remote and underserved areas and Aboriginal and Torres Strait Islander communities and strengthen the training pipeline from medical school to a career in general practice. JCU will be building on the solid foundation established by previous GP regional training providers in concert with the RACGP, ACRRM and the Commonwealth Department of Health.

PALAVRAS-CHAVE: medical education; postgraduate; social accountability

OP34 - GLOBAL HEALTH IN FAMILY MEDICINE: BUILDING CONSENSUS ON ENHANCED SKILLS

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Introduction & Objective

Global Health training, including care of underserved populations domestically and internationally, is increasingly popular among family medicine residents. There are currently five Global Health Enhanced Skills Programs (GHESPs) across Canada, with a wide variety of approaches to curriculum. This study is intended to establish guidelines for curriculum development in GHESPs for postgraduate family medicine education.

Objectives - to determine expert consensus recommendations for:

- (1) core content (required) topics
- (2) teaching methods
- (3) evaluation

Method

A Delphi survey was developed to generate expert consensus. The initial survey was based on existing Canadian family medicine GHESPs, and a review of current literature. A panel of global health experts was recruited from family medicine programs across Canada, including faculty, residents and recent graduates of GHESPs. The initial survey is administered with results returned to participants for validation and exploration of outlier responses. The survey is then revised to focus on the topics, methods and evaluation techniques selected by the majority. This process is repeated until consensus is achieved.

Results & Conclusions

The results will determine recommended core areas of training for residents of family medicine GHESPs. Specific teaching methods will be addressed for each topic. A consensus on resident evaluation methods will also be reviewed.

PALAVRAS-CHAVE: underserved areas, medically; medical education; curriculum

OP35 - HELP, I HAVE A DIFFICULT CASE

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Introduction and Objective

Balint groups have been conducted by general practitioners since the 1950s as a means to study and reflect on the doctor-patient relationship. The technique grew to encompass other professions interested in its potential to favor an empathic disposition and induce participants to rethink the clinical encounter, by exposing them to divergent thinking. Invited by a leader, a presenter shares an emotionally challenging situation with other participants, who then go on to discuss it. This arrangement propitiates contact with one's own feelings, as well as mutual recognition among attendees. It has been seen as a promising way to enhance empathy and resilience in many countries. Here we describe a Balint group composed by the authors.

Method

In Rio de Janeiro, in a context of fast expansion of primary health care coverage in areas of great social vulnerability, the authors began studying and organizing Balint groups. The goal, apart from disseminating the method, was to offer it as a possibility of care for health workers. Since May 2014, meetings have taken place monthly, with family doctors, residents, students and other health professionals.

Results and Conclusions

The group has been constantly growing stronger, and today many participants have sought training overseas, especially with the American Balint Society. The initiative has stimulated a qualified expansion of Balint groups in Rio de Janeiro, eased the sense of isolation of health workers, and helped deconstruct care paradigms, besides representing a safe spot for its members to explore care situations which are considered difficult with regards to its relational aspects.

PALAVRAS-CHAVE: Psychoanalytic Therapy; Burnout; Health communication

OP36 - HOW TO ATTAIN IMPROVED SUPERVISION FOR RESIDENTS IN PRIMARY HEALTH CARE

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Introduction and objectives:

In order to be able to support our supervisors in our primary health care clinics in their daily training of residents we have investigated residents and supervisors expectations on each other. The result of our study will be used to design education for supervisors in our area and analyze the responsibility of different stakeholders in the educational situation.

Method:

We have used the Delhi method where residents and supervisors separately had to answer two questions.

A. What elements should be included in good tutoring?

B. What elements do you think your supervisor/ you as a supervisor need to improve?

The answers were assorted into areas of content and sent out once again for priority of importance. The result is presented as two listings from each group with the answers to question A and B.

Result and conclusion:

The results indicate that both residents and supervisors stress their sheltered supervision time, medical and professional guidance and instruction in daily work, structured guidance, mutual feedback and structured assessment . The supervisors wish to participate in supervisory networks, to learn more about the structure of specialty training, assessment methods and consultation training. Both groups see the need for updated medical knowledge of the supervisory group.

The opinions of the residents and their supervisors will be used in tailored educational programs and regional instructions for supervision. The goal is to complete this during 2016 in the network of Directors of Clinical Education in Region Västra Götaland

PALAVRAS-CHAVE: supervision; tailored education; regional instructions

OP38 - INCORPORATING AN INTEGRATED MODEL OF PRIMARY CARE FOR MENTAL HEALTH IN MEDICAL EDUCATION IN BRAZIL

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Introduction and objective: Medical training in mental health is generally inadequate and typically omits an integrated approach to primary health care provision. This work aims to report 16 years of experience in incorporating an integrated approach to primary healthcare for mental health in medical education at the Ribeirão Preto School of Medicine (University of São Paulo, Brazil).

Methods: We present the content of the program, a narrative summary of experiences with its development and results of quantitative and qualitative analyses of its impact.

Results and conclusions: The training program commenced in 1999. Currently, this program has a catchment area of approximately twenty thousand people and six Family Health Strategy (FHS) teams. Family medicine residents undertake eighty hours of seminars with a psychiatrist in three-part series titled: patient-centered medicine, communications skills and mental disorder management. In primary care service units, trained senior family physicians makes daily supervision for undergraduates and family medicine residents. The six FHS teams participate in weekly joint consultations and liaison activities coordinated by experienced mental health specialists and psychiatry residents. Family medicine and psychiatry residents and undergraduate medical students do a field placement on psychiatric emergency service. Senior and resident family physicians, who have undertaken the training program, reported managing mental disorders routinely. Most undergraduates rated primary care mental health activities as "important or very important" for their medical training. To date approximately 150 family medicine residents, 40 psychiatry residents and 1000 undergraduate medical students concluded the training program.

PALAVRAS-CHAVE: primary care; mental health; integrated care

OP39 - INTEGRATIVE AND COMPLEMENTARY PRACTICES IN THE FAMILY PHYSICIAN FORMATION: INTERNATIONAL EXPERIENCES AND CAPABILITIES IN BRAZILIAN SCENARIO

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INTRODUCTION AND OBJECTIVES: Demand for Integrative and Complementary Practices (ICP) has increased significantly in recent decades. Thus, it discusses the space that the ICP receive in family doctors training. This study aims to review scientific materials to report successful experiences of inclusion of ICP in Family Medicine Residency. **METHODS:** Twenty-six articles related ICP with medical education were analyzed, identified from the descriptors: "Complementary and integrative practices", " family medicine residency", "medical education", "complementary and alternative medicine", and equivalent in other languages. **RESULTS AND DISCUSSION:** The main results came from international experiences, like the US, where curricular adjustments at national level have been defined, with minimal skills in ICP that family medicine residents should develop. Other experiences have also shown that there are different ways to include the ICP in a pre-existing curriculum through workshops, seminars, online courses, internships, lectures, and others. The experience of Cuba stands out for bringing an example of inclusion of ICP since graduation, preparing doctors to apply the ICP in advanced level. In Brazil, despite being provided inclusion of ICP in Family and Community Medicine (FCM) curriculum as an optative internship, no articles were found related to the residency. In conclusion, there are good international examples that can serve as basis for the Brazilian residencies. Moreover, it is of great importance the national scientific production, so good experiences become known and this partnership between ICP and FCM been consolidated in Brazil.

PALAVRAS-CHAVE: Complementary Therapies; Medical Residency; Family Practice

OP41 - KNOWLEDGE AND USE OF MINI-CEX. GRADUATE CLINICAL COMPETENCE OF FAMILY MEDICINE. URUGUAY

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Introduction: Continuous assessment requires uniformity postgraduate qualification criteria, which ensures minimum training regardless of the school. A predefined teaching tool improves objectivity, instances of return and opportunities for improvement. Mini-cex It is perceived as a useful tool for teachers and graduate with low frequency use.

Objective: To assess the teachers / tutors, graduate of Family and Community Medicine (FCM) knowledge and use of the evaluation tool of clinical competence mini CEX (Mini Clinical Evaluation Exercise), and importance they attach to it in training, Uruguay, March 2014.

Specific: To know how many teachers / tutors specialty know, use and have been trained in the MINI CEX tool. Knowing qualitative assessment of utility, and how many students graduate known, has undergone and frequency, and qualitative assessment of utility.

Methodology: Descriptive, cross-sectional telephone survey, anonymously, after obtaining verbal consent, semi questionnaire. Teachers, tutors and graduate of the Department of FCM.

Results: 112 teachers 7 excluded. 52 (48%) responses. Known method: 24 (46.1%). 15 (62.5%) use it. Of these 8 (53.3%) they are trained. 103 residents, answered 80 (77.6%). 30 (37.5%) reported for the method. Of all respondents (25%) reported that it was applied. 88.9% of the instances by teachers (n24) 11% by tutor. 20 residents (95%) felt that contributed to their formation. High percentage of graduate programs do not benefit from the postgraduate aplicación. 78% do not know the tool. 25% was evaluated.

PALAVRAS-CHAVE: medical education; education performance; mini cex

OP42 - LEVEL OF INTEREST IN FAMILY MEDICINE AMONG MEDICAL STUDENTS AT THE UNIVERSITY OF THE WEST INDIES MONA CAMPUS, JAMAICA

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Introduction and Objective

A strong primary health care system is shown to reduce health care disparities, improve health outcomes and decrease health care cost. Family Medicine trains doctors to deliver high quality primary health care. This study examined the level of interest in Family Medicine among medical students at The University of the West Indies (UWI), Mona Campus.

Methods

A descriptive, cross-sectional survey was conducted between April and May 2015 among final year medical students at UWI Mona Campus. A pre-tested self-administered questionnaire was used.

Results and Conclusion

There were 135 respondents out of 256 students (52.7% Response rate). The majority were under thirty (54.8% -20-24; 38.5% 25-29) with a female preponderance (71.9%:28.1%). Nearly half (46.7%) expressed an interest in Family Medicine and of these 30% characterized their interest as “considerable” or “strong”. A Chi-square test for independence (with Yates Continuity Correction) indicated significant association between gender and interest in Family Medicine status, $\chi^2 (1, n=133)=3.79, p=.05, \phi=.19$. Over 50% of respondents felt remuneration and workload were important factors in choosing a specialty with prestige and perceived level of difficulty of the Residency Programme being less influential. For those interested in Family Medicine the scope and holistic nature of the specialty as well as the flexible hours were cited as having the greatest impact on their choice

Findings can inform policy makers as to the level of interest in Family Medicine among medical students. Ascertaining this information is an essential step in preventing a shortage of family physicians through targeted interventions.

PALAVRAS-CHAVE: Physicians, Family; Students, Medical; Internship and Residency

OP43 - LONG TERM RETENTION OF KNOWLEDGE AND CONFIDENCE AMONG NON-INTENSIVIST PROVIDERS AFTER A CRITICAL CARE SIMULATION TRAINING OF ALSO COURSE

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Introduction and Objective:

In low-resource settings, primary care providers are responsible for extremely sick pregnant women and their transfer to higher level facilities. The aim of this study was to measure the level of knowledge and confidence before, and long-term after an Advanced Life Support in Obstetric (ALSO) simulation-based pilot training in critical care in order to understand the impact of training on these components in primary care providers.

• Methods:

An educational intervention study was carried out in 2015 in Colombia, Uruguay and Guatemala. Ninety healthcare workers of different cadres were trained in "critical care obstetrics", which addresses basic critical care concepts including: acid-base balance, interpretation of blood gases, and successful transition from primary care to intensive care. Knowledge, and confidence were tested in three groups: group one: before; group two: three to six months after; and group three: six months to one year after training. Knowledge and confidence were tested by completing a web 30-item multiple-choice questionnaire.

• Results y Conclusions:

Mean knowledge scores increased after training from 53.8 % to 67.8 %, but decreased slightly (61,0 %) close to 12 months follow-up. The mean score in teamwork and successful transition from primary care to intensive care showed the most significant increase after training from 44.3% to 67.0%. Confidence increased after training, and was largely retained at long term follow-up. This pilot training resulted in a long-term increase in knowledge, and confidence. Knowledge in some areas decayed after long-term follow-up, however, in some new and difficult topics were largely retained.

PALAVRAS-CHAVE: Critical Care; Simulation Training; Pregnancy Complications

OP44 - MAGUEREZ'S ARCH: INTEGRATING PRECEPTORS, WONDERING THE MEDICAL RESIDENCY AND EVALUATIVE PROCESS

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INTRODUCTION AND OBJECTIVE:

The opening of new medical residencies in priority areas provides training in undreamed counties, bringing the need for qualification for active preceptor inserted into the local health network. To use methodologies that facilitate learning and evaluate is the preceptor's mission, whose figure is primordial in this training.

This study aims to: integrate the preceptors, determine the current process of evaluation of Family Medicine's and obstetrics and gynecology's residents, expanding and standardizing the instruments used in this follow-up.

METHODOLOGY

Were promoted meetings with preceptors using problematization methodology, based on Magueréz's Arch. From a problem situation trigger came observation of our reality of perception and its challenges. In sequence, after illustrative video about student, preceptor and evaluated product, the discussion turned to the evaluation process, listing problem's key points and developing an issue of learning, whose statement was "What are the evaluation methods and tools that can be used by preceptorship that contribute in an impartially and formative way for the construction of knowledge in the learning process? ". The synthesis and answer to the question was experienced at a theorizing moment, already developing proposals to be used and standardized in the residency According to the arch, we will have solution's assumptions and intervention in reality.

RESULTS

The experienced encounters promoted greater integration between preceptors of Family Medicine and Obstetrics and Gynecology and is a clear need to share anxieties, as well as the use of impartial and standardized instruments to collaborate with the formation of the resident.

PALAVRAS-CHAVE: preceptor; residency; Magueréz's Arch

OP45 - MATRIX SUPPORT IN DERMATOLOGY: BREVES/MARAJÓ ISLAND/PARÁ/BRAZIL

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INTRODUCTION/OBJECTIVE: The medical school does not guarantee the necessary training in dermatology for the performance in Primary Health Care. The matrix support is a methodology to overcome gaps in training, bringing the specialist close to the general practitioner, for a resolute approach in the PHC based on clinical diagnosis and definition of referral criteria. This work was a Breves Municipal Health Office initiative. One week training on the most common skin diseases in the Primary Health Care in Breves, which has professionals arising from the most distinguished national realities and also Cuban doctors. **METHOD:** In the first morning it was possible to know the participants, their experience and questions relevant to the field and discuss clinical cases. Were conducted 8 rounds of joint consultations of the cases selected by the local teams, each turn on a different Family Health Unit and a final evaluation round with all participants. **RESULTS/CONCLUSION:** We evaluated a total of 120 patients. The most frequent pathologies were atopic, seborrheic and contact eczema, vitiligo, versicolor pityriasis, dermatophytosis, residual macules, 3 new cases of leprosy, review of cases diagnosed mistakenly as leprosy and evaluation of cases after discharge. A case of Jorge Lobo mycosis was diagnosed in a 70 years men development since 15 years and a case of pemphigus vulgar. Matrix support in dermatology should be performed at least every six months, considering the difficult and expensive access to Breves, to ensure qualified and resolute attention in Primary Care regarding skin diseases, with emphasis on leprosy.

PALAVRAS-CHAVE: Matrix Support in Dermatology; Family Health Strategy; Continuing Education

OP46 - MAXIMISING THE IMPACT OF A 'TEACH THE TEACHERS' COURSE IN FAMILY MEDICINE IN SOUTH AFRICA

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Introduction and Objective

South Africa (SA) is embarking on a revitalisation of its primary care services with a long term view to improve universal coverage through national health insurance. To strengthen primary healthcare they have entered a partnership with the UK Royal College of General Practitioners. We believe a two pronged approach of both expanding the pool of trainers to train the necessary number of new FPs and, simultaneously, ensuring the competency of the doctors produced is high quality is the most efficient way to address the urgent need for FPs and improve health care outcomes. To improve training, the RCGP has led three 'Introduction to Training the Trainer' 5 –day Programmes. This has resulted in 54 family physicians, 6 from each of the nine FP training programmes learning the fundamental principles of training.

This project aims to reinforce the principles introduced through workplace based quality management visits to cover the 9 training programmes. We aim to set a standard for training, which trainers can be evaluated against by 'Master Trainers'. Achieving this standard would be the basis of joining a future special interest group within the SAAFP for medical educators

Method

- Production of a quality management process and documentation by expert consensus.
- Road testing this using an iterative, action research based process by site visits to the trainers workplaces during 2016

Results and Conclusions

Will be presented at the WONCA conference

PALAVRAS-CHAVE: faculty development; postgraduate training; quality management

OP47 - MEDICAL INTERNSHIP: A PROPOSAL FOR A CONTINUOUS EVALUATION BY COMPETENCIES

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Introduction and objective: The assessment for learning in the medical internship, consistently and coherently, is an ongoing challenge. This study describes a formative and continuous assessment tool (Competency Matrix (CM)) with criteria and parameters that are previously agreed between tutors and students and periodically recorded during the internship.

Method: longitudinal Application of CM containing the dimensions of Knowledge, Attitude and Practice, matrixed with contents: conceptual (SUS principles, APS Attributes, MFC characteristics, Centered Medicine in person), instrumental (Access database, SOAP, CIAP, MBE / Clinical Epidemiology) and substantial (prevalent clinical themes).

Results and conclusions: The continuous use of this instrument allows students and tutors to identify the learning potencialities and needs, building and fixing the route of acquisition of key competences to medical training. This is the formative assessment fase. The periodic reflection on the observations of CM occurs in two stages along the internship. Tutor and student identify whether the goals are being "hit" or "unreached" and rework strategies to review the competence item not reached. Eventually, in a third moment, at final of the stage, there is the selective evaluation fase, with the completion of approval or not the student. This Competence Matrix, has been applied and improved over the last three years of medical school where the authors are preceptors of Medicine of Family and Community. It was created to promote consistency between educational level and the gradual acquisition of skills required to operate in Primary Health, through the constant rearrangement of strategies by the student and his teacher.

PALAVRAS-CHAVE: Graduate Medical Education; Teaching Methods; Educational Assessment

OP48 - MEDICAL PRACTICE IN THE COMMUNITY AS AN ESSENTIAL ACTIVE TEACHING STRATEGY IN MEDICAL EDUCATION IN BRAZIL: EXPERIENCE REPORT

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Introduction: As recommended by the 2014's National Curricular Guidelines for Medical Programs, the undergraduate medical program at UNIFENAS-BH uses Primary Healthcare (PHC) as teaching scenario via a discipline named "Prática Médica na Comunidade (PMC)". PMC applies active teaching and learning methods and occurs from the first to the fourth term.

Objective: To report students' experience on the impact of 'PMC' in medical training.

Method: Students' report on eight cognitive workshops, seven technical visits to PHC sites, and production of eight e-portfolios in 2015.2 in Belo Horizonte (Brazil).

Results: Health interventions were undertaken with selected families on health promotion, self-care and on the influence of family and social determinants on the health-disease dyad.

Discussion: PMC enabled deep, critical, and reflexive exposure to Brazil's Unified Healthcare System (SUS), PHC, and to learn how to learn since medical course on set. The workshops enhanced knowledge and attitude necessary for visit selected PHC units and households, which in turn, enriched reflexive-portfolio report. Such visits improved students' listening skills, empathy, humanization and capacity to see patients beyond diseases and at the family and community levels.

Conclusion: Brazilian society requires more humanistic doctors prepared to respond people's healthcare needs. The development of such professional profile is accomplished via PMC, which increases SUS user, medical students and teachers'satisfaction. PMC is essential in the Unifenas-BH medicine course.

PALAVRAS-CHAVE: Medical education; Active learning; Primary health care

OP49 - MEDICAL STUDENTS LEARNING TO USE THE MCGILL ILLNESS NARRATIVE INTERVIEW TO APPROACH PATIENTS WITH MEDICALLY UNEXPLAINED SYMPTOMS IN PRIMARY CARE

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Introduction

Patients with medically unexplained symptoms (MUS) represent from 15 to 30% of consultations in primary care. The psychosocial approach exploring illness experience, people's beliefs and other cultural aspects can help health professionals and patients to manage this kind of symptoms. The McGill Illness Narrative Interview (MINI) is a semistructured qualitative protocol, theoretically designed to elicit illness narratives. Students from the Family Medicine Internship in Federal University of Rio de Janeiro were trained to apply this interview, to address patients with MUS.

Objective

To evaluate the contributions MINI can bring training students on approaching of patients with MUS.

Method

Thirteen students participated. Each one conducted or observed three interviews on average. At all seventeen interviews were recorded, transcribed and examined using thematic analysis. The patients were selected by the Family Medicine team of the county of Piraí, in the State of Rio de Janeiro;

Results

Students criticized teaching focused in medical specialties and disease and pointed the interview as a facilitator building a dialogic relationship with the patient. The MINI allowed the students knew psychological and social determinants of illness experience. In five cases, the interns could propose a therapeutic plan, not only prescribing medications, but suggesting psychosocial interventions. Most of the students said the interview was long, but they incorporated central questions in routine consultations, out of research.

Conclusion

This qualitative study suggests that training students to use McGill Illness Narrative Interview can improve their communication skills, incorporating psychosocial aspects to clinical reasoning and promoting a dialogic doctor-patient relationship.

PALAVRAS-CHAVE: Medicallyunexplained symptoms ; communication skills; McGill Illness Narrative Interview

OP50 - MOTIVES AND CONCERNS FOR PRACTICING MEDICALLY UNDERSERVED AREAS AMONG SIXTH-YEAR JAPANESE MEDICAL STUDENTS IN A SPECIAL QUOTA SYSTEM

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Introduction and Objective

To improve physician shortages in medically underserved areas (MUAs) in Japan, many of Japanese medical schools have introduced a rural quota since 2008. In this program, students who receive educational and financial support are placed in MUAs after graduation. The aim of this study is to investigate the motives and concerns of the quota students.

Method

We conducted a nationwide survey in 2015. The subjects were all sixth-year (final year) rural quota students in Japanese medical schools. In the questionnaire, we asked about their intention to work in MUAs after obligatory practice, their concerns about belonging to rural quota, and the possibility of dropping out of rural quota system.

Results and Conclusions

There were 346 students at 41 medical schools who answered the questionnaire (response rate, 72.1%). Twenty-one percent of rural quota students were very or somewhat willing to remain in MUAs after obligatory practice. More than half of rural quota students had concerns about their career (restriction of seeking employment and becoming a non-primary care specialist). Approximately 30% of students had concerns about their living places and their family lives. In addition, 33% rural quota students were thinking of dropping out of rural quota systems.

Career support system of rural quota should be improved to increase the number of doctors who remain in MUAs for a long period of time.

PALAVRAS-CHAVE: Undergraduate Medical Education; Rural Health Services; Student Selection

OP52 - THE IMPACT OF SPECIALIST ORIENTATION IN DERMATOLOGY FOR MEDICAL FAMILY AND COMMUNITY RESIDENCY

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Introduction:

With the advance of Family Medicine Strategy in the city of Rio de Janeiro, were implemented in 2012, the residency program (RMFCRJ) that has as objective, prepare the resident to solve problems, with high quality and resolution within the Primary Health care.

To this goal, it was requested matricial support of professionals in other specialties.

Skin lesions have significant impact on the quality of individuals life, generating psychosocial problems that can compromise the work activities and contribute to social isolation. (Weber, 2006 / FITZPATRICK, 2010).

Among the patients who consult general practitioners, 15-30% have some dermatological complaints, and of these 4-6% are referred to specialists, resulting in a high demand for specialty (JULIAN, 1999; Feldman, 1998).

Objective :

Evaluate the impact of specialist orientation in dermatology at RMFCRJ teams of CF. Dalmir de Abreu Salgado through referrals to tertiary services in dermatology (before and after the implementation of this activity), and also to emphasize the importance of this as a general practitioner qualification process for a more efficient approach.

Methodology:

Number and profile analysis of the dermatology referrals requested by SISREG platform, equivalent to the year 2012 (without matricial in dermatology), July to December / 2013 and January-December / 2014 (with matricial).

Results and conclusions:

It was revealed a striking decrease in the number of referrals to dermatology and more specific and precise in justified diagnosis.

We have the matricial in dermatology as a tool that increases the resident instrumental to solve frequent demands in their clinical practice, reducing unnecessary demand for specialized care.

PALAVRAS-CHAVE: dermatologia; matrciamento; medicina de família e comunidade.

OP54 - OUTCOME OF A TEACHING PROGRAM AND MOTIVATION IN PROMOTING FAMILY MEDICINE OF THE FMIG AT UNIVERSITY OF HEALTH SCIENCES, CAMBODIA

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Introduction and Objective

Family medicine is one of the specialty choices for medical students to serve as a front-line healthcare service in developed and developing countries. Yet, a family medicine program has not been included in undergraduate curriculum at the University of Health Sciences, Cambodia. Given the importance of Family Medicine, a group of students volunteered to form a Family Medicine Interest Group (FMIG) to be involved in various teaching programs and activities in order to raise awareness and interest in family medicine for medical students as a career path in the future. The objective of this study is to explore how the teaching program and activities related to family medicine of the FMIG-UHSC could be an integral part for undergraduate curriculum study of UHSC.

Method

A qualitative approach was undertaken as it allows for the description and explanation of complex, real-world phenomena pertinent to the field of family medicine research. Thirty two FMIG-UHSC members were selected and divided into four groups for group interviews which took place at University of Health Sciences, Cambodia.

Results and Conclusions

The findings show that self-improvement, enhanced educational competencies, building networking, improved classroom environment & facilities, and effective learning and teaching-based outcome approaches were identified as the outcome of FMIG's work and the motivational factors in promoting the family medicine program.

FMIG-UHSC perceives that teaching programs and activities in family medicine are necessary and should be integrated into undergraduate curriculum of UHSC to enable students to pursue family medicine as a career path in Cambodia.

PALAVRAS-CHAVE: Outcome-based Teaching Program; Family Medicine Interest Group; Undergraduate Curriculum

OP55 - PALLIATIVE CARE IN MEDICAL SCHOOLS: LITERATURE REVIEW

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Introduction and objective: The Palliative Care (PC) appears as an interdisciplinary humanitarian and recent philosophy in Brazil. Knowing the importance about this topic in clinical practice and in the Primary Health Attention, the aim of this review was to analyze the function of medical students in this scenario.

Method: This study is a bibliography review, qualitative, that had as research source the virtual library PubMed, using the descriptors: "Medicine Academic" AND "Palliative Care", "Medical Academic Student" AND "Terminal Care", "Medicine Student" AND "Hospice Care". Ten articles were selected with publication date from 2013 and corresponded with the desired theme. There were obtained 136 articles, excluding 14 repeated and 112 that did not correspond with the desired theme.

Results and conclusion: It is noted an inclusion of PC in under graduate curricula worldwide. It was observed in a cohort study in Cambridge a growing of consciousness of the academic responsibilities in order to support terminally ill patients preparing for the end of life. Other searches showed inexperience internal front of the dying process, 41% said that had never saw a doctor acting with a terminal patient. A study showed that curriculum based on PC turn the student more secure and decreases the afraid of doctors front of this situation. This review reveals, then, the necessity of education in PC in the curriculum providing to students a reflection about death and teaching them how to lead this in a balanced way.

PALAVRAS-CHAVE: Hospice care; Students; terminally ill

OP56 - PARADIGMS AND PERSPECTIVES IN THE FORMATION OF FACILITATORS OF CONTINUING EDUCATION IN HEALTH: AN INTEGRATIVE REVIEW OF LITERATURE

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Introduction and objective

In 2004 the Ministry of Health of Brazil established the National Policy of Permanent Education in Health (PNEPS) and as a strengthening strategy and implementation of this policy a process of training facilitators of Continuing Education in Health (CEH) across the country was initiated. This study aims to discuss the paradigms and perspectives in the formation of CEH facilitators for the Unified Health System through an integrative literature review.

Method

The search was conducted in the database Latin American and Caribbean Health Sciences (LILACS) and electronic library Scientific Electronic Library Online (SciELO) with the Mesh term "Continuing Education" and the keywords "Training" and "facilitators". Studies without full abstracts or different focus or object of study than the guiding questions were excluded.

Results and conclusions

Were found 77 articles, of which 12 were read in their entirety and 8 were included in our review. The information was summarized in three categories / main themes: 1) The training pathway of the Facilitator of Continuing Education in Health; 2) The role of the Facilitator of Continuing Education in Health; 3) Enhancers aspects and challenges faced by the Facilitator in the implementation of CEH. The facilitator is a subject under construction who faces numerous challenges in their practice. It's required to expand the training centers for CEH facilitators and to create strategies aimed at the continuity of the tutors and facilitators work.

PALAVRAS-CHAVE: Continuing Education; Health Education; Public Health Professional Education

OP57 - PATIENT CENTEREDNESS: MEANING AND PROPRIETY IN BOTSWANA AND THE NEED FOR AN AFRICAN MODEL

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Patient centeredness is a model of doctor-patient interaction that is founded on research in Europe and the USA. This model strives to ensure that patients' agendas, feelings and thoughts about their illness are addressed. Enabling doctor-patient relationships that help patients to state their expected outcomes, and to discuss diagnostic and treatment decisions are encouraged. This model enhances patient satisfaction, healing, adherence to treatment, and promotes health seeking behaviour.

This Eurocentric model is a social construct and should be appropriate for the context in which it is applied. Patients in Botswana do not seem to fit in this model. Discussing a possible diagnosis or line of treatment with the doctor is difficult for them. This may be due to regional differences in 'construal of self', culture and contexts.

People in different regions see themselves and the world differently. They understand, feel and act in ways that are congruent with how they fit into their lived contexts. Patient centeredness has a modus operandus and specific meaning as presently understood which may not be appropriate outside of the West.

Health workers in different communities should find context-appropriate, evidence-based models of doctor-patient interaction that satisfy their patients. These optimal health interaction models should promote patient satisfying health delivery in different communities and contexts.

PALAVRAS-CHAVE: Patient centeredness; Eurocentric model; Afrocentric model

**OP58 - PERMANENT EDUCATION AND HEALTH PROMOTION:
PEDAGOGICAL STRATEGIES FOR THE INTEGRAL CARE MANAGEMENT
IN THE FAMILY HEALTH STRATEGY**

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BACKGROUND: The problematic that led to the development of this study arose from the realization of a preliminary diagnosis, in service, with the professionals, in the first semester/2015. Eight six teams of the Family Health Strategy of the Health Program Area 5.1 in the municipality of Rio de Janeiro participated; from the existence of conflicts, by professionals, about the concepts of the Permanent Education and Health Promotion and its possible impact in implementing the processes of education in the daily work. **Aim:** to discuss the importance of the conceptual clarity about Permanent Education and Health Promotion in order to meet the integral care of the users. **METHOD:** Through the problem-based methodology, with formation of focus groups, we worked up the theme using truthful cases of the daily work, in the light of Permanent Education and Health Promotion policies, concept maps were applied and the same were reevaluated after discussion and construction of knowledges with the teams. **RESULTS AND CONCLUSIONS:** formulating a planning about Teaching in Health as pedagogical strategy for care management, with the manager's participation, teams and users, in order to guarantee the process continuity; greater responsibility of teams in relation to the integral care of the users, promotion to the social role of the service users.

PALAVRAS-CHAVE: Family Health Program; Health Promotion; Education

OP59 - PERMANENT EDUCATION: RELEVANCE FOR THE QUALIFICATION OF WORK IN PRIMARY HEALTH CARE IN BRAZIL

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This work presents as thematic axis permanent education and their possible contributions about the qualification of work in primary health care in Brazil. The objective of this study was to analyze the permanent education as a strategy capable of contributing to reorganize basic care to promote activities of formation at work and by work order to qualify the practices of health professionals that work in APS. This is an analysis about the permanent education and its relationship with the organization of the health service in APS through investment in training of health professionals through the problematization regarding the construction of educative action at work, as well as of educational practices experienced at work, bringing into the debate the importance of significant learning. This study presents as a result the pedagogical ability of permanent education considering the decentralization of the process of formation of the health workers in the APS, aiming to stimulate the creation of spaces for discussion and collective learning. Points to the need for linkage between professionals, management, health services and users aiming the integrality of actions in order to overcome the fragmentation of work. In this perspective the permanent education presents as a strategic capable of contributing to the qualification of the work in the APS through the processing of educational processes and pedagogical practices and health requirements for the organization of services, by means of the articulation between the health system in its various spheres of management, as well as of the training institutions.

PALAVRAS-CHAVE: Primary Health Care; Continuing Education

OP60 - PRIMARY HEALTH CARE IN MEDICAL EDUCATION: EXPERIENCE WITH METHODOLOGIES LIVE

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Introduction and objective: the educational process should be considered in context that teachers and students have important roles. The graduation disciplines should use methodologies that promote the search for knowledge by the students, making them active subjects in the construction of the teaching-learning process. The objective is to describe the experience with the use of active methodologies in the first series of the degree course in medicine, focusing on primary health care (PHC). Method: This is a descriptive study, carried out through the lived experience reporting on Comprehensive Care Module Health I (AIS I) offered the first series of medical school at the University Potiguar (UNP) in the period from July to December 2015. There were lectures in class, theoretical and practical in university-if scenarios and practice in basic health units of the partner network. Results and conclusion: With the curricular restructuring of medical courses, there was the need to insert disciplines facing a critical and reflective training. The AIS I propose to insert the student in the social, political and ethical APS. To this end, activities were developed as construction of concept maps, discussion in online forums, team based learning (TBL), group theoretical and practical classes with the application of clinical cases, beyond the territorial, building a unique treatment plan and an intervention project. It then becomes important to use these methods in the context of the teaching of PHC, since it has a specific and different reality of the other scenarios.

PALAVRAS-CHAVE: Comprehensive Health Care; Medicine; Primary Health Care

OP61 - PROFILE OF PHYSICIANS IN FAMILY HEALTH UNITS IN BRAZIL

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Introduction and Objective: The knowledge about physicians who works at Family Health Unit (FHU) should contribute to improving the quality of services and training institutions. This study aimed to identify the profile of physicians who works in the FHU in Brazil through a nationally representative sample.

Method: Quantitative approach study and intentional sample. Data were collected from 27 FHU certified by the National Program for Improving Access and Quality of Primary Care (PAMQ-AB), belonging to 6 different socioeconomic and demographic strata and the 5 Brazilian regions, 10 states and 12 cities. We used a self-administered questionnaire with professional information.

Results: The participants were 46 professionals. The male was predominant (58.7%). The age range of professionals showed young adults between 20-29 years. In the educational analysis, noted the predominance of postgraduate studies in the group of specialization or residence in different areas. Only 28% were specialist in family medicine or public health. The most of that working 8 hours per day and 40 hours per week (63%). The main employer is the municipal government (85%). The salary range is above R\$ 6,000.00 to 85% and 52% has another job in addition to the FHU.

Conclusion: This study showed low-skilled professionals working in the FHU and an important percentage has over than one job. Thus, it is important have more professionals, as family physician, to working in FHU to promoting care, access, equity, integrality and work with Primary Care principles.

PALAVRAS-CHAVE: Primary health care; Family health; Family physicians

OP62 - PROPOSED PROGRAM FOR THE 3RD YEAR OF RESIDENCY IN FAMILY MEDICINE AND COMMUNITY TO WORK IN PALLIATIVE CARE

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INTRODUCTION

In recent decades, population aging resulted in changing the profile of morbidity and mortality, reducing infectious diseases and increased chronic diseases, including cancer. In the city of Rio de Janeiro, in 2009 it began the reform of primary health care (APS) with the opening of new clinics family, from 7% in 2009 to 40% in 2012, reaching 70% in 2016, with a focus on quality through the introduction residence in FCM (family and Community Medicine). The Coordination RFCM (Residency in Family and Community Medicine), in conjunction with the CPC (Palliative Care Unit) and support of residents in FCM developed the program in order to contribute to the improvement of training in FCM, considering the context current growth and expansion of the health care network PHC and FCM and its complementary palliative care specialist.

OBJECTIVE

Assist in the qualification training in FCM and RFCM in Brazil, considering the current context of growth and expansion of the network of health care and increasing prevalence of patients who require palliative care in PHC and contribute to the training of qualified professionals MFC to work in palliative care.

METHODOLOGY

Description of experience. The idealization of the program by the coordinator of PRMFC with support from the head of the NCP came in June 2015. Meetings with those responsible were made and contacts via email to the program's completion.

RESULTS

The curriculum consists of practical activities (outpatient attendance and teleconsulting matricial, internships in other services) theoretical (lecture, discussion of clinical cases).

PALAVRAS-CHAVE: Residência em Medicina de Família e Comunidade; Cuidados Paliativos; Atenção Primária à Saúde

OP63 - QUALITATIVE EVALUATION OF THE INTRODUCTORY COURSE – IMPROVING FAMILY HEALTH SERVICES. THE EXPERIENCE OF CAP 1.0 – RIO DE JANEIRO

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Introduction: The introductory course in Family Health is a recommendation of the National Primary Care Policy and aims to qualify the professionals inserted in the Family Health Strategy. In 2015 the Health Coordination Planning Area 1.0 (1.0 CAP) which attend the population of downtown, held seven courses, 40 hour-classes each and 25 participants each. The participants were: community health workers, nurses, doctors, nursing technicians, dentists, pharmacists, among others. During the meetings participants had made daily oral evaluations and at the end a formal one. But how would they evaluate the course after going back to their day-to-day life?

Objective: To collect information to reflect the ongoing impacts of the course on the services and to consider adjustments and improvements to the courses in 2016.

Method : Visits were conducted in 14 health facilities that are part of the family health system of CAP 1.0 to interview those professionals who took the course in 2015 and elaborate this evaluation, a semi-structured questionnaire had been used.

Results: 73 of the 138 professionals who performed the course were interviewed. In order to leave them free to answer the questions, it was anonymous and the interviewer was a professional that doesn't work in CAP 1.0.

Conclusion: The course proved to be essential . It was observed that it promoted a good integration between the participants, it served as an important forum to exchange experiences and learning. Most professionals evaluated positively and demonstrated that the course brought positive impacts on their working life.

PALAVRAS-CHAVE: evaluation; education; introductory

OP65 - RED EYE APPROACH IN PRIMARY CARE: AN UNDERGRADUTE STUDENT'S EXPERIENCE

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Background: Only 15% of all cities in Brazil can rely in a specialized care by an Ophthalmologist; in the research field, the number are not promising either: only 1,5% of all research made in Ophthalmology in Brazil (2011-2012 period) addressed population and community matters. With that reality in mind, a last year medical student, under teacher's supervision, decided to make a continuing education intervention with the theme: Red Eye Approach in Primary Care.

Aim: Elaborate a manual of the theme: "red eye syndrome approach by the primary care physician"; promote a continuing education intervention in a primary health care unit about that theme. The final goal is to improve the ocular care of the assisted population.

Methods: To elaborate the manual, there were used references such as text books and published articles specialized in Ophthalmology. For the continuing education intervention, we did a clinical session about the red eye approach, of one hour, with pre-test evaluation of the previous knowledge, and an after-test of acquired knowledge about the theme.

Results: We offered for consult a manual about the red eye approach in primary care. In the continuing education intervention, we obtained 57% of correct answer in the pre-test knowledge evaluation, and 97% of correct answer in the after-test acquired knowledge evaluation.

Conclusion: We believe that the continuing education project hit the goal of a better qualification of our physicians, giving them the tools to a sharpened approach of the red eye syndrome, improving the ocular care of the assisted population.

PALAVRAS-CHAVE: EDUCATION, MEDICAL, UNDERGRADUATE; PRIMARY HEALTH CARE; EYE ABNORMALITIES

OP66 - TRANSFORMING THE RESIDENCY OF FAMILY AND COMMUNITY MEDICINE IN THE FEDERAL UNIVERSITY OF UBERLÂNDIA: AN OVERCOME CHALLENGE

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One of the most important axis of More Doctors for Brazil Program foresee the restructuring of medical education. It emphasizes the need to expand Family and Community Medicine residency and make's it obligatory to access other medical residencies. Therefore there is a need to adapt the existing Family and Community Medicine residency to new legislation. In the attempt to make those adjustments, it was necessary to draw a new residency program that allowed the introduction of competencies suggested by the Brazilian Society of Family and Community Medicine and fulfill the Brazilian legislation. Objectives: Adapt the program at the Federal University of Uberlândia to the new Brazilian legislation. Method: A matrix of strategic planning SWOT was used. It was divided in three meetings with residents, preceptors and faculty: 1- evaluation of current program, with identification of weaknesses and strengths of the program; 2- organization of practice scenarios according to the resident profile and the objectives of the program 3 - the evaluation methods of the practice skills, residents skills and the program. Results and conclusions: There was a significant improvement in program quality since there was consistency between the proposed practice scenarios, the skills developed at each scenario and the assessment of the preceptor role. There was also a greater involvement of preceptors and residents in the structuring process of the program and a closer relationship between the academy and the medical service, providing a more structured and cohesive group in relation to the educational proposals of the program.

PALAVRAS-CHAVE: Family Practice; Internship and Residency; Health Planning

OP67 - SECONDARY SYPHILIS IN THE FAMILY HEALTH STRATEGY: DIFFERENTIAL DIAGNOSIS IN PRIMARY CARE

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INTRODUCTION/OBJECTIVE: We could observe a significant resurgence of Syphilis as serious public health problem in Rio de Janeiro/Brazil. The objective of this study is demonstrate the importance of training family doctors for early diagnose, treatment and prevent of syphilis. **METHOD:** Realization of matrix support in dermatology/education strategy for family doctor's residency. **RESULTS/CONCLUSIONS:** Four cases of secondary syphilis were diagnosed and treated during matrix sessions in dermatology. Case 1: 19 year old female with a clinical diagnosis of pityriasis rosea and acne. She was treated with trimethoprim-sulfamethoxazole for acne and presented intensification of injuries and inespecific symptoms. She presents positive VDRL. It was a case of secondary syphilis evolving with Jarisch-Herxheimer after antibiotic use. Case 2: 22 years old, female, fototype VI, with annular lesions (elegant syphilids) and papular-erythematous lesions reddish covered with discrete scales more intense in the periphery (collarete of Biett). Involvement of palmar and plantar regions. Her VDRL was positive. Case 3: 50 year old male patient, presenting rash for 21 days, treated as pharmacodermia, without improvement. Rapid test positive. Case 4: 27 year old male patient with positive HIV with cutaneous rash. It was conducted as Zikavirose but it was kept more than 7 days. His VDRL's result presented Prozone effect. He was treated and presented Jarisch-Herxheimer reaction after first dose. The study showed that dermatologic matrix sessions decreases the demand for medical specialists and increases both dignostic accuracy and Primary Health Care problem-solving capacity, so that it contributes for better control of the disease.

PALAVRAS-CHAVE: Secondary Syphilis; Matrix Support in Dermatology; Family Health Strategy

OP68 - SHARING KNOWLEDGE; CREATION OF A PRACTICAL EVALUATION IN PUBLIC HEALTH INTERNSHIP USING A MULTI-PROFESSIONAL EXPERIENCE

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Background and goals: according to National Curricular Policies for medical graduation courses, assessments must search for active methodologies objectifying an adequate process of teaching and learning. This study aimed to relate the trial of Objective Structured Clinical Examination (OSCE) examination, accomplished at Public Health Internship since 2011, which, in its last edition, had the participation of Basic Health Care Unities' members (UBSF), where students were training their skills.

Methods: 6 working groups were performed, with involvement of medical course teachers and the doctors and nurses from UBSF, to develop stations which could be used as an OSCE assessment set. These professionals were trained to simulate patients under clinical evaluation and assess students' performance, creating, though, an assessment scenario close to real medical future. In these groups the stations were integrated in order to evaluate different aspects and, in the last one, we applied the resident's exam considering that both actresses' speeches and all possible questions were cleared.

Results and Conclusions: this collective creation, with the support of professionals' network, provided debates about the elaboration of simulated patients beyond passive subjects and the approach of his/her function as a caregiver. This experience allowed us to understand how rich a process of learning-teaching can become when other knowledge is considered.

PALAVRAS-CHAVE: Evaluation; Internship; Public Health

OP70 - STRENGTHENING PRIMARY HEALTH CARE THROUGH PRIMARY CARE DOCTORS AND FAMILY PHYSICIANS

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Introduction and objective

South Africa has made strengthening of nurse-led primary health care a priority due to the poor performance of the current health system and the desire to introduce national health insurance. The 8 Departments of Family Medicine have collaborated on a project to build the capacity and contribution of primary care doctors (no postgraduate training) and family physicians (4-years of postgraduate training). This presentation reports on the progress made.

Method

A national survey of learning needs for primary care doctors and a series of national workshops on their future roles led to the design of a new 2-year national Diploma, which was launched in 2016. The Royal College of General Practitioners assisted to strengthen registrar-based training and assessment of family physicians. A national workshop on leadership and governance was held.

Results and conclusions

Six roles were defined for the future primary care doctor: competent clinician, change agent, collaborator, capability builder, critical thinker and community advocate. Learning outcomes were agreed for each of these roles and key principles for the delivery of the Diploma. A 5-day training course for clinical trainers was implemented. Workshops on assessment were run nationally and quality improvement strategies introduced for the national examination. A new training module on leadership and governance was developed. South Africa is moving towards a standardised Diploma in Family Medicine that can train primary care doctors at scale. The current training programmes for family physicians are being strengthened in terms of the quality of workplace based training and national assessment.

PALAVRAS-CHAVE: primary care physicians; graduate medical education; physician's roles

OP71 - SUCCESSFUL AUSTRALIAN GENERAL PRACTITIONER DOCTORAL CANDIDATES 2005--14

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Aims/objectives: Appointment to higher academic positions and success in high prestige research grants In Australia requires the possession of a research based doctorate. With the expanding needs of general practice can we meet the need for suitably qualified applicants? Using a variety of public domain databases Australian GPs who lodged a doctoral thesis in a University library from 1 Jan 2005 to 31 Dec 2014 were identified.

Content: In this time 73 of the current 32,000 registered general practitioners had doctoral thesis accepted; 48 of these were in the first five years. Median time for thesis submission is around 25 years after the primary medical qualification.

Relevance/impact: The capability to expand GP academic departments and research output in Australia is hampered by low GP doctoral completion rates. Doctorates are achieved in a late stage of a professional career limiting the research career lifespan. More research opportunities have been identified as attracting younger graduates to general practice.

Discussion: There is an urgent need to provide more practical and financial support to younger GPs to enable them to undertake academic career development. A clear career pathway with some stability of income is also needed.

PALAVRAS-CHAVE: Research Personnel; Research Promotion ; Family Practice

OP72 - TEAM BASED LEARNING AND SIMULATION IN MEDICAL EDUCATION: PROMOTING PATIENT SAFETY

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Introduction & Objective

The Family Medicine Residency Program at Southside Hospital NSLIJHS (now Northwell Health) has been using simulation to train residents, medical students and faculty for several years. We have recently incorporated the use of Team Based Learning (TBL) in our simulation sessions. This combination has provided a tool for education in teamwork and patient safety while incorporating the six ACGME competencies. The objective was to promote learning in an environment without risk to real patients while allowing time for self-reflection via debriefing sessions. It also allowed for the participants to be cogniscent of the patient safety issues: 1) introducing oneself to the patient, 2) identification of the patient via 2 forms of ID, 3) washing hands before and after the patient encounter and 4) ongoing communication with patient, family and medical team.

Method

The course consists of a pre-class reading of a topic, an individual readiness assurance test when they come to class followed by a group readiness assurance test. The TBL activity is then facilitated after which the teams take turns applying their knowledge in the scenario (patient interaction). Upon completion of the scenarios, the teams reconvene for debriefing, reflection (they watch themselves from the video) and further discussion of the topic.

Results & Conclusions

Over 300 residents and medical students have participated. Surveys have shown improved competency in the six domains of GME. Analyses showed that there was improvement with this modality of teaching.

PALAVRAS-CHAVE: simulation; team-based learning; education

OP73 - THE ADOPTION OF ROLES BY PRIMARY CARE PROVIDERS DURING IMPLEMENTATION OF THE CHRONIC DISEASE GUIDELINES IN MONGOLIA

1) Introduction and Objective: In 2011, new chronic disease guidelines were introduced across Mongolia. No formal advice was provided regarding role delineation. This study aimed to analyse the roles that different primary care providers adopted, and the variations in these, in the implementation of the guidelines in urban Mongolia.

2) Methods: Ten group interviews with nurses and ten individual interviews each with practice doctors and practice directors were conducted. Data was analysed using a thematic approach based on the identified themes relevant to role delineation.

3) Results and Conclusions: There was some variability and flexibility in role delineation. Factors involving teamwork, task rotation and practice flexibility facilitated well the guideline implementation. However, factors including expectations and decision making, nursing shortage, and training gaps adversely influenced in the roles and responsibilities. Some role confusion and dissatisfaction was identified, often associated with a lack of training or staff turnover. Findings suggest that adequate ongoing training is required to maximize the range of roles particular provider types, especially primary care nurses, are competent to perform. Ensuring that role delineation is specified in guidelines could remove confusion and enhance implementation of such guidelines.

PALAVRAS-CHAVE: family health centre ; role delineation; Mongolia

OP74 - THE CREATION OF A NOVEL FAMILY MEDICINE REVIEW COURSE FOR CANADIAN FAMILY MEDICINE RESIDENCY TRAINEES

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Abstract

Dr. Moore and Dr. Dhillon are the co-creators of the first ever national review course in Family Medicine in Canada. Canada has a long history of innovation and leadership in the field of Family Medicine and this course is a part of that tradition. Family Medicine training in Canada is an intense 2 year residency training program that is commenced after medical school. Near the end of this course is a final examination that is standardized across the country and delivered in French and English. This course uses a series of concise lectures and promotes interactivity during lectures that cover the breadth of family medicine topics. This course may serve as a model for other nations looking to provide condensed and intense review of the large field of Family Medicine.

Justification and Content

The purpose of this talk is to expose the global community to a Family Medicine resident teaching tool and experience. This course could be translated to other languages and possibly be helpful as a teaching tool around the world. The presentation will detail the work that is entailed from conception to presentation and the constraints, difficulties, and challenges that the authors overcame in order to create and present the course.

PALAVRAS-CHAVE: Residency; Family Medicine; Canada

OP75 - THE DEVELOPMENT OF A POSTGRADUATE PORTFOLIO FOR FAMILY MEDICINE TRAINING IN SOUTH AFRICA

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Introduction and Objective

The national College of Family Physicians in South Africa requires a satisfactory portfolio of learning over 4 years of postgraduate training to qualify as a family physician. The South African district family physician needs a wide range of skills, including procedural skills, to lead the district health team. Workplace based learning and assessment has become the norm. Objective: To develop a national portfolio of learning that is acceptable, feasible, and reliable for learning and assessment, towards meeting the country's health needs.

Method

A PhD study over four years combined quantitative and qualitative methods in collaboration with all eight departments of family medicine in the country to develop a national paper-based portfolio of learning. Workshops across the country facilitated implementation, maintained by ongoing reviewing and improvement of the portfolio. As part of a post-doctorate study we are developing an e-Portfolio, moving towards an internet-based programme, in collaboration with colleagues from Maastricht University.

Results and Conclusions

We established reliability, feasibility and acceptability, with total uptake of the paper-based portfolio. Trainees express difficulty in reflecting on patient experiences, finding protected time to complete their portfolios, and being directly observed by supervisors and getting feedback. The piloting of the e-portfolio is showing how we can focus on trainee reflection, supervisor feedback, and generating evidence of trainee development in the clinical context. This may help to inform programmes in similar contexts worldwide, and add to the discourse in rural family medicine training and practice for the 21st century.

PALAVRAS-CHAVE: portfolio; training; postgraduate

OP76 - THE IMPACT OF THE GRADUATION OF THE FIRST CLASS OF FAMILY AND COMMUNITY MEDICINE RESIDENTS IN PALMAS, TOCANTINS

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-Introduction and Objectives:

Faced with the problem of shortage of doctors with specialized training in Primary Health Care in Brazil, the Municipal Health Secretary (SEMUS) of Palmas, in Tocantins, set up its first residency program in Family and Community Medicine (MFC), in the year 2014, in order to improve the outcomes of primary care and qualify its professionals. This paper describes the impact of the graduation of the first class of MFC residents in the health scenario of Palmas-TO.

-Method:

The residency program in MFC from SEMUS occurs in partnership with the Federal University of Tocantins (UFT), and their activities are conducted in a unified way. The residents practice fields are the Family Health Units, outpatient specialty and emergency care units of the municipality, as well as hospitals linked to the State Department of Health (SESAU / TO). The SEMUS, through its Integrated Health-School System (SISE), offers research grants that supplement the income of residents and encourage their adherence. The program is also in cooperation with the Multidisciplinary Residency Program. It is in this environment of cooperation among multiple institutions and integration between different health professionals that are established the MFC programs.

-Results and Conclusions:

The first class of residents graduated in February 2016. In data collected by SEMUS through the Electronic Medical Records Register, a significant decrease in the number of referrals to specialists and test requests was noticed, with a consequent improvement in resolution, in those units with residents and preceptors, compared to the other health units.

PALAVRAS-CHAVE: Family and Community Medicine; Residency; Primary Health Care

OP77 - THE INTEREST IN PRIMARY CARE DURING MEDICAL COURSE AS A MAIN CAREER CHOICE FACTOR: LET'S ENCOURAGE OUR STUDENTS!

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Introduction/Objectives: The specialty choice and its influencing factors have been investigated worldwide. Despite of an increasing demand, reducing preference for general practice by the undergraduate students is a growing challenge.

The objective of this study was to know the career choice factors, which would be used to propose changes in the medical school curricula, hoping to better match the population needs.

Methods: A population of 277 residents admitted at four Brazilian public medical schools of Minas Gerais answered a questionnaire containing questions on personal, familial and socioeconomic factors potentially related to specialty choices. The medical specialties were divided in four groups (Primary Care, Clinical, Surgery and "Others", the last including a miscellaneous group). Factors associated with choice of Primary Care practice were evaluated with OR and 95% CI in bivariate and multivariate analysis.

Results/Conclusion: The questionnaire was answered by 188 residents (67.9%). The main influencing factor to any specialty choice was the "controllable" lifestyle and, specifically to Primary Care choice, was the personal interest and experiences on this area during graduation. (36.6%), increasing 7.3 times the chance to choose a specialty in this area by multivariate analysis ($p < 0.0001$). High workload and disappointing experiences with patients at the specialty training were important unfavorable factors in general. The "controllable" lifestyle was the main general factor to drive the specialty choice. The importance of the personal interest and experiences in Primary Care during the medical course reinforces the relevant role of the medical schools and the teachers to encourage more doctors for general practice.

PALAVRAS-CHAVE: Primary Care; Career Choice; Residency

OP79 - THE USE OF A TRAINING GAME FOR FAMILY PHYSICIAN STUDENTS

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Introduction and Objective

The CanMEDS Physician Competency Framework describes the knowledge, skills and abilities that physicians need for better patient outcomes. The objective is to stimulate the students of the final master year in family physician of the Vrije Universiteit Brussel to grow in the seven CanMEDS roles and to enhance their sense of preparedness for clinical practice, they engage in simulation-based medical education, based on the Groningen Institute Model for Management in Care Services (GIMMICS).

Method

Originally developed for pharmacy students, the present work reports on the use of GIMMICS for family physician students. It is a training game in which several family practices and pharmacies are simulated in a controlled academic setting. This offers students the possibility to practice clinical and practical skills, communicational skills, working in team, management of a practice and dealing with upcoming problems of any kind. Problems they might not encounter during training in family practices due to the heterogeneity inherent to these practices.

Results and Conclusions

The training game lasts two weeks during which the students have to install and manage their practices, organise consultations and go on home visits, participate in assignments and collaborate closely with the pharmacy students. A specific assessment model was developed. GIMMICS is a valuable linking pin between the different learning methods in medical education and clinical practice, helping students to improve themselves in the CanMEDS roles. However, simulation-based medical education is a complex intervention that needs to be planned and practiced with attention to organisational contexts.

PALAVRAS-CHAVE: Education, Medical/methods; Simulation Training/methods; Family Medicine

OP80 - THEORETICAL APPROACHES TO UNDERGRADUATE TEACHING AND LEARNING IN PRIMARY CARE: A COMPARISON BETWEEN MEDICAL SCHOOLS FROM BRAZIL AND UNITED KINGDOM

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Introduction and objective

The United Kingdom is regarded as a worldwide reference in terms of delivering a high-quality and accessible primary care. Brazil has also been improving primary care throughout the last years, through the creation of key policies that regulate healthcare delivery and education. Both countries are also experiencing important transformations in medical education because of the shift from hospital-based to community-based practices. The aim of this study is to evaluate teachers' perspectives about differences and similarities in theoretical approaches to undergraduate teaching and learning in primary care between medical schools from Brazil and United Kingdom.

Method

Semi-structured interviews were conducted with one teacher from a Brazilian medical school and one teacher from a British medical school. The topics covered during the interview were: knowledge about educational theories, factors affecting learning, medical curriculum and teacher-student interaction. The results were analysed according to the interview topics in order to define the main differences and similarities in theoretical approaches between the medical schools.

Results and conclusions

The main differences found were how teachers interpreted the role of educational theories in practice, and the preferred methods for assessment. In spite of these differences, many similarities were identified, regarding which factors affect learning, need for curriculum integration, importance of hidden curriculum, role of teacher as facilitator, relevance of learners' needs assessment and role of environment for learning. These results contribute to confirm that global trends towards highlighting primary care as an increasingly relevant educational setting for undergraduate medical education are similar, despite different curricula and healthcare systems.

PALAVRAS-CHAVE: Undergraduate Medical Education; Primary Healthcare; Qualitative Research

OP81 - TRAINEES AND HEALTH EDUCATION

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Advanced therapies have developed in the last decades and there is a great expectation not only for patients but also for general public. In this research we investigated the perceptions of family trainees on health education on advanced therapies.

Methods.

This study was performed in the district of Jaén, Spain. The sample consisted of 30 family trainees. The average age was 29.2 years. The male/female ratio was 9/21 individuals.

A questionnaire was used to evaluate the perceptions with a likert-like 1 to 5 scale to indicate their level of agreement or disagreement for each option.

The Kruskal-Wallis and Mann-Whitney tests were used to identify the family medicine resident priorities.

Family medicine residents gave highly positive scores to the need for health education in this matter. Providing health education in primary care centres is much better perceived than doing it in primary and middle school ($p < 0.022$).

Non-significant differences were observed between other agents such as hospitals, universities and mass media. Statistically significant differences were found between male and female residents. Specifically, scores were higher in males for education in hospitals ($p < 0.003$) and education in mass media ($p < 0.029$).

CONCLUSIONS:

The perception of family medicine residents, with some differences between males and females, is that the primary health care centre is the most appropriate for health education in this matter. Knowing the attitudes and priorities of family medicine residents on this subject can be of interest to plan future education programs not only to promote better informed choices, but also to avoid false therapeutic expectations.

PALAVRAS-CHAVE: tissue engineering

OP82 - TRAINING AND MEDICAL BOND IN PRIMARY HEALTH CARE.

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The practical training in procedures and diagnoses focused on biomedical contents, moves in the field of public health and the training and integration of the health professional and is rethought to act in full clinic. The aim was to present the training and the bond of medical professionals working in primary health care in the city of Guarujá, Brazil. This was a cross-sectional study conducted through a structured and self-applied questionnaire to Health Services doctors with ties in the primary care level. Descriptive analysis was performed, chi-square test and Mann-Whitney U test, the significance level of 5%. The prevalence are Brazilians, male, white, unmarried and childless, with employment in the CLT regime ($p < 0.05$), in the family health strategy, but have longer service life bond in the county when they are in Basic health Units ($p < 0.05$). It was observed that the greater representation studied at a public institution with an interval of five years and with training area of expertise in occupational medicine. Importantly, none doctor presented the family health or the alike as choice for specialization. It must be stressed that not fixing professionals is an obstacle in the integration of the team, work training and the effectiveness of the care. There is a need to rethink the current scenario practices aimed at training and its intersection with the health Quad: training, care, management and social participation.

PALAVRAS-CHAVE: Primary Health Care; Workers; Physicians

OP83 - TRAINING GENERAL PRACTITIONERS-FAMILY MEDECINE RESIDENTS: THE CONTRIBUTION OF BALINT GROUPS

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Introduction and Objectives:

General Practitioners (GPs) approach health problems in their physical, psychological and socio-cultural dimensions. In France, the conditions of the GPs exercise are badly known by medical students, whose clinical clerkship takes place mostly in a hospital environment. However, GP residents (GPRs) will be committed to persons rather than to a particular body of knowledge, group of diseases, or special technique. Our objective is to improve their interpersonal skills to better enable them to perform a patient-centered approach.

Methods:

Since 2006, the General Medicine Department of Paris Diderot University proposes to GPRs to participate in seven sessions 2 hours Balint group. Each group, led by a GP Professor and a French Balint Society's member, is composed by at most 12 volunteer. By narrating their experience of clinical situations, GPRs can share their difficulties, reflect on their own relational styles and enhance their abilities of listening and understanding others.

Results and Conclusions:

During these 10 years, GPRs evaluate anonymously the contribution of these groups to their training. These qualitative evaluations show the interest of this setting for GPRs, notably regarding relational skills . The most frequently approached themes are : ethical dilemma, misdiagnosis, medical error, managing resources (overdiagnosis and overtreatment), emergency situations, solo decision-making, patient non-compliance, palliative care and the impact of professional practice on personal lives.

Discussing clinical cases improve GPRs competence to understand subjective aspects of doctor-patient relationships and enable them to better handle demanding situations. Balint groups contribute to the quality of clinical clerkship.

PALAVRAS-CHAVE: clinical clerkship; communication skills; doctor-patient relationship

OP84 - USAGE OF SIMULATION AS AN EDUCATION TOOL FOR DEVELOPING COMMUNICATION SKILLS IN MEDICINE GRADUATE STUDENTS

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Introduction: Simulation is a teaching methodology that reproduces real life situations in order to provide knowledge retention for a longstanding time and a more pleasant content assimilation than traditional education. This application allows the students the amount of repetition needed for learning, without exhaustion of the real patient. By means of interaction between actors and medicine students, one can develop an essential attribute for future health professionals: doctor-patient relationship. Objective: Report the process of insertion of scenic simulation in the process of learning for the subject "Integrated Attention for Family Health III" in the Medicine graduate course of Universidade Estácio de Sá. Method: The present experience has begun in the second half of 2015, with 2nd year students. The subject in question addresses on its content the person centered approach. After a theoretical basis introduction, the students experience learning in three different simulations for, only then, experience direct contact with PSF-LAPA patients. Results and conclusions: Insertion of scenic simulation has showed to be a relevant tool of active methodology for developing communication skills in students, experiencing, in a safe environment, carrying out a medical history, giving students experience their difficulties, fantasies and doubts about the doctor-patient relationship, favoring an adequate approach for fulfilling the student's needs and contribute for the learning procedure.

PALAVRAS-CHAVE: Medical Education; Patient Simulation; Problem-based Learning

OP85 - USE OF ANTIBIOTICS IN PATIENTS WITH SUSPECTED RESPIRATORY TRACT INFECTION (RTI): PROSPECTIVE OBSERVATIONAL STUDY IN 4 SOUTH-AMERICAN COUNTRIES

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Introduction and Objective

Use of antibiotics in primary care is associated to development of resistance strains, thus we aimed to describe variation in prescription of antibiotics and assess the relative importance of factor determining prescription of antibiotics in patients with suspected RTI in 4 countries in South-America.

Method

Prospective observational Study. General Practitioners (GPs) from Argentina, Paraguay, Uruguay and Bolivia registered data about all consultations of patients with suspected RTI from June to August 2014. Use of antibiotics was assessed by using a two level hierarchical logistic model, while relative importance was computed as the mean increase in the pseudo coefficient of determination (R²).

Results and conclusions

171 GPs registered 11,446 patients with suspected RTI. The median number of days with symptoms was 2 (interquartile range 1-3). In all countries patients with diagnosis of viral origin were prescribed antibiotics. The most common antibiotics used in all diagnosis were amoxicillin and Co-amoxiclav. Variation in prescription of antibiotics ranged from (odds ratio 0.54, 95% confidence interval 0.31 to 0.91) in Uruguay to (odds ratio 1.84, 95% confidence interval 1.24 to 2.74) in Bolivia. Common cold, tosillar exudates associated to acute tonsillitis, suspected Lower Respiratory Tract Infection and fever were the most important factors determining prescription of antibiotics or not. Reducing the inappropriate use of antibiotics requires actions at patient and GP level. Patients require information about the natural history of RTIs and the effect of antibiotics while GPs require support and up-to-date knowledge about diagnosis criteria and selection of antibiotics.

PALAVRAS-CHAVE: antimicrobials; general practice; decision-making process

OP86 - VALIDATING COMPETENCIES FOR AN UNDERGRADUATE TRAINING PROGRAM IN RURAL MEDICINE USING THE DELPHI TECHNIQUE

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Introduction: Worldwide, half the population lives in rural areas; however, less than 25% of doctors work in such regions. Despite of it, in Brazil only some medical schools offer students the opportunity to acquire work experience focused on medicine in rural areas. The objective of this study was to develop a framework of competencies for a longitudinal medical training program in rural medicine as an integrated part of medical training in Brazil. **Methods:** Two rounds of the Delphi technique were conducted. A structured questionnaire was elaborated, based on a literature review. This questionnaire was submitted to the opinion of 20 panelists affiliated with the Rural Medicine Working Party of Brazilian Society of Family and Community Medicine, who were asked to evaluate the relevance of competencies using a 5-point Likert-type scale. When a consensus was not reached regarding a given competency, it was submitted to a second round to enable the panelists to reevaluate the now dichotomized questions. **Results:** The questionnaire consisted of 26 core competencies and 165 secondary competencies. After evaluation, 26 core competencies were classified as relevant, with none being excluded and only 8 secondary competencies failing to achieve a consensus. **Conclusion:** A framework of competencies for a program in rural medicine was developed and validated. It consists of 26 core competencies and 158 secondary competencies that should be useful when constructing competency-based curricula in rural medicine for medical education in Brazil.

Keywords: curriculum; medical education; professional competency; rural health.

PALAVRAS-CHAVE: medical education; professional competency; rural health

OP87 - WORK, EDUCATION AND HEALTH MANAGEMENT AS A WAY TO QUALIFY THE PRIMARY HEALTH CARE SYSTEM

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INTRODUCTION AND OBJECTIVES

The Qualification Course in Primary Health Care aimed to qualify workers and managers of Primary Health Care System. It occurred between October 2014 and October 2015 in the city of Pau dos Ferros / RN with the coordination and execution of the Study Group of Public Health, Faculty of Health Sciences of the University of Rio Grande do Norte State.

METHODOLOGY

With the Principles of the National Health System and Primary Care as a conceptual framework, Permanent Health Education as guiding the teaching / learning, and active methodologies as tools of this teaching, there were physical meetings and activities at a distance, grounded in issues made from the needs of workers, managers and local health reality.

RESULTS AND CONCLUSION

Were qualified 120 health workers (family doctors, nurses, dentists, physical trainers, physiotherapists, dieticians, nursing technicians and oral health, community health workers, receptionists and assistants of general services) inserted in 12 Units of Primary Health Care and 02 Teams of Support for Family Health Care, beyond the Primary Care Managers in the city. Were made 12 projects about Health Care Humanization, mapping of the communities assisted, health situation diagnosis; and 01 Scientific Event, titled 1st Presentation of Pau dos Ferros Primary Care System, where they released the experiences like banners and Scientific articles. There were yet the experience, partnership for the creation of a Residency Program in Family Medicine in the city of Pau dos Ferros

PALAVRAS-CHAVE: Professional Qualification in Health; Continuing Health Education; Primary Health Care

OP88 - "THE DIFFICULT PATIENT ENIGMA AND THE ROLE OF BALINT GROUPS IN FAMILY MEDICINE RESIDENCY"

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Introduction and Objectives:

Balint method can be described as a "clinic for work relationships", a space where professionals of "the front line", in an initiative of "mutual investment", through testimonials of hard cases, are able to assess the particularities of the countertransference and the questioning of care giving in a safe, welcoming environment.

The practice of Balint groups in Family Medicine (FM) Residency shows great validity, driving the residents to a broader and critical look towards their role as family doctors and their individual limitations. This experience proposed to introduce the technique to FM residents and other professionals of primary health care.

Methodology:

Implementation of Balint groups with residents, preceptors, medicine students and other health professionals in the Family Clinic Zilda Arns, Complexo do Alemão, area marked by its great social vulnerability. There were four meetings, mediated by a facilitator graduated by American Balint Society.

Results and Conclusions:

The experience of the group was shown important when residents had their first contact with the method and found a place to reflect about the doctor-patient relationship with safety. The group was vital in many aspects such as improving the capacity of dealing with social determinants in local health care, the comprehension of impotence before some cases, Burnout prevention, identification of members with the exposed situations and demystification of the assistance to the difficult patient, through plenteous stories brought to the meetings.

PALAVRAS-CHAVE: Professional burnout; Medical residency; Countertransference

ESTRATÉGIAS POPULACIONAIS

OP89 - 5 ILLUSTRATED GUIDES TO SUPORT COMMUNITY HEALTH WORKERS

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INTRODUCTION AND OBJECTIVE:

It's a fact: the community health workers / CHW ("Agentes Comunitários de Saúde – ACS") have an immeasurable responsibility in the family health strategy, since the confidence established with the community, directly reflects on public health. In northern Brazil, the cultural, climatic and unique gastronomic exerting undeniable influence on how health is established, a situation that put us in front of an important need: to regionalize standard instructions taught to CHW, and made exclusively to them, with instructions on how to proceed in each health risk situation; with content and language compatible with their socio-economic and cultural level, as well as the cultural habits found here. Therefore, the objective is to present five illustrated Manuals, created in order to be a complete source of information and training to CHW.

METHOD

It was created in the form of comics, and named by "Guia Pai d'égua* de apoio aos ACS"; with the respective volumes about Diabetes, Hypertension, Children's Health, Men's Health and Aging Health, and a simple, objective and accessible language, as well as playful illustrations.

RESULTS AND CONCLUSION

It's a big step in the search of primary care, CHW and home care program appreciation, making stronger the bridge of healthier families, more conscious, informed and concerned about their members and their community.

* Typical slang of the northern Brazil, associated with "wonderful", "very good", "cool."

PALAVRAS-CHAVE: Public Health; Primary Healthcare; Home Visit

OP90 - ACADEMIA CARIOCA PROGRAM: ANALISIS OF SUBJECTIVE CONDITIONS - ESSENCIAL POINTS IN THE HEALTH PROMOTION IN PRIMARY CARE UNITS (SMSRJ-BRAZIL)

Klopper, J. ¹; Costa, A.C. ¹; 1 - SMSRJ;

Introduction: Regular physical activity is already considered an important adjunct in the non-pharmacological therapeutic process. However, on the social scene where the population served lives, care practices have been directed at symptoms from the real causes, covered by its subjectivity. The Academia Carioca Program introduced in 2009 in Municipal Health Services Secretary (SMSRJ) such as regular physical activity linked to Family Medicine is since then a new space of perception of this subjectivity, shared with the health teams.

Objective: The study aims to evaluate and understand subjective variables (vitality and emotional aspects) from the continued monitoring of physical activity.

Method: Through the analysis of the SF-36 questionnaire administered to 120 registered participants in the Municipal Health Centers (CMS) José Messias do Carmo (89) and Ernani Agrícola (31) to enter and six months later, as part of protocols and methodology of Academia Carioca Program.

Results and Conclusion: The data showed that 69% improved their perception of the "vitality", however "emotional aspect" only 22%. We understand that the result of the first variable was more significant because it is directly associated with the effects of physical activity. While the second is involved with the most intrinsic conditions and associated interventions that goes beyond the governance of the health service, such as violence and socio-economic reality. Thus, this research reinforces the importance of understanding of subjective variables by the health teams in drawing up plans that effectively promote the health of its population and not just focusing on the care of the disease.

PALAVRAS-CHAVE: Social Determinants of Health; Primary Health Care; Motor Activity

OP91 - ACADEMIA CARIOCA PROGRAM: COGNITIVE STIMULATION AS A MEANS OF HEALTH PROMOTION AT THE MUNICIPAL HEALTH CENTER PADRE MIGUEL (SMSRJ-BRAZIL)

SANTIAGO HR ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE RJ;

Introduction: The aging is a gradual process that results in spontaneous maturation over time resulting in changes in the body, for example, cognitive changes. Cognitive stimulation aggregate to health services can be a strategic point of access to primary care. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro It consists the integration by offering in addition to regular physical activity oriented by physical education professional, other health promotion activities, such as cognitive stimulation. Objective: To present the experience of Municipal Health Center Padre Miguel (AP 5.1) with the concern of the cognitive aspects of people registered in the Family Health Strategy. Method: This is a Experience story experienced by physical education professional Academia Carioca Program in order to present the influence of such activity in health promotion of the elderly. Results and Conclusion: We selected 57 participants aged 60 years or more, where 25% are male. The group was evaluated with the Brazilian version of the Quality of Life Questionnaire SF-36, half yearly since 2014. After two years, comparing the first and the last application of the questionnaire, the percentage of people who improved the general health was 46%; 54% improved vitality; 86% social; 84% emotional aspects and 53% mental health. We conclude that the Academia Carioca Program is constituted as a powerful tool for the creation of spaces and actions that aim to promote health beyond the physical aspect and thus reinforcing the longitudinality care in family medicine practices and communities.

PALAVRAS-CHAVE: Aging; Cognition; Health Promotion

**OP92 - ACADEMIA CARIOCA PROGRAM: FROM "GRILLED FISH" TO
"CARD GAME" MAN'S HEALTH PROMOTION IN THE HEALTH FAMILY /
AP32 (SMSRJ-BRAZIL)**

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Introduction: Comparative studies show that men are more vulnerable to diseases, especially chronic non-communicable. Still, it is observed in health services, a lower male participation. The the Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional integrated at Family Health corroborating the National Policy for Attention to Men's Health has developed strategies that address the uniqueness this genre. Objective: To present action that aims to expand the bond of male population with the health unit for family medicine practices and communities from a time with various activities associated with the male taste (invite friends, games - "card games"; wheel talk, music, healthy food - "grilled fish"). Method: This is a systematic observation and participant on the planned action and its effects. Results and Conclusion: After one year the number of participating men's Academia Carioca Program increased by 41%, and consequently the growth of this population in health services Unit showing more sensitivity to preventive and health promotion. In the perception of the Family Clinic activity entitled "grilled fish" is used as the host strategy and membership of the male population to the health unit, consolidating itself as a space for dialogue and health practice. Through its results, especially with regard to access, it shows that it is necessary to plan actions related to male reality in order to arouse interest in health care.

PALAVRAS-CHAVE: Men's Health; Family Health; Health Promotion

**OP93 - ACADEMIA CARIOCA PROGRAM: HEALTH PROMOTION
THROUGH LITERACY CLASSES IN THE FAMILY HEALTH STRATEGY
(SMSRJ-BRAZIL)**

COUTO R. ¹; VICTOR DANIELLE ¹; MARCIA T. ¹; LIMA MRS ¹; DA SILVA IGJ ¹; MELLO ANTONIO ¹; 1 - SMS/RJ;

Introduction: Still in the XXI century, illiteracy remains a major challenge for the global society. In Brazil, many were the initiatives to address this problem, including adults, which hinders the full exercise of citizenship and prevents building a just and fraternal society. In this context, the Academia Carioca Program, implemented strategy in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in the expansion of coordination of health care. Objective: To present the experience of the physical education professional Academia Carioca Program that organized with the support of volunteers, literacy classes in Municipal Health Center Cyro de Mello (AP5.3) to observe in their everyday activities that most adults and older had education incomplete or did not have any kind of study. Method: In College Manager, the proposal was presented and approved, and defining how supporters would minister classes and organize classes (twice/week). Results and Conclusion: After the start of the activity, 32 people enrolled in literacy classes. With 100% learned to read and write; and six people sent to the Youth and Adult Education Program. The results obtained by experience suggest continuity and multiplication to the other Units of the Municipal Health Network. For the literate individual with greater capacity to acquire skills and culture, can best understand information and multiply the knowledge acquired in the process of building promotion network of the health of your territory.

PALAVRAS-CHAVE: PROMOTION; PRIMARY; DETERMINANTS

OP94 - ACADEMIA CARIOCA PROGRAM: UTILIZING THE BELLY DANCE AS THE STRATEGY FOR LIFE QUALITY IN HEALTH (SMSRJ-BRAZIL)

NUNES VM ¹; MOURA F ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE RJ;

Introduction: The Academia Carioca Program, implemented by the Municipal Health Secretariat of Rio de Janeiro in 2009, by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care. Among the various ways to promote physical activity in the Family Clinic Armando Palhares (CFAP), was initiated the practice of Belly Dance as form of communication, physical, mental and social welfare. Objective: To describe the Belly Dance as a health promotion strategy for strengthening Expanded Clinic through the Academia Carioca Program. Methods: Was held situational analysis of the territory after meetings of health teams, which determined the choice of activity. Evaluated by community testing, which were comparatively analyzed (admission and after six months) data obtained through the questionnaire SF-36 quality of life (the Program protocol). Results and conclusions: Responses were analyzed 25 female participants, 80% of adult and elderly. It was found that 90% improved social and emotional aspects and 75% of the overall health. These achievements demonstrated the development of creativity, autonomy and spontaneity in the group, playing the role of multiplier of knowledge obtained for the family and social life. We conclude that multiply health through strategies such as Belly Dancing, promotes quality of life and can prevent injuries in health indicators related to the emotional and social issues. In addition to strengthening communication between the group and the GFC and enhance support for the practice of family medicine and community in territory.

PALAVRAS-CHAVE: family health; health promotion; motor activity

OP95 - ADHERENCE TO NATIONAL GUIDELINES FOR EARLY DETECTION OF BREAST CANCER IN BRAZIL: CHALLENGE REGARDING THE IMPLEMENTATION IN PRIMARY HEALTH CARE

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Introduction and Objective: The Brazilian National Cancer Institute recommended since 2004 that mammography should be done once every two years on the target population of 50-69 years. New national guidelines, released in 2015 confirm these recommendations. However, even after more than 10 years since the publication of the first guideline, adherence to the recommendations in the National Health System (SUS) is still low. With the strengthening of the family health strategy in the country, it's expected that family doctors and nurses in primary care start to have a greater role in prescribing screening tests in the SUS (National Health Service) and it's believed that these professionals have greater adherence to ministerial guidelines. The aim of this study is to evaluate the knowledge and practice of health professionals in relation to breast cancer screening. **Method:** Questionnaires were given in three national congresses from 2015 for areas related to primary care (Family and Community Medicine, Nursing and Public Health). The questionnaires were distributed and collected before lectures about the new national guidelines. **Results and Conclusions:** From the 191 respondents, 72% believe that mammography screening should be performed on women under 50 years, 67% would recommend more frequent intervals than the biennial, 98% would recommend screening methods not accepted by the new guidelines, 37% mistakenly believe that screening reduces the incidence of breast cancer and 95% overestimated the magnitude of the screening effect at least 30 times.

PALAVRAS-CHAVE: Breast Neoplasms; Mass Screening; Practice Guidelines as Topic

OP96 - AN INTERVENTIONAL STUDY OF THE RELATIONSHIP BETWEEN GREEN TEA CONSUMPTION AND THE PREVALENCE OF ALLERGIC DISEASES (FINAL REPORT)

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INTRODUCTION and OBJECTIVE:

Allergic diseases, including allergic rhinitis, are becoming increasingly more prevalent nowadays in Japan. However, no definite etiology is currently known. Our observational study demonstrated a significant negative association between green tea consumption and the prevalence of allergic diseases. This interventional study was conducted to investigate the protective effect of green tea consumption with respect to allergic diseases.

METHODS:

The subjects were 2,412 elementary and junior high school pupils in Japan. We provided 1,140 pupils each with two bags of green tea leaves (one liter of green tea, when prepared) per day, for three months in 2013-2015. The pupils were asked to drink the green tea while at school. We observed another age- and sex- matched group of 1,272 pupils, as the control. For both, average age was 9.74 ± 2.13 years old (mean \pm SD).

The questionnaire was distributed by City Municipal Boards of Education. Questions covered age, sex, medical history of allergic diseases including bronchial asthma, allergic rhinitis, urticaria, atopic dermatitis, and food allergy. The severity of each reported disease was assessed compared with the previous year. Student's t-test was used for these comparisons.

RESULTS and CONCLUSION:

The severity of allergic rhinitis was significantly lower among pupils who were provided green tea compared to control ($t=2.35$, $p=0.019$). There were no significant differences with respect to other allergic diseases in terms of severity.

Green tea may indeed have a protective effect with respect to allergic rhinitis.

PALAVRAS-CHAVE: tea; allergic rhinitis; epidemiological studies

OP98 - ART THERAPY AS MENTAL HEALTH PROMOTION FOR CHILDREN

Kretzer CM ¹; Kretzer MR ²; Nazario NO ²; 1 - Universidade Estadual Paulista Júlio de Mesquita Filho de São Paulo; 2 - Curso de Medicina, Universidade do Sul de Santa Catarina;

Introduction and objective: The contemporary world instigated by new technologies is resulting in changes in our perceptions and thus in society. This fact predisposes rising fears and mental conflicts, especially in children. The Carl G. and Maurice Merleau-Ponty grounded work reflects this today, concerned about being in its totality psychological, cultural and social make art a therapeutic experience, where the child can deal with their social and personal skills. Objective to allow therapeutic experiences in art therapy that prevents mental health of children as a tool for social rehabilitation. Methods: A phenomenological qualitative study, applied to a group of 27 children 09-10 years in the State public school from Sao Paulo, Brazil, in 2013. Registration and understanding through camera, recordings of interviews and reports. The artistic techniques and materials were varied in accordance with the engagement established with each child. Ethical aspects were respected. Results and conclusions: Relations with perception and space were key concepts to art therapeutic activities collaborating on their cognitive and affective connection. The expansion of the concept of expressive therapies using techniques and materials collaborated with the externalization of being symbolic. The process developed led the union and the group's trust, helping the children to share their fears, anxieties and stored feelings and position themselves positively in front of their conflicts. The therapeutic art activities experienced by the children enabled the significance of the symbols preventing and promoting mental health.

PALAVRAS-CHAVE: Art Therapy; Mental Health; Children

OP99 - ASSOCIATION BETWEEN PARENTING STYLES AND CHILDHOOD OVERWEIGHT

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Introduction and Objective.

Chile ranks sixth in childhood obesity worldwide. Individual lifestyle interventions (diet and exercise) aimed at children have not been effective. It is possible that parenting style (PS) might influence the outcome of lifestyle interventions aimed at treating obesity. Among the existing PS, the authoritarian one has proven to have better long term results. However, whether PS is related to prevalence of childhood obesity, is not known.

Our objective is to compare PS between normal and overweight children, in a sample from a disadvantaged population from Santiago, Chile.

Methods.

Our sample consists of 390 children aged between 3 and 12 years old. Using a cross-sectional design, we measured anthropometric features in children and caregivers. Caregivers answered structured surveys to identify PS (Parenting Dimension Inventory) and other variables related to demographics, depression and family functioning.

Results and Conclusions.

Currently, we have analyzed data from 72% of our sample (280/390 children). Most respondents are mothers (81%), aged 20 to 40 years (69%), with high school education (67%). Seventy five percent of caregivers and 45% of children are overweight or obese. The authoritative PS was most prevalent among caregivers (37%). Currently, there is no association between PS and children's weight status. ($p = 0.8$)

This is the first approach to characterize PS prevalence in Chile. We did not identify association between variables, which might be due to small sample size (broad confidence intervals). This outcomes would allow us to understand better the influence of PS in childhood obesity and plan.

PALAVRAS-CHAVE: Parenting; Pediatric Obesity; Body Mass Index

OP100 - BLUE NOVEMBER: MEN ARE NOT JUST PROSTATE

BRAGION CB ¹; RIBEIRO PF ¹; BOLOGNESI TA ¹; NETO ME ¹; NETO AJ ¹; DIAS AM ²; OLIVEIRA VP ¹; 1 - UNIVERSIDADE SÃO FRANCISCO; 2 - UNICAMP;

Introduction: The "Movember" started in 2012 by the Institute Side by Side for Life, from the beginning, focused on providing information for the man to change lifestyle habits and break some paradigms. However, the concern about prostate cancer and its screening obtained the main focus of the campaign. Despite the Prostate Cancer is the second most common among men in Brazil.

Objective: To evaluate and reflect on the current importance and focus the "Blue November" has in our country.

Method: We believe that this campaign should pay attention to integral human health, conducting an awareness and acceptance of men, practicing the guiding principles of primary care through education lectures and health promotion and through leaflets containing information about the November Blue and Men's Health.

Results: INCA in 2013, like other countries, has maintained its position of not recommending screening programs for prostate cancer. Also the Brazilian Society of Family and Community Medicine believes that men, in fact, need to give and receive more attention to your health, but agree that the latest scientific evidence make it clear that this should not be done by measurement of PSA or performing digital rectal examination in people who have no symptoms.

Conclusion: It is for us, health professionals, we take the information to the public and we are always willing and focus on ways to bring to primary care medicine centered on the person with coordination of health care.

PALAVRAS-CHAVE: Prostate; Health Promotion; Primary Care

OP101 - CARE PATHWAYS PROJECT (CPP) THE IMPORTANCE OF HEALTH WORKERS FOR A BETTER MENTAL HEALTH CARE

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Introduction and Objectives

The Health Ministry (HM) in Brazil has identified difficulties of Primary Health Care to welcome and care for patients with mental disorders and in harmful use of drugs. To overcome it the HM proposed The Care Pathways Project, a course to overcome prejudice and transform these workers practice. The Project is part of a National Plan "Crack can be overcome", based on policies of comprehensive care to people who make harmful use of drugs. The main objective was to train approximately 290,000 workers of PHC to care for people in use of drugs through a defined set of strategies in order to facilitate access and inclusion of these patients in the health system.

Methods

Classes have been offered once a week, 8 hours-day for five consecutive weeks in all 27 States and one Federal District. The course includes three axis: (1) territory, the health care network and practices in mental health policy. (2) The role and toolbox in mental health of PHC workers. (3) Psychiatric reform, the use of harm reduction technique and the existing mental health services network

Results and Conclusions

By December 2015, 292.899 vacancies had been offered. These workers are detecting situations they had never noticed before and are open minded to welcome and care psychiatric patients and drug users. After receiving information to care for people in psychological distress and drug users based on Harm Reduction they can help improve access and provide a more appropriate care for these patients and their families.

PALAVRAS-CHAVE: primary health care; mental health; harm reduction

OP102 - CASE REPORT: OLDER PERSON LIVING ALONE AND THE INTERVENTION OF A FAMILY HEALTH STRATEGY MULTIPROFESSIONAL TEAM

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Introduction: Without necessary attention from family members, older people are left to their own resources, many times counting exclusively upon charity from friends and neighbors. Family Health Strategy emphasizes promotion of healthy aging, maintenance and improvement of functional capability of older people, disease prevention, health recovery and rehabilitation when needed. It enforces the principle of equity, generating differentiated healthcare. **Objective:** To report the case of an older person attended by a multidisciplinary team at a Health Unity in São Paulo.

Methods: Qualitative description of case reported.

Results and Conclusion: M.J., 85 years old, male, single, retired, living in São Paulo for over 30 years, on rental. Comorbidities: high blood pressure, diabetes mellitus, fluctuating periods of mental confusion. Poor personal hygiene and self-care, poor housing conditions. Losing weight due to lack of proper feeding. Only known family bond is an institutionalized brother in a hospice in the city of Belo Horizonte, MG. Starting with this information and in accordance with Brazilian law, which reinforces the maintenance of family ties, the extended family health team initiated contact with the institution in which the brother was located. At last, a spot came up. No neighbor could accompany him to Belo Horizonte. One community health agent volunteered to accompany him to the aforementioned institution. The work within interdisciplinary team, associated to the practice of SUS principles and applying the elderly rights resulted in life quality and the maintenance of family ties.

PALAVRAS-CHAVE: Primary Health Care;; Patient Care Team; Comprehensive Health Care

OP103 - CORALICE GROUP

Sampaio FJN ¹; 1 - Viva Rio;

Introduction: Working to promote health of the elderly, integration of components, entertainment, socialization, health education and bond with your unit.

Objective: Understanding the unit must be a health education room, working your personal skills and the promotion of health through music, memory stimulation, social interaction and vocal health.

Method: Two weekly meetings lasting four hours, two hours on Tuesday and two hours on Thursday (10 / 12h) in CMS Alice Tibiriçá. The activities include: integration of components with a conversation circle, vocal warm-up exercises with fonoterapeuticos exercises, rehearsal songs proposals and then exercise vocal slowdown. We started the project with 10 components, today we have an average of 25 elderly. All decisions are taken as a whole, since the lyrics to be sung to the design of the uniform blouse. They are held discussions on matters pertaining to the group, the time of discussions, reflections, compliments and suggestions.

Results: Complete one year of existence in March, with an average participation of 25 elderly. In the evaluation of the first six months to influence the research or not the quality of life of the participants, the words appeared in more open questionnaire of subjective responses were: Friendship and family. Conclusions: It empowers the elderly in the territory, the group is united, with ties strengthened with the reference health facility and recognized in the territory by taking the fun events.

PALAVRAS-CHAVE: music; elderly; health

OP104 - CREATING AN APPLICATION FOR MOBILE DEVICES TO COMBAT AEDES AEGYPTI

Umpierre R¹; Bastos CM¹; Telles LF¹; Dal Moro R¹; Schmitz CAA¹; Harzheim E¹; D'Avila OP¹; DAMASCENO F¹; 1 - TELESSAÚDERS/UFRGS;

Introduction and Objectives: In Brazil, the proliferation of the *Aedes aegypti* mosquito, which transmits the dengue, Chikungunya, and Zika viruses, among other diseases, brought the country to a state of emergency in public health. Actions to combat the mosquito require dissemination of specific information and clear guidelines on how to prevent and eliminate potential breeding sites, in addition to monitoring these actions. To help combat the *Aedes* mosquito, the TelessaúdeRS/UFRGS research project of the post-graduate program in Epidemiology of Universidade Federal do Rio Grande do Sul, and the Health Office of Rio Grande do Sul have developed an application (APP) for monitoring potential breeding sites and informing users about *Aedes*-borne diseases and their symptoms. **Method:** a mobile application, free for iOS and Android platforms, was developed. The application allows to report on possible breeding places of *Aedes* using geolocation and photos. The target audience is the Brazilian general population. Users will receive guidelines and weekly alerts about home inspections, according to the profile registered after installation. The APP also provides information on mosquito-borne diseases. **Results and Conclusions:** Since the application's release, it has been downloaded over 2,500 times in 30 days, generating 318 reports during the same period, submitted to the municipal health departments. The use of mobile devices in public health emergency situations may help in the rapid dissemination of quality information to population in general, as well as aid health professionals in combatting the *Aedes aegypti* mosquito and facilitating public monitoring.

PALAVRAS-CHAVE: *Aedes aegypti*; Dengue; Zika vírus

OP105 - EVALUATION OF E-LEARNING COURSES OFFERED BY TELESSAÚDE/UFRGS BETWEEN 2014-2015

Corrêa AP¹; Cunha NS¹; Bastos CM¹; Silva FR¹; UMPIERRE RN¹; D'Avila OP¹; 1 - TELESSAÚDERS/UFRGS;

Introduction and Objective: This study evaluated seven editions of four e-learning courses - Mental Health, Wound Care, Pediatric Dentistry, and Nutrition - promoted between 2014 and 2015 by TelessaúdeRS/UFRGS, a research project of the Graduate Program in Epidemiology of Universidade Federal do Rio Grande do Sul, Brazil. **Method:** This is a cross-sectional quantitative study. To perform it, a questionnaire was sent by email to students who have completed the courses, through the SurveyMonkey® tool. The survey was not mandatory and was applied anonymously. **Results:** Of the 1,171 emails sent, 409 were returned. The data obtained show that the courses had a positive impact: the average evaluation rating given by participants who answered the questionnaire was 8.96. For the content of the courses, 88.26% of participants considered it to be above their expectations. The materials available for the courses were considered good or excellent by 95.11% of the research participants, and the quality of the videos was rated as good or excellent by 91.44%. A percentage of 97.80% of the participants said they were satisfied with the progress made. With the study, along with the positive evaluations from research participants about the quality and content of the four courses - Mental Health, Wound Care, Pediatric Dentistry, and Nutrition - it was possible to verify the potential of e-learning courses in Brazil as an alternative for the retraining of different categories of health care professionals.

PALAVRAS-CHAVE: Health Education; Public Health; Education

OP106 - FAMILY MEDICINE FOR GUYANA

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Family Medicine for Guyana: building capacity in academic primary care and public health.

INTRODUCTION AND OBJECTIVE This project is a collaboration between the Departments of Family Medicine of two Ontario (Canada) medical schools, the Georgetown Public Hospital Corporation, in Guyana, and Academics Without Borders. It seeks to build capacity in locally relevant primary care and research methods—both areas in need of strengthening in Guyana. Until recently, there were no locally trained family physicians in the country. It is important to give these residents academic skills to be able to become leaders of the future.

METHOD Multi-modal evaluation of curricular modules in research methods and public health for residents in family medicine, in collaboration with the Masters of Public Health program in Georgetown. The focus is two fold, and complements the clinical curriculum: the epidemiological skills to understand population health needs; as well as the research skills required to engage with those needs.

RESULTS AND CONCLUSIONS This approach will ensure a new cadre of physicians, not just expert primary care clinicians, but scholars invested in system-level thinking and change, based on rigorous data collection and research. We are evaluating the project based on several dimensions: ability to carry out a research project and disseminate it in peer reviewed literature; ability to influence change at the policy level; and ultimately, retention of the physician work force in Guyana as such influence improves.

PALAVRAS-CHAVE: Primary Health Care; Public Health; Education

OP107 - TAGARELA GROUP

Sampaio FJN ¹; Pinto LMS ¹; Brant NCC ¹; Albuquerque A ¹; 1 - Viva Rio;

Objective: Encourage the development of children's communication, education, psychomotor skills and understanding the rules of behavior. Aims to become a socialization space and interaction within the health unit.
Introduction: It was created to meet the growing demand for children with disorders of complaints in communication and learning. Also started to meet the demand of complaints related behavioral issues and global development engine.

Method: weekly meetings. Activities related to communication, learning, phonological awareness, psychomotor exercises and behavioral activities and rules of coexistence. Take place in the auditorium of CMS Alice Tibiriçá. Mondays, schedules divided into two blocks: From 3 to 7 years perform activities from 15:30 to 16:30. 8 years to 11 years perform activities 16:30 ace 17:30. The coordinators of the group are the components of NASF team: speech therapist, physiotherapist, psychologist and Physical Educator in partnership with the FHS teams. The group's aid for parents email where are posted the activities carried out in weekly meetings and tips for families they continued the activities at home. Once a month meetings are held with parents to discuss how the proposal, reflection, exchange of knowledge and information between team and family.

Result: Reports of charge on school improvements and approvals for following series. objective assessment questionnaire with research on the opinion of those responsible with respect to the group.
Conclusions: The group has grown with recognition since the demand forwarded by schools and health services in the region.

PALAVRAS-CHAVE: children's; commmunication; psychomotor

OP108 - HEALTH EDUCATION AS A MEDICAL ACTION TOOL: THE UTILIZATION OF THIS PRACTICE BY MEDICAL STUDENTS IN ILHÉUS-BA

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Introduction/Objective: Healthy eating habits and lifestyle are factors that contribute to preventing and/or delaying the appearance of chronic non-transmissible diseases (CNTD). The early appearance of these pathologies is very worrying, being a challenge to be faced. The present study had as objective construct and improve the knowledge of population about the importance of a healthy lifestyle and eating habits during childhood, avoiding so the precocious appearing of the CNTD.

Methodology: Was performed with parents and students from elementary education in two different schools, one public and other a private school in the city of Ilhéus-BA from march to december 2015, three educational workshops: packed killers, friendly menu and hot potato. Was discussed issues related to the nutritional contents and their association with the CNTD. The activities were finalized with screening actions on the target audience (blood pressure measurement, waist circumference, height, weight and calculation of body mass index). The collected data were analyzed. After the analysis of the data, the detected deviations were referred to the ascribed Family Health Care Unit.

Results/Conclusion: The results of this activity reveals the unanimous involvement of the children, the effort to abandon some bad eating habits and the reduction of the waist circumference for those who presented alterations. Therefore, the incorporation of this activities to the medical practice allows the amplification of the assistance and the action both in preventing diseases as in health promotion, promoting the change in the professional performance paradigm from centered on cure to practices of health education.

PALAVRAS-CHAVE: Health Education; Health Promotion; Disease Prevention

OP109 - HEALTH PROMOTION ACTIVITIES OF THE INSTITUTIONALIZED ELDERLY IN VIEW OF COMPLETENESS

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Introduction and objective: the institutionalized elderly needs a special attention, since it is in a vulnerable social context and away ties and family ties, as well as, in certain situations, it features limiting and disabling conditions of their health. This study aims to describe an experience during the implementation of integrated actions in the academic dimensions teaching, research and extension aimed at the integral health of institutionalized elderly. Method: were developed various activities in educational dimensions, research and extension, aimed at the overall health of the elderly resident in a long term care facility for the elderly (LTCF) philanthropic, located in South Sanitary District Natal-RN county, from March to June 2015. Results and conclusion: The following actions were taken: Training workshop for the institution elderly caregivers, as well as group activities and cognitive and functional assessment of elderly residents. With regard to group activities, most were related bodily practices and cognitive stimulation, such as bingos, physical activity, stimulation through music, as well as individual performance activities (drawings and solving small problem situations of day-to -morning). He realized the need of carrying out health promotion activities with them, as well as the importance of social return that the gym should offer associating the dimensions of teaching and extension research. All stages of the project were relevant and provided a reflective look at the overall health of institutionalized elderly.

PALAVRAS-CHAVE: Serviços de Saúde para Idosos; Health promotion; Aging

OP111 - FAMILY VULNERABILITY INDEX TO DISABILITY AND DEPENDENCE (IVF-ID), BY SOCIAL AND HEALTH CONDITION

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Family Vulnerability Index to Disability and Dependency (FVI-DD) is intended to summarize the vulnerability dimensions to disability and dependency using family data accompanied by teams of the Family Health Strategy (FHS). The aim of this study is to analyze the FVI-DD, according to the social and health vulnerability, to validate and extract a cutoff point for each dimension. The FVI-DD was built with a sample of 248 families living in a region of São Paulo with high aging index and distinct social conditions. The factor related to health conditions (CSA) was validated with good internal consistency, with respect to the Katz Index and the Lawton Scale, as the factor related to social conditions (CSO) validated only in relation to Lawton Scale. Thus, it sets a cutoff point for FVI-DD Total and another to CSA dimension. The final index is composed of social conditions of strengthening (access to durable goods, education, employment and income) and wear (illiteracy, poverty). In addition, health conditions are addressed not only in the biological sphere, but also in access to health services, health self-assessment and presence of vulnerable groups such as the elderly.

PALAVRAS-CHAVE: index; disability; family

OP112 - LATE DIAGNOSIS AND AMPUTATIONS IN YOUNG PEOPLE AFFECTED BY LEPROSY IN THE XXI CENTURY

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INTRODUCTION AND OBJECTIVE: The leprosy is a chronic, infectious disease, with immune character. When leprosy is detected and treated early, the disabilities may be reversible. However, 11-51% of patients don't recover and 6-27% develop secondary disabilities. It's important to show that a disease with healing criteria defined by WHO since 1982 can still, in 2014, lead to limb amputations in working-age people, as demonstrated in our study.

METHOD: Transversal, cross sectional study, conducted by data collection from medical records and evaluation/interviews of follow-up patients treated for leprosy in Rio de Janeiro, Brazil, from 2004-2014. We analyzed 7 patients, from 35 to 80 years, with multibacillary forms and applied both SALSA and participation scales.

RESULTS AND CONCLUSIONS: In the past 2 years, 7 patients with limbs amputation for leprosy complications were analyzed, 5 males and 2 females, all after multibacillary treatment for lepromatous leprosy and grade II of disability at diagnosis. In SALSA scale, 76% of patients had moderate to severe activity limitation. We observed social restriction in 24,9% of patients, between the amputations, 7 were in lower limbs, including first and fifth toes, forefoot, left leg, and 1 in upper limb. Physical disability is intrinsically associated with social restriction. These results suggest that there may have been a delayed diagnosis of leprosy. As a result, the importance of systematic monitoring and determination of criteria for the follow-up of these patients is highlighted. The early diagnosis and immediate treatment should be guaranteed in the Family Health Strategy/Primary Health Care.

PALAVRAS-CHAVE: Leprosy; Disability; Amputation

OP113 - LIFE SIGNAL: RESISTANCE, CONSCIOUSNESS AND SOLIDARITY

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The project “Life Signal” appeared during 10 years of work in Morro Santiago. We found that the community was isolated by urban violence and especially the structural violence. Children and young people there lack access to basic rights such as clean water, sanitation, culture, sports and leisure. The school dropout rate is high. They are growing violence and drug trafficking on site.

We went up and down the Morro Santiago every day with the construction of bonding and love through health promotion, culture, sports, storytelling, palhaçaria, hip hop, games, tutoring, youth groups, discussions of problems and solutions in the community, photography workshops, among others.

Faced with the need of adolescents and young people, the Family Health Team, along with the social educators, social groups like the Levant Youth People's Collective, There is Love in Fortaleza, the Society of Teenage , students of Medicine and individuals involved with the cause, we organized a project to create and implement a culture equipment, art and leisure in Morro Santiago.

The overall goal has been to build this center through popular education in Morro Santiago, offering a new alternative to complement the social, cultural and economic of this population, reducing the risk of involvement in drug trafficking and violence.

This process symbolizes the resistance, consciousness and solidarity in Morro Santiago and the collective construction of a more just society.

PALAVRAS-CHAVE: Health promotion; Young people; culture

OP115 - MEDICALIZATION AND GROUPS IN PRIMARY HEALTH: SYNERGY OR OPPOSITION

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Introduction/objectives: Family Health Strategy teams working model assumes bonding with people and communities as an important tool for achieving comprehensive and effective health care. Group activities, offered to people sharing any health condition in common, usually take place in these setting and represent an important technology of approach health-disease process in a major context crossed by medicalization. This could be defined and characterized as the adoption of and adherence to medical heteronomical procedures, leading to development and increased demand for more procedures, thus hindering patient's autonomy. Group activities in primary health hold, therefore, the virtue to guide and face medicalization process towards the reconstruction of autonomy, as well as the potential harm of stimulating and strengthening it. Multiplicity of models and lack of appropriate practice for health professionals to this type of activity, unveils a wide unexplored field of terms and definitions in literature.

Methodology: Qualitative research, consisting of a narrative review of literature using MeSH terms Family Health; Diagnosis Related Groups; Diabetes Mellitus; Hypertension; due to the prevalence and existence of different approaches for both conditions, in two main indexes: PubMed and LILACS

Results/Discussion: There was significant difficulty for the establishment of uniform descriptions and disclosures in the scientific literature. Stands out the especially large number of publications devoted to report health education actions based on the transmission of information that seeks to strengthen autonomy of patients, but with the potential - and detrimental - consequence of producing more demands and further enhance to phenomenon of medicalization.

PALAVRAS-CHAVE: Medicalization; Family Health; Diagnosis Related Groups

OP116 - OCCUPATIONAL HEALTH IN PRIMARY HEALTH CARE 3.2 – THE PERSPECTIVE OF INTEGRATIVE AND COMPLEMENTARY PRACTICES THROUGH REIKI

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The incorporation and implementation of integrative and complementary practices (ICP) in Brazil's Unified Public Health System (Sistema Único de Saúde - SUS), with emphasis on primary health care, are addressed to the continued, humanized and integral health care policies. Through workshops, psychologists of the Center for Support to Family Health (NASF) found stress and anxiety among the health professionals of the Coordination Office of Primary Health Care (CAP 3.2). The goal of this project is to offer Reiki assistance to professionals at CAP 3.2 and at Maternity Hospital Carmela Dutra (HMCD) and consequently reduce their stress load. Reiki assistance is provided by volunteer therapists at the Outpatient Care Center of HMCD once a week. Reiki technique is applied with the laying on of hands on the body of the recipient on his/her energy centers, offers low cost, is subtle and its effects are already perceived at the end of the first session. Reiki is an integrative and complementary practice, recognized by the World Health Organization that aims to maintain and recover physical, emotional and mental health; improve the immune system; expand energy and concentration; release tension and enhance abilities of the body and promoting calm. Since September 2014, 180 sessions to 60 employees have been carried out. The inclusion of integrative and complementary practices to health professionals within their workplace, on a daily basis, can help them achieve concrete results in the prevention of diseases, thus promoting the improvement of their lifestyles and on primary health care.

PALAVRAS-CHAVE: Reiki; Occupational Health; stress

OP117 - PERCEPTION OF ORGAN DONATION AMONG MEDICAL STUDENTS OF A TERTIARY HOSPITAL IN INDIA

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Introduction & objective: Nearly 5lakh people die every year in India due to unavailability of organs. 1,50,000 people await a kidney transplant but only 5000 get one. The progress in the arena of organ donation is stalled mainly by numerous cultural and religious beliefs. The lack of knowledge regarding legal and procedural details is also another major setback. Healthcare personnel form the backbone in the promotion and success of organ donation programme. The objective was to determine the acceptance of organ donation among MBBS & Nursing students of AIIMS BBSR.

Methods: The study consisted of 349 students of AIIMS Bhubaneswar, Odisha, India and employed a cross-sectional design. A pretested self-administered and structured questionnaire was used. The questions were divided into two broad categories. The data was analysed with SPSS and summarized using descriptive and inferential statistics.

Results & conclusion: Despite being in medical field, 85% students were unaware of the legal norms governing organ donation, 19% believed that organ donation is not an effective mode of treatment, 23% don't want to sign a donor card, an average of 28% students don't want to donate organs and 30% don't want to insist their family to donate. Such type of response from the upcoming health care providers seems un-encouraging towards organ donation situation in this country. Being members of a premier medical institute in India, we can make a big impact on the society and their views on organ donation.

PALAVRAS-CHAVE: organ transplant; perception; medical students

OP118 - PERMANENT EDUCATION PROJECT WITH COMMUNITY HEALTH AGENTS: FACING VIOLENCE AGAINST WOMEN

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INTRODUCTION AND OBJECTIVE

Recognizing the importance of the work of the Community Health Workers (CHW), and the lack they have in relation to continuing education, Health Academic League of Family and Community of Federal University of Uberlândia, in order to contribute to the qualification of the CHW has developed a training project with them, aiming actions of health promotion and prevention, valuing the knowledge of these professionals and enabling learning between them and the members of the league.

METHOD

The league members developed workshops with community health workers on various topics. The theme of each workshop was decided based on the demands of the agents, approaching, among other issues, the coping of the Violence against Women. It was worked with the agents the types of violence, the Maria da Penha law, the approach when faced with cases and possible referrals that should be done.

RESULTS AND CONCLUSIONS

Through the developed work was reinforced the importance of continuous training of CHW mainly, as noted, on the subject of violence against women, which is part of the daily of the agents, then it needs to be discussed, questioned, allowing elaborations of transforming actions. Thinking on it as unfolding, the League has developed a symposium on the theme, open to the community where these issues could be studied in a deeper and comprehensive manner, with the participation of social actors, providing information and reflections on this important and neglected issue: the role of CHW and violence against women.

PALAVRAS-CHAVE: Education, Continuing; Community Health Workers; Domestic Violence

OP120 - PREVALENCE OF COGNITIVE IMPAIRMENT IN GERIATRIC PATIENTS IN AN OUTPATIENT REFUGEE CLINIC

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Introduction and Objective:

The Alzheimer's Association International estimates that worldwide nearly 44 million people have Alzheimer's Disease or Alzheimer's related dementia. Most cognitively impaired patients go unrecognized. Cognitive impairment increases cost, hospitalization, morbidity, and mortality. Scant literature exists on the prevalence of cognitive impairment among refugees from strife-torn regions who immigrate to the United States. The Montreal Cognitive Assessment (MoCA) was developed and validated in numerous languages as a brief cognitive screening tool with high sensitivity and specificity. In this study, we use the MoCA test to screen for cognitive impairment in a diverse refugee population in the United States.

Method:

Each year, over 4000 refugee visits occur in our International Health Clinic contained in our Family Health Clinic. Approximately 55 countries and 25 languages are represented. Using native speakers trained in medical translation, we will administer the MoCA test to 200 refugee patients greater than 50 years of age who have lived in the United States less than five years. A brief survey will assess the highest level of education, country of origin, and level of literacy.

Results and Conclusion:

The percentage of patients with scores in the Normal, Mild Cognitive Impairment, and Alzheimer's ranges will be reported. Scores will be adjusted by educational level per MoCA testing instructions. We will examine the correlation between MoCa scores, demographics and education. Our findings will help determine further risk factors for cognitive impairment and develop culturally sensitive approaches to addressing the spectrum of cognitive disorders in refugee populations.

PALAVRAS-CHAVE: Geriatrics; Dementia; Alzheimer Disease

OP121 - PREVENTION IN THE AMERICAS - MORTALITY FROM ALCOHOL IN BRAZIL AND WORLDWIDE

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Introduction and Objective: In 2015, the Pan-American Health Organization (PAHO) presented the report "Status of alcohol consumption in the Americas," which found a significant increase in alcohol consumption in the Americas inhabitants if compared to the rest of the world. In Brazil, mortality from alcohol is in 3rd place among men and 11th among women. The objective was to compare global statistics on the frequency of "heavy episodic drinking" and analyze preventive actions in Brazil aimed at the excessive intake of alcohol.

Method: The collection and interpretation of data were obtained from the virtual report of the Health and Alcohol Information Center (CISA), released in July 2015. Data was analyzed from 2010 to 2012.

Results and conclusions: In 2010, three major illness from causes related to alcohol were listed: liver cirrhosis, alcohol use disorders and interpersonal violence. The frequency of "heavy episodic drinking" in the Americas is 1 in 5 drinkers (22%), while the world's average is 16%. There was a significant increase in frequency in women (from 4.6 to 13%) and men (17.9 to 29.4%). In Brazil, although coexist the Psychosocial Care Center Alcohol and Drugs III (CAPS AD 24 hours) and Laws such as No. 12,760, entitled "Dry Law", there needs to be more comprehensive and monitoring of such. It comes to a conclusion that many projects should be improved in the Americas in order to combat the ingestion of alcohol and the dangers arising from it, given its increased incidence compared to the rest of the world.

PALAVRAS-CHAVE: Epidemiology; Alcohol; Prevention

OP122 - PROJECT CHILD -TALKS

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Early childhood is a period of great importance and must be accompanied in different ways, children should be treated as subjects of rights (citizens) and as a priority group, in view of the biopsychosocial development stage, whose peculiarities give them special and immediate needs according to the dynamics of development. In accordance with these principles, professionals from different fields of knowledge, for example, in health care, play a primary role. The project-child talks began operations in 2014 in the downloaded from Glicerio region, with children living in the substandard housing, with high social vulnerability. The objective was to give a voice to children and promote the inclusion of suggestions for improving the quality of life. The methodology was the approach of children through the mediation of reading, entertaining workshops to hear them and through their particular look to develop actions and politics to promote physical and mental health and reduce the violation of children's rights.

The result was the realization of the transformation of housing areas, the construction of an emotional map of the region, the child's relationship improves with public spaces such as school, health center, squares and collective areas, children's empowerment with the directed listening, improvement of physical and mental health with the mediation of reading, health education and developed based jokes of Brazilian popular culture.

PALAVRAS-CHAVE: childhood; health promotion

OP123 - PROSTATE CANCER SCREENING

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Prostate cancer screening involves several matters that must be analyzed prior to its incorporation into clinical practice and as public health program. The expected benefit is the mortality reduction. The harms include false positives, anxiety associated with overdiagnosis and the damages of its overtreatment, which never will have evolved clinically. A bibliographic review was conducted during November 2015, through the databases Pubmed and Scielo, searching for articles between 2009 and 2015. Posteriorly, it was organized a round table event was organized an event: Roundtable on FAMINAS –BH, with the theme "Prostate Cancer - screening or not in Primary Care ", in which academicians and specialists in Urology and Family and Community Medicine have participated in order to promote a discussion regarding the screening for prostate cancer considering that this subject has divergent approaches among different medical societies. As a result of this work, Family Doctors argued based in an American study, with 11 years of monitoring, that PSA plus rectal touch has not reduced patients mortality. Thus, they consider that PSA plus rectal touch is not included as a screening modality. Moreover, urologists positioned themselves in favor of the screening based in an European study that presented 20% reduction in mortality in patients submitted to screening for 9 years. They also support that the current recommendation is to follow individualized protocols for each patient. Therefore, it has been noted the importance of medical practice based on evidence both in Primary Health but also for future professionals.

PALAVRAS-CHAVE: Quaternary prevention; primary health care; medical education

OP124 - REASONS FOR THE SEARCH FOR PROSTATE EVALUATION IN PRIMARY HEALTH CARE

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INTRODUCTION AND OBJECTIVE: Family physicians/general practitioners often meet apparently asymptomatic men asking for prostate examination. As prostate cancer screening seems to bring more harm than good, these users can initiate diagnostic and therapeutic waterfalls with great potential for false positives and sequelae. This work is part of a larger research that studies the search for prostate evaluation and men's hidden agenda in Primary Health Care (PHC). Here, we try to identify reasons why men demand prostate evaluation in PHC services.

METHODOLOGY: Our qualitative research involved semi-structured interviews with 16 male and female doctors working at Family Health Strategy in São Paulo and Mauá and 15 male users assisted by these professionals (men in whose consultations arose questions about prostate, erectile dysfunction or other sexual problems). In addition, we observed the five participating services. Analysis was made under the frameworks of gender and masculinities, and the notions of vulnerability, comprehensiveness and quaternary prevention.

RESULTS AND CONCLUSIONS: Men seek for prostate evaluation mainly because of concern about cancer; because they associate the organ with erectile dysfunction or other genitourinary problems; hiding complaints of erectile dysfunction or other health problems; or following previous or current medical recommendation. Concern about cancer is greatly influenced by media and the involvement or recommendation of relatives or acquaintances. Understanding the motives that lead men to demand prostate examination favors the comprehensiveness of their care and helps to prevent potentially iatrogenic actions.

PALAVRAS-CHAVE: Men's health; Prostate; Health services needs and demands

OP125 - EXPERIENCE REPORT: LECTURE ON BREASTFEEDING FOR COMMUNITY HEALTH WORKERS

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Introduction and Objective:

Breastfeeding benefits both the mother's and the baby's health as it provides a balanced nutrition with everything the baby needs for a good growth and development. Furthermore, it represents the simplest and most advantageous way of reducing childhood mortality, strengthens the bonds between mother and child and protects the mother against some kinds of cancer¹. Among the breastfeeding motivation techniques, the function of the Community Health Agent (CHA) stands out due to their proximity of the community^{2,3}. For this reason, the objective set was the preparation of the CHAs, aiming the promotion of breastfeeding by these professionals.

Methods:

The discipline of Medicine Integrated to the Health in the Community encourages the early introduction of the medical students on the practical activities at UBSF Jardim Olimpico, in Aparecida de Goiania-GO. During the home visits to pregnant and nursing mothers, it was noticed that some beliefs and myths about breastfeeding exist. Therefore, it was acknowledged the importance to coach the CHAs to better orientate the families. An educational action using active methodologies of teaching and learning (dialogue-based exposition and role-playing with simulation dolls) was carried out discussing the subsequent themes: benefits of breastfeeding for the mother and the baby; beliefs and myths; and the ten steps for a correct breastfeeding.

Results and conclusions:

Fifteen CHAs were present, which participated actively, asking questions and improving their knowledge on the subject. The proposed objectives were reached and is expected that the acquired knowledge by the CHAs enhances the promotion of breastfeeding in the community.

PALAVRAS-CHAVE: Aleitamento materno; Agente Comunitário de Saúde; Promoção de saúde

OP126 - SATISFACTION WITH BODY IMAGE AND PRACTICE OF SEX IN THE ELDERLY

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Report of a study that is part of a dissertation cut, objective correlate sexuality with body image self-perceived by the elderly. Research from the Open University seniors, Federal University of Pernambuco in 2012. Data were collected between May and June 2012. Its dependent variable: sex practice and independent variable: age, sex, years of study situation marital and self-perceived body image, the latter assessed by questionnaire silhouette Stunkard, Sorensen and Sunkard. It was approved by UFPE Ethics Committee with approval CAAE No 01651112.5.0000.5208. Attended 235 elderly, of these 95.3% were female, with regard to marital status, most were single 36.6% followed by 34% married. Of the total, 51.5% reported thinking about sex spontaneously, although the aspect of sexual desire, 71.1% reported indifference, 20% sought to have sexual intercourse with your partner, performed autoerotização 6.8 and 2.1 did not respond. Sexual activity was present in 32.3% of respondents and autoerotização by 23%. As the satisfaction with body image, 41.3 are satisfied, 51.9 dissatisfied with excess body fat and 6.8 dissatisfied with body thinness. We conclude that several factors interfere with the exercise of sexuality of the elderly, which should be considered in promoting sexual education of their elders, with the strategy, health education, basic tool in the health professional, especially those that work in Primary Care.

PALAVRAS-CHAVE: idoso; sexualidade; educação em saúde

OP128 - SCREENING FOR PREGNANCY INDUCED HYPERTENSION IN PRIMARY CARE UNITS

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Introduction: Pregnancy induced Hypertension is still a major cause of maternal and perinatal mortality. It's a common complication during pregnancy and responsible for a large number of preterm births. Searching for ways to prevent more serious outcomes, a local protocol was established between Primary Care Units in Rio de Janeiro's Planning Area 4.0 and high risk Maternities.

Objective: To evaluate the utilization of a local protocol created to better of management of pregnancy induced Hypertension and to describe its effect over pregnancy outcome.

Method: It was conducted an intervention study among pregnant women monitored in Primary Care Units from Planning Area 4.0's territory, between July 2015 and December 2015, who had systolic blood pressure ≥ 140 and / or diastolic blood pressure ≥ 90 or weight gain over 1000g in a month, accompanied by edema or significant increase in blood pressure.

Results and conclusions: 560 women were tested at least once for proteinuria presence. The average age among them was 25 years and 16% were teenagers. 18% tested positive for proteinuria during follow-up and were taken by ambulance to their reference maternity. Of these, 14% had only edema in lower extremities as symptom and 43% were subjected to C-section within 15 days after the test due fetal or maternal distress. So far, no perinatal deaths were observed.

The performance of screening for proteinuria shows promise in reducing fetal and infant deaths by gestational hypertension.

PALAVRAS-CHAVE: Prenatal Care; Hypertension, Pregnancy-Induced

OP129 - SHACKLES AND STIGMA: TACKLING MENTAL HEALTH IN RURAL UGANDA

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Introduction and Objective

The patient was brought into the hospital in shackles. She had worn them for 8 years. Every Sunday she was taken to church to pray that the demons would vacate her body. We cut off the shackles and began the slow process of assessing and treating her mental health. 6 weeks later she was able to return home, on the road to recovery and now a functional member of her community again. Inspired by this case a mental health community outreach program was developed in Kanungu District, Uganda. The objective was to explore local perceptions of mental health with the aim of subsequently developing a sensitisation program to reduce stigma and increase engagement with mental health services at Bwindi Community Hospital.

Method

Meetings were held at community churches across the district with church and community leaders. Surveys and focus groups were conducted to explore their perceptions of mental health and mental health services.

Results and Conclusions

We discovered multiple misconceptions about the relationship between mental health and religious practices. Based on these discoveries we are now designing and developing interventions to sensitise and empower local leaders to de-stigmatise mental health issues in their communities, identify potential mental health cases and refer mental health patients to mental health services for assessment, treatment and follow up.

PALAVRAS-CHAVE: Mental Health; Health Education; Social Stigma

OP130 - SMARTVAX – BUILDING AN ACTIVE VACCINE SAFETY SURVEILLANCE SYSTEM USING SMS TECHNOLOGY.

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Introduction

In 2010, administration of influenza vaccine to children under five years of age was suspended in Australia following an unanticipated surge in febrile convulsions. Reviews of this incident identified the need to improve vaccine safety monitoring including development of active surveillance.

Methods

We developed a general practice tool (SmartVax) in Western Australia which automatically extracts data from general practice software, government immunisation clinics and hospital clinics and sends a series of SMS messages to parents of recently immunised children, inquiring about possible adverse reactions. De-identified data from 86 participating sites are sent to a secure central database for aggregation, analysis and potential action.

Results and Conclusion

Since October 2014, 11,839 children 10 years or younger have been monitored under the SmartVax program . (48% male, 52% female) Overall, 72% of parents respond to the program, with 81% of responses received within 4 hours of transmission. Overall, 12.2% of parents report their child experienced a reaction following a scheduled childhood vaccination, and 1.1% of these reactions were medically attended. SmartVax data have been useful for evaluating changes to the childhood immunisation schedule and monitoring the annual paediatric influenza vaccination program in Western Australia.

This novel system provides a timely, efficient means to actively monitor vaccine safety and could serve as an early warning system to detect unanticipated safety signals. The use of SMS technology minimises the resources required and may facilitate establishment of active national adverse event surveillance system in Australia and elsewhere.

PALAVRAS-CHAVE: Immunisation; surveillance; Adverse events

OP131 - SUCCESSFUL EXPERIENCES IN FAMILY PLANNING GROUP

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INTRODUCTION: Family planning is the right of women, men and choose free power couples and consciously the number of children they want, when they have them and the spacing between them, guaranteed by the Constitution and by Law No. 9,263, of January 12, 1996. It is a set of actions that are offered all resources, both to help to have children, resources to design, how to prevent an unwanted pregnancy. **GOAL:** To present an account of family planning group experience of a basic unit of Health.

METHODOLOGY: The educational group works as a conversation circle and it happens fortnightly on Tuesdays from 2 p.m. to 4 p.m. and enables each participant voluntary to choose a contraceptive method that best suits to your reality. Initially addressed the group's objectives and understanding it by the end we are going to have the question of each participant about what is family planning. The issues relate to reproductive health, and the different types of contraceptive methods, emphasizing the advantages and disadvantages of each method.

RESULTS: Increased participation of adolescents; Reduction in choice for definitive methods after group membership, increased participation of men, Increased demand for the inclusion of intra uterine device.

CONCLUSION: With this experience it can be seen that the planning group has been able to achieve its goal to strengthen sexual and reproductive health. We note the importance of the group in deciding on the most suitable contraceptive method for each family.

PALAVRAS-CHAVE: Health Education ; Health Promotion ; Sexual and Reproductive Rights

OP134 - TELE-EDUCATION RESULTS OF TELESSAÚDERS/UFRGS

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- TELESSAÚDERS/UFRGS;

Introduction: Since its inception in late 2007, the TelessaúdeRS/UFRGS – a research project of the Graduate Program in Epidemiology of University Federal do Rio Grande do Sul, Brazil – mainly focused its activities in teleconsultation for professionals in Primary Health Care (PHC) on SUS, where, until the end of 2009, it only performed training. In 2010, the project began developing activities in distance learning, offering web lectures, a course on Mental Health and courses developed in partnership with the Center for Toxicological Information of Rio Grande do Sul (CIT/RS). In August 2014, a team dedicated to developing Tele-education activities on TelessaúdeRS was created in order to increase and organize its offerings. This study aims to present the results obtained from these tele-education activities.

Method: It is a quantitative survey, obtained through the records, held in an Excel spreadsheet, of each tele-education activity performed by the project. The survey was carried out between January 2010 and December 2015.

Results and Conclusions: For the whole period, the project has provided 184 web lectures, watched synchronously by 8,000 people; 65 editions of 15 courses, reaching more than 3,300 students in total; over 650 posts on Formative Second Opinion published in the Virtual Health Library (BVS); over 220 videos posted on a YouTube channel and an average satisfaction of 97%. The results of this survey showed an increase in tele-education activities conducted by TelessaúdeRS/UFRGS, which provided continuous education through distance learning that is updated and based on the best evidence, being well-received by the public.

PALAVRAS-CHAVE: Health Education; Public Health; Brazil

OP136 - THE HEALTHCARE OF CAREGIVERS ENLISTED IN THE BASIC HEALTH UNIT MARIA NEIDE DA SILVA SOUZA

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A caregiver is a person who helps another with limitations on performing his/her basic and instrumental activities of daily living.

The present study aims to inquire the physical and mental health of caregivers of debilitated patients with a high degree of functional limitations and capacitate the health personnel of the Maria Neide da Silva Souza Basic Health Unit to provide additional support for caregivers.

Questionnaires were applied on home visits to identify situations for intervention and medical care was provided for those who needed.

We evaluated a total of 20 caregivers, mostly elderly married female who have children, low educational levels, are housewives, with monthly income of 1 minimum wage and spend the whole day taking care of the patients. Low back pain was the most reported complaint, followed by hypertension; depression and insomnia; diabetes; anxiety and asthma. Two were alcohol users; five were smokers; three practiced physical activity; five used controlled medication; two used hypoglycemic drugs and four anti-hypertensives. The majority hadn't done their oncotic cytology in the prior two years. Stress was a common complaint, but a greater number mentioned that they felt happy. Carrying out subjective questions, we noticed little knowledge of the caregivers about the patient's pathologies. Love was the most common feeling for the patients and many caregivers declared to have lost their freedom to leave home and work. The church was the most attended social facility by the caregivers. Hence, caregivers also need care, a fact noted in their look of happiness.

PALAVRAS-CHAVE: caregiver; basic health Unit promoting health; promoting health

OP137 - THE PROMOTION OF MENTAL HEALTH THROUGH CHILDREN'S ARTISTIC EXPRESSIONS

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Introduction and Objective: Therapeutic education in health substantiated by the relationship "I-world" and manipulated by means of artistic expression are fundamental discussions for Health, Art and Education, being an important tool for the promotion of school mental health in children. It also covers other areas of knowledge such as psychology and philosophy, social and scientific field, being recognized by the contemporary approach of Maurice Merleau-Ponty.

Objective to comprehend through therapeutic education in cognitive-sensitive-mental health of children, respecting their cultural space.

Methods: A phenomenological qualitative study conducted with 1,484 children 06-16 years among 2007-2011 in the State public school from Sao Paulo, Brazil. Record held by camera, recordings of interviews and reports. Artistic techniques used: narrative, sculpture, painting, drawing and printmaking designed in various materials. The understanding by the therapeutic artistic processes had as methodological support to the description, reduction and reflection. Ethical aspects were respected.

Results and conclusions: Of the perception of exercise, the body's relationship to space and time, contact with the therapeutic artistic techniques, awareness of existing emotions, exchanges of experiences and experiences infer about the benefits in cognitive development as the conflict internal-external due to violence, fears and anxieties of children. Such impacts led to the promotion of mental health. Artistic expression articulated a therapeutic action is one of the keys to promoting cognitive-sensitive-mental health interlaced when the perception of concepts and body by means of expressive materials and techniques in the cultural dialectic.

PALAVRAS-CHAVE: Mental health; Art; Children

OP138 - TOPIC: ASSESSMENT OF FACTORS AFFECTING USE OF INSECTICIDE TREATED BED NETS; A STUDY AMONG CAREGIVERS OF UNDER-FIVE CHILDREN IN IFE

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Introduction:

Malaria is the leading cause of death in under-fives in Nigeria and sub-Saharan Africa where it is also responsible for about 20 per cent of all child deaths (WHO).

Despite efforts at eradicating malaria through vector control, the burden of the disease is still looming in the town and villages of Nigeria.

Aims/Objectives:

- To assess knowledge of mothers of under-fives about malaria prevention.
- To assess practices of mothers of under-fives in Ife towards ITN use.
- To identify those factors that militates against the use of ITNs among caregivers of under-fives in south-west Nigeria.

Methods:

The study is a population-based cross-sectional probability sampling with the use of semi-structured questionnaires.

Results:

The survey revealed that 66.7% own ITNs while 33.3% did not. Among the population that own ITNs only 16.7% were using it every night while 53.7% were not using it at all. Education and correct knowledge about modes of malaria prevention was significantly associated with use of ITNs ($p < 0.0001$). Bivariate analysis showed that caregivers with poor knowledge were less likely to use ITNs despite household ownership ($p < 0.0001$). Level of education of the mother and occupation did not influence the use of ITN ($p > 0.005$). Association of non-use with misunderstandings persisted with logistic regression (Odds ratio 3.9; 95% CI: 1.836 to 8.436); it was also statistically significant ($p = 0.001$).

Conclusion:

Misconceptions about the causes of malaria and its modes of prevention; perceived difficulties/discomfort with ITNs were grossly responsible for non-usage. Proper education/ orientation are needed to correct these notions

PALAVRAS-CHAVE: Malaria; Caregivers; Insecticide-treated bed nets (ITNs)

OP139 - TRACKING OF THYROID DISEASES IN THE POPULATION OF FORTALEZA, CEARÁ, BRAZIL: HEALTH PROMOTION AND DISEASE PREVENTION STRATEGIES

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INTRODUCTION AND OBJECTIVE: Members of LIMEN (League of Metabolism, Endocrinology and Nutrology) from the University of Fortaleza participated in the International Thyroid Awareness, a major campaign by Brazilian Society of Endocrinology and Metabolism, which educates health professionals, the public and the press about this gland and it's disorders, acting in tracking diseases that are related. This study reports the academic experience in this important campaign to the screening for thyroid diseases in the population and demonstrates the importance of actions that include health promotion and that encourage interactive participation of medical students.

METHOD: An experience report of an endocrinology campaign in which students tracked the population by interviewing about the main symptoms of thyroid diseases as well as the physical exam of the gland. Furthermore, the students talked about the cases with the endocrinology team to clarify any possible doubt and improve their knowledge on clinical thinking.

RESULTS AND CONCLUSIONS: 262 medical appointments were made in this social action that raised a lot of interest from the local population. The majority of the interviews were from the female sex and showed nonspecific symptoms linked to thyroid, but there were diagnosis like bocium, nodules, hypothyroidism and hyperthyroidism. This kind of volunteer social action is really important to the medical student, once it stimulates the ability of attendance in a place where the conditions are different, also is a very important tool to promote health and to prevent diseases, once educates the population and health professionals about thyroid diseases.

PALAVRAS-CHAVE: Endocrinology; Thyroid diseases; Health promotion

OP143 - WHAT STYLE OF PATIENTS PREFER DEALING IN PRIMARY HEALTH CARE IN THE HEALTH POST IN LIMA-PERU

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The clinical encounter is the pivotal moment where two people (patient and doctor), in a totally unrelated principle, begin to understand through dialogue and mutual understanding. This, aims, to make a diagnosis and to agree on what action to take the problem addressed at that time.

An important part is the shared decision making where the patient, a fundamental element of it, for it is essential that we negotiating with the patient to reach an agreement in the clinical act.

We conducted a survey on the trading style preferred by patients. 47 patients who presented between the months of October -November 2015 queries Family Medicine, General Medicine, Dentistry, Nursing and Midwifery, all adults and wanted to collaborate at the same surveyed. Poll after leaving services which had been treated was conducted.

78% of those treated patients were satisfied according to the attention that had been performed before the implementation of the survey. 59.7% were satisfied with the way they made the decision to continue treatment and the result that catches our attention is that 68% of patients surveyed want the doctor to make the treatment decision to follow vs 27% who they want to take in conjunction with the doctor and only 4.2% of them want to take the decision. Patients are ready and willing to take decisions on their treatment. This is the beginning to investigate the factors that may be associated with shared decision making and what role family doctors have in involving our patients to it.

PALAVRAS-CHAVE: shared decisions making; primary care; negotiation

OP144 - WHO DID DECIDED WHEN THE SYSTEM CONFRONT MASS SCREENING AGAINST INDIVIDUAL AUTONOMY AND DECISION MAKING?

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Objective: Discuss mandatory mammography for breast cancer screening confronting the exercise of individual autonomy in Uruguay.

Method: bibliographic systematic review and analysis from the quaternary prevention focus.

Results: Gøtzsche and Olsen paper published on 2000 was the hurricane that caused intense evidence review about mammographic breast cancer screening. In breast cancer facts are revealing all over the world that meanwhile overdiagnosis and cumulative false positives are the rule, mortality is stable or decreasing. There is general agreement to assume that the decline in mortality would be attributed to the improvement in treatments and access to treatments, improvement is social development, more than to massive breast cancer screening programs. And screening is not decreasing the incidence of advanced cancer. During 2013 and 2014 were published communications and letters explaining the situation of Uruguayan working women between 40 and 59 years obligated to be screened for breast cancer every two years. When we consider mandatory mammography programs there are many ethic issues for example the exercise of individual autonomy and the need to provide information for informed consent oriented to a decision making process.

Conclusions: From 2016 Uruguay developed a new guideline for breast cancer early detection. Fortunately the recommendations were changed not suggesting systematic screening for women aged 40 to 49 years and 70 to 74. From 50 to 69 is suggested mammography every two years. However we are facing a conflict between the new guideline and the 2006 president decree that oblige female employees to screen every two years to get the health card that is essential to comply.

PALAVRAS-CHAVE: personal autonomy; cancer screening; breast cancer

MANEJO CLÍNICO

OP145 - A CLINICAL MODEL FOR CHILDHOOD OBESITY MANAGEMENT IN PRIMARY CARE

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Introduction: The most effective intervention model for childhood obesity is known as family-based behavioral group treatments. There are also studies that investigate the effects of games. The aim of this study is to compare the efficacy of family-based group treatment with an educational game (Kaledo) intervention model in childhood obesity.

Methods: Obese children between 9-12 ages are involved. Participants randomized into behavioral and game intervention groups. After the clinical evaluation, an education session was performed for both groups. After that, parents and children were taken to behavioral group sessions separately in the behavioral group; parents were taken to behavioral group sessions and children were taken to game sessions in the game intervention group.

Results: Although a total of 108 children were clinically evaluated, 52 children and their parents, 26 in behavioral group and 26 in the game intervention group were participated in two and more sessions. Twenty four participants, 12 in behavioral and 12 in the game intervention group finished the study by participating in all of the six sessions. BMI and BMI z-scores were decreased and height values were increased in both groups and these changes were statistically significant. Weight values were decreased in both groups but these changes were not statistically significant. There were no significant difference between behavioral and game intervention groups in point of height, weight, BMI and BMI z-score.

Conclusion: According to this study, these intervention models can be advised to primary care physicians to be used in the management of childhood obesity.

PALAVRAS-CHAVE: childhood obesity; game intervention; family-based behavioral therapy

OP147 - A MAN ALSO HAS BREAST

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Introduction: Breast cancer is rare in men and can be linked to family history, exposure to radiation or elevated levels of estrogen. Treatment probabilities are similar, however the delay in diagnosis and spread to lymph tissue are factors that complicate treatment. The description of this clinical case aims to give visibility to the problema.

A 79 years old man, who is member of a highly functional nuclear family (stage VIII of Duvall life cycle). History of Atrial fibrillation, hypertension, dyslipidemia, prostate pathology, glaucoma. In April 2013 appealed by a nodular mass in the left breast, with about 1 cm, with no malignancy signs at physical observation and showing no other signs or symptoms. It was requested ultrasound - "small fibroma or hematoma with 11x10 mm" indicating to review in six months, which was carried out with the result of "extra-mammary nodule hypoechoic heterogeneous, without modification since the last examination." Was maintaining his usual vigilance and in November/2014 refered a "different feeling" and was visible a local swelling and palpable a hard breast nodule, about 2 cm in diameter. Mammography result was BI-RADS 5 and ultrasonography show a "mass with muscle invasion and malignant characteristics". Forwarded to a reference center, two days later began the Breast cancer approach - biopsy, mastectomy, radiotherapy and chemotherapy. Currently in follow up surveillance.

In conclusion, when approaching breast cancer we evoke women, but 1% of cancers occur in men. In order to prevent diagnostic delays, the family doctor should be aware of this disease entity.

PALAVRAS-CHAVE: Breast cancer; delayed diagnosis; Primary Care Physicians

OP148 - ACCESSION TO FAMILY PLANNING OF WOMEN IN THE STATE OF SÃO PAULO CENTER STREET

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Introduction / objective: The street women as a minority (14%) ¹, are configured a more vulnerable group within the vulnerable, the violence suffered gender (physical, sexual and psychological), broken family ties, addictions to alcohol and drugs and impaired temporality.

In the daily work of the Office team on the street there was the repeated unplanned and unwanted pregnancies, concomitant with the abuse and dependence on alcohol and drugs. After birth newborns are maternity and are referred to shelters, triggering large maternal mental suffering.

Method: Since the problem was held to raise awareness of women of childbearing age for joining the family planning (FP), preferably to the quarterly injectable contraceptive.

Results / conclusions: In 2010 were followed 22 pregnant women and 22 women joined the PF; in 2011 it was followed 20 pregnant women and 39 women joined the PF; in 2012 it was followed 13 pregnant women and 42 women joined the PF; in 2013 they were accompanied by eight pregnant women and 31 women joined the PF; in 2014 they were accompanied by two pregnant women and 35 women joined the PF; in 2015 they were accompanied by two pregnant women and 29 women joined the PF *. Investment in awareness PF resulted in considerable decrease in the number of unplanned and unwanted pregnancies of 22 for two (down 91%), offering the power to decide on the moment you want to become pregnant, avoiding the separation of the newborn by shelter, source of suffering.

PALAVRAS-CHAVE: Family Planning; Homeless Persons; Primary Health Care

OP149 - MONITORING USERS OF ALCOHOL AND OTHER DRUGS IN ROCINHA

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Introduction and Objective: National studies point to a prevalence of alcohol dependency around 10% of the population – 12.3% according to CEBRID's research in 2005. At the Rocinha community, general perception is that alcohol and other drugs abuse is no less severe. The already known difficulty of users accession to the treatment at the specialized service of the public health system, which is the CAPS AD (Alcohol and Drugs Psychosocial Care Center) CENTRA-RIO, once the users do not attend this service, made us realize that we should offer an intensive monitoring service at our territory.

Method: In 2013, health professionals of the Strategy for Family Health, the Matrix Support Team (MST) and the Maria do Socorro CAPS created an Alcohol and Drugs Work Group to face the challenges imposed by the abuse of these substances.

Results and Conclusions: Initiatives that have enlarged the access and improved the quality of the treatment of the alcohol and other drugs users at Rocinha are: a better articulation in the local health network, including the primary health care and the specialized services (CENTRA-RIO, PROJAD/IPUB, UTA/IMPP); the creation of therapeutic groups for these users; the offering of other groups already existent at the health units (groups of physical activities and craftwork activities, for example) or even at the community (Alcoholics Anonymous and Narcotics Anonymous, for example); the creation and extension of the MST and the hiring of the damage reduction agent in 2015.

PALAVRAS-CHAVE: Substance-Related Disorders; Primary Health Care; Harm Reduction

OP150 - ANALYSIS OF HYPERTENSIVE PATIENT REGISTRATION IN PRIMARY CARE UNITS IN THE CITY OF RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE: The municipality of Rio de Janeiro (MRJ) expanded primary care from 2009, providing longitudinal monitoring and acting on prevention and care of various diseases, especially chronic non-communicable. The arterial hypertension (SAH) is a serious public health problem due to its high prevalence, morbidity and mortality, as well as high frequency of hospitalizations with high medical and socioeconomic costs. It reaches more than 30% of the adult population and more than 50% of the elderly in Brazil.

This study aims to know the profile of registered hypertensive patients, from the data recorded in the electronic medical records of the units with the Family Health Strategy (FHS) MRJ.

METHOD: Collecting information held by three different electronic medical records database, period 2012-2015.

RESULTS AND CONCLUSIONS: The sample consisted of 381.627 hypertensive patients, mean age 59.9 years, 251 036 (65.78%) women, 143.906 (37.70%) elderly. The city region with the highest number of registered hypertensive is the Area 3.3, with 62,420 (16.35%) patients registered. The prevalence of hypertension in Vigitel 2014 for the MRJ, was 28.14% of the population above 18 years. With the current FHS coverage in MRJ (48%), the number of hypertensive patients is approximately 656.067, demonstrated that only half of the hypertensive population has been registered so far. These results contribute to the planning of actions in the territories in order to expand funding and linking this population to health teams. Also demonstrate the need to intensify health education activities that enable the prevention and control of risk factors.

PALAVRAS-CHAVE: Hypertension; Medical Records Systems, Computerized; Primary Health Care

OP151 - ANALYSIS OF VITAMIN D LEVELS IN HOME CARE PATIENTS

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Introduction: Vitamin D deficiency has become epidemic for all age groups in the United States and Europe. The aim of this research is to evaluate the vitamin D deficiency and related lifestyle reasons.

Method: This research is done in Home Care patients registered to İstanbul Sisli Hamidiye Etfal Training and Research Hospital between January 2015 – February 2016. After getting the patients' vitamin D records retrospectively, we have inquired patients if they have regular exposure to sun light, if they actively or passively excersized, whether they have a history of fracture or osteoporosis and other related life styles. We used SPSS20.0 program; frequency, chi-square and T test evaluated.

Results: Totally 232 patients included in this study.

There were 160(%69) women and 72 (%31) men. We defined %81.4(n=189) Vitamin D deficiency in all group of which %52.1(n=121) were severe, %57.1(n=68) were lower than normal value. 137 patients answered the question about "exposure to sunlight" and 118 of them %86.1 didn't have regular exposure to sunlight, %63.5 (n:87) didn't had vitamin D treatment.

Conclusion: In our study we have found that most homecare patients have low levels of Vitamin D, do not have regular exposure to sunlight, not do excercise regularly or mostly do excercise passively. But in a larger sample size, low vitamin D levels have to lead to fractures for older immobile patients. To assist in eliminating factures and to make higher the qualityof life, it is very crucial for patients with limited exposure to sunlight, to measure vitamin D levels and and to replace it.

PALAVRAS-CHAVE: vitamin d; home care patients

OP153 - ARE SCREENINGS ALWAYS RIGHT?

Branco Nunes A¹; Envia G¹; Rapazote M¹; Lima MI¹; Brochado R¹; Dias H¹; Cruz A¹; Costa V¹; 1 - USF Monte da Lua;

Introduction and objective

Screening aims to diagnose subclinical diseases (before there are symptoms and signs) and reduce mortality and morbidity. However, we need to be aware. Screening tests have false positives and negatives, and while the number of diagnosis and interventions rise, mortality doesn't always reduce. Do we always tell that to our patients? Do all doctors know this fact? Do we know the probability of having a wrong diagnosis and its consequences? Do other responsible entities in medical management and communication, such as politicians and journalists, know this fact?

Being aware requires knowledge of some basic medical statistics and how to communicate those to our patients, before and after having the screenings done.

Method

The authors review most common medical screenings and report the probability of having a wrong diagnosis for each and its consequences.

Result and Conclusions

Knowing the probability of having a wrong diagnosis after a screening test, as well as other statistical data implied in screening, along with good doctor-patient communication skills, doesn't prevent wrong diagnosis, but prevents many of its consequences when shared decision exists.

PALAVRAS-CHAVE: Screening; Overdiagnosis; Overtreatment

OP154 - ARTERIAL HYPERTENSION CONTROL (AHC) IN AN QUASI EXPERIMENTAL STUDY OF SIVASTATIN/EZETIMIBE

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Introduction: The AHC is the risk factor with the world's greatest death percentage (13.5% of the total), asymptomatic, with adherence to treatment.

Method: Analysis of data of the arterial pressure of a quasi experimental study(before and after with crossover) for intervention with simvastatin+ezetimibe, follow-up of 14 months, with 50 patients; all diabetic, hypertensive, hypercholesterolemic and with family history of cardiovascular disease. Test signed-ranks Wilcoxon test for paired variables. Stat9.

Results: The women represented 58% of the studied sample(29people), the average age of the population was 63.8 years-old, with 29 women of 65year-old and the 21 men of 62 years. 56% used an ACEI, 50% a calcium channel blocker, 72% made use of two or more antihypertensive drugs. Before the study 13 patients(26%) had pressure below 140/90mmHg. At the end of the monitoring, the pressure of all patients was below 140/90, being that 17 had it below 130/80mmHg (decrease occurred in all patients, higher in those who had higher pressure). The drop in systolic pressure(SBP) was 23,4mmHg and the diastolic blood pressure(DBP) was of 26.5% in relation to the baseline situation and the end of the monitoring.

Conclusion: High risk patients for cardiovascular disease and with low adherence to treatment. With minor modifications of their medication and orientation of life habits, there was a significant drop in SBP and DBP, which shows that the main intervention concerned the study itself, with a better doctor-patient relationship, the establishment of a common project therapeutic and, with this, improvement of adherence to the therapy

PALAVRAS-CHAVE: Arterial Hypertension Control; quasi experimental study; Search interfering in study

OP155 - ASSESSMENT OF HIV COUNSELING AND TESTING IN DISTRICT HOSPITAL OF THAILAND

DR. ¹; 1 - SICHON HOSPITAL;

HIV counseling and testing (HCT) is a crucial service to promote early detection which has an impact in reducing HIV incidence and mortality among PLHIV. The study aimed to assess HCT service of a district hospital in order to improve HCT system. All data regarding HCT services were reviewed to assess HCT system. Study populations were all HCT clients during 2014 fiscal year. The variables of the study comprised of age, gender, marital status, risk behavior, HIV counseling and testing date, reason of HIV test, date of blood test and result. In case of the results were HIV-positive, additional variables such as CD4 at first and last visit, and date of ART onset were collected. There were 187 clients; 81 females (43.3%) and 106 males (56.7%). The main risk type was sexual behavior. The results show that the top 3 reasons for HCT were to prepare for medical procedures (50.3%), diagnose for providing proper treatment (25.1%) and intend to test voluntarily (15.5%). The HIV rate among HCT clients were 7.5% (14/187). The majority of new HIV-diagnosis cases were symptomatic clients tested for HIV infection to receive proper treatment whereas not found HIV infection among those who tested HIV in medical procedures. The result revealed 5 of 11 HIV-positive clients having CD4 at first visit < 100 cells/cu.mm. Most of new HIV-diagnose clients were patients suspected of having HIV due to obvious clinical symptoms leading to late treatment. Thus health care providers should be aware of early sign and symptoms among their patients in order to early detection.

PALAVRAS-CHAVE: Counseling and Testing; HIV; Early detection

OP156 - ASSESSMENT OF THE QUALITY OF LIFE OF HOME-CARE PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS)

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Introduction and Objective:

ALS is a chronic and progressive disease which causes a shorter life span and also affects the quality of life significantly. The goal of this study was to assess the quality of life of ALS patients who are cared at home and also determine the factors that affect the quality of life.

Method:

This descriptive and prospective study was implemented through September 2014 to June 2015 on 131 ALS patients who live in Istanbul (n:88) and Izmir (n=43) provinces in Turkey. An inquiry form, EQ-5D Quality of Life Scale, ALS Functional Rating Scale and Beck Depression Scales were implemented.

Results and Conclusions:

The average age was 57.2 ± 12.1 with mostly males (64%). Functional rating scale point average was 17.6 ± 12.4 (0-48), 60% of patients showed full dependence in their daily activities and approximately half of patients had severe problems in swallowing and full detriment of speech. The average life quality points of the patients was found to be 64.3 ± 26.2 (0-100). The patients who were given care by members of their family had a better score in quality of life scale compared to patients who had paid care givers ($p=0.004$). It was shown that the quality of life was significantly correlated with all aspects of functional scores ($p<0.05$) and negatively correlated with nutritional state ($p=0.044$). The quality of life of the patients was found to be related with caregivers' load ($p=0.039$).

To assess the quality of life periodically and to support the patient and the caregiver according to these findings in order to improve the life quality of them.

PALAVRAS-CHAVE: Home care ; quality of life; assessment

OP157 - ASSESSMENT OF HYPERTENSION AND DIABETES PATIENTS FOLLOWED IN PRIMARY CARE: PLAN OF CARE TO ORGANIZE THE DEMAND

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Cardiovascular diseases are the leading cause of death in the world and responsible for much morbidity. To be multifactorial and incurable diseases, individualized longitudinal follow-up is necessary. The use of health services and resources for monitoring should occur in an equitable way, providing more assistance to users with higher risk and vulnerability. Therefore, the evaluation of the profile of hypertensive and diabetic patients and the identification of cardiovascular risk help organize the demand according to the epidemiological needs of the territory. Thus, this study was developed in the health family team Sede 2, Jijoca de Jericoacoara city, state of Ceará. The goal was recognize the situation on the health of adults with hypertension and diabetes registered, in order to organize the demand for care in an equitable manner and improve the follow-up of users. Cross-sectional study 89 patients of the 168 squad, which evaluated socio-economic data (gender, age, education level, family income) clinical (blood pressure, blood glucose fasting), anthropometric (weight, height, BMI and waist circumference) and lifestyle habits (smoking and physical activity). Patients were classified according to BMI and cardiovascular risk according to waist circumference. The results are worrying and many patients unaccompanied and decompensated were identified. It is of low education level and low family income, with high rates of physical inactivity, obesity and high cardiovascular risk. The results guided joint and individual actions with a multidisciplinary approach seeking to modify the cardiovascular risk of individuals.

PALAVRAS-CHAVE: Cardiovascular disease; Hypertension; Diabetes

OP158 - BURDEN OF GERIATRIC DEPRESSION ON FAMILY CAREGIVERS OF ELDERLY PRIMARY CARE CLINIC ATTENDEES IN A TERTIARY HEALTH INSTITUTION, SOUTH-SOUTH, NIGERIA.

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Background and Objective:

Geriatric depression is a chronic debilitating illness often coexisting with other chronic conditions. The family caregivers of depressed elderly, are therefore saddled with tremendous responsibilities which are expected to take a toll on them. This study aimed at determining the burden of geriatric depression on Family Caregivers of Elderly Primary Care Clinic Attendees in a Tertiary Health Institution, South-South, Nigeria.

Methods: This was a hospital based cross-sectional descriptive study of 150 randomly selected elderly patients attending the Primary Care Clinic of a tertiary health institution in South-South, Nigeria. Depression was assessed using Geriatric Depression Scale (GDS) and Zarit Caregiver Burden Scale (ZCBS) following data collection with structured questionnaire.

Results and Conclusion: Overall, the prevalence of depression among recipients of care was 28%. Significant relationship was seen between caregiver burden and depression amongst recipients of care ($\chi^2=40.73$, $p < 0.001$, $OR=26.79$). Caregivers ≥ 55 years, were shown to be more significantly burdened ($\chi^2=8.59$, $p=0.035$). Females and widows were shown to be more likely to be burdened ($\chi^2=3.86$, $p = 0.049$ and $\chi^2=6.46$, $p = 0.011$), respectively.

Occupation played a significant role in caregiver burden outcomes ($\chi^2=11.52$, $p=0.009$). However, ethnicity ($\chi^2=2.18$, $p =0.703$), educational level ($\chi^2 = 5.48$, $p = 0.139$) and social class ($\chi^2 =7.57$, $p = 0.108$) did not influence burden outcomes.

The study shows significant relationship between caregiver burden and depression among recipients of care with caregiver characteristics such as age (≥ 55 years), female gender, widowhood and occupation associated with increased caregiver burden.

PALAVRAS-CHAVE: Caregiver; Burden; Depression

OP159 - CARE INTENSIFICATION TO IMPROVE ADHERENCE TO HYPERTENSIVE MEDICATION TREATMENT IN PRIMARY CARE: A RANDOMIZED CONTROLLED TRIAL

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Background: Non-adherence to hypertensive medications is a prevalent problem in Brazilian primary care and it is a major barrier to reduce morbidity and mortality. We aim to evaluate the effectiveness of a psychosocial intervention in adherence improvement to hypertensive medication. **Methods:** A total of 234 voluntaries with hypertension for at least six months were recruited from ten Family Health Strategy (FHS) teams in Blumenau/Brazil. They were randomized in a 1:1 ratio for the intervention (IG) and control group (CG). The IG participated in a psychosocial intervention approach entailing six dialogical meetings focused on medication intake scenes. CG received usual care only. Adherence (estimated by validated questionnaires) and systolic and diastolic blood pressure (SBP and DBP) were measured in different points of the intervention and after its closure. The data was analyzed by intention to treatment. **Results:** Comparison between IG and CG reveled statistically differences in adherence measures (IG 65.7% vs CG 40.4%, $p=0.005$), blood pressure levels (SBP IG 124.77, SD 13.33 vs CG 136.0, SD 23.01, $p=0.05$ and DPB IG 76.77, SD 8.73 vs CG 83.63, SD 11.58, $p=0.025$) and behavioral change to better adherence status at post intervention monitoring (IG 37.1% vs CG 15.4%, $p=0.029$). The CG in-group analyses showed no statistically difference in adherence levels, adherence behavioral change and blood pressure control. **Conclusion:** The intervention increased adherence to hypertensive medication treatment and promoted better blood pressure control. Furthermore, the intervention proved sufficiently to impact in the adherence levels at complex real daily life of primary care services.

PALAVRAS-CHAVE: Medication adherence; Hypertension; Primary care

OP160 - CARING OF PREGNANT CRACK USERS: LITERATURE REVIEW

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Introduction: Primary Health Care, as the primary responsible for pre natal care in Brazil, have been facing the high prevalence of crack users (besides other drugs) among pregnant patients, and therefore, it is essential to develop strategies for caring for this specific population.

Objective: This study sought to know the literature contributions to the healthcare of these patients.

Methods: Bibliographic exploratory research, with the following keywords: Harm Reduction, Cocaine, Crack and Pregnancy, using as exploratory basis the Scientific Electronic Library Online, within the limits of publication between 2005 and 2015.

Results: Five studies were selected for the study sample.

Conclusions: The five selected studies prioritized the epidemiological analysis of the phenomenon and the consequences of the drug using on the outcome of pregnancy. However, the mental healthcare of these women has been little studied, and consequently, there are no specific recommendations for this population. It has been observed several practical approaches on such cases: the realization of the prenatal care at the basic health unit, ensuring longitudinal care and bond; continual family and community approach; coordination of care, and sharing diverse health approaches with multiple professionals, of different specialties and also with local Psychosocial Care services. To confront this problem it is necessary special attention from the academic and scientific communities for this specific population.

PALAVRAS-CHAVE: Primary Health Care; Prenatal Care; Crack Cocaine

**OP161 - CASE REPORT: NURSING ASSISTANCE BEARER VARICOSE
ULCER THROUGH MEMBRANE POLYMER ON A BASIC UNIT OF RIO DE
JANEIRO HEALTH CITY.**

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INTRODUCTION: Chronic venous insufficiency is a form of chronic venous stasis, resulting from chronic occlusion of the veins or destruction of the valves; having as one of the clinical manifestations ulceration. **GENERAL OBJECTIVE:** To present the evolution of the treatment of varicose ulcer with the polymer membrane in a basic health unit with the Health Strategy of the Family.

THEORETICAL: THEORY OF OREM - the concept of Dorothea Orem's theory that self-care is the practice of activities that the individual starts and runs for their own benefit in the maintenance of life, health and well-being.

METHODOLOGY: This is a descriptive research, according to the case study methodology, which was conducted in a primary care unit in Rio de Janeiro, with varicose ulcer carrier for 5 years. Clinical data were collected during the treatment, using up photographs and nursing developments in the period December 2013 to April 2014; upon acceptance by signing the Instrument of Consent.

RESULTS: User 60, hypertensive and showing varicose veins and venous leg sore, started treatment with the polymer membrane, being evidenced significant changes to the full for six months, performing the dressing 2 times a week.

CONCLUSION: Upon accurate assessment of injuries and material (cover) diverse and available for use, we can reduce the number of amputations and chronic wounds that we have in our city and improve the quality of life.

PALAVRAS-CHAVE: nursing; leg ulcer; bandage

OP162 - CHARACTERISTICS OF PATIENTS WITH ERECTILE DYSFUNCTION IN A FAMILY PHYSICIAN-LED ERECTILE DYSFUNCTION CLINIC: RETROSPECTIVE CASE SERIES REVIEW

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Introduction:

Erectile dysfunction (ED) was commonly thought mainly psychological or emotional related. ED is indeed significantly and independently associated with an increased risk of cardiovascular disease (CVD) and all-cause mortality. Family physician are judged among patients to be the most appropriate person to help their predicament. This study aims to examine the demographics of patients with erectile dysfunction in a family physician led erectile dysfunction clinic; and to review disease spectrum and treatment outcome of ED patients.

Methods:

This is a retrospective case series study involving all consecutive patients seen in ED Clinic from April 2014 to March 2015. Descriptive statistics was used to summarize the patient characteristics, associated chronic comorbidities and treatment outcomes.

Results and Conclusion:

183 patients with mean age 58.7 and ranged from 23 to 82 years old were seen during the study period. 66 patients (36.1%) were active or ex-smoker. 50.8% of patients had comorbidity of hypertension, 38.8% had diabetes mellitus and 33.9% had hyperlipidaemia. Their mean blood pressure was 137.3/79.5 mmHg. The mean IIEF-5 score was 10.5, while 50.3%, 30.6% and 18.6% had severe, moderate and mild erectile dysfunction respectively. The average duration of ED before seeking medical help was 3.9 years, while 9.8% presented less than one year and 7.7% had more than 10 years.

PDE5 inhibitors were prescribed to 119 (65%) patients, and 57.1% of them achieved good response. Among PDE5 inhibitor users, 83.2% attempted one, 10.1% attempted 2 and 6.7% attempted 3 drugs respectively.

PALAVRAS-CHAVE: erectile dysfunction; primary care; PDE5 inhibitor

OP164 - CLINICAL RELEVANCE OF THE INFORMATION-MOTIVATION-BEHAVIORAL SKILLS MODEL IN THE MANAGEMENT OF TYPE 2 DIABETES MELLITUS

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Introduction and Objective: Supporting the capacity to adopt and maintain self-care behaviors is at the heart of type 2 diabetes management. Various models have inspired clinical interventions attempting to enhance these behaviors. The aim of this study was to test prospective associations between information, motivation, and behavioral Skills (IMB model) and self-care behaviors.

Method: 295 participants, recruited after a diabetes course at four hospitals and four community centers, completed a questionnaire one (T1), six (T2) and 12 (T3) months after the course. Cross-lagged panel analyses were performed to test the unidirectional and bidirectional relationships between IMB model variables and four diabetes self-care behaviors: medication adherence, blood-glucose monitoring, exercise and general diet.

Results and Conclusions: Medication adherence was excluded from the analysis since 88% of participants reported no change over time. Results indicate a specific pattern of association of IMB model variables with different diabetes self-care behaviors across time. Blood-glucose testing at time 1 was positively related to information at time 2, which in turn was positively related to blood-glucose testing at time 3. Controlled motivation at time 1 was positively related to exercise at time 2, while autonomous motivation at time 2 was positively associated with exercise at time 3. There was a positive bidirectional relationship across time between behavioral skills and general diet. To promote long-term changes clinicians should foster autonomous motivation.
Disclaimer - Conflicts of interest: The study was supported by a grant from the Canadian Institutes of Health Research. No authors declared conflicts of interest.

PALAVRAS-CHAVE: Diabetes; Self-care; Self-efficacy

OP165 - COMMUNICATING WITH THE PSYCHOLOGICALLY DISTRESSED PATIENT

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Introduction: Psychological distress is common and missed in half of the patients at the primary care level. Compliance to medical treatment in such patients is improved if proper communication takes place.

Methods: An audiovisual package on communicating with the psychologically distressed patient (PDP) was developed in 2015 by the department of Family Medicine at the American University of Beirut Medical Center. The material included 3 scenarios. The first scenario depicts a physician adopting a biomedical approach in dealing with an elderly patient with weight loss. The second scenario deals with a university student who failed two major courses due to mixed anxiety and depression. The last scenario deals with an adjustment disorder. Students who attended this session rated the workshop using a Likert scale in addition to commenting on the value of this tool and what they liked most and least. **Results:** Students highly rated this activity with the majority reporting to have learned more than 3 new concepts relating to dealing with a PDP.

Conclusions: The developed package is unique and is of help to medical students. Future research is needed to examine the value of this audio-visual package on students' skills while examining PDP.

PALAVRAS-CHAVE: Communication Skills; Psychological Distress; Depression

OP166 - CONGENITAL SYPHILIS AT RIO DE JANEIRO – CONTRIBUTION FOR ANTENATAL CARE IN PRIMARY HEALTH SERVICES

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Introduction: Congenital syphilis is highly incident in Rio de Janeiro, Brazil. Adequate antenatal care, including rapid testing, provides early diagnosis, optimal treatment and follow-up for patient and partner, lowering case frequency.

Objective: to analyze syphilis data, searching for information that may contribute to congenital syphilis control.

Methods: sectional study focusing on syphilis in pregnancy and congenital syphilis notifications related to regional resident cases occurred in 2015.

Results: There were 366 syphilis in pregnancy notifications in 2015. Adequate treatment was reported on 87.7% (321) cases. Adequate partner treatment was reported on 42.8 % (157) cases. There were 238 congenital syphilis notifications in 2015. Diagnosis was achieved during antenatal care in 84,4% (201) cases. Notifications report inadequate treatment on 63.4 % (151) cases, a higher rate than found in pregnancy syphilis notifications. Partner treatment was reported on 52.2 % (126). Syphilis in pregnancy incidence was 27/1000 newborns and congenital syphilis incidence was 20/1000. **Discussion:** study findings show disparity in syphilis in pregnancy treatment between antenatal care services, where most cases are notified, and birth centers, where congenital cases are assessed. As in birth centers data from antenatal care, if present, is reviewed based on patient forms and oral information, this may lead to excessive congenital syphilis notifications. The study aim to analyze each notification case in a detailed fashion, in order to understand the details and support congenital syphilis control and surveillance.

PALAVRAS-CHAVE: Prenatal Care; Quality of Health Care; Syphilis, Congenital

OP167 - CONTRACEPTION IN PERIMENOPAUSE - APPROACH IN PRIMARY CARE

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Introduction/Objective:

Perimenopause (PM) is a hormonal change period preceding the menopause. It extends from the beginning of menstrual irregularities up to one year of amenorrhea. Despite the decrease in fertility, the possibility of pregnancy and its complications make contraception essential. This revision aims systematize the contraception's approach in PM, creating a guide for Primary Care.

Method:

It was performed a research on Pubmed database of English and Portuguese publications (2004-2015), using the MeSH-terms: "Perimenopause", "Contraception", "Primary Health Care".

Results/Conclusions:

The age isn't a contraindication to use contraception. The benefits and risks should be weighed. The last are potentially exacerbated by common comorbidities. Hormonal methods, such as intrauterine system, have non-contraceptive benefits increasing quality of life. The suspension of contraception can be carried out ≥ 55 years, when it's assumed the natural sterility. The suspension of combined hormonal contraception and injectable progestogen don't present consensus: some societies consider at 50 years, and others after diagnosis of menopause in the absence of adverse medical conditions. The measurement of follicle stimulating hormone for diagnosis of menopause and decision to suspend contraception is reserved for women under contraception only with progestogen, age ≥ 50 years, in amenorrhea and wishing to suspend it.

The Family Physician (FP) should provide information about the possibility and risks of pregnancy in PM. FP should inform about most appropriate contraceptive options, according to comorbidities, empowering an informed choice. The proper suspension should also be addressed. FP plays a key role in systematic approach of this issue, in family planning.

PALAVRAS-CHAVE: Perimenopause; Contraception; Primary Health Care

OP168 - COST-EFFECTIVENESS OF A DIABETES GROUP EDUCATION PROGRAMME BY HEALTH PROMOTERS WITH A GUIDING STYLE IN UNDERSERVED COMMUNITIES IN SOUTH AFRICA

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Introduction and objective

The prevalence of diabetes is increasing in South Africa and creating a huge burden of disease for the public sector primary care services. Not only must services provide treatment, but also effective patient education and counselling at scale. This study aimed to evaluate the cost-effectiveness of a group diabetes education programme delivered by health promoters in community health centres in the Western Cape, South Africa.

Method

The effectiveness of the education programme was derived from the outcomes of a pragmatic cluster randomized controlled trial (RCT). Incremental operational costs of the intervention, as implemented in the trial, were calculated. All these data were entered into a Markov micro-simulation model to simulate clinical outcomes and health costs that were expressed as an Incremental Cost Effectiveness Ratio (ICER).

Results and conclusions

The only significant effect from the RCT at one year was a reduction in blood pressure (systolic blood pressure -4.65mmHg (95%CI:-9.18- -0.12) and diastolic blood pressure -3.30mmHg (95%CI:-5.35 - -1.26)). The ICER for the intervention, based on the assumption that the costs would recur every year and the effect could be maintained, was 1862 \$/QALY gained. A structured group education program performed by mid-level trained healthcare workers at community health centres, for the management of Type 2 diabetes in the Western Cape, South Africa is therefore cost-effective. This cost-effectiveness analysis supports the more widespread implementation of this intervention in primary care within South Africa.

PALAVRAS-CHAVE: adult onset diabetes mellitus; patient education; cost effectiveness

OP169 - DIABETES CARE AND SELF-MANAGEMENT WITH SMARTPHONE TECHNOLOGY – REVIEW

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Introduction

Despite the availability of international guidelines and major efforts towards improvements, the care of diabetic patients remains suboptimal. The lack of patient engagement and clinical inertia both contribute to this issue. Mobile technologies can provide means to overcome these limitations. However, studies analyzing the direct effect on the treatment of patients are rare. This article describes a review conducted to evaluate the benefits of using smartphones in this patients and the effect of that technology on self-management and diabetes clinical outcomes.

Method

A literature review was conducted by searching PubMed database using the terms diabetes and smartphones, covering papers from 2011 to 2015. Articles with no clinical outcome or relying on describing study protocol only were excluded. A total of 53 papers were reviewed, 14 studies were selected, including systematic reviews, meta-analysis and randomized controlled trial designs.

Results

The review found that smartphones had positive impacts on diabetes outcomes; 5 studies demonstrated improvements in glycemic control and hemoglobin A1C levels comparing smartphone intervention with control, and 3 studies demonstrated benefits in diabetes self-management and adoption of healthier life styles such as physical activity and diet. Other articles approached the available mobile applications related to diabetes care, their potential and limitations.

Conclusions

Diabetes-related smartphone applications can benefit people living with diabetes. But success of diabetes' care with interventions that include smartphones will need to take into account patient's expectations and provider's needs. This review was limited by data from small-scale studies available at this time.

PALAVRAS-CHAVE: Diabetes; Smartphone; Self-management

OP171 - DOMESTIC VIOLENCE AGAINST WOMEN IN RURAL AREA MENOUFIA GOVERNORAT, EGYPT

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Background: In Egypt more than one-third (36%) of ever-married women age 15-49 have experienced physical violence since age 15. The most commonly reported perpetrators are current husband (64%), but parents are also frequently listed. Also more than one-third (36%) of ever-married women agree that a husband is justified in beating his wife under certain circumstances (EDHS, 2014). There are many forms of violence also there are many barriers regard addressing and reporting violence among women.

Objectives: The objective to assess the different types of violence and reasons beyond women silence.

Methods: A cross sectional study was to assess prevalence and different types of violence among married women attending Munshatt sultan family health center; Menoufia Governorate; Egypt during the period of the study. It was followed by in depth qualitative interview for women suffering from violence to identify reasons of silence. They were divided into five focus groups. The interviews were audio recorded transcribed in full and analyzed for common emerging themes using an iterative thematic analysis.

Results & conclusion: The overall prevalence of domestic violence was 52%. More than half of them suffering from two or more types. Reasons of silence were grouped in four main categories: cultural, personal, presence of children and religious e.g. deficiency in communicative skills between the couples and ignorance of each other's mental and sexual needs. There are many barriers regarding reporting domestic violence

PALAVRAS-CHAVE: Domestic violence. Rural area. Qualitative study

OP172 - DOXORUBICIN - MEDICATION THAT EXTENDS AND SHORTENS LIFESPAN

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INTRODUCTION: Doxorubicin (anthracycline) is an effective and until recently often used drug for treating several malignant diseases. Its use is substantially limited by its effect on development of cardiomyopathy, which leads to chronic heart failure (CHF). CHF can develop in only days (11%) or in months – years (1,7%). Incidence is in correlation with given dose and age of patient. Prognosis is bad and often results in death.

CASE STUDY: 60-year old patient was healthy until 2008 when she developed breast cancer. Preoperative investigation was in normal range. After operation she received six chemotherapies – combination of cyclophosphamide and hydroxydaunorubicin and additional 25 radiotherapies. Combined dosage was 6000mg of cyclophosphamide and 600mg/ m² anthracycline. She later received Tamoxifen Citrate for five years and is now on anastrozole. Recovery after finished oncological treatment was good with regular check up which revealed nothing special.

Six years after her finished treatment she visited GP due to heavy breathing and respiratory insufficiency. Ultrasound examination revealed dilative cardiomyopathy with ejection fraction (EF) of 20% and NYHA III. Intensive therapy with maximal dosage of ACE inhibitor, beta-blocker, spironolactone and reolysin helped to bring EF to 38% and NYHA II.

DISCUSSION:

1. GP should be familiar with chemotherapy regime (medication and dosage) and with all side effects.
2. CHF is probably a side effect of radio and chemotherapy.
3. CHF can occur even more than ten years after the completion of therapy.

PALAVRAS-CHAVE: chemotherapy; cardiomyopathy; heart failure

OP173 - DRUG USING STATUS IN PATIENTS WITH OSTEOPOROSIS AND PATHOLOGICAL FRACTURES

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Introduction and Objective: Fractures are the primary complication associated with osteoporosis. Patients who are diagnosed with osteoporosis and have fractures due to the disease reported to be undermedicated and have poor compliance.

Aim of the study is to evaluate the status of osteoporosis preventive medicine use of patients who have pathologic bone fractures due to osteoporosis.

Method: Our cross sectional study includes patients who applied to our clinic in between August 2013-August 2015 and had been diagnosed with osteoporosis+pathologic fracture. Patients' status of osteoporosis-preventive (vitamin D, Calcium+vitamin D) and anti-osteoporosis (bisphosphonates, calcitonin, raloxifene, teriparatide, selective estrogen receptor modulators, strontium ranelate, denosumab) therapy use before the diagnosis and once every 3 months after the diagnosis was recorded.

Results and Conclusion: The mean age of total 210 participants was 66.7±12.9 years. 80% of the participants was female and 20% was male. 65.7% of the patients didn't have any kind of osteoporosis preventive medicine before the diagnosis of fracture. 26.5% of the patients didn't take medicine after fracture. After a year; this percentage increased to 51%. The percentage of patients who had anti-osteoporotic therapy within the first three months after fracture, decreased to 79.4% by the end of second three months and 57.1% after a year. We concluded that use of medicine after osteoporotic fracture was insufficient and patient compliance was poor. So a novel method that will make treatment more effective needs to be considered.

PALAVRAS-CHAVE: Osteoporotic fracture; Prevention; Treatment

OP174 - DYING EXPERIENCES IN A FAMILY HEALTH UNIT: A RETROSPECTIVE STUDY OF ALL DEATHS

Beça H¹; 1 - USF Espinho - ACES Espinho/Gaia;

Introduction

Dying in the place of choice is considered a quality indicator if dignity is maintained and the terminally ill and their families are satisfied with the care received.

Objective

Describe the dying experiences in a family health unit (FHU), according to socio-demographic characteristics and cause of death, and explore associations with place of death.

Methods

Retrospective study of all FHU patients who died in 2012. Data were obtained through medical records and interviews with family doctors and bereaved relatives. Descriptive statistics and multivariate logistic regression were used.

Results

There were 123 deaths, mean age 77.6 years, 50.9% female. 92.2% died of chronic diseases; of these, 84.1% died with uncontrolled symptoms and 80.4% received no homecare. None were asked where they would prefer to die, most had a caregiver, 39% died at home and 57% in hospital. There were associations between place of death and age, marital status, family type, socioeconomic status, functional status and cause of death. Belonging to an extended family or other types and being middle/upper-middle/high class increased the odds of death at home. Dying from cancer reduced the odds of home death (OR: 0.13; IC 95% 0.02-0.68).

Conclusions

In this population, death occurred most often in hospital, but also frequently at home, in worrying conditions though. Although most people express the desire to die at home, the results of this study suggest that in Portugal the present conditions are still not conducive to death at home with levels of quality of life and comfort acceptable.

PALAVRAS-CHAVE: palliative care ; patient preferences ; physicians, family

OP175 - ECG CALC - APP OF ECG INTERPRETATION

Fábio Castro ¹; 1 - Particular;

Introduction and Objective

ECG CALC is an application that helps healthcare professionals with little cardiology training to interpret ECG rhythms with great accuracy.

Method

The user answers a series of simple questions based on the presence, absence, or measurement of various characteristics on a patient's ECG rhythm. Almost 100 of the most common rhythms seen are included, and can be identified by answering 12 steps (heart rate, rhythm, P wave, PR interval, QRS complex, ST segment, T wave, Q wave, QT interval, U wave, axis and clinical data). The algorithm works by eliminating the problems with incompatible data entries. For example, a ECG with heart rate fast will eliminate "sinus bradycardia". The next step is the exclusion of the differential diagnoses and diagnosis with non-specific data.

Results and Conclusions

The testing of the initial version with real ECG already analyzed by experts showed that it is possible to achieve similar results of an expert. Of 320 problems found in 150 ECG, 77% had the right diagnosis. The errors were associated with multiple problems that cancel each other (most been corrected), errors in the input data and non parameterized problems.

The application has shown that a professional with little knowledge in the interpretation of ECG can reach a precision level close to an expert.

PALAVRAS-CHAVE: Mobile Apps; Electrocardiography; Public Health Informatics

OP177 - EFFECTS OF HOME BLOOD PRESSURE MONITORING ON BLOOD PRESSURE CONTROL AND SELF-MANAGEMENT FOR HYPERTENSIVE PATIENTS WITH SUBOPTIMAL CONTROL

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Introduction:

Home blood pressure monitoring (HBPM) can lead to better blood pressure (BP) control, better adherence to treatment, and enhanced self-BP management. HBPM program was implemented to empower hypertensive patients' self-management knowledge, techniques and self-efficacy; and to achieve better hypertension control.

Methods:

Hypertensive patients with suboptimal BP control were motivated to enroll in the HBPM program, which included self-BP management workshop and BP measurement competence test. Clinic and home BPs, chronic disease self-management efficacy and behavior were assessed at baseline, 3-months and 6-months post HMBP program.

Results and Conclusion:

37 (51.4%) female and 35 (48.6%) male patient, with mean age 58.5 (SD 8.8) years old completed the assessment. At baseline, the mean (SD) clinic BP and home BP were 143.3 (9.4) / 88.8 (8.4) mmHg and 132.3 (13.4)/79.1 (7.1) mmHg respectively. The clinic BP decreased to 136.3 (14.4)/84.4 (9.2) mmHg at 3-months and 134.1 (12.9)/76.9 (8.1) mmHg at 6-months follow up, while the home BP decreased to 125.7 (12.7)/76.1 (7.1) mmHg and 127.7 (14.4)/76.5 (8.0) mmHg respectively. All achieved statistical significance. Proportion of patients practicing regular HBPM, defined as taking BP of 3-times or more per week was increased from 55.6% at baseline to 73.6% at 3-months ($p=0.007$) and to 70.8% at 6-months ($p=0.071$). Patient activation measure (PAM) level 4, i.e. maintaining self-management behavior over time was increased from 15.3% to 23.6% ($p=$) at 3 months and maintained at 6 months, however, the increment did not achieve statistically significant. Self-efficacy for managing chronic disease (SEM-CD) score at 3-months and 6-months also did not show statistical significance.

PALAVRAS-CHAVE: hypertension; home blood pressure monitoring; self-management

OP178 - ELECTRONIC MEDICAL RECORDS: AN ASSESSMENT IN TERMS OF RETURN INFORMATION TO BUILD A CLINICAL AND EPIDEMIOLOGICAL INTELLIGENCE

CAldas ALFR ¹; Machado HSV ¹; Machado LCT ¹; Azevedo RWDLA ¹; Seixas HLT ¹; 1 - SMS-RJ;

Introduction and Objectives: The electronic medical records is an irreversible trend. Brings security to the medical record, promises to speed up the consultation process and offer data so that the old chart paper moves toward obsolescence in computerized health facilities. However, many software are being improved, still in test phase, flawed in certain operations. The intention of this study to do a careful evaluation of the advantages and disadvantages of using electronic medical records used in the Family Clinic Zilda Arns from 2013 to 2016. **Method:** Analysis and chart review by a panel and module assembly with professionals who use the software for training.

Results and Conclusions: Using reports from the records of the commission was possible to raise the main registry errors by health professionals and operating system errors and request improvement updates for the programming sector. It was possible to demonstrate that despite the technical difficulties as power outages, slowness of the program due to server problems, among other technical issues, the proper use of the program produces a solid database that allows the spreadsheet of information and the construction of epidemiological surveillance system effective to achieve better indicators of public health.

PALAVRAS-CHAVE: Electronic Medical Records; Health Records; Epidemiological Surveillance

OP179 - EMOTIONAL FUNCTIONING EVALUATION IN NON-CRITICALLY ILL TYPE 2 DIABETES MELLITUS PATIENTS.

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Introduction

India with a huge burden of type 2 diabetes mellitus (T2DM) has got the title of "Diabetes capital". Recent focus on latest drugs have caught the fancy of many doctors, but what remain under-reported and frequently overlooked is the emotional quotient which could be an important cause for poor quality of life. We investigated emotional functioning in non-critically ill T2DM patients attending general outpatient department.

Method

In a cross sectional study, 100 consenting T2DM patients were assessed by Problem Areas in Diabetes Scale (PAID) scale which evaluates diabetes-related emotional distress. This scale measures four problem areas in diabetes: negative emotions, concerns regarding treatment, food-related problems, and social support-related problems scored on a 5-point Likert scale (Range 0 – 100). Descriptive Statistics were used to calculate clinical variables. A cut-off score ≥ 33 was taken for detecting clinical and subclinical emotional distress.

Results and Conclusion

Mean PAID score was 46. Social support related problem was witnessed more among patients >60 years of age. Food related problem was the most commonly encountered across all ages and least was concern regarding treatment. Mean HbA1c was 7.2% and it didn't correlate significantly with duration of diabetes or emotional distress. Emotional distress was observed in majority of T2DM patients and among geriatric age group social support was the main concern. Emotional distress observed was independent of glycaemic control. Further studies are needed to identify risk factors associated with emotional distress.

PALAVRAS-CHAVE: Diabetes Mellitus; Emotional Stress; Social Support

OP181 - EVALUATION OF THERAPY ADHERENCE IN HIV INFECTED PATIENTS IN A SLUM IN RIO DE JANEIRO

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I/O-This study consists in a qualitative evaluation regarding the therapy adherence of HIV infected patients, conducted by the primary care health working team of the slum Salgueiro (Rio de Janeiro), where the HIV incidence rate is increasing. Salgueiro is a high vulnerable community, with, approximately, 4.5 thousands people, relatively young and with low average education and income.

M-Reviewing medical record's information about the unit's HIV positive patients, the following factors work as indicators of a patient's therapy adherence success: quantity and frequency of Antiretroviral Therapy (ART) drugs delivered by the pharmacy, quantity of medical appointments made and quantity of exams performed.

R/C-Despite easy accessibility to diagnosis, technical information and ART drugs, data analyses revealed negative outcomes: several delays and discontinuity in ART delivery, high absenteeism in appointments and a low number of routine exams performed.

In general, adherence to the treatment of other chronic conditions in Salgueiro is low, but the one of HIV patients seems to be even lower. Possible causes for this difference might be the young age of HIV infected patients; patient's shame and guilt feelings; local and familiar prejudices; difficulty in keeping treatment under confidentiality and lack of social support. A collective approach to these problems seems to be a solution to increase treatment success in Salgueiro's community.

PALAVRAS-CHAVE: HIV Seroprevalence ; Patient Compliance ; AIDS-Related Opportunistic Infections

OP182 - FAMILY DOCTOR HOME VISITS OF A PORTUGUESE FAMILY HEALTH UNIT

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INTRODUCTION and AIM

Family doctor home visits provide personalized community care. However the increasing number of activities that physicians are obliged to carry out implies an increased effort to include such visits in an increasingly busy schedule.

The aim of this study was to evaluate and characterize home visits conducted during the year 2014 by family doctors of a Portuguese Family Health Unit that assists 14 900 patients.

METHODS

The authors realized a retrospective descriptive study and analyzed the total number of home visits conducted during 2014 by the family doctors. Variables studied: patient's characteristics (age, sex, main pathologies, degree of dependence), type of the home visit (acute care request/ Non-acute visit); distance traveled and average time between the Family Health Unit and patient's home

RESULTS and CONCLUSION

During 2014 family doctors carried out 561 home visits to a total of 255 community dwelling patients, mostly women (64%) with a mean age of 81.9 years. The most frequent chronic condition was high blood pressure. The majority of patients were moderately dependent (Barthel). Most visits were non-acute (evaluation and management of medical conditions). Doctors traveled 5150 km, with an average distance of 9km per visit. Professionals spent an estimated 135 hours travelling, (mean of 14 minutes of travelling time to each household and back).

Given the expected increase in the number of dependent patients and the need for home visits, the complexity of home visits tends to increase. This study allowed an analysis of the home visits performed and the current needs of our Health Unit.

PALAVRAS-CHAVE: domiciliary care visits; home visits; house calls

OP183 - FAMILY DOCTORS DUTIES - CASE REPORT

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Introduction and objective

The doctor has a system of moral principles that apply values and judgments to the practice of medicine. We aim to present a case of domestic violence, bisexuality and HIV which compromise the family doctor duties.

Methods

Interviews and clinical file consulting.

Results and conclusion

A 22 years old female patient lives with her boyfriend, 28 years old, since February 2015. She has depressive and anxiety disorders history, augmented by her relationship since she founded her boyfriend is bisexual, HIV positive and wants her to get pregnant. At 12/01/2016 the patient consulted her family doctor, motivated by the worsening of her depressive symptoms. At consultation she referred suicidal ideation, in order to end physical, psychological and financial violence. Information was provided about Portuguese National Association for Victim Support and she was advised to present criminal complaint with the Legal Entities. In parallel, she was forward to Domestic Violence Team Support in our health centre.

Despite civic campaigns, scholar subjects and reproached by law, the domestic violence and HIV are still real. After triggered the various components to support the patient, the difficulty remains for family doctor to combine professional confidentiality, the legal duty and professional doctor-patient relationship, since they are both patients of the same family doctor. Moreover, some other questions arise: is it possible an effective emotional isolation from the physician? Should the boyfriend be patient of the same doctor?

PALAVRAS-CHAVE: Domestic violence; Bisexuality; HIV

OP186 - IDENTIFICATION OF MEDICATION DISCREPANCIES AND POTENTIALLY INADEQUATE PRESCRIPTIONS IN ELDERLY ADULTS WITH POLYPHARMACY

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Introduction: medication reconciliation is the process of comparing the documented prescriptions in medical records with those actually consumed by the patients. Potentially inadequate prescriptions (PIP) are those significantly associated with adverse drug events.

Objectives: 1) to describe the frequency and type of medication discrepancies through medication reconciliation 2) to describe the frequency of PIP.

Methods: in a cross-sectional study of randomly selected elderly people (>65 yo) with more than 10 medications recorded in their electronic medical record (EMR), structured telephone interviews were performed in order to identify medications discrepancies and PIP. STOPP criteria were used to identify the latter.

Results: out of 214 randomly selected individuals 150 accepted to participate (70%). 85% were women (52% widows) and the average age was 78 yo. The average number of medications referred to be consumed by patients was 9.1 (CI 95% 8.6-9.6), and the average number of prescribed medications in their EMR was 13.9 (CI 95% 13.3-14.5). 99% had at least one discrepancy (total 1252 discrepancies); 46% consumed at least one prescription not documented in their EMR and 93% did not consume at least one of the prescriptions documented in their EMR. In 77% of the patients a PIP was detected (total 186), 87% of them were at least within one of the following categories: prolonged used of benzodiazepines or proton pump inhibitors and the use of aspirin for the primary prevention of cardiovascular disease.

Conclusions: there is a high prevalence of medication discrepancies and PIP within the community of elderly adults affiliated to a Private University Hospital.

PALAVRAS-CHAVE: polypharmacy; medication reconciliation; potentially inadequate prescriptions

OP187 - IMPROVING PATIENT-DOCTOR CONCORDANCE: AN INTERVENTION IN THE MANAGEMENT OF HYPERTENSION AT A TERTIARY BASED PRIMARY CARE SETTING IN NIGERIA

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Introduction and Objective: Poor adherence is a major reason for uncontrolled blood pressure (BP) at out-patient clinics. This study was aimed at determining if patient centered care improved patient-doctor concordance (PDC) in an African setting and if this yielded better adherence and BP control rates compared to the usual consultation style.

Methods: A RCT involving 84 patients with essential hypertension aged 18 years and above. They were receiving care at the General Out-patient Department of the Jos University Teaching Hospital. The intervention offered was a consultation protocol based on the patient-centered care model while the control group received care based on a doctor-centered approach. Socio-demographic and clinical data of the patients were recorded. PDC and adherence were assessed using a PDC assessment tool and the Medical Outcomes Study General Adherence Scale respectively. Patients were followed up bi-weekly over 12 weeks during which BP measurements, assessment for PDC and adherence were recorded.

Results and conclusions: mean PDC score was significantly higher in the Intervention group compared to the Control group (5.67 versus 5.50, $t=2.215$, $df=487$, $p=0.03$). No statistically significant difference was observed for adherence scores but the intervention group showed a sustained increase in the trend for adherence scores. For visit 2,3,4 and 5; the Intervention group had a higher proportion of patients with controlled BP though not statistically significant ($p = 0.63, 0.58, 0.62$ and 0.92 respectively). For both study groups, high PDC scores was associated with controlled hypertension ($p=0.02$). Hypertensives in African settings can benefit from the patient-centered care model.

PALAVRAS-CHAVE: Africa; Hypertension; Patient-Centered Care

OP188 - INFLUENCES ON THE SEARCH FOR HOSPITAL MEDICAL CARE AFTER PRECORDIAL PAIN IN PATIENTS WITH ACUTE CORONARY SYNDROME[ACS:INFARCTION OR INSTABLE ANGINE(A)]

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Introduction: The longer the time of infarction, the greater will be the loss of the cardiac muscle and the risk of death.

Objective: Identify factors associated with the delay in searching for medical care after ACS.

Study's Design: Cross-sectional study of a cohort of patients with ACS. Population: 465 people with ACS hospitalized in previously agreed institutions. Statistics: Boxplot. Dispersion analysis. Median (Md) =50% of observations and third percentile (Q3)=75% of the observations. Statistical package: Stata9.

Results: Groups who arrived later for medical care: elderly [<60 years Md 129minX120min >60, Q3 de 330min(5h30min)X420min(7h), respectively]; admitted in private X public hospitals (Md 129min X 120min, but Q3 of 320minX420min, respectively); the illiterate [Md 209min and Q3 540min(9h)]; those with higher education with lower percentage (Md 120min and Q3 of 270min); who earned >20 minimum wages (Md 180min and Q3 540min) – those with income between 4-10 minimum wages who arrived earlier (150min and 240min, respectively); diabetics (Md 120min Q3 420min X 120min and 360min of the non-diabetic); those without stroke (Md of 105min Q3 de 180min X 120min and 360 min respectively); the non-hypertensive X hypertensive (Md of 120min, but Q3 of 480minX360min respectively). No difference regarding sex or previous DIC.

Conclusion: Elderly patients (Fewer symptoms? Difficulty of roam?), with lower education (Understanding of gravity?), who look for private hospitals (health plan coverage), with high income (Wait for a doctor?), diabetics (Few symptoms? Trouble for roaming?) and without stroke tend to arrive later at the hospital after precordial pain.

PALAVRAS-CHAVE: Influences on the search for hospital medical care; precordial pain; acute coronary syndrome [ACS]

OP189 - INTERDISCIPLINARY GRAND ROUNDS – INTERACTIVE LEARNING TO FOSTER ENHANCED PATIENT CARE

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Introduction & Objective

To create a forum whereby various health care professionals could interact in a non-threatening environment and learn lessons related to patient care.

Methods

In the summer of 2012, the Family Medicine Residency Program at Southside Hospital created an interdisciplinary grand rounds session. The sessions are held once a month for an hour on a predetermined topic. A case is chosen from within the last 6 months. The medical team (family medicine resident, admitting nurse or supervisor, emergency department clinician, pharmacist, specialist or content expert, etc.) review the chart and each prepare 2-3 powerpoint slides that describe their interaction with the patient. The specialist or content expert prepares 4-6 slides outlining learning points. The program director of the family medicine residency program then combines them and inserts slides with questions in a multiple choice or true/false format. The entire presentation is then converted to an audience response program (ARP).

At the interdisciplinary grand rounds, the participants are given ARP devices to respond to questions anonymously and to allow the presenters to clarify concepts. Participants are encouraged to have discussions and debate regarding the management of the case.

Results & Conclusion

To date there have been sessions on multiple topics. (see attached ppt). Alcohol Withdrawal, Diabetes and Hospice & Palliative Medicine. Participants have evaluated the program favorably. The data is currently being statistically evaluated.

Interactive interdisciplinary grand rounds are a viable method for discussing cases and learning methods to optimize patient care.

PALAVRAS-CHAVE: Interprofessional; education; hospital

OP191 - ITINERANT HEALTH: BRINGING ASSISTANCE TO THE RIVER PEOPLE OF THE COUNTY OF MELGAÇO IN PARÁ

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Introduction & Objective: In 2015, the Program Estudos Médico-Biológicos of UFPA together with a multidisciplinary team, supported by the county government, offered health care to the river communities of Melgaço –Pará. The mentioned county have the lowest human development index (HDI), according to data published by the United Nations Program in 2010. The goal was to improve the health and quality of life of the cited communities.

Methods: In total, from September 29 to October 4, were performed 856 consultations that occurred, basically, in the houses of the local habitants, but also in churches and schools. The team consisted of doctors, nurses, dentists, biomedical specialists, nutritionists, nursing technicians and medicine academics. The means of transport and team accommodation consisted of two boats, in which also were mounted the laboratory and infirmary.

Results & Conclusion: The services started at 07:00 AM with the collection of materials for laboratory tests and then the patients were referred to each one of the specialists that integrated the team, nurses, doctors, nutritionists, dentists and vaccination was also verified. After that, patients that needed medicines were referred to the boat pharmacy. The laboratory results were delivered in the afternoon. After the work was finished in one community, the team headed to the next one, so it could start all over again in the next morning. Given the observed results, it's recommended that more efforts like this shall be made.

PALAVRAS-CHAVE: Assistance; Health; Primary care

OP192 - LEARNINGS ON EMPATHY

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Introduction and objectives: Encouraging patients to talk is a key part of being a medical professional. Empathy is a foundation to good practice, enhanced by practical learning opportunities. In 2015, a Brazilian medical student on an exchange in the UK became a standardised patient for the selection of new students for the Physician's Associate course. The main objective was to observe communication skills of the candidates. In order to consolidate learning, reflective writing was used as it can improve empathy and communication skills (Chen and Forbes, 2014).

Methods: In January 2015, one Brazilian medical student enrolled at a British University was given a structured role play as a teenager asking for a sick note for an exam because she spent a week with her boyfriend, and was now fearful of losing her scholarship and upsetting her parents due to a poor examination result.

Results and discussion: The goal of this examination was to assess candidate's ability to decline inappropriate requests, yet treat patients with respect. Most candidates laughed upon realization that the request was not due to a disease, representing a relevant issue to be addressed. One candidate empathized with the patient's feelings and, while refusing the sick note, he elicited information about the patient's mental health and considered a counselling referral. Watching how different students approached the task corroborated the Brazilian student's knowledge in patient-centered care, and further highlighted the need for showing empathy through accurately reflecting emotional tone, and identifying patients' needs within the boundaries of the profession.

PALAVRAS-CHAVE: Empathy; Health communication; Patient-Centered Care

OP193 - LEPROSY: PATIENTS PROFILES AT USF SERRA DOURADA / MT AND THIS RELATIONSHIP WITH MUNICIPAL AND STATE INDICATORS

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Leprosy is an endemic disease in the Midwest of Brazil, however, there is much difficulty in establishing the diagnosis. The study aimed to evaluate the control book of patients diagnosed with leprosy in 2014 at USF Serra Dourada / MT and establish a comparison with the data from the IBGE on the state and local indicators. The method used was to trace the profile of patients diagnosed with leprosy at USF, perform the calculation of indicators and compare the results obtained about the USF patients, with data released in the city of Cuiabá, in the state of Mato Grosso. There were 13 patients diagnosed in the period, of these, 92.3% (12) were older than 15 years, 53.8% (7) were female, 76.9% (10) Dimorphous, 7.69% (1) Tuberculoid, 15.38% (2) Virchowian and of these 15.38% (2) had smear-positive at diagnosis. The detection rate in the general population at USF was 334.19%, 52.82% at Cuiaba and MT 82,03%, patients with grade II disability ESF 0%, 4.34% at Cuiaba and MT 4.09%, as the cases cured the unit obtained 61.53%, 81.53% at Cuiaba and MT 79.85% and finally the number of contacts examined at USF 66.67%, 66.14% at Cuiaba and MT 69.47%. We conclude that the USF has major role in the detection of new cases of leprosy. We also conclude the importance of active search for cases and the need for careful clinical evaluation of suspected patients, because as was demonstrated only a minority has smear-positive at diagnosis.

PALAVRAS-CHAVE: Leprosy; Epidemiology; Primary care

OP194 - MANUAL CHECK-UP: REESTABLISHMENT OF PHYSICAL EXAMINATION AS A RITUAL

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Introduction and Objective: In times that health care is seen as a commodity, the word and the doctor touch too lost their value. We tried to establish a consistent practice based on quaternary prevention and resource savings, on the improvement of semiotic techniques, by running up an incomplete but comprehensive physical examination in order to evaluate the asymptomatic patient and fearful about their morbidity.

Method: For each patient with the chief complaint translated "desire to perform a check-up", was offered a standard physical exam, consisting of 23 steps later recorded, printed, delivered and discussed with the patient as a kind of document. A questionnaire was applied then as the satisfaction or disagreement on the outcome of the consultation.

Results and conclusions: 1) In a sample of 100 patients, including all ages, 87% among patients and caregivers agreed with the lack of need to perform blood tests and imaging tests, feeling understood, monitored and fully examined; 2) Thirteen percent showed no agree not to extend the diagnostic investigation even having no screening indication pathologies; 3) The two doctors participating residents who applied the tests perfected their skills in various maneuvers, fixing findings of normality and abnormality; 4) They learned also to transform main complaint before generating counter-transference in relationship-building opportunity by carrying out a ritual goal of quick implementation. It was found that it is possible to circumvent commercial course of medicine through the enhancement of sober and not costly conduct as a physical examination approach.

PALAVRAS-CHAVE: Physical Examination; Routine Diagnostic Tests; Prevention

OP195 - SOCIAL DISPARITIES IN DIABETES CARE: A GENERAL POPULATION STUDY IN DENMARK

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Objective.

The objective of this study was to describe how socio-demographic factors are associated with the pharmacotherapy and achievement of goals for diabetes care in patients with Type 2 Diabetes Mellitus (T2DM).

Design. Cross-sectional population study. **Setting.** Denmark, Naestved municipality. **Subjects.** Patients with known T2DM (n907) within a random sample of 21,198 citizens. **Outcome.** Fraction of patients not achieving goals for diabetes care on: HbA1c and LDL-cholesterol, Blood Pressure (BP) and lifestyle measures. **Secondary outcome:** Treatment with antihypertensive, glucose- and cholesterol-lowering medication. We investigated the association between outcomes and socio-demographic factors: age, gender, income, level of education, civil status, employment, and cardiovascular disease (CVD).

Results:

Poor diabetes control was associated with middle-aged, low income and low level of education. The sub-group with T2DM and CVD attained treatment goals similar to the total patient sample. Men achieved goals for LDL-cholesterol and physical activity to a higher degree than women, but were less well regulated on HbA1c. Only a minority, of the patients with T2DM were well regulated and reported a lifestyle according to international recommendations. Low socioeconomic status (SES) was not associated with lower levels of pharmacological treatment, rather the contrary.

Conclusion

The socio-demographic gradient in achievement of treatment goals for diabetes care is eminent even in a country with universal health coverage and reimbursement of medical expenses, especially for lifestyle measures. Low SES was associated with same or more extensive utilization of antihypertensive, cholesterol- and glucose-lowering medication.

PALAVRAS-CHAVE: Type 2 diabetes mellitus; Lifestyle; Socio-economic status

OP196 - MEDICAL AUDIT OF DIABETES CARE IN PRIVATE PRIMARY CARE GENERAL PRACTICE CLINICS IN MALAYSIA

Kwa SK¹; Tan WJ¹; Leong CH¹; Nilofar K¹; Ho MH¹; Heng HE¹; 1 - International Medical University;

Introduction and Objective

Type 2 Diabetes mellitus (T2DM) is an increasing major health care concern globally and particularly in Malaysia. Poor T2DM care results in crippling complications. Data from public primary care shows that only 23.8% diabetics have good glycaemic control. Although 15% of diabetics are managed in private general practice (GP), little is known about their care. The objective of this study is to determine the quality of T2DM care in GP through medical audits.

Method

The records of 10 consecutive T2DM cases in each of the 17 consenting GP were audited. Based on clinical practice guidelines, we selected 11 criteria, nine on process of care and two on outcome. The standard for achievement of glycaemic control was set realistically at 30%.

Results and Conclusion

The overall achievement for process indicators in 170 patients are smoking history (73.5%), BP measurement (99.4%), BMI measurement (66.5%) fundus assessment (28.8%) and feet examination (37.1%). Investigations conducted are renal profile (81.2%), lipid profile (80.6%), urine albumin/microalbumin (65.9%) and ECG (34.1%). For outcome indicators HbA1c and fasting/random blood sugar were performed on 63.5% and 97.0% cases respectively. Good glycaemic control (HbA1c<6.5% for ages <65, 7% if older) was 44%, surpassing the standard set. The audit reveals deficiencies especially for ECG, fundus and feet examination. This is attributable to patients' autonomy, doctor and practice management, availability and affordability of services in resource-poor GP. Results will be notified to individual GP for them to implement changes and a repeat audit conducted to complete the audit cycle.

PALAVRAS-CHAVE: Medical Audit; Type 2 Diabetes; Primary care

OP197 - MULTIPLE SOMATIC SYMPTOMS AND FRAILTY: CROSS-SECTIONAL STUDY IN JAPANESE COMMUNITY-DWELLING ELDERLY PEOPLE

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Introduction and Objective;

Physical frailty is relevant to adverse outcomes, but appropriate procedures for screening populations with frailty is lacking. We hypothesized that frailty is associated with multiple somatic symptoms because frail elderly people might have several somatic symptoms attributed to deterioration of multiple organs. We aimed to examine the association between multiple somatic symptoms and frailty.

Methods;

We conducted a cross-sectional study and enrolled 1818 (659 men and 1159 women) participants aged ≥ 60 years from Japanese community dwellers. Frailty was defined as the Fried frailty phenotype as follows: unintentional weight loss, weakness, exhaustion, slowness, and low physical activity level. Sixteen subjective somatic symptoms were assessed and the number of symptoms was counted.

Results and Conclusions;

The prevalence of frailty phenotypes was 2.4%, 34.9%, and 62.7% in frail, pre-frail, and non-frail phenotypes, respectively. More than 2 somatic symptoms were significantly associated with the frail phenotype (odds ratio [OR] 6.20, 95% confidence interval [95% CI] 2.95, 13.03, $p < 0.001$), and more than 2 to 6 somatic symptoms were associated with the pre-frail phenotype (number of symptoms ≥ 2 : OR 2.06, 95% CI 1.69, 2.51, $p < 0.001$). Associations remained significant after multi-adjustment for age, sex, past medical cardiovascular diseases, and depressive mood in frail (adjusted OR 4.07, 95% CI 1.86, 8.90, $p < 0.001$) and pre-frail (number of symptoms ≥ 2 : OR 1.77, 95% CI 1.42, 2.19, $p < 0.001$). Our study shows that multiple somatic symptoms are independently associated with frailty. Using more than 2 multiple somatic symptoms as a pre-screening tool for frailty may be appropriate.

PALAVRAS-CHAVE: Frailty; Somatic symptoms; Elderly people

OP198 - MUSCULOSKELETAL INJURIES AND WORK ABSENTEEISM – A STUDY IN A CENTRAL PORTUGUESE HOSPITAL

Margarida Leite ¹; Joana Barrocas ²; João Amaro ³; João Magalhães ⁴; Paula Ponte ⁵; Pedro Norton ³; Beatriz Aguiar ¹; 1 - USF Brás Oleiro - ACES Gondomar; 2 - ULS Matosinhos; 3 - Serviço de Saúde Ocupacional do Centro Hospitalar S. João; 4 - USF Espaço Saúde - ACES Porto Ocidental; 5 - USF Prelada - ACES Porto Ocidental;

Introduction:

Work-related musculoskeletal injuries have many similarities with the musculoskeletal injuries that primary healthcare physicians encounter in their clinical practice. They frequently lead to work absenteeism and decreased productivity, with a significant social and economic impact. However, there is little available information regarding the duration of sick leave associated with distinct musculoskeletal injuries.

This study aimed at characterizing the musculoskeletal injuries suffered by employees of Hospital de São João, in Portugal, and determining the median number of days of work absence per injury.

Methods:

A retrospective characterization of 1621 work accidents notified between 2011 and 2014 was performed. Injuries were classified according to ICD-10 based on each employee's clinical records. Data was provided regarding the median number of days of sick leave associated to each type of injury.

Results:

824 musculoskeletal injuries were registered, representing around 50% of work accidents, resulting in 22.159 days of work absence. Women (81.7%) and employees under the age of 50 (71.8%) were more affected. Approximately 70% of musculoskeletal injuries required sick leave. "Dislocation and sprain of joints and ligaments at wrist and hand level" was the diagnosis associated with the largest median number of days of sick leave (20.5 days).

Discussion:

Musculoskeletal injuries represent an important percentage of work accidents and have a considerable impact on work productivity. This study helps increase awareness regarding the median duration of sick leave according to the type of musculoskeletal injury. It also underlines the importance of the preventive education of employees, which mitigates the organizational and societal burden of musculoskeletal injuries.

PALAVRAS-CHAVE: Accidents, Occupational ; Absenteeism ; Sick Leave

OP200 - OVERLOAD PRIMARY CAREGIVERS FOR OLDER ADULTS IN THE FAMILY HEALTH UNIT (USF) CLINICS.

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Introduction: The demographic situation in our country indicates that the population aged 65 and older is 7.4% of the total population. The primary caregiver is defined that on a daily basis is responsible for the basic and psychosocial needs of the elderly; and caregiver burden, is a psychological state that results from the combination of physical work, emotional pressure, and social restrictions.

Objective: The degree of overload of the primary caregiver in the elderly.

Methodology: Descriptive cross-sectional study with analytical component, the sample was 120 primary caregivers who consulted on the Health Unit Family-Clinics, from July to September 2015. Variables: sociodemographic characteristics, degree of overload and depressive symptoms. It was analyzed with Epi INFO® software.

Results: Degree of overload, it was observed that 33.3% have no overload, and 50% does; 68% were female, and 65% over 40 years. The 67% had depression. Was found overload association between primary caregiver and family ties, $\chi^2 \geq 23.12$ ($p < 0.05$) and between overload and caregiver depression in himself, $\chi^2 \geq 17.18$ ($p < 0.05$)

Conclusion: The degree of overload of the primary caregiver in this series was predominant, presenting depressive symptoms. The socio-demographic profile describes female, over 40 years, married, with high school education and family.

PALAVRAS-CHAVE: Elderly; Primary caregiver; Depression

OP201 - PAIN CONTROL AND STRESS MANAGEMENT FOR PATIENTS UNDERGOING SURGERY

Lee CY¹; Ho HC¹; 1 - Dalin Tzu Chi General Hospital;

Introduction and Objective: Surgery brings patients psychological stress and physical pain, which not only increase medical costs but also threaten medical quality. There also exists potential medical negligence with or without legal problem. As a pain-free hospital, it is necessary to lower perceived stress preoperatively, ease anesthetic pain perioperatively, and relieve wound pain postoperatively. Since the ladder of pain management is well applied, we conduct a study to identify what factors induce operation related stress and pain so as to cope with them.

Method: Those undergoing spinal anesthesia were included. Prior to operations, the patients reported stress sources like unfriendly environment, unfamiliarity with how to and where to anesthetize, terrible experience in the past, etc. Later, the anesthesiologists paid visits to make acquaintance with patients prior to operation. During interactions, the doctors explained how to and where to anesthetize so as to lower the stress. Finally, we compared the satisfactions before and after program.

Results and Conclusions: Before pain control program, there were 944 patients with 1053 spinal anesthetic injections. After improvement program, there were 193 patients with 198 injections. We also lower the patient's fear to have an injection from 17.39% to 3.55%. The overall satisfaction was promoted from 3.7 to 4.5 on the 5-point Likert scale. A significant proportion of patients undergoing spinal anesthesia experienced less stress preoperatively and pain perioperatively, respectively. They reported satisfaction with both preoperative visits and perioperative process. In general, when pain and stress are reduced effectively, better medical quality and decreased cost would be available.

PALAVRAS-CHAVE: pain control; stress; surgery

OP202 - PALLIATIVE CARE IN RAPIDLY PROGRESSIVE DISEASE:

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Introduction:

This work tells of C.R.S. 62, a native of Maranhao, intercom, single caregiver of her two children. Diagnosed in the unit with pancreatic cancer who developed his death in 3 months.

Goal:

To report the progress of the patient aims to show the importance of diagnosis in primary care, subsequent follow-up home visit and the importance of palliative care not only the patient but their family.

Methodology:

Three months ago the patient sought the unit complaining of intense abdominal pain, significant weight loss, postprandial fullness and asthenia. tumor markers requested the same day with CEA 19-9 > 1000 has high specificity for pancreatic cancer. Immediately forwarded to the INCA and started family approach and palliative care patient. optimized treatment of pain, nausea and depression, with several times a week home visits by the whole team and separate consultations with their children. Used Familiogram and ecomap to assess cuidativo support the patient. Contact with the mother who returns to be part of the routine of the children and puts his home as a primary option for their daughter after her father's death.

Conclusion:

From this work we show the importance of primary care as a gateway for the rapid diagnosis, looking after the patient, and to later palliative care and family monitoring. Still we put the importance of networking with the Cancer Hospital. Know the patient and his feelings was crucial to work a disease of rapid progression to pancreatic cancer.

PALAVRAS-CHAVE: paliative care; pancreatic cancer; person-centered medicine

OP207 - PRELIMINARY RESULTS OF A TRIAL ON AN ALTERNATIVE TREATMENT FOR REDUCING WEIGHT

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As the prevalence of obesity increases worldwide, new treatments are being sought for weight reduction. The aim is to determine whether laser acupuncture is an effective treatment for simple obesity in participants.

The study was conducted in Kaohsiung Medical University Hospital (KMUH) between May 2013 and present. Subjects inclusion criteria were: (1) above 20 years of age, (2) BMI >25kg/m², or waist circumference over 80cm for females/90cm for males. Study design was a double-blind crossover trial. The study format consisted of each participant undergoing two 12-week sessions of acupuncture with a 2-week break in between. The participants received laser acupuncture during one of the 12-week sessions and received sham acupuncture in the other 12-week period.

In this report, we present preliminary results with datasets from the first 60 participants. Participants were randomly split into two groups, and no significant difference in baseline characteristics was found between the sham (SA) and laser acupuncture (LA) groups. We obtained a statistically significant drop in body weight ($p=0.046$) and waist circumference ($p=0.003$) during the first 12 weeks of LA treatment. No significant decrease in these two parameters was found in the placebo group. However, a significant reduction in body fat was found in the SA group was found ($p=0.036$) with no change in the LA group.

The preliminary results of our randomized clinical trial show statistically significant reductions in body weight and waist circumference after 12 weeks of laser acupuncture treatment.

PALAVRAS-CHAVE: obesity; laser acupuncture; weight reduction

OP208 - PRENATAL CARE OF PREGNANT ADOLESCENTS: CHALLENGES OF A FAMILY HEALTH TEAM IN THE CITY OF RIO DE JANEIRO

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Introduction and Objectives

Adolescence is characterized by the occurrence of many physical and behavioral changes, and pregnancy during this period is seen as a risk for the adolescent and her child. Providing good prenatal care is a key to reduce the risks and prevent complications to pregnant teenagers.

This study aims to describe the experience and difficulties faced by a Family Health Team on the prenatal care of adolescents; and propose strategies for qualification of prenatal care to adolescents in Primary Health Care.

Methods

Quantitative and qualitative study, developed with a team of the Family Health Strategy in Manginhos, Rio de Janeiro.

Conducted data collection of the population under the care of the team, followed by focus group to discuss the experience about prenatal care to adolescents. Performed transcription and content analysis.

Results and Conclusions

The team has under care a population of 3729 people, 55,1% women, 49 pregnant women, of which 18 are adolescents.

The themes listed from the content analysis were: a) Legal and ethical issues in the care of adolescents b) Influence of local and family contexts c) Perception of teenage pregnancy as socially inadequate; d) access to information and influence of the media.

The specificities of adolescence should be considered during prenatal care to this age group, requiring multidisciplinary approach and support of public policy. It is important that care teams advance in the discussion of sexual and reproductive rights of young people, with permanent education being one possible path.

PALAVRAS-CHAVE: Pregnancy in Adolescence; Patient Care Team; Prenatal Care

OP209 - PREPARED HERBAL MEDICINES: A THERAPEUTIC OPTION IN PRIMARY CARE

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Introduction and Objective: The Pharmacy Service of Raphael de Paula Souza Hospital had tradition in the handling of herbal and allopathic medicines, featuring a garden to supply of vegetable raw material for the production of those drugs. Upon closing of the garden in 1991, the demand for tincture began to be supplied with the acquisition of private companies. With the implementation of "Alternative Medicine Program" of Rio de Janeiro's City Hall in 2000 and the inauguration of the garden of medicinal plants in the Model Farm, the production of herbal medicines was resumed covering the entire production process, ensuring the safety, efficacy and the quality of the produced medicinal products.

With the approval of the National Policy of Medicinal Plants and Herbal Medicines in June 2006 actions were taken to meet one of his guiding principles: "expansion of treatment options and improving health care to users of the Unified Health System - UHS."

Method: With the strengthening of production in August 2014, the distribution of manipulated herbal medicines has been expanded to the Primary Health Care Network, involving prescribers and other professionals who work in Integrative and Complementary Practices, with the approval of the use of protocols.

Results and Conclusions: It was found that these 15 years of experience with Pharmacy Herbal there was a gradual accession of professionals prescribing herbal medicines, providing the user of Primary Care Health Network another treatment option for elementary pathologies. In 2015, they were produced and handled more than 36,000 herbal medicines.

PALAVRAS-CHAVE: Primary Health Care; Pharmaceutical Services; Phytotherapy

OP210 - PREVALENCE OF MULTIMORBIDITY IN A DISTRICT OF ISTANBUL

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Introduction and Objectives

Understanding the epidemiology of multimorbidity is great importance in determining the means of interventions in primary care. The aim of this study is to determine the multimorbidity prevalence for the patient population aged 40 and over in the Uskudar district of Istanbul.

Method

The case population for the study has been chosen by using the simple random sampling method (with 95% CI and 3% error, sample size: 893) among the individuals aged forty and over registered at family health centres in the suburb of Uskudar in Istanbul. Only the details concerning the multimorbidity of patients have been requested from the treating physicians. The FHC and hospital visits over the past one year as well as the diagnosis and the pharmacologically active compounds of medications prescribed at these visits have been recorded.

Results and conclusion

The study included 1187 cases and the multimorbidity prevalence is found to be %27.8 (n=330). The prevalence for females is shown to be higher (M: %19.5, F: % 36.1 p<0.001). The patient population of 65 years of age and over also had a statistically significant increase in multimorbidity (65>y % 19.5 n=179, 65 In this study, the prevalence of multimorbidity highlights that one in four people in the age group of 40 and over struggles with multimorbidity in the general population. Multimorbid patients tend to visit family health centers more often than the hospitals.

PALAVRAS-CHAVE: multimorbidity; prevalence; adult

OP211 - PROFILE DIABETIC PATIENTS REGISTRATION IN PRIMARY CARE UNITS IN THE CITY OF RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE:

Diabetes mellitus, chronic non-communicable disease, is a major cause of morbidity and mortality worldwide. The study Vigitel 2014, in Brazil, presents prevalence of diabetes of 8.0% of the population above 18 years. The objective of this study is to analyze clinical and epidemiological data of registered diabetics in Primary Care Units in the City of Rio de Janeiro (MRJ), from the records of electronic medical records (PEP).

METHOD:

Bank assessment of three different electronic medical records data for the period 2012 to 2015. Considered poor glycemic control, HbA1c value greater than 8.0%.

RESULTS AND CONCLUSIONS:

The estimate of diabetes for the city of Rio de Janeiro is 360 476 people over 18 years. With the coverage of the Family Health Strategy in the MRJ of 48%, they should be registered 173,389 people with diabetes. Data records showed 116 499 registered diabetics, 67.2% of the estimate. Of these, 62.4% were female and the average age of 62.1 years. The percentage of HbA1c records varied from 54.7 to 66.3%, depending on the PEP. The weighted average HbA1c was 7.9% and 38.6% of registered diabetics have poor control. The results demonstrate the need to intensify actions to increase the uptake of new cases. Also stress the importance of clinical data record in electronic medical records as an important tool for planning regional interventions to enhance compliance and improve control of monitored diabetics, which in the long run, can be crucial to reducing disabling chronic complications such as amputations and blindness.

PALAVRAS-CHAVE: Diabetes Mellitus; Medical Records Systems, Computerized ; Primary Health Care

OP213 - RATING BIOPSYCHOSOCIAL FACTORS DETERMINING RISK OF MALNUTRITION IN OLDER ADULTS LIVING IN NURSING HOMES IN ASUNCION - PARAGUAY

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SUMMARY

Introduction: adequate nutritional status, among other factors, is important to preserve the functional autonomy of older adults.

Objectives: To determine biopsychosocial factors associated with the elderly that lead to risk of malnutrition.

Methodology: Descriptive observational, cross-cutting analytical component, 124 subjects of both sexes. Sample: No statistical probability by convenience. Statistical matters: Knowing that 31.8% of older adults may have risk of malnutrition, CI was calculated: 95%, total amplitude (w): 0.20 and the expected proportion: 0.30 with a size of the sample of 88 patients. For dichotomous variables, chi-square and comparative variables ANOVA was used. Variables analyzed: Risk of malnutrition, co morbidities, depression, oral health, mental function, ADL, medication with nutritional condition and pain.

RESULTS: Risk of malnutrition was found in 50% of men and 42% of women, associated etiologies: Heart Disease 55%, hypertension 45%, Osteoarthritis 40%, 32% type 2 diabetes, among others. In 64% of women and 75% of men unsatisfactory oral health. 42% had moderate depression and 20% severe depression, presence of severe cognitive decline by 8%, moderate 20% and 6% mild, 16% present dependence for all ADL and 15% independence in all ADL. 58% of used antacids, laxatives 37%, 15% of tricyclic antidepressants, 12% used pain medications.

Conclusion: Half of the patients had Risk of malnutrition, these had a higher prevalence of unsatisfactory oral health, ADL dependence, use of drugs with altered taste and scarce use of pain medication.

PALAVRAS-CHAVE: elderly; RD (risk of malnutrition), ; AVBD (basic activities of daily living).

OP214 - RELATIONSHIP BETWEEN FAMILY FUNCTION AND OBESITY OR OVERWEIGHT CHILDREN IN SCHOOL JOSE ABELARDO QUIÑONES - LIMA, PERU - 2014

Villanueva RM¹; Polo OP¹; Merma PR¹; Moscoso R¹; Madrid Y¹; 1 - Universidad San Martín de Porres;

Introduction and objective: Obesity is a public health issue worldwide. Its cause is multifactorial and several reviews have determined that your intervention should be performed individually and focusing on the family environment. In our country there are few studies on the relationship between family functioning and overweight or obesity in school-age. The general objective was to determine the relationship between family functioning and obesity or overweight children Colegio José Abelardo Quiñones.

Method: A cross descriptive correlational no experimental study was conducted. Children data weight, height and sex was obtained in addition BMI / E was determined. a validated questionnaire on family functioning families where the type of family also would note was sent.

Results and Conclusions: We examined 169 children and 119 families completed the questionnaire. Were included in the study, 79 children with nuclear and extended families. They were divided into 42 overweight and obese, and 37 students with normal BMI / E. The average total score of family functioning was 80.85 for students with normal BMI / E of 78.61 and for students with obesity and overweight. Higher values were obtained in the averages for usual areas of family functioning in students with BMI / E that students with obesity and overweight. In the present investigation we found no significant relationship between family functioning and obesity or overweight.

PALAVRAS-CHAVE: Obesity; Overweight; family functioning

OP216 - RESULTS OF THE IMPLEMENTATION OF COMPLEMENTARY AND INTEGRATIVE HEALTH PRACTICES IN FLORIANOPOLIS (BRAZIL) IN 2010-2015 PERIOD

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Introduction: In 2010, supported by the National Policy on Integrative and Complementary Practices (PICs), it was started the implementation process of PICs in Florianópolis, Brazil. The purpose is to report the working path with PICs between 2010 and 2015.

Methods: Under the Municipal Commission responsible for PICs, sensitization workshops and training courses are carried out in health facilities for professionals in primary care. These actions are monitored and assessed continuously by Municipal Commission for PICs, that uses co-management and permanent education in health as a working reference. Such activities, which are conducted by the health professionals network and/or through interagency partnerships, have allowed the sustainability in PICs. It is a reference for other municipalities to be considered innovative and creative because it overcomes the difficulties inherent in this area and develops activities and productive partnerships with other sectors and other institutions.

Results: 23 healthcare units were sensitized and more than 600 professionals have been trained in the following abilities: acupuncture, auriculotherapy, phytotherapy and medicinal plants, yoga, vegetarian and integrative nutrition, reflexology/self-massage/do-in, qigong and agroecology. Almost 90% of the municipal healthcare network presents records in PICs, and between 2010 and 2015 there was an increase of over 600% in the number of consultations with PICs. This experience has shown that networking and intersectoral actions are able to overcome some limits of public management, in order to enable the insertion of PICs as a powerful therapeutic tool in primary healthcare, strengthening its role of access expansion and comprehensive care.

PALAVRAS-CHAVE: Complementary Therapies; Primary Health Care; Public Policies

**OP218 - SCREENING INDIVIDUALS KIDNEY DISEASE CHRONIC CARRIES
INTHE CAZUZA FAMILY HEALTH STRATEGY, DIAMANTINA, MINAS
GERAIS**

Fonseca VL ¹; Leite LFA ¹; Leite RWS ¹; Oliveira LC ²; 1 - FAMED; 2 - FCBS;

INTRODUCTION: Together with medical improvements, the elderly population increases everyday, as well as potencial dramatic implications for chronic diseases. In Brazil, there are no reliable data on the prevalence of Chronic Kidney Disease (CKD) not dialysis, and that growth of elderly population and the prevalence of obesity has led to an increase in chronic diseases, especially diabetes and hypertension, the main causes of kidney failure all around the world. The recognition of CKD as a public health problem underscores the importance of policies of prevention and early detection. **OBJECTIVE:** perform the screening of this illness in adults of the Cazuza family health strategy.

METHODS: we have selected adults (aged 20 years or more) carrying at least one risk factor for the development of CDK, by analyzing the E-SUS, AB or SIAB sheets. This population was then invited to participate in the project by home visits. In the first contact the participant was instructed to the details of the survey, filled the consent term and headed for the interview in order to collect socio-demographic, behavior and anthropometric data. Examination requests were booked and blood and urine were then collected. The biological material was properly analyzed and evaluated by the end results of laboratory tests.

RESULTS AND CONCLUSION: the survey of the adult population with at least on risk factor for CKD development found 504 individuals in 2422 analyzed. The remaining steps are in the data analysis phase.

PALAVRAS-CHAVE: Chronic Kidney Disease; Public health problem; Screening

OP220 - SECRETS OF COLLEGE MEN ABOUT INTIMATE PARTNER VIOLENCE

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Introduction: One of the most challenging issues is intimate partner sexual violence among women. It is a global health care problem growing and affecting the society.

Objective: The purpose of the study is to determine sexually intimate partner violence on women by asking men.

Method: we conducted a survey among 137 college men in a private universities campus area , asking if they sexually violenced their intimate partner or not. The survey included sociodemographic questions and a scale of CDC (Centers of Diseases and Prevention).

Results: We asked 178 college men only 156 of them agreed to be a volunteer and 179 of them did not answered the scale properly so that 137 of collage men were included. All of them were single and average age was 21.8 (SD: 2.54). The average college year was 2.5 SD 1.5. 88.1% of the individuals had a partner at least once in their lives and 45.1% of them have an intimate partner by now. The prevelance of intimate partner sexual violence is 11.7%.

Conclusion: Family medicine play an important role on understanding and preventing intimate sexual violence. More studies needed.

PALAVRAS-CHAVE: İntimate partner violence; sexual violence

OP221 - SERUM VITAMIN D CONCENTRATION IN MOTHERS AND THEIR BABIES

Etaf ¹; Amal ¹; 1 - M.O.H;

Serum vitamin D concentrations in mothers and their babies.

Dr. Etaf Abo-Syam (J.B.F.M)

Objective: The aim of this study is to evaluate serum vitamin D concentrations in mothers and their babies.

Design: cross sectional study.

Methods: 65 mothers consulting Al Amira Basma Comprehensive Health Center entered the study. A brief questionnaire was answered by volunteers (age, wearing veil, gloves, nikab, residence, sun block use, calcium and vitamin D use).

A blood sample was assayed for 25hydroxy vitaminD3 from each mother and her child. During November 2013. (Mothers ages varied from 20 to 48 years, children ages from 3 to 11 months).

Results were evaluated and analyzed using statistical package epi info version 3.5.4. For significant test we used chi square > 5.

Results:

100% of mothers lack vitamin D:

- 52.3% had deficiency (0-10 ng/ml).
- 47.7% had insufficiency (10-30 ng/ml).
- Nobody with normal vitamin D level.

41.5% of children had insufficiency (< 6 ng/ml), and 58.5% had a normal level of vitamin D).

Conclusion:

Prevalence of vitamin D deficiency in mothers and their children is high, this mandates increasing awareness for vitamin D supplementation among pregnant mothers and their babies and the introduction of vitamin D fortification dairy products and flour at the national level.

Head sector of residency and internship program

Consultant Family Medicine

Ministry of Health

JORDAN

PALAVRAS-CHAVE: Vitamin D; Pregnant mothers; Awareness

OP222 - SHOULD FAMILY DOCTORS SCREEN WOMEN FOR INTIMATE PARTNER VIOLENCE? AN EVIDENCE-BASED REVIEW.

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INTRODUCTION AND OBJETIVE: Intimate partner violence (IPV) is a major cause of death and disability on a worldwide scale. IPV affects both sexes but women are more often victims. The World Health Organization highlights violence against women as a priority health issue. IPV is undiagnosed since patients often conceal that they are in abusive relationships. The clues to IPV may be subtle or absent. Family doctors are in a privileged position to identify IPV, considering primary care is the frontline of care. The aim is to access the evidence for routine screening increases IPV identification.

METHODS: We conducted a search in Medline and evidence-based medicine websites for clinical practice guidelines (CPG), systematic reviews (SR), meta-analyses (MA), and randomized clinical trials (RCT), published between January 2006 and January, 2016, in Portuguese, English, Spanish and French, for humans adults older than 19 years old, using the MeSH terms 'Domestic violence' and 'Spouse abuse' and 'Diagnosis' and 'Primary care'. The Strength of Recommendation Taxonomy (SORT) was used for the assignment of levels of evidence and the strength of recommendations.

RESULTS AND CONCLUSIONS: A total of twenty-five studies were found and thirteen articles were selected. These include 6 CPG, 6 SR and 1 RCT. Women should be inquired about IPV and there seem to be no side effects on screening (SORT C). There is limited evidence for universal screening in healthcare settings. Additional studies, specifically comparing universal screening versus case findings, are needed.

PALAVRAS-CHAVE: Intimate Partner Violence; Diagnosis; Primary Care

OP224 - SPIRITUALITY AND ADHERENCE TO HAART IN ADULT HIV/AIDS PATIENTS IN CALABAR, NIGERIA

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Introduction and Objectives: Spirituality has long been linked with health and wellbeing and may play a prominent role in guiding the decisions of people with HIV about taking antiretroviral treatment. This study determined the association between spirituality and adherence to highly active antiretroviral therapy (HAART) in adult HIV patients and the relationship between clinical and laboratory outcomes, adherence and spirituality amongst HIV infected patients receiving HAART treatment from a tertiary hospital in Nigeria.

Methodology: Quantitative data on adherence, spirituality, clinical and laboratory outcomes were obtained from 370 randomly selected respondents. Adherence was measured using an adapted adult aids clinical trial group (AACTG) and visual analogue scale (VAS) tools. Spirituality was assessed using validated scales like Duke University Religion index (DUREL), the brief religious coping (RCOPE) and the functional assessment of chronic illness therapy-spirituality expanded (FACIT-sp-Ex) scales. HIV/AIDS clinical stage was assessed and compared with levels of adherence and spirituality. Data was entered and analyzed with the use of SPSS version 21.0.

Results and Conclusions: Adherence to HAART was found to be associated and positively correlated with most measures of spirituality. Statistical significance in correlation between spiritual/religious beliefs and adherence was found for positive religious coping ($p=0.003$), private religious activities and spiritual wellbeing sub-scale scores ($p<0.05$). There was statistically significant relationship between changes in CD4 cell count, total lymphocyte counts ($p<0.05$) and adherence.

The level and status of adherence were both positively associated with level of spirituality. Possible application of spirituality as intervention medium for improved adherence to HAART is recommended.

PALAVRAS-CHAVE: Spirituality; Adherence; HAART

OP226 - STREETS: MULTIRESISTANT TUBERCULOSIS TREATMENT POSSIBLE SPACE WITH “CONSULTÓRIO NA RUA” STRATEGIES AND IMPLANTATION

FERREIRA FILHO, L.G.L. ¹; TIBURCIO AC ¹; PIO JE ²; SILVA ACO ¹;
FERREIRA DMBF ³; MARTINS MAS ⁴; OLIVEIRA MN ⁴; NASCIMENTO R ⁵;
LIRA MFS ⁴; SILVA LS ⁴; ANDRADE ISA ⁴; SILVA SJ ⁴; 1 - SMS RJ - CAP 5.1;
2 - SMS/SUBPAV/SAP/CLCPE/GDPP; 3 - SMS RJ CAP 3.3; 4 - SMS RJ CAP
5.1; 5 - SMS RJ CAP5.1;

INTRODUCTION:

Tuberculosis is a worldwide problem in public health, which requires practice in control strategies that considers the humanitarian, economic and civil rights aspects, allied with the specific propaedeutics to achieve cure. Homeless people are especially vulnerable in relation to tuberculosis (the incidence is 67 times higher than population in general) due to the complex associations between singular natural vulnerabilities and the invisibility before the formal institutional access to diagnosis and treatment.

MATERIAL AND METHODS:

“Consultório na Rua SMSDC-RJ-51, PAL/OMS” strategic deployment and intersectoral dialogue for identification and treatment of respiratory symptoms in homeless population included on the 5.1 Rio de Janeiro County Programmatic Area in 2015.

RESULTS:

We have identified multiresistant tuberculosis abandonment and built, between 2015 and 2016, a real treatment possibility shared in an expanded intersectoral network involving primary, secondary and tertiary care and also prison system. This cross-monitoring innovation was characterized by more flexible approach access to individualized treatment scheme, regular motivational interviews and intense intersectoral participation to the overrun natural difficulties suffered by the citizen in treatment, having CNAR as an authorizing officer of this care and a mediator between the resulting derived from users’ desires/personal patrimony and clinical protocols.

Thus, Cnar SMSDC-RJ-5.1 has been building daily a street consolidation as a “fertile ground”, not only for vulnerability and violence, but also a possible space for the embodiment of complex care in health, promoting adhesion toward healing and citizenship enjoyment.

PALAVRAS-CHAVE: TUBERCULOSIS; DEMOGRAPHY; monitoring

OP227 - STUDY ON FAMILY BURDEN AND SOCIAL SUPPORT FOR CAREGIVERS OF SCHIZOPHRENIA PATIENTS IN XI CHENG DISTRICT COMMUNITIES IN BEIJING

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Introduction and Objective

To investigate the family burden and needs of schizophrenia caregivers in Beijing, and provide advices for the government to develop effective measures.

Methods

A cross-sectional survey was conducted among 200 caregivers of schizophrenic patients in January 2014 in 2 communities of Xicheng District in Beijing. The investigating instruments included Family Burden Scale (FBS) and a self-designed questionnaire on social support. Six in-depth interviews were implemented after questionnaire survey. Descriptive statistics for quantitative data and content analysis for qualitative data were completed in September 2014.

Results and Conclusions

(1) The average FBS score was (21.56±11.73). The burdens were associated with both psychological (56.5%) and physical (56.5%) states of family members, economic issues (50.5%), changes in family entertainment activities (49.5%), and time and labor in assisting the patient's daily activities (42.5%).

(2) 50.0% of caregivers didn't get support from friends; 51.5% could get financial support from other ways except family members; 85.5% expressed that patients didn't go to any rehabilitation agencies. The top two things goverment had done for patients included financial support to the poor families and free medical services to the poor patients.

(3) Fatigue, lack of time to social contact and seeing a doctor, heavy financial burden and psychological stress were common feeling of the caregivers. They were eagerly looking forward to the government to give convenience for them.

(4) There are significant burdens to the schizophrenia caregivers. The caregivers' social supports are poor. The government and social groups should provide more integrated services for patients.

PALAVRAS-CHAVE: Schizophrenia; Caregiver; Community

OP228 - SUBACUTE GRANULOMATOUS THYROIDITIS – A CLINICAL CASE

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1. Background & Aim

Subacute granulomatous thyroiditis is an uncommon disease that most often occurs in middle-aged women. A painful thyroid following an upper respiratory tract infection is often a sign of this disease. When a 34-years-old man presents with enlarged thyroid and changed laboratory data, subacute granulomatous thyroiditis is not the first suspicion.

2. Method

Patient observed in Castro Marim health center, in Primary Health Care. Clinical data were collected from personal clinical file with patient consent

3. Results

35-years-old man, previously healthy, presents in the consultation with asthenia, palpitations and low fever (38°C) over 2 months. Refers thyroid enlargement with occasional dysphagia, after episode of acute tonsillitis treated with antibiotic.

Laboratory data showed suppressed levels of thyroid stimulating hormone (TSH) and elevated thyroxine (T4). Ultrasonography reported gland enlargement to approximately twice its normal size, with multiple nodules. We called a colleague Endocrinologist in Hospital de Faro that recommend new laboratory data and an aspiration biopsy. Patient started ibuprofen 400mg 8-8h. Serial analysis showed a TSH and T4 fluctuation and aspiration biopsy revealed undetermined significance injury; sample with moderate cellularity, scarce colloid and follicular cell aggregates unchanged.

After 6 months follow-up, this patient has no symptoms and presents normal thyroid function. He has been followed in Endocrinology with regular laboratory and ultrasonography evaluation.

4. Conclusions

Subacute granulomatous thyroiditis is a self-limited disease that often resolves spontaneously, usually without subsequent thyroid function abnormalities.

PALAVRAS-CHAVE: subacute granulomatous thyroiditis

OP229 - SUPPLEMENTATION WITH OMEGA-3 IN PREVENTING COGNITIVE DECLINE AND DEMENTIA

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Introduction and objective: Dementia is a significant global public health concern and there is a clear need to identify effective interventions to reduce or delay its onset. The aim of this review is to understand the effect of omega-3 long-chain polyunsaturated fatty acids daily intake, in protecting cognitive decline and dementia development, in healthy subjects or with cognitive impairment no dementia.

Method: We conducted a search, using evidence-based medicine websites and Medline database, to find clinical practice guidelines, systematic reviews, meta-analyses and randomized controlled clinical trials, published between January, 2006 and June, 2016, in Portuguese, Spanish or English, using the MeSH terms “Fatty-acids, omega-3” and “Dementia”. To evaluate the levels of evidence and strength of recommendation, the Strength of Recommendation Taxonomy (SORT) scale of American Family Physician was used.

Results and Conclusions: A total of 5 articles were selected out of 127 articles found. These included one systematic review, one meta-analysis and three randomized controlled clinical trials. The scientific evidence shows that omega-3 fatty acid supplementation doesn't have benefits in protecting cognitive decline in healthy subjects (SORT A). For individuals with cognitive impairment no dementia, studies are not consensual, but there seems to be some benefit in some cognitive domains (SORT B). However, further studies, with longer duration of action, are needed to identify more significant changes in cognitive function and to detect possible effects of omega-3 fatty acids supplementation in people with cognitive impairment no dementia.

PALAVRAS-CHAVE: Fatty-acids, Omega-3; Dementia; Cognition

OP230 - TELEDIAGNOSTICS FOR CHRONIC RESPIRATORY DISEASES IN SOUTH BRAZIL

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Background and Objective: RespiraNet, telediagnosis in spirometry project was created due to the high prevalence of chronic respiratory diseases in Rio Grande do Sul state. These diseases have a strong impact on the health system. This pioneering service is tied to a telehealth service of the Federal University of Rio Grande do Sul and is available to primary care physicians. Seven decentralized spirometers were implanted by region with total capacity to perform 1680 spirometry per month. We aimed to describe the use of telediagnosics service for chronic respiratory diseases in Rio Grande do Sul, from September 2013 to December 2015.

Methods: Cross-sectional study that has as sources the project's own databases. Data collection was conducted from September 2013 to December 2015. We evaluated the exams solicited and performed during this period.

Results and Conclusions: 7.605 spirometries were requested, 7.262 (95.5%) performed. Among the 343 exams unrealized, the main reasons were: 76 (22.1%) requests were canceled for failure to attend; 28 (8.2%) exams held in other service, 25 (7.3%) requested for medical not enabled, 16 (4.7%) patient not wanted to accomplish, 15 (4.4%) had no clinical indication, 12 (3.5%) exams were not effectively realized due to difficulties found by patients. Tele-spirometry decreases the access barriers, leading to an increase in the number of exams available but there is still service underutilization. It is necessary to invest in outreach strategies and increased use of clinical protocols for qualification of care to patients with chronic respiratory diseases.

PALAVRAS-CHAVE: Telemedicine; Respiratory Tract Diseases ; Spirometry

OP231 - COMMUNITY THERAPY IN ROCINHA

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Introduction and Objective: The prevalence of people with common mental disorders at the primary attention units in the city of Rio de Janeiro is 51.9% (Gonçalves et al, 2014). Faced with such a common problem with severe consequences both at the individual and collective levels, a new therapeutic intervention has been widely applied throughout Brazil, it is the Integrative Community Therapy created by Adalberto Barreto.

It is a space for sharing experiences, where each one becomes his own self-therapist, from listening, dialogues and reflection. Guided by theoretical axes such as the systemic thinking, communication theory, cultural anthropology, Paulo Freire's pedagogy and resilience, aiming the empowerment, the construction of community network and the relation between the popular and scientific knowledge.

Method: In Rocinha, professionals of the Strategy for Family Health and the Matrix Support Team do the community therapy weekly at the three Family Health Units. It has six stages of development: reception, choice of subject, context, questioning, closing and evaluation.

Results and Conclusions: Since these open groups have a weekly frequency it is easier to get access to the treatment, at the own group and through psychotropic medication (when recommended) allowing a frequent monitoring of its effects, once the therapy group is also lead by a Psychiatrist or a Family Health Doctor. Individual clinical consultations or joint consultations with mental health professionals are also scheduled. The strengthening of the community bonds and the capacity to face everyday problems are results that stimulate the health professionals to continue this work.

PALAVRAS-CHAVE: Community Integration; Primary Health Care; Psychotherapy, Group

OP233 - THE CONCEPT OF PSYCHOLOGICAL DISTRESS FOR THE FAMILY HEALTH TEAM

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Introduction and Objectives: It is widely known the high prevalence of mental health issues in primary health care, as well as the impact of psychological distress on physical health. Physical health and mental health are inextricably linked and influenced by biological, socio-economic and environmental factors. Psychological distress is the result of the interaction between the emotional impact of a particular event in people's life, their social status, temperament, life history and support network and therefore, it's not unique to individuals with a diagnosis of mental disorder. Brazil advises the insertion of Mental Health practices in Primary Health Care and the Family Health Strategy as the reorganization and strengthening tool of the National Health System, so, the aim of this study was to understand the concept of psychological distress adopted by the staff of the family health teams at their daily work.

Method: This is a qualitative study. Data were obtained from focus group application to four family health teams. Data were analyzed using the technique of Bardin Content Analysis.

Results and Conclusion: The family health team recognizes psychological distress as multidetermined event, which acquires social legitimacy when viewed as illness, being in this case related to mental disorder, substance abuse, social vulnerability, prejudices, changes in family relationships, personal gains and losses. The recognition of suffering as complex and unique a human experience, demonstrates the multiple possibilities of mental healthcare on Primary Care, going beyond curative and individualistic practices.

PALAVRAS-CHAVE: Primary Health Care; Mental Suffering; Patient Care Team

OP234 - THE DEVELOPMENT OF AN APP FOR REASONABLE BENZODIAZEPINES PRESCRIPTIONS.

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Introduction and Objectives: Benzodiazepines (BZD's) have significance in daily clinical practice because their distinct usefulness. They are prescribed as hypnotics, sedatives, anxiety drugs, muscle relaxants and anticonvulsants. Discovered incidentally in the 60's, in the 70's there has been an excessive and indiscriminate use. Considered by the time as a "happy pill", its use had become abusive. Facing this challenge ANVISA has created rules for their use and delivery. Even so, benzodiazepines today are among the five most frequently prescribed drugs. Frequently request for renewal of BZDs recipe in primary health care are evidence of abusive use and even dependency on these substances. Taking into consideration this problem, we intended to build a software for electronic gadgets (app for smartphones / tablets) that summarize skills essential for reasonable prescription of benzodiazepines in primary health care.

Methodology: We conducted a non-systematic review about BZD pharmacology, clinical indications, risks and criteria for abuse/dependence using Scielo / BVS / BIREME databases and some reference books. The second step was to develop the app algorithms in such a way that we tried to build an easy-to-use app for medical doctors.

Results and Conclusion: The app includes information about choose the best drug for each condition, their risks, drug alternatives in cases of anxiety, depression and sleeplessness, and guidelines for the treatment of addiction. We believe that the app can assist the doctor to access, in a practical manner in their daily basis, information required for efficient clinical management of this common problem in primary health care.

PALAVRAS-CHAVE: Benzodiazepines (BZD's) ; Anti-anxiety agents; Primary Health Care

OP235 - THE EFFECT OF DIABETES AND HYPERTENSION ON WORK PRODUCTIVITY

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Background: Diabetes mellitus and hypertension threaten to become a global epidemic risk, and thus the question of the ability to work of this category of patients is extremely important in terms of professional orientation, professional selection, work absenteeism and disability evaluation.

Objectives: The aim of the study was to assess the effect of Diabetes mellitus and hypertension on work productivity and job satisfaction.

Patients and methods: The study was case control nested in a cross sectional study. The recruited participants were 800 participants (400 patients and 400 control). They were enrolled from an urban and a rural family health units as follow: Diabetes Mellitus patients were 223 participants, Hypertensive patients were 177 patients and control group were 400 participants. All the participants underwent interviewing using a per-structured questionnaire and reviewing their medical record. The questionnaire contained an Arabic validated version of work productivity and impairment the general health version (WPAI: GH) and job satisfaction questionnaire.

Results: Diabetic patients had high absenteeism, more work productivity loss and more activity impairment than the hypertensive patients ($P < 0.001$). Diabetic patients had the lowest Job satisfaction score than hypertensive

Conclusion: Diabetes mellitus appears to reduce an individual's ability to work in comparison to patients with hypertension. There is a need to set up a diabetes mellitus prevention program and to develop and implement effective targeted intervention to help workers to manage their disease better.

PALAVRAS-CHAVE: Work productivity; job satisfaction; hypertension

OP238 - THE IMPORTANCE OF THE INTEGRAL CARE AND THE PATIENT'S BOND TO HEALTH SERVICES IN THE CARE OF CHRONIC WOUNDS.

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Introduction and objective: Scleroderma is an unusual autoimmune collagen. The patient, here called DBS, patient was diagnosed with diffuse systemic sclerosis for 15 years, going through several specialists and alternative therapies, which damaged their perception of the disease, making it difficult for DBS to adhere to the proposed treatments. The patient has Pyoderma Gangrenosum in the lower limbs for 9 years. About two years after numerous fruitless treatments, the patient was referred to the Health Centre 02-Sobradinho DF (CSS 02) to get materials in order to make yours bandages. The Center's staff insisted on a continuous and multidisciplinary care to demonstrate the importance of comprehensive care and bonding with the primary health service in the care of chronic wounds.

Methods: This is a descriptive study, retrospective documentary, where i) the historic of the patient was assessed; ii) the patient's case was discussed in a multidisciplinary group and iii) a new clinical management was elaborated.

Results and conclusions: The patient's diet was gradually changed. The psychology counseling lasted a year. Currently, DBS is following up with the Infectious Diseases and Rheumatology of the University Hospital (HUB) and change the dressings weekly in CSS02. The wounds regressed by almost half and daily curatives are no longer required. It is concluded that the professionals' inappropriate communication can cause extensive damage in relation to health services. While the bonding with the multidisciplinary team is fundamental in treatment adherence, the attitude changing, the patient's perspective changes and especially in the well-being of patients with chronic wounds.

PALAVRAS-CHAVE: Holistic Health; Bandages; Chronic Disease

OP239 - THE PRACTICE OF SELF-CARE IN DIABETES: A MOTIVATIONAL INTERVIEW STRATEGY WITH EMPHASIS ON COMMUNITY AGENTS IN SÃO PAULO.

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The study was a diabetes self-care intervention, in a Primary Care Center of the Family Health Strategy, using a motivational interviewing (MI) technique. The main objective is check the impact of the intervention on clinical and laboratory data, as well as behavior related to self-care in diabetes. Secondly, assess how the health professionals of the Family Health Strategy especially community agents, accepted and carried out the change in the working method using MI technique.

Methods: the study design oriented application of MI during the monthly visits from community health agents (CHA) to the diabetic patients. For that, were trained the trainers in MI, and after were trained the teams in diabetes and MI; intervention: it was did an initial and after 6 months interview where were did application of self-care questionnaire and laboratory tests. After this, started the monthly visits by CHA that use the action plans and motivational interviewing.

Results and conclusions: the clinical variables did not change. The laboratory variables had an improvement in total cholesterol, LDL and triglycerides. With the correlation with number of action plans was observed: an improvement in A1c in patients that did over 3 plans. The self-care had improved in increasing servings of vegetables, physical activity, reducing red meat. In the evaluation of patients about the relationship with the community health agents, it got improved. In the opinion of CHA about the intervention they believe it improved the quality of care, and they will continue to use the action plans with patients.

PALAVRAS-CHAVE: Self-care; Motivacional Interview; Community health agents

OP240 - THE USE OF PROBIOTICS IN ACUTE DIARRHOEA MANAGEMENT - AN EVIDENCE-BASED ANALYSIS

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Introduction

Probiotics are defined as 'live microorganisms which when administered in adequate amounts confer a health benefit on the host. Gastrointestinal problems are a major reason for consultation and acute diarrhoea (AD) is a disease with high prevalence and incidence that effects all social classes and ages. AD represents a problem, with great social impact, largely recognized in the Primary Care setting. Beside prevention, it is important to know how to approach the disease and the utility os probiotics.

Objectives

Review the existent evidence concerning the use os probiotics in the acute diarrhoea threatment

Metodology

We performed a research of data in PUBMED using as key-words (MESH terms): Acute "Diarrhea" and "probiotics". Articles were limited to systmatic reviews from the last 5 years, in humans, adults with +19 years. The selection process was made through abstract evaluation and excluded studies that were not related to the treatment of AD in adults with no important co-morbilitys. To attribute a level of evidence (LE), we used the SORT Scale (Strenght Of Recommendation Taxonomy) of American Academy of Family Physicians.

Results

We found 4 articles with reference to consistent and beneficial response to probiotics but their exact efficacy in treatment of acute diarrhea is uncertain.(SORT B) . In one study the use of Saccharomyces boulardii shortened duration of diarrhea that result in social and economic benefits. (LE=2)

Conclusion

Probiotics may reduce duration of diarrhea however more research is still needed to support the use of probiotics.

PALAVRAS-CHAVE: Probiotics; Diarrhea; Evidence-Based Medicine

OP241 - TO FEED OR NOT TO FEED IN LATE-STAGE DEMENTIA

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Introduction: Nowadays, the administration of artificial nutrition and hydration is used for life-sustaining of patients with dementia that have decreased oral intake and dysphagia. The nutritional support is important because of its social, psycho-spiritual and religious meaning. However, its use in patients in the late stages of dementia is controversial.

Objective: To know the state of the art regarding the issues surrounding artificial nutrition and hydration in the care of patients with dementia in the late stages.

Methods: Narrative review of the literature.

Results: The decision to withhold or withdrawn artificial nutrition and hydration in late-stage dementia raises the ethical question if that should be considered a treatment or a basic human care. Sometimes it is believed that lack of food and fluids may lead to a painful death by starvation and dehydration. Families and informed caregivers usually think that lack of food and fluids may hasten death, which can lead to conflicts with healthcare teams. These cannot take apart patients, families and informal caregivers from the triad of caring, so they need to be informed, trained and involved in the decision-making process surrounding nutrition and hydration. Nowadays, competent patients may express their will to receive or refuse feeding through advanced directives.

Discussion: The complexity of these clinical cases must address a multidisciplinary approach. Demystifying and monitoring the evolution of disease processes, the reduction of capacity and maintaining quality of life should guide medical, nursing and nutrition practice.

PALAVRAS-CHAVE: Terminal Care; enteral nutrition; hypodermoclysis

OP242 - TOWARDS PREVENTION OF DOMESTIC VIOLENCE IN PAKISTAN: ANALYSIS OF KNOWLEDGE, PRACTICES AND BARRIERS EXPERIENCED BY FAMILY PHYSICIANS

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Domestic Violence (DV). is under-recognized in primary care clinics in Pakistan In 2012, the Domestic violence [Prevention and Protection] Act was passed in the Pakistani parliament making Domestic Violence (DV) punishable by time in jail.

To assess knowledge about DV and barriers faced by family physicians in clinical practice in caring for DV victims.

Method

An analytical cross-sectional survey of family physicians practicing in hospital and community based primary care clinics of an academic centre and subsidized primary care clinics of a Welfare Organization was conducted.

Results and Conclusion:

Hundred family physicians, (35% male and 65% female) of which 14% had formal four year training and the highest FCPS qualification, were included. About 92.5% of them believed that domestic violence (DV) is common. Forty three percent of FCPS qualified doctors thought that economic deprivation is not included in the definition of DV. Only 21.4% of the FCPS qualified doctors knew about the WHO screening tools for DV and 80% of them were not aware of the Pakistan Domestic Violence Prevention and Protection Act 2012. Of these, 50% were not comfortable in managing DV victims. None of the FCPS qualified physicians had been trained formally to deal with DV victims and they attributed this as the main barrier (85.7%) in the care of these patients.

Even the most highly qualified family physicians lack knowledge about DV and legislation regarding it in Pakistan. None of them had ever received training in DV. Training in recognizing and caring for DV victims must be included in under and postgraduate curricula.

PALAVRAS-CHAVE: domestic violence, ; training; WHO screening tools

OP243 - TRANSGENDER POPULATION CHARACTERIZATION IN TWO PRIMARY CARE HEALTH SERVICES (BRAZIL - URUGUAY)

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Introduction and Objectives: There are groups whose rights have historically been neglected and violated as the transgender population. Since February 2014 Teaching and Assistance Unit Saint Bois (Montevideo) provides integral care for transgender people. Within the international internships framework this service has received trainees from Brazil, who then created a similar service in Florianópolis (Health Center Lagoa da Conceição). The aim of this paper is to describe a characterization of transgender population assisted so far in these two services.

Methodology: It was studied the overall population assisted since the two services were created, in the period 2014-2015 in Saint Bois, 70 patients and during 2015 in Lagoa da Conceição, 64 patients. Data was collected by reviewing medical records

Results and Conclusions: Variables MONTEVIDEO / FLORIANOPOLIS

Age 19 or less 9 6	Horomonization
20-39 44 56	under medical
40-64 12 2	supervision YES 35 44
65 or more 0 0	NO 29 20
N/D 5 0	N/D 6 0
Gender M 29 29	Change of sex YES 19 1
F 35 35	and legal name NO 37 63
Not identified 3 0	N/D 14 0
N/D 3 0	
Sexual Orientation Homo 7 1	Surgeries
Hetero 47 56	coordinated
Bisexual 3 7	from services Trans male 7 0
N/D 13 0	Trans women 1 0

The joint analysis of this information allows to know not only the population but also intrinsic characteristics of the performance of each service, we believe this promotes the search for strategies to improve care in each country.

PALAVRAS-CHAVE: Transgender persons; Primary Health Care; Population Characteristics

OP244 - USE OF INFANT FORMULA FOR NEWBORNS IN MATERNITY HOSPITALS: REFLECTIONS ON BREASTFEEDING AND THE ROLE OF PRIMARY CARE

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Introduction/Objectives: According to global recommendations, exclusive breastfeeding is suitable from birth to six months of life. Infant formulas (IF) should be offered when there are contraindications to breast milk, as in cases of mothers with HIV. Researches shows that there is an excessive use of IF in maternity hospitals and that the infants who received it over there tend to continue at home. Thus, primary care, especially the Family Health Program (FHP), plays an important role in the clinical management of cases and mothers' orientation. This study aims to analyze the perception of mothers, whose newborns received IF in the hospital, about breastfeeding and the function of the FHP in this context.

Method: Qualitative analysis of semi-structured interviews with six mothers accompanied by FHP in Petropolis, RJ, whose children received IF in the maternity hospital.

Results/conclusions: The mothers' speech showed that breastfeeding is still a subject full of myths and beliefs, as "she received artificial milk because it was cesarean section" and "I thought that my breast was already not enough to sustain him". It was also observed the influence of the use of IF in the hospital - "maybe if they had not given artificial milk in the maternity hospital I would have less courage to start now"; and the importance of support from FHP team - "I gave baby bottle because I had no experience of breastfeeding correctly, after the third day she could go to the chest because the station has taught me to handle very well."

PALAVRAS-CHAVE: Breast Feeding; Breast-Milk Substitutes ; Primary Health Care

OP245 - “SEMEAR ESPERANÇA” GROUP: AN EXPERIENCE REPORT OF HARM REDUCTION STRATEGY IN MARÉ COMMUNITY – RIO DE JANEIRO

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This summary is a small cutout of the work process of Matrix Support Teams, on Harm Reduction actions on the territory of Complexo da Maré, Rio de Janeiro, one of the most populous and violent regions in the state. The intense experiences of armed violence and the rules of traffic drugs express a future of uncertainty in the crime scene, making it difficult to plan strategies aimed at reducing the adverse consequences for people who abuse of alcohol and other drugs and their families. The aim of this study is to report the experience of the Harm Reduction group at CMS Vila do João. The group takes place from the territorial recognition and data collected from participant observation and discussions with the Family Health teams. Actions include: territory identification, linking users with professionals, supplies distribution, network awareness, an itinerant team offering access / continuity strategies through home visitation and finally the Group at CMS Vila do João allowing access, especially for those who can not reach. The work points to a closer approximation of the health strategy teams with people who use drugs, a reduction of the impact of adverse consequences and health problems associated with the drug use or not; strengthening of networks of solidarity and exchange among peers. We have some challenges to overcome: expansion of collective strategies in territorial and community levels, to decrease stigma of people who use drugs and increase awareness of other professionals, as well as the increase of joints in all care levels.

PALAVRAS-CHAVE: Harm Reduction; Health Promotion; Health Strategy

OP755 - ACCURACY OF WEIGHING INFANTS WITH THE DIAPER ON IN PRIMARY HEALTH CARE

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Introduction:

Even if textbooks recommend diapers to be removed before the infants are weighed, in many busy primary care centers infants are weighed with the diaper on. Our objective was to estimate the bias introduced by weighing infants with the diaper on in primary health care.

Methods:

We enrolled infants who were about to be weighed at a primary care center and weighed each infant twice - once without the diaper and once with the diaper on - after the scale had been tared with a dry diaper. The bias was calculated, as the percentage difference in weight, by first subtracting the no-diaper weight from the diaper-on weight and then dividing the result by the no-diaper weight.

Results and Conclusions:

We enrolled 30 infants from July 23 to August 1, 2013. Most infants were present for a scheduled medical doctor's visit, and their diapers had been changed less than 45 minutes before. The mean percentage difference in weight was 0.3% (95% CI, 0.2% to 0.5%). In conclusion, we found a substantial agreement between the two weighing techniques. The bias introduced by weighing infants with the diaper on compared favorably with the precision of the standard technique and the physiological variability of the infants' weights. Our findings suggest that weighing infants with the diaper on may be a valid technique for the cross-sectional assessment of the nutritional status in primary health care settings. However, further research is needed before it is used for the longitudinal assessment of the weight velocity.

PALAVRAS-CHAVE: Validity of Tests; Body Weight; Infant

ORGANIZAÇÃO DA PRÁTICA (CENTRO DE SAÚDE)

OP246 - ACADEMIA CARIOCA PROGRAM: COMMUNICATION STRATEGY BETWEEN INDIVIDUALS AND PROFESSIONALS FAMILY HEALTH (SMSRJ-BRAZIL)

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1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Introduction: Existing health promotion groups in many Primary Health Care Units are presented as a proposal for strengthening self-care for the educational practice. However, its potential depends on the qualification of its professional and support management of their services. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional integrated at health team, supports the Health Unit in the processes communication with the population.

Objective: To describe the experience of Clinical Family Dante Romanó (AP 33) to form a elderly living group with the support of the Academia Carioca Program.

Method: This is a community study that evaluated through systematic observation strategy adopted by consensus (music and song) with members of the biweekly group of 90 participants.

Results and Conclusion: As capture and accession strategy was created to "Dante's Seresta" adding play activities, conversation circles and the practice of singing, that support dialogue and sharing of experiences between individuals and professionals of the Family Health. From the group, 25% were registered and had never attended the clinic; and unexpectedly, the "Seresta" has established itself as a therapeutic practice of Mental Health. Finally, the perception of the team, the strategy contributed to the strengthening of care lines of the Family Clinic and expanded its carrying capacity and access, thus enhancing the capillarization practices family medicine and community.

PALAVRAS-CHAVE: Cultural Competency; Family Health; Health Promotion

**OP247 - ACADEMIA CARIOCA PROGRAM: INTERSECTORAL
ARTICULATION AS A COPING STRATEGY FOR TUBERCULOSIS IN THE
FAMILY HEALTH (SMSRJ-BRAZIL)**

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Introduction: Tuberculosis is still considered a public health problem permeated by paradigms that hinder its control in everyday health services. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity oriented by physical education professional and integrated actions of the Family Health it acts in the expansion of the coordination of health care.

Objective: Present the proposal for action of the 2016 planning and the results achieved by the team of physical education professional (EPEF) Academia Carioca Program for the Coordination of Communicable Disease Care Lines (CDT) as intra-sectoral strategy for the treatment and control of tuberculosis.

Method: It is a community assay participant observation and data collected in systematic activities in places indicated by situational diagnosis as vulnerable to disease.

Results and Conclusion: Initially, it obtained increased strategic network of prevention and support treatment as from the insertion of EPEF and participants in the Academia Carioca Program, subsidized by the CDT. This Multipliers Network, represented by 109 professionals and more than 82,000 participants in the Program in Primary Care Units, acts in order to contribute to the actions already practiced, making it active in the preventive process, treatment and healing, focusing on strengthening Community. The intra-sectoral articulation presented, decentralized and conscious, meet the need for integration with existing strategies aimed at health promotion and improving the population's quality of life for tuberculosis control.

PALAVRAS-CHAVE: Tuberculosis; Health Planning; Health Promotion

OP248 - ACADEMIA CARIOCA: INNOVATIVE AND EFFECTIVE PHYSICAL ACTIVITY PROGRAM IN PRIMARY CARE IN THE CITY OF RIO DE JANEIRO

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Introduction: The chronic non-communicable diseases (NCDs) account for 63% of global deaths, a challenge to be faced by health systems. In this scenario the physical activity has been encouraged and considered an important action on public health. The Academia Carioca Program, implemented in 2009 by the SMSRJ as a public policy of strategic health by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, acts as an institutional response to this epidemiological context, in line with the expansion of the coordination of health care.

Objective: To present the Academia Carioca Program and its operating logic to increase and encourage access to physical activity in the context of primary health care, in a simple and regular way to reduce sedentary lifestyles, global risk factor for NCDs.

Method: Monitored longitudinally, the Academia Carioca Program acts in sync with the indicators of primary care and quality of life. Currently 185 Health Units, the Academia Carioca Program attended 82.194 people with different age groups, with 89% living with NCDs.

Results and Conclusion: From the monitoring, the results showed that 96% of hypertensive patients controlled their blood pressure; 89% reduced weight and 14.5% of participants stopped taking medication, among other benefits. It follows then, that the Academia Carioca Program implementation associated with other interdisciplinary areas improve the quality of life of the population through positive change in their health determinants, in addition to supporting the population with information to build a more active and healthy society.

PALAVRAS-CHAVE: Chronic Disease; Health Promotion; Motor Activity

OP250 - ANOTHER 10000 KM OF MOBILE PRIMARY CARE

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Since Alma Ata we all know that “Primary health care is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.” But what we have done in all these 30 years to take Primary Care as close as possible to where people work?

Delivering Primary Care Services and Occupational Medicine care in developing countries and those with great geographical extensions has been proof to be a very difficult task.

To develop a model of delivering Primary Care Services that were available right at every location we start thinking in taking Primary Care and Occupational Medicine right inside enterprises across our country.

The way to do that was to create a Mobile Clinic where we could see patients as if we were in our clinic, but having the possibility of moving between different locations every day. Thus overcoming a great barrier we were facing when managers deny workers the possibility to leave to have periodical examinations and medical controls during working hours. In this way we start giving the enterprise and the employee the possibility to be seen by our Medical Staff without having to leave from work.

Overall we are able to reach many small towns and villages where Primary care or Occupational Medicine Centres are absent.

This presentation shows a novel, different and mobile approach to provide Primary care

PALAVRAS-CHAVE: Primary Care; Occupational Medicine; Mobile Clinic

OP251 - BREAKTHROUGH IN ACCESS IN A FAMILY HEALTH TEAM

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Primary Health Care has as one of its principles the concept of "First Contact", understood as the patient's "gateway" through the health system, and, therefore, must ensure its accessibility.

Considering access as a fundamental aspect for the establishment of Primary Health, this paper describes the experience of change in scheduling appointments for a Family Health Program team in a Basic Health Unit (BHU) in São Paulo - SP, Brazil.

The Green Family Health Team at BHU Vila Dalva used to schedule consultations for its registered population once a week, with a predetermined number of appointments. However, over time it was noted that this model was restricting access to healthcare. Seeking a solution to this problem, in March 2014 the so-called "daily demand" was created. In this new model, there are appointments with the family doctor and nurse daily. The patient schedules the appointment for the same period of the day, only needing to wait for the scheduled time.

This new strategy has enabled changes in the users profile, with an increase in the number of young people and workers. Also, changes in the pattern of clinical complaints were observed, since besides chronic morbidities, acute demands are now more frequent. In addition, there has been an increase on confidence and patients satisfaction, which also strengthens longitudinality, another important principle of primary health care.

Thus, the team has facilitated their patients access to healthcare, aiming to perform quality primary health care and fulfilling its role as "First Contact."

PALAVRAS-CHAVE: Primary Health Care; Access to health care; Patient care team

OP252 - BUILDING A COMMUNITY HEALTH PROGRAM IN AN UNDERSERVED NEIGHBORHOOD IN BEIRUT

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Tahaddi, “Challenge” in Arabic, is a community-based organization (CBO) that serves an urban slum in Beirut for over 20 years. Its services cover Lebanese, Dom (the Middle Eastern Roma), and Syrian refugees. As more than 70% of medical visits relate to childhood illnesses and family planning, a community health worker program is being developed in partnership academic institutions and the neighbourhood residents to address these issues. This presentation describes the collaborative preparatory process, the techniques used for engagement and empowerment of community members, the lessons learnt, and the implications on having sustainable solutions to the Syrian refugee crisis.

Initially, women living in the neighbourhood were recruited to join a Community Advisory Board (CAB), and provide their input regarding neighbourhood health priorities. A qualitative study was then conducted to explore community health beliefs and practices regarding childhood illness and family planning, and the local attitudes towards community health workers.

Participants emphasized environmental factors (poor housing conditions, lack of clean water, improper sewage and trash disposal), as important contributory causes of childhood illness. They suggested approaches to address the various misconceptions and how to gain the various communities’ trust. Through recognizing neighbourhood women as experts of their own circumstances, the project empowered the local population and enabled the design of a health program tailored to needs identified by the community. By bringing together a diverse population, including Lebanese, the Lebanese Dom (Middle Eastern Roma) and Syrian refugees, in a collaborative process, the project helped to diffuse social tensions and increase social cohesion.

PALAVRAS-CHAVE: Community participation; Health program; Lebanon

OP253 - CARIOCA GESTATION: AN EXPERIMENT CONDUCTED AT MUNICIPAL HEALTH CLINIC UNIT DR. ALBERT SABIN IN ROCINHA, RIO DE JANEIRO RJ, BRAZIL

Ferraz, FHV¹; Carvalho, MHC¹; Araújo, RC¹; Cruz, E¹; 1 - Municipal Health Clinic Unit Dr. Albert Sabin;

INTRODUCTION AND OBJECTIVE: Pregnancy is characterized by intense physiological, metabolic and endocrine changes. Faced with these three factors, it is extremely relevant to have this undertaken multidisciplinary approach. The sum of physical activity oriented to the nutritional supervision aims to promote physical and mental abilities to resist the daily tasks and physical gestation challenge with minimal fatigue and discomfort and reflect on the habits of the pregnant woman and her family group, highlighting the importance breastfeeding and healthy lifestyles. The purpose is to increase the bond between the mother and her family with the health unit, offering her physical/emotional well-being in exchange for greater adherence to effective prenatal to provide effective conditions of a prenatal care, ensuring continuity of care, monitoring and evaluation of their maternal health.

METHODS: Every week, the two-hour activity is performed in stages, the first being Physical activity supervised by a Academia Carioca Program physical educator supported by two Community Health Agents and second is an educational activity, reserved for a conversation wheel conducted by nutritionist, pediatrician and two health workers and other professionals of the teams ESF/Oral Health and NASF, that is extended to family members, culminating in the whole of the care process.

RESULTS AND CONCLUSION: The interdisciplinary care in primary care can promote important epidemiological changes such as reducing the risk of maternal and child death. However, we hope as a result to increase the targets set for the care of the pregnant woman, such as a greater compliance to appointments,

PALAVRAS-CHAVE: Gestation; Exercise; Health Promotion

OP254 - CASE REPORT : A FAMILY APPROACH AS MAIN PROCESS THERAPEUTIC FAMILY IN THE NORTHERN ZONE OF RIO DE JANEIRO

Machado MC ¹; 1 - UERJ;

In primary care we encounter people who have complex problems that sometimes are expressed through vague symptoms that can not be explained by medical science. In this context it is crucial that the doctor can insert family to conduct a coherent approach in order to establish a link with this system, being able to produce real change. Objective was to recognize the family structure and the role that the patient carries within it, family expectations towards him and affective connections built through livings. Family approach was conducted with 06 residents of UERJ and psychologist specializing in family therapy and community health worker in home visit. The relatives of Familiogram were identified through photo frame, always open questions were questioning the veracity of the facts by asking other versions of the same story for other components of the family addressed. The life cycle in which the family is located in the home visit, seeking an intervention provides at the time was identified. It was echoed map identifying family relationships with people, work, school, health service that can be considered as family support network in the therapeutic process. The task that family doctors propose is to provide better care, exceeding the sectoralization and seeking rapprochement with a view whose principles comprehensiveness, longitudinality and context. The use of systemic approach applied to family provides features to better intervene in health issues giving meaning interventions among family members, that is, it moves in a part thereof will be no impact on the other parts that make it up

PALAVRAS-CHAVE: family; centralization; approach

OP255 - CLINICAL AUDIT: THE IMPACT OF ADVANCED ACCESS IN ACCESS AND SATISFACTION

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Introduction/Objective: One of the challenges of Primary care in Brazilian urban centers is the difficulty to achieve one essential attribute: access. Currently the advanced access is an important tool, but still underutilized in Belo Horizonte network. Therefore the objective was to evaluate the accessibility and user satisfaction before and after the introduction of advanced access in four staffs in a health care Center, in "Barreiro de Cima"s.

Methods: We developed a semi-structured questionnaire based on PCATool (Starfield,B.) To evaluate the waiting time for scheduled appointments and spontaneous demand. After the consultation, the user aided by a non-medical professional wrote his satisfaction with the waiting time and the care received, and leave suggestions. This questionnaire was applied for people assisted in two distinct periods: before the introduction of advanced access and 1 year after it.

Results/Conclusion: In 2012 in the each teams the waiting time to meet same day consultations were: 1: 56h, 2: 38h, 1: 50h, 2: 23h. The waiting time between the request for consultation and the schedule was 24, 32, 11, 49 days. Satisfaction with the waiting time was 64%, 75%, 78%, 61% satisfaction with the care received was 88%, 95%, 85%, 91%. One year after advanced access, the waiting time for same day consultations was 2h, 2: 43h, 0: 43h. The waiting time between the request for consultation and the schedule was 2, 8, 5, 1.5 days. Satisfaction with the wait time was 75%, 87%, 67%, 100% and satisfaction with the care received was 100%, 92%, 67%, 100%. The average waiting time for scheduled appointments decreased about 22 days in absolute analysis, although the values do not show statistical significance, it suggests the benefit of this tool in terms of access.

PALAVRAS-CHAVE: medical education; advanced access; clinical audit

OP256 - COMPLETENESS AND COORDINATION OF SPECIALIZED CARE IN ORAL HEALTH IN THE PROGRAM AREA IN HEALTH 3.1 (SMS)

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Introduction and purpose

Among the key attributes of primary care are longitudinality, completeness and coordination of health care.

The health care networks should be accompanied by institutionalized planning devices, programming and regulation, ensuring a more rational way, the population's access to all levels of care.

This work aims to study the access to secondary care in oral health, specifically in the AP 3.1, during the year 2015, currently held by (SISREG).

Method

The AP 3.1 in the period studied, according to a source (IBGE) in 2010, is made up of approximately a population of 886,551, distributed in 06 (RAs), 28 districts, 06 territories.

Survey conducted by the (DATASUS) that enables building monitoring spreadsheet to access and monitor statistical data concerning regulation specialties available in the area, as well as quantitative absenteeism by specialty.

Conclusion

The data collected in this study indicate the implementation of regionalized network of health care as an essential condition to care for more integrated oral health. From the (re) structuring of care of primary care, they will gradually tracing the contours of the secondary and tertiary care services network. The formalization of flows between the points of attention will lead to better interaction of oral health in the region studied.

PALAVRAS-CHAVE: sisreg, ; primary health care, ; health regulation

OP257 - COMPREHENSIVE GERIATRIC ASSESSMENT ADAPTED HEALTH STRATEGY FAMILY: OPTIMIZING THE TIME, EXPLORING THE POTENTIAL OF EACH PROFESSIONAL TEAM.

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The increasing proportion of elderly in Brazil follows a global trend. Thus the demand for treatment in this group, in primary care and also in the Family Health Strategy (FHS) is also increasing. The Comprehensive Geriatric Assessment (CGA) is a recognized instrument able to make an effective screening of important conditions that affect the elderly, allowing an effective care plan. However, this instrument requires a lot of professional time to be realized.

The ESF nuclear team consists in four different categories of professionals: doctors, nurses, nursing auxiliary and community health agent. After a specific training, exploring the potential of the professionals, CGA was divided into four steps, in which the elderly was evaluated by each professional in a rotative circuit.

Thus, the professional spent no more than 20 minutes with each elderly (the longest time of an step). Comparing results, our evaluation was about three times faster than the evaluation made by a single professional. As a result, the evaluation becomes faster; explores the potential of each professional category; the elderly feel more welcome because they realize the team's involvement; the professionals feel valued, the care plans were more comprehensive, and the team was strengthened by doing a job together.

PALAVRAS-CHAVE: geriatrics; Comprehensive Geriatric Assessment; Primary Health Care

OP258 - DEVELOPMENT AND VALIDATION OF A NOVEL INSTRUMENT TO MEASURE FATHER INVOLVEMENT.

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Introduction. An active father figure has positive consequences for both children and parents. Father involvement (FI) involves affective, ethic and cultural aspects, and has been described with a three-factor structure: accessibility, interaction and responsibility. There are several instruments to quantify FI, but there is not a validated scale in Chile to measure FI for families with children up to one year of age.

Objective. To develop and validate an instrument to measure FI in Chilean families with children up to one year of age. We will evaluate content validity, applicability and internal consistency.

Methodology. We will use a mixed qualitative and quantitative approach. We will generate an operant definition of FI using the Delphi methodology from a literature search. This proposed definition will be validated at a local level in Santiago, Chile using focal groups with parents. After this validation, we will develop a structured FI scale using factors and coded with a Likert scale. The content validity of our scale will be validated with expert opinion. Scale applicability will be optimized in pilot applications and informal interviews. Finally, we will use confirmatory factor analysis and Chronbach analysis to determine whether our instrument describes a three factor structure with appropriate internal consistency.

Significance. Despite the relevance of father involvement in children upbringing, there is no scale validated for Chilean population with children up to one year of age. Our instrument will allow to quantitatively evaluate policies and programs aimed to promote father involvement.

PALAVRAS-CHAVE: Father-Child Relations; Fathers; Surveys and Questionnaires

OP259 - HOW TO TAKE THE FAMILY MEDICINE TO SOCIAL NETWORKS

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The project focus on sharing experiences and good practices in the family medicine in rural areas, through social medias. It aims to disseminate information, successful cases, innovations in management and greater interaction with the community.

I created a Facebook page titled “Diário de um posto de saúde” (Diary of a health care center) in which are shared experiences and reports of my routine in different health facilities where I’ve worked (currently located in rural areas). Through this page I could have access to the experiences of other colleagues, members of Family Medicine Strategy Teams, in different regions of Brazil. The interaction with the page readers is mainly through videos, made by me or colleagues, pictures and news regarding the world of Public Health Care.

The page currently has more than 8,000 followers with a range of more than 190,000 people. This range provides a greater way of sharing and improvement of new ideas throughout the country and other countries, as well as interaction through comments which adds new views and allows the rise of new guidelines to be shared.

For me this experience makes clear that social medias are an extremely important tool in raising awareness and spreading good ideas.

Facebook page: <http://www.facebook.com/DiarioDeUmPostoDeSaude/>

PALAVRAS-CHAVE: Mídias sociais; Zona rural; Interação Socia

OP260 - MILK DONATION MOTHER, AN INSPIRATION TO LIFE

Alonso AR ¹; Félix SA ¹; 1 - CS Paraíso;

Maternal milk donation, an inspiration to life.

Started the Human Milk collection work in 2007 on the health unit in Primary Care (CS Paradise) in partnership with the secondary reference unit Saudade Responsible for forwarding the milk collected Motherhood Odete Valadares to pasteurize the same and soon Realized the We need to restructure and reinvent possibilities for donations Could be expanded and more children receive this benefit.

Our goal: to Contribute to a healthy diet to strengthen Rn retained in the ICU and Provide a network of human solidarity que strengthens breastfeeding Method: spontaneous donation of Breast-milk at the facility; or collection through home visits by the Family Health Team or Community Agent where we collect and store the milk donated to subsequently submit the secondary drive.

Results and Conclusions: further optimization of the resource - Breast-milk with zero cost and unlimited benefits to Rn providing better quality of life for Newborns; Increase the number of breastfed pueréras as well as creating a supportive network to expand Breast milk donation bringing the benefit of available resources closer to home Them.

PALAVRAS-CHAVE: aleitamento; coleta; saúde

OP261 - EFFECT OF ARSENIC EXPOSURE IN GESTATIONAL DIABETES MELLITUS AND NEONATAL OUTCOME IN RURAL BANGLADESH

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Introduction and objective: Association of chronic arsenic exposure with diabetes mellitus is fairly well established, but arsenic toxicity with glucose intolerance in pregnancy and with neonatal outcome have yet not been studied adequately. The present study was undertaken to explore the association of chronic arsenic exposure with GDM and neonatal outcome in a rural Bangladeshi population.

Method: Under an observational cross-sectional design a total of 263 pregnant women (age in yrs, $M \pm SD$, 21 ± 3.7) residing in an arsenic affected area of Bangladesh, were subjected to a 2 sample OGTT at third trimester of gestation. Degree of chronic arsenic exposure was assessed by the level of As in the usable water at the respective households and total urinary arsenic level. GDM was diagnosed by WHO criteria and neonatal outcome was assessed using APGAR. Score. Out of the 263 pregnant women 73(28%) developed GDM.

Results and Conclusion: Water arsenic was significantly higher in the GDM as compared to the Non-GDM group (W_{as} , $\mu g/L$, median (range, $62(34-35.4)$ Vs $3.6(1.02-99)$, $p < 0.001$). Apgar score of the neonates from GDM mothers was significantly lower compared to the neonates from Non-GDM mothers (APGAR score, $M \pm SD$, 4.7 ± 0.8 vs 6.4 ± 0.7 , $p < 0.001$) On Pearson's correlation analysis in GDM subjects, both fasting and postprandial serum glucose levels were found to have a significant positive correlation with Water arsenic levels ($r = 0.429$, $p < 0.001$) and W_{as} levels ($r = 0.234$, $p < 0.001$). The APGAR score of the neonates were found to have a significant negative correlation ($r = -0.233$; $p = 0.041$) with W_{as} level. Chronic arsenic exposure is associated with worsening of glucose intolerance during pregnancy and it also affects neonatal outcome in an adverse way.

PALAVRAS-CHAVE: arsenic; GDM; Neonatal

OP262 - EFFECTIVENESS OF COMMUNITY-BASED DISABILITY SERVICE DEVELOPED FOR STROKE PATIENTS IN SICHON DISTRICT, THAILAND

Chanwanpen E. ¹; 1 - Sichon Hospital;

Home care disability service was organized for continuity of care in stroke patients. The purpose of study was to determine the efficacy of knowledge management process of home care program for community-living stroke patients. This participatory action research was combined with knowledge management procedure and was conducted in 16 primary health care providers between 1 October 2014 to 30 September 2015. The target patients were 64 disabled stroke patients and their care givers. Data collection included the assessment of knowledge, attitude, and practice of patients' home visit and synthesized the lessons from primary care providers. Knowledge management was applied by sharing and learning process. The topic of home care service for stroke patients was the main issue in knowledge sharing process. At the end of each session, the summaries of learned lessons were recorded and analyzed for good practice. We organized 3 times of sharing experiences. A comparison of the results of practice before and after the use of this process was the outcome measured. The results revealed the knowledge, attitude and practice of primary care providers increased to 89.37%, 90.62% and 88.75% respectively. Overall satisfaction rate was 87.43 %. The clinical outcomes of disabled stroke patients improved by increased score of ADL 37.50 %. The complication of pressure sore and re-admission rate were decreased. This study demonstrated the benefits of home care services with community participation. Knowledge sharing could apply in routine work for comparing good practice within primary care network.

PALAVRAS-CHAVE: stroke; home care; knowledge management

OP264 - ESTIMATING THE TERRITORY OF A PRIMARY CARE CENTER: GEOREFERENCING USERS.

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Introduction: Defining the area of influence of a health center primary care, locating geographically users who attend it, is essential for planning health-oriented diagnosis aimed at prevention, promotion and protection tasks health of this population. It allows allocating resources equitably and efficiently.

Objective: Delimitation of the area of influence of a health center primary care for georeferencing users.

Specific objectives: Creating a georeferencing statistical system. Using this system in pilot amongst the Municipal Polyclinic Los Angeles, Montevideo, Uruguay area. Demonstration of the validity using statistical methods. Replicability and demonstration of cost benefit.

Methodology: Total population 5000 people. Representative sample of 10% for calculating the area of influence, geographically delimiting the area where 95% of the population lives. The statistical method used saturation by superimposing layers of geo-referenced users using free software QGIS being innovative method of saturation for such tasks.

Results and conclusions: It is determined with high fidelity the territory of influence. Three neighborhoods have a higher density of users. georeferencing statistical system created and used, allows a small sample, estimating the geographical distribution of users and this innovative system in the field, in our country.

PALAVRAS-CHAVE: Geographic Mapping; Organization and Administration; Primary Health Care

OP265 - EVALUATION OF THE ESSENTIAL SCORES IN PRIMARY CARE IN HEALTH CENTER BY A ROMA COMMUNITY COMPARED TO THE GENERAL POPULATION

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Introduction: João Monlevade is a city of the state of Minas Gerais, Brazil, where a small Roma community lives.

Objective: professional members of the health center that serves this population wanted to know if they received the same kind of service as the rest of the enrolled population.

Method: we applied the Primary Care Assessment Tool (PCATool) adult version for 9 individuals of the general population and 12 individuals of the Roma population. And we applied the children's version to 10 caregivers of the general population and 7 caregivers of the Roma population. The mean scores were analyzed using the Student "t" test and for proportion analysis we used the chi-square test.

Results: in the analysis of attributes by adults, there was only one item with statistically significant difference: coordination. In the analysis of the children's version there was a statistically significant difference in the longitudinality item. In the essential scores, there was no statistically significant difference in any of the comparisons.

Conclusions: there was no difference at the provided services for the two populations, especially if we notice that the item coordination was the only item not validated in the PCTool in Brazil. However, this study presents the following issues: a small sample population in both groups and the presence of just one man in every adult group. Therefore, the health center team will work to raise awareness of the male population to the services offered by the health center and to improve the less rated items.

PALAVRAS-CHAVE: Minority Health ; Primary Health Care ; Community Health services

OP266 - FACTORS ASSOCIATED WITH FAMILY CAREGIVERS' QUALITY OF LIFE IN ELDERLY CARE: A STUDY IN RURAL AREA OF JAPAN

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Introduction and Objective

As the age increase, elderly will become frailer and need to be cared by other people, majority being family members. Family caregivers receive huge burden and have risk to be patient themselves in the future. To prevent it, paying attention to family caregivers' well-being is an important part of care in family practice. This study investigates factors that contributes to family caregivers' quality of life.

Method

Cross-sectional study with convenient sampling was conducted in rural area of Japan (Mie prefecture). Self-administered questionnaires were distributed to adult family caregivers' of elderly who receive home care. Quality of life as the main outcome, is measured using SF-8 that has been validated to Japanese language.

Results and Conclusion

From 123 main family caregivers of elderly receiving home care, high caregiving burden score, being female, not married or being married to the elderly, and long duration of caregiving were negatively associated with QOL. Meanwhile, a strong perceived social support from the family and the significant others were positively associated with the QOL. These findings suggest that by having strong social support and reduced caregiving burden, family caregivers of elderly home care patient can have better QOL.

PALAVRAS-CHAVE: Family caregiver; Elderly care; Quality of life

OP267 - FAMILY SOCIAL SUPPORT AND ITS ASSOCIATION TO PRIMARY CAREGIVERS' MENTAL HEALTH: A LONGITUDINAL BRAZILIAN STUDY

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Introduction and objectives: A social support network helps individuals to improve health and well-being. Social relationships can be a protective factor for mental health by reducing stress effects. Thus, the aim of this study is to longitudinally investigate the social support as a protective factor to primary caregivers' mental health in a Brazilian low-income sample.

Method: This study is part of a larger longitudinal exploratory research that begins in 1999 in a low-income neighborhood of Porto Alegre city called Vila Jardim. This study refers to three waves of data collection, made in 1999, 2004 and 2010. In the first wave, 148 women and 118 fathers participated on the research. The second wave had 116 primary caregivers and 78 partners. In the third wave, 108 caregivers and 29 partners participated on the study. The instruments used for these analyses were a 5-points scale to measure family social support and the Self-Reporting Questionnaire to evaluate caregivers' mental health.

Results and conclusion: Linear Models associating variables of interest suggested there was a significant effect of social support on mental health, for both primary caregivers and their partners. However, time effect was not significant. Results indicate that families social support represents a protective factor for members' mental health, regardless the life span.

PALAVRAS-CHAVE: social support; mental health; family relations

OP268 - FOREST TEAM ECOMAP: APPROACHING SUPPORT NETWORKS AND PROMOTING HEALTH

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Introduction and Objective

The Ecomap is an important Family and Community Medicine tool for the visualization of areas to be explored inside the social system of support to patients and their families.

Implementing such a tool in a Family Health Team is an interesting challenge in the optimization of its social actions regarding the health unit and the community in which it is inserted.

This work aims to disseminate a positive experience of approximation between social sectors of a neighborhood for the benefit of its population.

Method

Use of Ecomap in Team Meetings as a productive space for assessment and planning of social actions in the Alto da Boa Vista community. The Ecomap was explored dynamically, using cardboard and some pens.

Results and Conclusions

The Ecomap, recording the moment a social network cohabits the space of a team, allowed us to illustrate, comprehend, create hypotheses, integrate and engage with our support network, crossing barriers and opening the way for important social actions.

Thus, we were able to visualize a mutual distancing between the health unit and the headquarters of the neighborhood's eight Residents Associations. In a process of a rapprochement, it was possible to use some of those offices as shelter for health actions such as cytological collection preventive cervical on Saturdays, as part of the Prevention Campaign. This strategy brought the CMS Nicola Albano closer to the care of the neighborhood's female residents who were unable to frequent the health unit during business hours, allowing greater coverage of care.

PALAVRAS-CHAVE: Maps ; Community-Institutional Relations ; Patient Care Team

OP270 - HEARING HEALTH: ASSISTANCE TO PATIENTS WITH HEARING LOSS IN UNITS OF FAMILY HEALTH CARE

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Introduction and Objectives: According to the Ministry of Health, hearing impairment is the total or partial loss of the ability to hear. The Decree No. 5626/05 states that health services must attend in a different way the deaf community which uses the Língua de Sinais Brasileira (LIBRAS). Thus, the host and bond become crucial for access and inclusion of deaf population in the primary care, overcoming communication barriers and ensuring the effectiveness of the SUS principles. The objective is to analyze the policies that prioritize awareness and guidance of health professionals about the assistance to hearing deficient in Unit of Family Health Care - UFHC.

Method: As an outcome of the Case Theoretical Axis Integrated Practice, which is a curricular activity that represents the pedagogical guidelines of Problem Based Learning methodology, the medical students crafted leaflets and built an informative Facebook page about where to refer patients with hearing loss, divulgation of Apps that assist in attendance and sites offering LIBRAS courses.

Results and Conclusions: The leaflets were delivered in UFHC and other basic health units, mainly for professionals, which, in most part, unaware of the content of the leaflets, and reported difficulties in the communication process with patients hearing impairment. There is a disagreement between the legal decisions, the expectations of deaf patients and what can be offered nowadays in UFHC. These facts encourage us to reflect on another of the challenges of humanized care in the public system.

PALAVRAS-CHAVE: Persons With Hearing Impairments; Primary Health Care; Health Services Accessibility

OP271 - INNOVATIVE PROGRAM USING SMART-PHONE BASED TELEMONITORING IN IMPROVING BLOOD PRESSURE CONTROL AND CHRONIC DISEASE SELF-MANAGEMENT FOR HYPERTENSIVES

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Introduction:

Recent meta-analysis concluded that home telemonitoring may represent a useful tool to improve blood pressure (BP) control.

Aim and Methodology:

To evaluate whether hypertensive patients who participate in smart phone based telemonitoring of BP will have increased reduction in blood pressure and better self management behaviour from baseline to 6 months follow up in a local primary care clinic. 105 hypertensive patients, who passed competency test in self-blood pressure measurement joined. All had mobile applications downloaded to their smartphones and taught the functions for recording home BP (HBP) readings. Aside from automated message response features based on inputted BP readings, the apps also has reminder prompts to facilitate BP readings recordings. Mean clinic and home systolic and diastolic BP readings, self-efficacy for managing chronic disease (SEM-CD) score were performed at baseline, 3-months and 6-months post-intervention. Regular HBP monitoring was defined as measuring HBP readings > 3 times per week.

Results and Conclusion

51 male (48.6%) and 54 female (51.4%) patients, with mean age 57 (SD 8.9) years old completed the study. The baseline mean systolic (SD) and diastolic BP (SD) at clinic and home were 129.9 (11.8) / 81.2 (8.5) mmHg and 127.2 (11.1) / 77.2 (8.1) mmHg respectively. Both clinic and home mean systolic and diastolic BPs were statistically reduced at 3 and 6 months post-intervention. (SEM-CD) score was improved at 3 and 6 months, with statistical improvement at 3 months. In conclusion, smart phone-based telemonitoring was efficacious in reducing BP and enhancing self-management behavior in hypertensive patients.

PALAVRAS-CHAVE: smart-phone based telemonitoring; hypertension; self-management behavior

OP272 - IS IT REALLY FEASIBLE TO PERFORM A PCAT-STUDY IN A SMALL RURAL CITY IN BRAZIL?

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Introduction and Objective

Decentralization of health services is one of the pillars of the Brazilian public health care system: each of the 5570 cities is directly responsible for providing Primary Health Care (PHC) services its citizens, even in small cities in remote and difficult access areas. The Primary Care Assessment Tool (PCAT) is a reliable tool to evaluate PHC services and has been adapted and validated in Brazil. The objective of the study is to assess if it is really feasible to perform a PCAT-study to evaluate the performance of the Primary Health Care-services for children in a small rural Brazilian city.

Methods

In a cross-sectional survey the PCATool-Brasil was applied to 7 health professionals and 502 caretakers. Feasibility of the PCAT-study was described in terms of invested man-hours, budget and the timeline.

Results and Conclusions

This PCAT-study was performed with 1.241 man hours, a budget of R\$ 12.900,00 (equivalent to 3.181,00 USD) in a time span of 4 years. There are difficulties in performing a PCAT-study in a small rural city. Firstly there is no financing available to do so. Secondly calculating PCAT-scores is time consuming. And last but not least, performing research in a rural area often is a challenge: communication can be difficult, distance to university or research centers is long, public transport is inexistent etc. Also practical problems had to be solved, such as the small space in a health center that have to be divided by the researchers and the health staff.

PALAVRAS-CHAVE: Primary Health Care; Health Services Research; Rural Health Services

OP273 - PEOPLE WITH DISABILITIES: INTEGRALITY OF CARE

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This article aims to present the work done by Viva Rio Eficiente, whose goals are the promotion of social inclusion and health care to people with disabilities in 3 regions of the municipality of Rio de Janeiro. Considering individuals in their integrality is one of the pillars of primary care. In this sense, we understand that disabilities must be taken into account as any other characteristic that constitutes the patient's situation. Viva Rio Eficiente's work is made through a complex interlinkage among actors that have a direct impact in promoting health care to people with disabilities. First, the project organized workshops where the subject was discussed among health care workers, demystifying misconceptions, stimulating the continuity of health monitoring of people with disabilities and turning primary care even more welcoming to a wide array of demands. Second, people with disabilities that resided in the area covered by primary care were encouraged to be part of physical education classes that take place in their clinics. In parallel, workshops involving Physical Education professionals were also conducted, considering their fundamental role in the process. Finally, Viva Rio is also committed to developing the autonomy of individuals, which is reflected in employability and qualification efforts targeted to people with disabilities.

PALAVRAS-CHAVE: Primary care; People with disabilities; Integrality

OP274 - PRESCRIPTION OF HORMONAL CONTRACEPTIVES BY PRIMARY CARE NURSES

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Introduction: The prescription of medications by nurses is included in the Advanced Practice Nursing, which is an expanded model of procedures for nurses. In Brazil, it has been developed with the advent of the National Health System, the increment of Primary Care and the Family Health Strategy, that has increased the scope of action of nurses. However, the prescription of contraceptives remains restricted to physicians. Contraception in Brazil presents great inequalities with structural and attitudinal problems that highlight the need to rethink the practice of prescribing contraceptives, including this action in the nursing practice roster.

Objective: Develop a health care flow chart for nurses to prescribe reversible contraceptives, hormonal and nonhormonal.

Method: This is an experience report on the development of a flow chart to support the prescription of reversible contraceptives by primary care nurses.

Results and Discussion: The prescription of medications by nurses, including contraceptives, occurs in several countries, successfully, through Advanced Practice Nursing. The designed flowchart describes the steps that nurses have to take to prescribe hormonal reversible contraceptives. For its development various renowned documents about reproductive planning were used, both national and international, and comprehensive care to women was respected.

Conclusion: The prescription of hormonal contraceptives by nurses must be inserted in guiding documents and validated by government representatives. The prescription of contraceptives by nurses is one of the measures to expand access to these medications, as well as a powerful tool for strengthening public health.

PALAVRAS-CHAVE: Advanced practice nursing; Family Planning Services; Primary Care

OP275 - PRIMARY HEALTH CARE CHALLENGES AND CHRONIC CARE MODEL IN THE UNITED ARAB EMIRATES

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Abu Dhabi is the capital of the United Arab Emirates (UAE) and the largest emirate in terms of land mass and population. This emirate has three different geographical regions: the Central Capital District, the Eastern and the Western regions. Since 2007, the health system has been regulated by the Health Authority – Abu Dhabi (HAAD)¹ and the Abu Dhabi Health Services Company (SEHA)² has been the service provider in all governmental health facilities. There are 38 SEHA Ambulatory Healthcare Centers (AHS) that provide Primary Health Care (PHC) and 19 are located in the Eastern Region. This paper aims at characterizing PHC in Abu Dhabi and analyzing whether its goals are aligned with the Chronic Care Model (CCM).

Official published data from HAAD, SEHA and the UAE Ministry of Health was analyzed using CCM to assess PHC services and to identify potential opportunities for improvement.

The AHS adopted the principles of patient-centered, aiming at providing structured, proactive and coordinated care. Implementation of the CCM elements aligns with those standards and is positively associated with use of interventions targeting major risk behaviors³. The CCM also has beneficial effects on clinical outcomes and processes of care⁴ and should continue to inform systematic efforts to improve care⁵. The UAE has a strong foundation in place for addressing the growing problem of chronic diseases. Nevertheless, adopting CCM improves the daily-care given to patients, as this model is shown to augment outcomes and to reinforce PHC procedures that could lead to better lives for the Abu Dhabi community.

PALAVRAS-CHAVE: Health System Plans; Primary Health Care ; United Arab Emirates

OP276 - RISK FACTORS FOR PHYSIOLOGICAL GYNECOMASTIA IN ADOLESCENT SCHOOL BOYS IN SHEBIN ELKOM DISTRICT, EGYPT

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Background: Gynecomastia is defined as benign proliferation of glandular breast tissue of the male breast. It occurs during a critical period in the formation of self-image and gender identity, this gender-incongruent process may disrupt normal psychological development and can be a source of significant embarrassment.

Goal of the study: Health promotion of the adolescent boys
Objectives of the study: were to assess the prevalence of gynecomastia among adolescent school boys, gynecomastia risk factors and the impact of gynecomastia on the self-esteem.

Methods: Crosses sectional study was conducted after calculation of the sample size. After multistage stratified random sampling for the students in the preparatory schools, A 605 adolescent School boys were recruited for the quantitative data collection. All the participants were interviewed using a pre-designed questionnaire to assess the risk factors and the self-esteem followed by examination of the height, weight and chest examination.

Results: The prevalence of gynecomastia was 14% among the studied group. Logistic regressions for prediction of gynecomastia were overweight, business or trade working father and presence of the Secondary symptoms of puberty respectively ($P < 0.05$). There was a negative correlation between the presence of gynecomastia and the self-esteem.

Conclusion: Physiological gynecomastia is a prevalent condition among adolescent boys. It has a significant negative impact on the psychosocial well-being of affected adolescents regarding the self-esteem.

PALAVRAS-CHAVE: Gynecomastia; Adolescent; Primary Health Care

OP277 - SELF CARE AMONG TYPE 2 DIABETIC PATIENTS ATTENDING PRIMARY HEALTH CARE CENTER, CAIRO GOVERNORATE, EGYPT .

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Introduction: Self-care education is an essential element in the treatment of a person with diabetes and its importance is acknowledged in several studies carried out in communities with different socioeconomic and cultural profiles.

Aim of the study: Evaluate the effect of health education regarding diabetic self care on patient glycemic control.

Method : This was a cross sectional study which was conducted to type 2 diabetic patients attending to two randomly selected family health centers of Cairo Governorate Diabetic patients after obtaining their consent to participate.

Patients included if their age between 30-70 , and excluded if they had terminal illness, active psychotic illness or permanent and lactating females. They were interviewed using predesigned questionnaire which was adopted from Stanford patient Education Research Center which was translated into Arabic. Self care education was conducted for individual patients at the clinics for 30 -40 minutes. Blood pressure, BMI, HGA1c glucose tolerance test was assessed before and after the educational program with 6 months apart.

Results:

Parameters of diabetic control as fasting blood glucose, two hours postprandial, HGA1c , blood pressure and BMI showed statistical significant improvement after the educational program . Symptoms of uncontrolled diabetes as polydypsia , intense hunger, dry mouth and frequent urination at night were improved after the interventional educational program . All other parameters of self control as foot care and restrict following diet regimen were also improved.

Conclusion

Focused educational program regarding self care for diabetes significantly improved diabetic control parameters.

PALAVRAS-CHAVE: Selfcare; Type 2 Diabetic; Primary care

OP278 - SILVER HAIR: MATURITY ON THE MOVE

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Introduction and Objective: This text consists of a report of a so-called extension project Silver hair: the moving maturity, which aimed to encourage improvements in the quality of life of the elderly from the practice of supervised physical activities in a Health Unit Family of a northeastern Brazilian capital.

Method: The experience was part of a research named Body, culture and caring for yourself: reflections and actions in the Family Health Strategies, developed between the years 2013 and 2015, qualitative, as it approaches the characteristics of a field study where the object is approached in their midst own environment, anchored in support Merleau-Ponty's phenomenology and theory of gift from Mauss, relating the expression of the people lived and communicated situations. Attended the 53 living elderly, persons with metabolic syndrome, residing in the territory of coverage. For data collection were used participant observation and semi-structured interview.

Results and Conclusions: Promoting the practice of regular exercise is a challenge for health professionals. The continuity of activities can improve prevent emotional distress at combating states of anxiety, sadness, depression and social isolation. The fabric of solidarity allowed the mainstreaming of care dimension, educational and emancipatory health services were able to improve the quality of life, strengthen citizenship and produce positive changes in the daily lives of participants.

PALAVRAS-CHAVE: Health of the Elderly; Health Promotion; Family Health

OP279 - SINGULAR THERAPEUTIC PROJECT: CHALLENGES AND POTENCIAL OF TEAM WORK IMPLANTED IN THE RESIDENCY PROGRAM IN MFC - ENSP/UFRJ.

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• Introduction and Objective

The STP (Singular Therapeutic Project) is a group of articulated therapeutic measures for an individual or a group, fruit of discussion of a multidisciplinary team, with matrix support if necessary. The purpose of this work is to ponder over the application of the STP in the approach of a case in the Complex of Manginhos in Rio de Janeiro, lead by a health team part of the shared residency program in Family Medicine and Community ENSP / UFRJ.

• Methods

Qualitative approach and case study methodology were chosen. Patients' medical charts, documents available on the Service and registries of team's discussions at meetings were used as sources. The selection of the case was motivated by the complexity of comorbidities and the extreme social vulnerability in which the family at issue lives.

• Results and conclusions:

The research enabled a discussion of intervention research, as the researchers themselves were also subjects of the research. The analysis of their perceptions and difficulties produced as result, changes in their own work processes. The STP pointed to a need for team work organization and care co-responsibility. Among the challenges analyzed we point out: The continuity of STP can be compromised because of changes in the technical staff due to turnover inherent to a residency program; the complexity of the health team's performance in primary care in vulnerable areas where elements such as poverty and violence are mediators crossing the care production.

PALAVRAS-CHAVE: Family Practice; Comprehensive Health Care; Internship and Residency

OP280 - REQUESTS FOR "VAGA ZERO" IN A FAMILY CLINIC IN RIO DE JANEIRO CITY: ANALYSIS OF SOCIO-DEMOGRAPHIC PROFILE

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Introduction: Primary Health Care (PHC) in Rio de Janeiro had the highest expansion among Brazil's capitals lately. Qualification of PHC as an entry site is encouraged and the organization of care and assessment of emergency situations for the systematization of "vaga zero" has been established.

Objective: To identify the socio-demographic profile and the main request for "vaga zero" for patients enrolled at the Clínica da Família Assis Valente (CFAV) between May/2014 and September/2015.

Method: transversal observational study of retrospective cohort. A spreadsheet was created with data extracted from SUBPAV platform and the medical records of these patients.

Results: Of the 167 requests, teams Águia Dourada, Ema, Flamingo, Santos Dumont and Tubiacanga accounted for, respectively, 3.6%, 18.7%, 23.5%, 18.1%, 20.5% and 10.8%; 4.8% had no information related to the team; 56.4% were female; most of patients were 20-49 years (42%). Internal medicine accounted for 43.1% of the requests; 37,1% corresponded to the ICDs in the Brazilian Ambulatory care-sensitive conditions (ACSC) list.

Conclusions: The access offered by the teams influenced the number of these requests, which reflected the characteristics of CFAV's population. Inadequacy in the registration request of "vaga zero" diffculted some of the patients'evaluation/follow-up. It is uncertain, in this work, if the percentage of ACSC reflects quality of PHC as it is an indicator produced by hospital admissions, and not all requests resulted in hospitalization. More studies should be done to evaluate a possible decrease in the ACSC hospital admissions as the PHC gets stronger.

PALAVRAS-CHAVE: Primary health care; Hospitalization; Access to health care

OP281 - TEAM WORKLOAD IN FAMILY HEALTH UNITS IN BRAZIL

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Introduction and Objective: Workforce planning in the Family Health Unit (FHU) realize without considering the specificities of geographical regions. This research aimed to identify the workload of professionals from the Brazilian FHU teams through interventions performed.

Method: In 2013, the work sampling technique was performed through intermittent observations every 10 minutes during 8 hours in five days. The support tool is composed by 39 interventions and it was developed and validated by researchers. Were done observations in five regions, 10 states, 12 cities and 27 FHU. All of FHU are considered good according to National Program for Improving Access and Quality of Primary Care (PMAQ-AB).

Results: Were done 85.398 observations on 418 professionals (physicians, nurse, dentist, nurse assistant, dentist assistant and community health agent). Family health team employ 51.6% of their working time in direct or indirect care, which the top ten are: home visits, documentation, appointments, spontaneous demand, educational activities of health workers, outpatient procedures, assistance in procedures, exchange information on health care, infection control and administration meeting. It was also observed that in 16.3% of their time professionals are not present in the unit, such as delays and early departures.

Conclusion: This study show the distribution of the activities carried out by family health team. Those data should supporting discussion of workforce planning, working team, working process, and productivity working time in FHU.

PALAVRAS-CHAVE: Primary health care; Workload; Personnel downsizing

**OP282 - THE MULTIDISCIPLINARY APPROACH IN CAPABILITIES FOR
CUSTOMER SERVICE SMOKER IN THE MUNICIPAL HEALTH
SECRETARIAT OF RIO DE JANEIRO / BRAZIL**

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Introduction: The study promotes a reflection on expansion of the Tobacco Control Program at the Municipal of Rio de Janeiro Health, with reference to the multidisciplinary team approach.

Objective: To evaluate the Capabilities for Smoker Treatment between 2011 and 2015 carried out by different professional categories.

Method: quantitative study, using as a collection of periodic statistical data forwarded by the units; professional registration forms on Skills and spreadsheet program for those responsible for the unit. Results and

Conclusions: Investment in Capabilities with Multidisciplinary approach intensified from 2009, with the expansion of primary care. It was observed between 2011 and 2015, a progressive increase in units with the Program. In the first quarter of 2011, 57 units carried out the treatment in the second quarter of 2015, 150 units. In this period they were interviewed 51,636 smokers attended by 43 467 in the treatment, where 25,307 have quit smoking in the first month. Profile of employees, in addition to nurses and doctors, there is the increasing involvement of dentist categories, pharmaceutical, Community Health Agent, Nursing Technician, Technician, Dental, NASF professionals. This fact has contributed to strengthening the program and exchange of experiences in the Units. It is noteworthy that most of the visits are carried out in group with at least two trained professionals. The multidisciplinary approach in Capabilities contributed to the strengthening of the Tobacco Control Program at the Municipal of Rio de Janeiro Health, favoring commitment to health promotion actions.

PALAVRAS-CHAVE: Smoking; Interdisciplinary Communication; Health Promotion

OP283 - THE USE OF AN ONLINE SHEET IN ADVANCED ACCESS FOR A HIGH DEMANDING VULNERABLE POPULATION

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Introduction and Objective:

The advanced access is a complex access method applied in many countries and some cities in Brazil, presenting good indexes, such as higher patients' satisfaction and less use of the urgency services. In this work, we present the study of the use of an online sheet in the communication between the members of a Family Health Team to facilitate advanced access and generate health primary data in a high demanding vulnerable population in a favela in Rio de Janeiro.

Method:

The Family Health Team used a shared sheet Google Drive, in which each patient demanding any service was put by the Health Community Agent, along with some identification data (sex, age, pathological history) and his demand (clinical or burocratic). At the same time, the technical professional (doctor or nurse) could check it, and quickly respond to this demand based on the clinical urgency, number of patients, and immediate and long term disponibility of the professionals of the team.

Results and Conclusion:

As a result, we could organize the professionals' same day appointments and activities, as well as schedule consultations and better distribute the health care between doctor and nurse, as we dealt with the high demanding and vulnerable population. Because the sheet also counted with each patient's health information, we could trace a health profile of our demanding population, in quantity and quality. This tool also helped us to evaluate our own work and access quality, by giving us concrete data on the approach and schedule system.

PALAVRAS-CHAVE: Health care quality, access and evaluation; Delivery of health care; Public health

OP284 - THE WORKING TIME DISTRIBUTION TO FAMILY PHYSICIANS IN BRAZIL

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Introduction and Objective: There are few studies that describe working time distribution of family physicians in Family Health Units (FHU). So, the aim was to identify how physicians working time are distributed in Brazilian's FHU.

Method: In 2013, the work sampling technique was performed through intermittent observations every 10 minutes during 8 hours in five days. The support tool is composed by 39 interventions and it was developed and validated by researchers. Were done observations in five regions, 10 states, 12 cities and 27 FHU. All of FHU are considered good according to National Program for Improving Access and Quality of Primary Care (PMAQ-AB).

Results: Were done 8556 observations in 48 physicians. They spend 51.6% of their working time in direct and indirect care activities. The most of was spend in medical appointment (24.1%), spontaneous demand (8.4%) and home visit (3.4%). In addition, was noted some percentage of time that: they is not present in the FHU, such as delays and early departures (32.4%); standby time (4.1%); personal time (7.1%) and unit related activities (1%). Other results are: 80% of the time related to spontaneous demand occurred in the period from 6 am to 10 am and 60% of the medical appointments were held between the 6 am and 12 am.

Conclusion: This research provides an overview about activities that physicians usually do and how are distributed during their working day in different FHU realities. Besides of this, these results supporting the workforce planning and debates about working process organization to promote access.

PALAVRAS-CHAVE: Primary health care; Workload; Family physicians

OP285 - THE “EMERGENCIALIZATION” OF PRIMARY CARE IN TALCAHUANO, CHILE

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Introduction: Talcahuano is a Chilean city with a population of 178.052 inhabitants. The 70,3% is covered by public health insurance, and the rest of the population has a private or an army force insurance. The city has four Family Health Centers and four Community Health Centers that take care of 125.000 persons. These health centers have interdisciplinary working teams integrated by physicians, nurses, obstetricians, physical therapists, psychologists, dentists and social workers. Additionally, there are four primary care emergency centers (SAPU), two of them inaugurated in 2011. These centers provide immediate care but don't provide the integral care of the Family and Community health centers. Since the inauguration of the SAPU we have seen a shift in the medical demand patterns toward an “emergencialization” of the primary care services.

Objective: To describe the shift in the visitation patterns to health professionals in the primary care centers of Talcahuano, 2011-2014.

Method: Ecological study. We compared the number of visits per 1.000 persons to health professionals in SAPU and Family and Community Health Centers.
Results: The number of emergency visits per 1.000 persons increased from 703 in 2011 to 1.118 in 2014. Simultaneously, the number of acute morbidity visits per 1.000 persons decreased from 768 to 635. Associated to this, we observe a decrease in the number of visits per 1.000 persons to psychologists and nurses.

We conclude that there is an “emergencialization” of primary care that shifts the consultation patterns toward an immediate medical attention, lessening the integrality of care.

PALAVRAS-CHAVE: Primary Health Care; Health Services Accessibility; After Hours Care

OP286 - TRANSLATION, CROSS-CULTURAL ADAPTATION AND VALIDATION OF TWO QUESTIONNAIRES ABOUT SHARED DECISION MAKING (SDM)

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Introduction and Objectives

Shared decision making (SDM) is a process where health professionals and patients work together to make health decisions. There is a growing interest in the development of SDM measurement tools.

The Health Foundation (HF - UK) developed an instrument to evaluate SDM from two perspectives (user and health provider). Elwyn et al also created a questionnaire named "CollaboRATE"

The objectives of this study are to translate to argentinian spanish, to cross-cultural adapt and to validate these tools.

Methods

Study conducted at Hospital Italiano of Buenos Aires, Argentina. Patients were interviewed after an outpatient medical appointment, with a primary care provider or other physician.

Translation and cross-cultural adaptation: Forward and back translations were performed by bilingual researchers. Following revision and conciliation of the versions, cognitive interviews were conducted. Later, the interviews were reviewed and the final version obtained.

Validation: The sample was adequate with the Kaiser Meyer Olkin (KMO) index. Content validity was performed by experts. Factor Analysis was used to analyse construct validity. Internal consistency was evaluated through the Cronbach's alpha coefficient. The instruments were validated using the hypothesis confirmation method.

Results

After the translation process, 56 interviews were conducted (more than 10 interviews per item).

The KMO index values were 0,72 and 0,62 for the HF questionnaires, and 0,74 for the CollaboRATE. The Bartlett test was < 0.0001 for the three instruments.

Cronbach's alpha coefficient was 0.77-0.69 for the HF questionnaires

Conclusion

These are the first brief questionnaires available in argentinian spanish that allow measurement of SDM.

PALAVRAS-CHAVE: Decision Making; Communication

QUESTÕES GLOBAIS

OP287 - TRUST AND HEALTH-CARE INTERPRETING: TOWARD RELATIONSHIP-CENTRED CARE IN CROSS-LINGUISTIC HEALTH CARE ENCOUNTERS

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[Introduction and objective] Language barriers are an increasingly critical issue in health care. Interpreters play an important role in overcoming them. In Australia, interpreting is undergoing professionalisation, with credentialing, ongoing assessment and the development of a national code of ethics. In contrast to ethical guidelines for healthcare interpreters in Europe and the USA, the Australian Code omits the issue of trust. It prohibits advocacy while focusing on impartiality and the accuracy of language rendition. This study investigated patients' views on trust in cross-cultural medical encounters.

[Method] I interviewed 16 Japanese-speaking and 15 English-speaking informants who had experienced Japanese-English medical encounters, and Australian doctors who had used professional interpreters. Data were inductively analysed to explore patients' experiences of receiving language and cultural support and how professional interpreters are used in the clinic.

[Results and conclusions] Japanese informants valued trust relationships and expect trust-based communication interventions with family advocates. Japanese patients felt less constrained and more confident when speaking through their partners rather than through a professional interpreter, even when there were acknowledged shortcomings in the partner's language capability. English-speaking patients also affirmed the importance of trust. Much of the discourse advocating professional interpreters cites the risks of misinterpretation or confidentiality breaches with non-professional interpreters. However, interpreters who abide strictly by the Australian code of ethics sometimes fail to render patients' real messages. This study suggests that healthcare interpreters should be more engaged with the needs of patients, and that true professionalism lies in their ability to enhance, not undermine, relationship-centred care.

PALAVRAS-CHAVE: Migrants; Communication barriers; Trust

ORGANIZAÇÃO DA PRÁTICA (CENTRO DE SAÚDE)

OP288 - USING A MULTIDISCIPLINARY TEAM OF THE CALGARY MODEL FAMILY APPROACH AS TOOL IN THE FAMILY HEALTH STRATEGY

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Introduction and Objectives: The family plays a fundamental role in the welfare and health of its members and influences the disease. Therefore, the health care provider should consider family-centered care as part of your routine, establishing evaluation and reliable family intervention practices. The objective of this work is to have a specific and detailed view of the individual / family and their relationship with each other and support networks.

Method: A descriptive study of quantitative and qualitative approach, using as a theoretical model the Calgary Family Assessment (FHH). It will run through prior training of Community Health Agents (ACS), sequenced by genograms and ecomaps design in home visits to 120 families randomly selected, with the presence of a higher level of health professional and a community health worker in from February to March 2016, with subsequent data analysis.

Expected results and conclusions: CHA enabled to draw genograms and ecomaps; specific and detailed view of the interrelationship between members of the same family and this with the support networks; enlarged view of the family team profile. Thus, it is believed that the multidisciplinary effort in the Family Health Strategy will be enhanced as it will focus on relationships rather than isolated elements.

PALAVRAS-CHAVE: Health professionals; Family Relations; Family Health Strategy

OP289 - WHAT EFFECTS DID PRACTICAL EXPERIENCES IN JAPANESE RURAL ISLANDS HAVE ON NEGATIVE EMOTIONAL CONTROL IN PHYSICIANS? - A QUALITATIVE RESEARCH

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•Introduction and objective

Physicians experience negative feelings for a variety of reasons during medical practice. Methods of controlling negative feelings are diverse and may depend on fields of medical care. Methods of controlling negative feelings in rural islands have not been reported previously. In this qualitative research, we intended to clarify how physicians are dealing with negative feelings in the island clinics.

•Method

Between April 2013 and March 2016, we carried out individual interviews with four physicians who practiced for two years at clinics in remote islands of Okinawa prefecture, Japan. We conducted and recorded semi-structured interviews with the physicians, for which written records are created afterward. Analysis was performed based on Steps for Coding and Theorization method to extract concepts and produce categories from similar concepts.

•Results and Conclusions

21 concepts were extracted, and 3 categories were generated. Category 1: "induction of negative feelings" contained patients' attitudes different from physicians toward health and patient-doctor relationships, and difficult collaborations with other doctors in hospitals because of weak interaction. Category 2: "Reduction of negative feelings" was given by long-time involvement with the islanders and the importance of good interpersonal relationships with other medical staff. Category 3: "Awareness of negative feelings" indicated emotional control depended on where they are practicing medicine, and the inevitability of negative feelings.

Through clinical experiences in island clinics, smooth human relations, islanders' consciousness and presence of supporters possibly lessen physicians' negative feelings. There is a possibility that a passage of time has eased negative feelings.

PALAVRAS-CHAVE: controlling of negative feelings; clinics in rural islands; passage of time

QUESTÕES GLOBAIS

OP290 - "HELPING THE HELPERS" - AN INSTITUTIONAL POLICY OF CARE

Veneu CG ¹; Pena DA ¹; 1 - OSS Viva Rio;

"Helping the Helpers" - An institutional policy of Care

Proposal for institutional political work, geared for professionals in the SUS of Primary Health Care, in Rio de Janeiro, focusing on promoting the culture of peace, in highly vulnerable communities. Considering its social determinants of health, broad and complex dimension of assistance and care, the initiative was implemented throughout the year 2015 with the professionals of Clinical Family, in the areas of planning: 2.1, 3.1, 3.3 of the Municipal Department of Health, co-management with OSS Viva Rio. The nature of health work, with its duality of meaning between users and system professionals, requires a special look: the care dedicated to professionals such as ethics, preparation, completeness, listening, dignity, care, protection, welfare.

Thus, Viva Rio, as part of its actions, organized the management of integrated care support devices. A team focused on intersectoral coordination and community relations, strengthening networks, linkages and co-responsibility between users, workers and managers. In addition, the event "Helping the helpers" in the territories, with beautification, entertainment for professionals (valued 100% satisfaction) and the Collegiate Managers participatory sites were important care tools.

Finally, it was possible to observe the appropriation of the culture of care, with a comprehensive approach and strategies, taking care of themselves and the others. Among the professionals there was the strengthening of decision-making, in conflicts mediation skills and the use of nonviolent communication; in conclusion, a clear improvement in the workplace.

PALAVRAS-CHAVE: Care; Integrality; Participation.

OP292 - ADDRESSING INAPPROPRIATE POLYPHARMACY IN THE ELDERLY: BARRIERS AND ENABLERS TO DEPRESCRIBING IN ROUTINE DAILY PRACTICE

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Introduction & objective

Polypharmacy is common in the elderly. Many medications the elderly take are potentially inappropriate where the potential risks outweigh the potential benefits. Deprescribing is the process of tapering and withdrawing medications. Deprescribing is integral to best prescribing practice but doctors sometimes struggle to make deprescribing part of routine daily practice.

The purpose of this study was to explore the views of general practitioners on the barriers to deprescribing in practice and to identify the factors that facilitate doctors deprescribing.

Method

Semi-structured interviews with doctors from around New Zealand of varying levels of experience, and working in a variety of community settings excluding residential aged care facilities. Interviews were digitally recorded, transcribed verbatim, and analysed to identify themes using the general inductive approach.

Results & conclusions

Most participants were aware of increasing polypharmacy in the elderly and were concerned about polypharmacy related harm. Contributory factors were identified as single disease specific guidelines, lack of guidance about what to do in multi-morbidity, and when to stop medicines; multiple prescribers and a lack of continuity of care; and marketing campaigns promoting diseases and medications to patients.

Barriers to deprescribing included lack of time, funding, knowledge and confidence; patient reluctance to stop long-term medications, a poor or short-term doctor-patient relationship, reluctance to discuss limited life expectancy; and fear of blame for adverse outcomes.

Facilitators to deprescribing included computer generated reminders, audits, and alerts; access to educational resources, user-friendly websites and expert pharmacists; funded time; and increasing patient awareness.

PALAVRAS-CHAVE: Deprescriptions ; Health services for the aged; Inappropriate prescribing

OP293 - ADEQUACY OF PRENATAL CARE ACCORDING TO MATERNAL CHARACTERISTICS IN BRAZIL: SOCIAL AND REGIONAL INEQUALITIES

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Introduction and objective: The coverage of prenatal care is virtually universal in Brazil but the persistence of adverse perinatal outcomes suggests low quality of care. The aim of this study was to verify the degree of adequacy of prenatal care in Brazil and to determine whether it is associated with sociodemographic characteristics of women.

METHODS: This nationwide hospital-based study was performed with 23 894 women in 2011 and 2012. Data were obtained from interviews with puerperal women and from the prenatal care card. Adequate prenatal care was defined as that started no later than the 12th gestational week, with performance of at least six consultations, record in the prenatal card of at least one result for each of the recommended routine prenatal tests, and guidance regarding the maternity hospital for delivery. Multivariate logistic regression was performed to verify the association between maternal characteristics and the adequacy of prenatal care.

Results and conclusions: The overall adequacy of prenatal care was 21.6%. Less adequate prenatal care was observed in women who were younger, black, multiparous, who did not have a partner, without paid employment, having fewer years of schooling, belonging to lower socioeconomic classes, and living in the North and Northeast of Brazil. After adjustment of maternal characteristics, no differences were observed between public or private health care services regarding adequacy of prenatal care. The implementation of strategies to facilitate early access to an effective prenatal care is essential to overcome regional and social differences and to diminish health inequalities.

PALAVRAS-CHAVE: Prenatal care; maternal-child health services; program evaluation

OP294 - ANALYSIS OF SPATIAL DISTRIBUTION OF MATERNAL NEAR MISS IN RELATION TO SOCIOECONOMIC AND HEALTH CARE ASSISTANCE FACTORS

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Introduction/Objective: The severe maternal morbidity, known as maternal near miss, is related to socio-economic development level of a population. The study of these cases, combined with geoprocessing, enables the ascertainment and analysis of social and spatial factors for its occurrence. This paper aims to perform spatial analysis of the cases of maternal morbidity in relation to socioeconomic and health care conditions in Natal, RN, Brazil.

Methods: The data used in the georeference were obtained through a population-based cross-sectional study conducted in Natal, RN. It included women of reproductive age (15-49 years) which mentioned at least one pregnancy during the five years prior to the survey. There were 60 census tracts and 4,128 households randomly selected to be included in the study. Cases of maternal morbidity were georeferenced through Terraview 4.2 software. Then, spatial distribution of points was analyzed according to socio economic conditions of the census tracts and distribution of municipal service network.

Results/Conclusion: In total, 167 cases of maternal morbidity were identified (33 of near miss) in 848 women interviewed. It was noticed that most were located in areas where the socioeconomic and environmental indicators showed the worst results, as well as the proximity to the Primary Care Network of the town. Thus, the association of social and economic factors with the highest prevalence of complications emphasizes the importance of strengthening maternal care network and public policies, with reduction of inequities in public health.

PALAVRAS-CHAVE: Maternal Mortality; Spatial Analysis; Health Inequalities

OP298 - BARRIERS TO POLYPHARMACY MANAGEMENT PROGRAM IMPLEMENTATION IN POLAND

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Introduction and Objective

Polypharmacy and medication adherence in the older population are significant public health issues throughout the European Union (EU), and are critical issues in integrated care. SIMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) is a consortium of 10 organizations representing 8 EU countries with the goal of stimulating innovation around polypharmacy and adherence, ultimately providing the tools for implementation of polypharmacy management programs.

Method

A desk review of the polypharmacy and adherence policies at the government, regional and institutional level has been completed. Key informant interviews were conducted with the pharmacists and clinicians responsible for pharmaceutical care development in Poland. Focus groups will then be used to validate the research findings. Policies and practices under development of the Ministry of Health task group were included for analysis.

Results and Conclusions

Based on the desk review, Poland has no polypharmacy and adherence program targeted at patients with multiple chronic conditions and older adults at risk for adverse drug events. However, the program is under development by a task group initiated by the Ministry of Health. Key informant interviews revealed barriers to implementation of polypharmacy management program and solutions to them, which will be presented during the conference.

Barriers to polypharmacy management program implementation identified in Poland may help other countries with no programs of this kind to identify barriers and implement solutions in their countries. Family physicians as polypharmacy management target group should be aware of solutions which help implement polypharmacy management.

PALAVRAS-CHAVE: polypharmacy; adherence; policy

OP299 - BELIEFS AND ATTITUDES ON SMOKING AND PHYSICAL ACTIVITY AMONG CROATIAN ADULT POPULATION AND PERCEIVED SUPPORT FROM GP

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Objective. To explore patients beliefs and attitudes about smoking and physical activity among Croatian adult population as well as assess their perceived support from general practitioners.

Methods. This is cross-sectional part of the Cardiovascular Risk and Intervention Study in Croatia-family medicine (ISRCTN 31857696). A multicenter prospective study was performed including 59 randomized practices. Each general practitioner chose a systematic sample of participants aged ≥ 40 (up to 55 subjects). Data were collected with self-administered structured questionnaire (127 items). The analysis was based on 2467 participants (61.9% females and 38.1% males). All statistical methods were performed using SPSS for Windows (19.0.0.1, SPSS Inc., Chicago, Illinois, 2011).

Results. More than 70% of patients think their lifestyle is important for their health: normal body weight 67,4%, non smoking 85,6%, eating habits 73,2% and physical activity 67,3%. Almost 60% of those think their lifestyle need improvement in terms of physical activity (60,9%) and non-smoking (65,3%), respectively. There is no statistical difference except for women >55 (95% CI 7,7- 8,3). Although 57,6% of them would like support by their GP just 49,8% of those reported that GPs initiated a discussion about these topic in last 12 months.

Conclusion. There is evident discrepancy between the expectations of patients and the performance of GPs. About 30% of the patients do not recognize existing problem regarding unhealthy lifestyles and among those who wants change half did not perceive any support from their GPs .

PALAVRAS-CHAVE: prevention; smoking; physical activity

OP300 - BIRTHS IN A NORMAL BIRTH CENTER IN SALVADOR CITY, BAHIA, BRAZIL

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The World Health Organization recommends a percentage up to 15% of cesarean sections, while "Birth in Brazil" study (FIOCRUZ, 2014) shows 52% of total births by Caesarean section, with 88% only at private sector. Strategies have been adopted to change this situation, highlighting monitoring pregnant women by primary health care teams and the creation of Normal Birth Centers (NBC). The aim of this study is to describe the results of birth labors at a NBC in Salvador city. The study was approved by the Research Ethics Committee of the Federal University of Bahia Medicine School, complying brazilian rules for human research (466/12 CNS resolution). Consists of retrospective data collection at birth record books. Partial data already available, from year 2012 and part of 2013, totalizes 539 births, where 49.35% were primiparous women; 83.49% deliveries without induction, 65.30% in semi-sitting position, 99.52% using resources such as bath in 79.76%, horse chair in 68.92% and walking in 64.82%; Only 6.31% required episiotomy, 34.51% had no laceration, 100% had physiological blood loss. Newborns had Apgar score higher than 07 for the first minute em 94.46% cases and 99.76% in the fifth minute; 85.90% of births were conducted breastfeeding in the first hour. In 93.32% of births the mother had at least one companion, and 47.67% occurred under nurse monitoring. The model NBC presents results expected for low obstetric risk women, and a less interventionist and safe alternative.

PALAVRAS-CHAVE: Normal Birth Center; Obstetric Labor; Public Health Practice

OP301 - BLOOD PRESSURE CONTROL AND ASSOCIATED FACTORS AMONG HYPERTENSIVE PATIENTS ACCESSING CARE AT A LARGE PHC CENTRE IN JOHANNESBOURG, SOUTH AFRICA

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Introduction:

Hypertension has important clinical/public health implications and has remained uncontrolled in many settings despite the availability of effective treatments.

Objective:

To determine the extent of blood pressure (BP) control and associated factors among hypertensive patients accessing care at the study site.

Methods:

A quantitative cross-sectional study involving 422 randomly selected hypertensive patients aged ≥ 18 years. Demographic and clinical data were collected using structured face to face questionnaire supplemented by respondents' clinical records. Data collected was analyzed using descriptive statistics, chi-square test, Fisher's exact test, t-test and logistic regression. The main outcome measure was the extent to which BP was controlled to target.

Results:

Most participants were: males (54.5%); mean age was 59.4 (sd, 11.9) years and BMI was 26.7 (sd, 5.9) kg/m². Obesity/overweight (66.4%) and diabetes (54%) were the most common co-morbidities. Compliance/Adherence to treatment was generally poor (36.3%). BP controlled to target was achieved in 50.2%, but more in males (30.1%) compared to females (20.1%). Significant predictors of BP control were; overweight (OR = 0.293, 95% CI = 0.159, 0.541, df = 1, p = <0.001), diabetes (OR = 2.768, 95% CI = 1.687, 4.540, df = 1, p = <0.001), and compliance (OR = 0.065, 95% CI = 0.036, 0.116, df = 1, p = <0.001).

Conclusions:

Better compliance/adherence to treatment and focusing on overweight and improved management of diabetes may be the way forward towards achieving optimal BP control in primary care. The higher BP control rate reported for males compared to females needs further exploration.

PALAVRAS-CHAVE: blood pressure control; associated factors; hypertensive patients

OP302 - BREAST CANCER OVER-SCREENING AT AN ACADEMIC MEDICAL CENTER IN ARGENTINA

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Introduction and Objective: Overuse of screening mammograms and its consequence, overdiagnosis, can lead to aggressive treatments. The objective of this study is to report the proportion of mammograms performed for breast cancer screening among women younger than 50 years old enrolled in a private Health Insurance Plan in Buenos Aires, Argentina.

Methods: Cross-sectional observational study. Among women aged 18 to 39 and 40 and 49 years old enrolled in a private health plan, those with a mammogram made in 2012 were identified. 200 in each age group were randomly selected. Their medical charts were reviewed to determine the purpose of the mammogram.

Results and conclusions: During 2012, 1533 women aged 18 to 39 years old had a mammogram conducted. Of them, 200 charts (13.0%) were reviewed, 96 of which have a screening mammogram (overuse proportion: 48%, 95% CI 40.9%-55.2%). As consequence, a second study or procedure was conducted in 11 patients (11.5%). Among women aged 40 to 49, 4432 had a mammogram performed during 2012; 199 (4.5%) of these charts were reviewed. The mammogram was conducted for screening purposes in 105 cases (overuse proportion: 52.8%, 95% CI 45.6%-59.9%). A follow-up procedure was performed in 15 of these women (14.3%).

A diagnosis of cancer has not been made as a result of these screening mammograms.

This high over-screening proportion is particularly concerning among the younger women and highlights the difficulty physicians may have to adopt the most updated guidelines.

PALAVRAS-CHAVE: Overscreening; mammography; Argentina

OP303 - BURNOUT IN PRIMARY CARE TEAMS IN SÃO PAULO, BRAZIL: A MULTILEVEL ANALYSIS

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Introduction and objective: Burnout has been increasingly identified among health care workers. It has serious consequences, such as absenteeism, decrease in productivity, turnover, abusive use of alcohol and other drugs, depression and suicide. A few studies addressed contextual factors associated with burnout in primary care workers. Our study aimed to investigate whether contextual factors (team-level and health care center-level) were associated with burnout among primary care teams (community health workers, physicians, nurses and nurses assistants).

Method: We assessed the data from the PANDORA-SP study (Panorama of Primary Health Care Workers in São Paulo, Brazil: Depression, Organizational Justice, Violence at Work, and Burnout Assessments), a survey carried out in the city of São Paulo, Brazil. We used the Maslach Burnout Inventory to investigate burnout. We performed a multilevel analysis to evaluate the association between contextual factors and burnout.

Results and conclusions: We assessed 351 primary care teams and 2,940 workers. Of these, 59.4% presented moderate/severe burnout. Physicians and community health workers presented higher rates of severe burnout. The variables associated with burnout: (1) at individual-level (age, profession, length of employment, working in deprived areas; (2) at health care center-level (population covered by family health program, number of primary care teams in the health care center, number of patients assisted, and management characteristics). Our findings have implications for primary care workers and for health care managers. Workers with burnout need to be recognized and assisted. Strategies to prevent burnout should include interventions to modify job context characteristics.

PALAVRAS-CHAVE: Burnout; Primary Care; Health personnel

OP304 - CARE STRATEGIES AND PEOPLE WITH DEPRESSIVE SYMPTOMS: AN ETHNOGRAPHIC STUDY IN BRAZILIAN FAMILY HEALTH STRATEGY

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Depression is one of the most prevalent disorders in primary care and the second most important cause of disease burden worldwide. A great debate takes place in Global Mental Health field, considering aspects of under/overdiagnosis and treatment of depression and the Inverse Care Law present in primary care settings. The aim of this research is to describe and to analyze the speeches and practices involved in care strategies offered to people with depressive symptoms in a Family Health Strategy setting in Rio de Janeiro, Brazil.

This is an ethnographic study in two stages. In the first stage, 14 health care workers were in depth interviewed. We interviewed family physicians, family medicine residents, nurses and matrix support workers (one psychologist and one psychiatrist) from the same setting. We used deductive content analysis to analyze the interviews.

The first results present differences between the strategies used by family physicians and family medicine residents to diagnose depression, ranging from more objective and screening test based approaches to subjective and qualitative based tools. All workers agreed about the importance of matrix support, but pointed difficulties in team working between physicians and psychologists as they have different theoretical frameworks. Important reflections were raised about social determinants of depressive symptoms and the risk of medicalization. Workers highlighted the importance of therapeutic groups and social support nets strengthening. The second stage will be a four month observational period when we intend to follow the work of the family health teams with these patients.

PALAVRAS-CHAVE: depression; ethnography; primary health care

OP305 - CHILDREN'S HEALTH ASSISTANCE, WHOM ARE BENEFICIARY OF THE "BOLSA FAMILIA PROGRAM" WITHIN A CITY IN THE BRAZILIAN'S NORTHEAST COUNTRYSIDE

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INTRODUCTION AND OBJECTIVES: The Bolsa Família Program (PBF), world's bigger income transfer program, aim at fighting extreme poverty. Besides that, the Program also works to reduce socioeconomic inequalities by ensuring access to basic rights such as health and education. This study aims to assess, through primary health care services (PHC), the monitoring of health of the PBF's beneficiary children.

METHODS: Descriptive study using data from the survey entitled "Introduction to Whole Child Health in the neighborhood José e Maria in the city of Petrolina, conducted in 2015 by the Academic League of Family and Community Medicine from UNIVASF. 161 families' interviews were conducted. Data were entered into Microsoft Excel and analyzed in BioEstat 5.3 software.

RESULTS AND CONCLUSION: Of the households surveyed 67 (41.6%) were PBF beneficiaries, of which 101 children aged 0 to 9 years were part. Of the children studied, 96.04% had complete vaccination historic and 90% was at the appropriate weight, according to the growth curve of the World Health Organization. Among the 36 with two years or less, 86.11% were accompanied monthly by Team of Family Health. Satisfactory results were observed as regards to PHC services provided to the beneficiary children of PBF. The findings on vaccine coverage, proper weight and monitoring of children under two years by the family health team are very positive, especially when taking into consideration that the children studied are inserted into the group with bigger socioeconomic vulnerability of Brazil.

PALAVRAS-CHAVE: Health Inequalities; Child Health; Social Assistance

OP306 - COLLECTIVE RECOVERY: DEVELOPING REHABILITATION PROGRAMS FOR RECOVERING ALCOHOLICS IN RURAL UGANDA

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Introduction and Objective

The Batwa Pygmies of Bwindi Impenetrable Forrest Uganda have struggled with high prevalence of alcohol addiction since being displaced from their rural forest habitat in the 1990s as part of Gorilla conservation efforts. At Bwindi Community Hospital alcohol support groups have been developed to try to improve abstinence and recovery. The goal is to increase adherence to abstinence and enable functional reintegration into community life.

Method

The model used is based on integrating support group concepts from Alcoholic Anonymous with a unique local twist. During the HIV epidemic in the 90s, communities came together to create Bataka groups; each member of the group would make small monthly contributions and then when a relative passed away the group would support the burial costs. The alcohol rehabilitation program applies this culturally recognised method in the support groups; members contribute a small amount of funds each month

Results and Conclusions

Adherence to the groups has been high and research trips into the community have found that the funds have been spent on suitable items to support vocational and social rehabilitation such as stoves, bicycles and other useful tools and resources. The program has also been successfully applied to the Rukiga tribal population, the other main tribal group in the area. We are now exploring expanding to develop the integration of vocational skills training into the rehabilitation programs.

PALAVRAS-CHAVE: alcoholism; rehabilitation; rural health

OP309 - DETECTION AND FOLLOW-UP OF CARDIOVASCULAR DISEASE AND RISK FACTORS IN THE SOUTHERN CONE OF LATIN AMERICA: THE CESCAS I STUDY

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The CESCAS I study, a community-based longitudinal study developed in the Southern Cone of Latin America (CSLA) since 2010, was aimed the detection and monitoring of risk factors and cardiovascular disease. The study population lives in four medium-sized cities in Argentina, Chile and Uruguay. Funded by the National Institute of Health (USA). Results of the baseline period and the first three years of follow-up are presented.

Methodology

Representative cohort of men and women 35 to 74 years old (n=7524) was obtained by stratified random sampling. Survey, Food frequency questionnaire, anthropometry, electrocardiogram, blood glucose and lipid profile were performed during the recruitment phase. During follow-up were performed: updating survey, second measurements and identification of cardiovascular events: myocardial infarction, angina, stroke, heart failure hospitalization, revascularization and cardiovascular death. Confirmation of events was conducted by documentary verification and external expert evaluation.

Results and conclusions.

The baseline prevalences were: obesity=35.7%, central obesity=52.9%, hypertension=40.8%, chronic kidney disease=2.0%, dyslipidemia=58.4%, diabetes=12.4%, metabolic syndrome=37.4%, Smoking=29,7%, low consumption of fruit and vegetables=85,5% and sedentary lifestyle=35,2%. In December 2015, the median follow-up was 2.2 years (IR 1.9-2.8). The first follow fase ended in 2015 with the successfully contact of 7735 subjets participants (97.5%). The incidence of total cardiovascular events reached 4.7 events / 1000 person-years.

Cardiovascular problems are highly prevalent and incident in the general population in the Southern Cone of Latin America. These data suggest that are needed new health policies in the Southern Cone of Latin America.

PALAVRAS-CHAVE: Cardiovascular Diseases ; Epidemiology; South America

OP310 - DIAGNOSIS RATE AND MANAGEMENT OF DEPRESSION WITHIN THE BRAZILIAN ADULT GENERAL POPULATION

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Introduction and objective: Brazil has the highest 12-month prevalence of major depressive disorder in the world. This study explored management of depression by adult Brazilians.

Methods: The National Health Survey, Brazil 2013 data for 60,202 adults who responded to the individual questionnaire was used. Persons with current major depressive syndrome were identified and ascertained with the PHQ-9 (PHQ-MDS) and self-reported diagnosed depression. Self-reported depression management were explored. Factors associated with being diagnosed with depression were investigated using multivariate Poisson regression analysis. Appropriate weights and control for the survey design were incorporated in all analyses.

Results and conclusions: 4.1% (95% CI 3.8-4.4) of the sample population had PHQ-MDS, of whom only 37.8% (95% CI 34.5-41.2) reported being diagnosed with depression (mean age at diagnosis: 36 years). Having superior education, living in the South/Southeast/Midwest, having a physical morbidity, frequently consulting medics in the past 12-months were positively associated being diagnosed with depression. Opposite associations were found for age ≥ 85 years and living in rural areas. Gender, binge drinking, days with disability and having private health insurance were not associated with being diagnosed. 71.1% of people with PHQ-MDS and diagnosis were currently treated for depression (66.5%: antidepressants, 24.8%: psychotherapy, 1.6%: other) and 70.6% were referred to or seen by a mental-health professional. Half of diagnosed people did not see routinely a doctor/healthcare services about their depression (21.3% because they thought they were no longer depressed). In Brazil, depression is often undiagnosed by healthcare professionals and diagnosed depression is often untreated and unmonitored.

PALAVRAS-CHAVE: depression diagnosis; depression treatment; middle-income country

OP311 - DO I NEED A DOCTOR? PATIENT EXPERIENCES OF CHRONIC LEG ULCERS.

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INTRODUCTION AND OBJECTIVE:

Chronic leg ulcers cause great suffering. Primary healthcare plays a crucial role in the investigation, prognosis and treatment of this condition.

The incidence of leg ulcers in the Swedish population is 0.3 % according to medical records. Data based on population surveys show that the incidence is twice as high - 0.6% . Many wait long before seeking medical care for leg ulcers.

The purpose of the study was intended to elucidate how patients dealt with chronic leg ulcers before seeking medical care, and to find out the decisive reasons for deciding to consult a healthcare center.

METHOD:

Participants in the study were patients visiting the healthcare center for the first time for a chronic leg ulcer. The data was obtained by recorded interviews. A qualitative approach using systematic text condensation described by Malteryd was applied.

RESULTS AND CONCLUSIONS:

Initially, patients accept the inconvenience of a leg ulcer. Gradually, they focus more on strategies dealing with the ulcer, but at the same time, their fears increase, and they withdraw socially. Many need support in the decision of whether to seek professional care. Relatives and friends can help people cope with their fears and encourage them to seek professional medical care. Primary healthcare can screen patients with an increased risk for slow healing wounds. More knowledge of leg ulcers in the population is needed.

PALAVRAS-CHAVE: Attitude to health; leg ulcer; health knowledge

OP312 - DOMESTIC VIOLENCE: EMPOWERMENT AND SELF-HELP GROUPS AMONG THE WIVES OF ALCOHOLICS IN BRAZIL

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Introduction/Objective: Traditional values are still important in women's orientations and actions in Brazil, where family values are still uppermost in the female world. In this study we describe how, through their participation in mutual assistance groups, the wives of alcoholic men are able to re-signify conjugal relationships that are usually deeply marked by physical and psychological violence.

Methods: This is a qualitative research, with open-ended interviews with 12 female partners of male alcoholics who belonged to a support group in the city of Rio de Janeiro, Brazil.

Conclusion: When the women interviewed begin frequenting the self help group, they fell in with others whose discourse and experiences were similar to their own. Through a mutual self-identification, they began to see themselves in perspective and came to relativize situations that they never dared question before. The figure of "good mother" and "suffering wife" evoked by the majority of the women interviewed when speaking of their arrival at the mutual assistance group tended to disappear from the narratives over time. An aspect of the group's ideology is the rejection of the discourse of victimization. The women reflected on their values and started to question their role in the family. This can be interpreted as being a strategy to move the women towards accountability and away from their passive position as a victim of "someone else" (the partner or the situation), thus promoting a more modern, individualizing type of discourse that helps them to adopt the position of subject, leading to greater autonomy.

PALAVRAS-CHAVE: domestic violence; empowerment; alcoholism

OP313 - EBOLA VIRUS DISEASE IN SIERRA LEONE: LOCAL EXPERIENCE & EVIDENCE OF A PREPONDERANCE OF FEMALE SURVIVORS

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My aim was to record the demographics and outcomes of patients in an Ebola Treatment Centre in Sierra Leone. This was done as a prospective case-series study during my period working as a clinician in an Ebola Treatment Centre between 1st January 2015 and 4th February 2015.

During this period, there were 59 presentations to the centre. Of these, 30 (51%) tested Ebola PCR positive with 29 negative sequential tests. There were 22 deaths, including 4 deaths unrelated to Ebola, giving our Ebola treatment centre a 60% mortality rate for confirmed Ebola patients. Our Ebola patient group was composed of 53% female and 47% male patients with an age range of 7 months to 85 years old; average age 32. Out of the 18 deaths in confirmed Ebola patients, 12 (67%) were in males. Of the 12 Ebola survivors, 83% were female.

As the epidemic in West Africa enters the final stage, it is important to collate local data and experience so that we can mobilise a more rapid response to future outbreaks. Demographics in this specific Ebola Treatment Centre compare similarly to other Sierra Leonean centres. Our experiences also echo wider findings about the preponderance of female survivors compared to males and provide further evidence for considering sex-specific public-health interventions in future haemorrhagic fever outbreaks.

PALAVRAS-CHAVE: Ebolavirus; Hemorrhagic Fever, Ebola

OP314 - ENVIRONMENTAL RISK BY THE USE OF ANTIBIOTICS AND THEIR EXCRETION IN THE COMPREHENSIVENESS AREA OF A PUBLIC PRIMARY CARE PRACTICE.

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Introduction and objective: Emerging contaminants, among which particularly include the antibiotics, are an important surface and effluents water pollutants, for having biological characteristics of persistence and bioaccumulation that unchain alterations in the aquatic and soil life cycle. The aim of this research was to contribute for the recognition and sizing of this problem.

Method: An analysis of the environmental risks generated by antibiotics prescribed in a public primary care practice in Curitiba, state of Paraná, was conducted from 2006 to 2010, excreted volume and the calculation of the Predict Environmental Concentration (PEC), on the respective comprehensiveness area.

Results and conclusions: Out of the twelve identified antibiotics , four presented exclusively high risk: amoxicillin, ampicillin, benzylpenicillin and erythromycin . Sulfamethoxazole presented high risk in only one year and it presented medium risk in the others four years. Metronidazole, trimethoprim and azithromycin presented medium risk. Cephalosporins (cephalexin, cephuroxime and ceftriaxone) presented low risk. For β - lactam (amoxicillin, ampicillin, benzylpenicillin) , erythromycin) , sulfamethoxazole , metronidazole, trimethoprim and azithromycin administered, medium and high environmental risk was found. Among physicians the disclosure and awareness of the deposit of these pollutants in soil and groundwater may make the prescription of antibiotics more diligent and responsible , influencing these professionals when choosing these drugs, promoting a responsible prescription involving the health of people and the environment integrating them.

PALAVRAS-CHAVE: antibiotics; emergent antibiotics; environmental risk

OP315 - EPIDEMIOLOGICAL PROFILE OF CASES OF SEXUAL VIOLENCE IN THE CITY OF TERESÓPOLIS / RJ OF 2011-2014.

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Keywords: sexual violence, epidemiological surveillance, public health.

INTRODUCTION

Sexual violence causes traumatic consequences. Global estimates state that this grievance affects 12 million people annually. Given this context, it is necessary to know the epidemiology of this disease, and evaluate their behavior in order to draw attention strategies.

OBJECTIVE

Identify the epidemiological profile of victims of sexual violence reported in the city of Teresópolis / RJ.

METHODS

Exploratory research, quantitative approach, performed in the Epidemiological Surveillance Department of the Health Department in line with the University Center Organ Mountains. The object was compulsory notification forms SINAN, the years 2011-2014.

RESULTS

The results pointed to incomplete filling of the chips. The predominant epidemiological profile was female, White, mean age 24 years. Education: Elementary school Full. Neighborhood of residence St. Peter- 70% of cases occurred in the neighborhood of residence-. Violence: Rape. Procedure performed: STD Prevention. Number of involved: A Degree of Relationship: Friends / Acquaintances. Sex offender: Male. Referral to the health sector and other sectors: Guardian Council.

In over half of the cases, the final classification was inconclusive and the cases were closed and ignored, which demonstrates inappropriate closure and the need for monitoring.

CONCLUSION

The training of professionals involved in the care and monitoring is necessary. In addition, the creation of strategies to raise awareness and support for victims of sexual abuse monitoring and treatment, such as systematic psychological support and active search engines of these patients, is also needed.

PALAVRAS-CHAVE: sexual violence; epidemiological surveillance; public health.

OP317 - EVALUATION OF THE ACCURACY OF A 'TWO QUESTION SCREENING TOOL' IN THE DETECTION OF INTIMATE PARTNER VIOLENCE

SAIMEN A¹;1 - UNIVERSITY OF THE WITWATERSRAND;

Introduction:

Intimate partner violence is universally under diagnosed and the institution of timeous multi-faceted interventions has been noted to benefit victims. Currently the concept of using a screening tool to detect IPV has not been widely explored in a primary healthcare setting in South Africa. The objectives of this study were: 1) to determine the operating characteristics of a two-question screening tool for IPV (WAST-short) ; and 2) to estimate the prevalence of IPV among women attending an Outpatient Department , using a validated questionnaire Women Abuse Screening Tool

Methods:

A cross-sectional study was conducted prospectively, with systematic sampling of 1 in 8 women over a period of 3 months. Participants were asked about their experience of IPV during the past 12 months. The WAST-short was used to screen patients for IPV. To verify the result of the screening, women were also asked the remaining questions from the WAST.

Results:

The prevalence of IPV in the sample was 32%. The WAST-short was shown to have the following operating characteristics: sensitivity 45.2%, specificity 98%.

Conclusion:

The WAST-short lacks sufficient sensitivity and therefore is not an ideal screening tool for this primary care setting. The low sensitivity can be attributed to the participants understanding of the screening questions, which utilize Eurocentric and nuanced definitions of IPV. Improvement in the sensitivity of the WAST-short may be achieved by lowering the threshold for a positive result for IPV screening.

PALAVRAS-CHAVE: intimate partner violence; screening; screening tools

OP318 - FAMILY PHYSICIANS & PROTECTING HEALTH IN NATIONAL ACTION ON CLIMATE CHANGE

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Introduction & Objective: Among family physicians, there is growing recognition of the complex and multifaceted relationship between climate change and health. This study sought to analyze the role of health in national climate change plans, or Intended Nationally Determined Commitments (INDCs), with the hope of raising awareness among family physicians about the role and importance of the climate/health nexus and to inform advocacy within the family medicine community.

Method: Each national climate plan (INDC) submitted to the UN Framework Convention on Climate Change (UNFCCC) prior to 30 November 2015 was analyzed to identify and characterize the role of health. Sections addressing health were then extracted and coded by two independent reviewers. When there was disagreement between coders, an independent third reviewer assess the data. Data were then analyzed based on UN regional groups.

Results & Conclusions: Of the 184 INDCs analyzed, 121 (65.8%) include any mention of health, while 63 (34.2%) do not include any mention of health. There is significant variation across regions with African States (88.9%), Asian States (69.1%) and Latin American & Caribbean States (81.8%) demonstrating leadership in integrating health, while Western European & Other States (13.8%) and Eastern European States (13%) less frequently incorporating health in INDCs. Because tackling climate change is critical to promoting our patients' health and demands a collaborative multisectorial approach, family physicians' can support health sector engagement in national climate change plans.

PALAVRAS-CHAVE: Climate change; Global health ; Air pollution

OP319 - FEATURES OF GENDER BASED VIOLENCE AND ITS RELATIONSHIP WITH UNDERLYING GENDER INEQUALITIES

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Background: Gender violence is a global issue that can affect anyone or any household as it is not confined to any religious, ethnic or income group. In fact it is a cultural issue, as stated by the United Nation declaration on the elimination of violence against women (December 1993): "Violence against women is a manifestation of historically unequal powers between men and women which have led to domination over and discrimination against women by men".

Objective: This poster aims to provide background knowledge about gender violence and guidance on how to identify, manage and prevent this harrowing and pervasive phenomenon.

Method: Following a review of the most recent literature and guidelines on gender violence, this poster will discuss the foundations and main unique features of gender violence (the control over women: objectification, cycle of violence, isolation, victimization, under reporting of violence and coping mechanisms, reasons women do not leave a violent partner). It will explore the beliefs and inequalities which fundamentally underpin gender based violence.

Results: Gender based violence is the product of inequality and unequal powers between the main gender groups and subgroups. Literature shows that given their biological differences, women and men are still not perceived or treated as worthy of equal rights. This perspective can easily lead to objectification and street harassment that can escalate to humiliation and degradation, ending with assault and violence.

Conclusion: education of health providers about this peculiar form of violence is the first step toward effective management and prevention of domestic and gender violence.

PALAVRAS-CHAVE: Violence Against Women ; Inequity ; prevention & control

OP320 - FEMALE GENITAL MUTILATION (FGM), A GLOBAL ISSUE. WHAT HAS THE UK DONE SO FAR?

Janjua A ¹;

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO). There are no health benefits to FGM and it is recognised internationally as one of the most widespread attacks on the human rights of women. Millions of women and girls in Africa, Middle East, Asia and certain immigrant communities in Europe, North America and Australasia have been victims of FGM. A variant of FGM is also practised in Mexico, Brazil, and Peru. Migration means FGM is no longer a regional problem and awareness of the harm it causes as a form of child abuse is growing. Efforts to eliminate FGM have been gathering pace globally following the 2012 United Nations declaration that female genital mutilation must end. This talk covers current issues raised in FGM management and prevention primarily in the UK context. It also aims to put this in a global perspective. The talk covers the risk factors; associated clinical presentations both immediate and chronic; consideration of issues of emotional and cultural sensitivity, and UK government reforms.

PALAVRAS-CHAVE: FGM; international; Reforms

OP321 - FIVE YEARS FOLLOW-UP OF UNDOCUMENTED MIGRANT HUNGER STRIKERS

Devroey D¹; Vanobberghen R¹; Vandevoorde Jan¹; 1 - Vrije Universiteit Brussel;

Introduction and Objective

In 2009, 650 undocumented migrant workers organised several hunger strikes in Belgium to obtain a legal status. The medical follow-up of these strikes were done by family physician and medical students. The aim of this study is to describe their social and health status five years after the hunger strike.

Method

One hundred participants from a hunger strike were asked to complete a questionnaire five years after the hunger strike. The questionnaire investigated about their administrative, social, economic and health situation. It was a partial hunger strike that lasted for 59 days. The questionnaire was completed during an interview.

Results and Conclusions

Forty-six out of 100 hunger strikers completed the questionnaire. The age of the responders was on average 36.8 (SD=6.4) years and ranged between 25 and 50 years. Only four were women, 52% were married and they originated from 12 different countries. Before travelling to Belgium only 17% had health problem. Five years after the strike, 65% complained of chronic health problems. They suffered from allergy, low back pain, gastro-intestinal problems and mental problems. Fifty-six percent related these health problems to the hunger strike. Thirty percent took medication prescribed by a physician, 43% auto medicated. Still 45% of the participants didn't have a legal status, after being on average 11 years in the country. Fifty-two percent of the participants who didn't obtain benefits from the hunger strike regret their participation while 68% of those who obtained benefits would do it again.

PALAVRAS-CHAVE: Fasting; Hunger; Strikes

OP323 - FULL CARE TO TRANSEXUAL USER TO - EXPERIENCE REPORT

OLIVEIRA LS¹; MIRANDA DB¹; GUEDES MCR¹; NOGUEIRA IL¹; MALAQUIAS CP¹; LIMA AN¹; 1 - CLINICA DA FAMILIA NILDO AGUIAR;

Introduction and goal: In view of the fundamental principles of the unique Health System, the LGBT policy marks the acknowledgement of the effects of discrimination and exclusion in the health-disease process of the LGBT population. Its directives and its objectives are therefore to changes in the social determinants of health, with a view to reducing inequalities health related of these social groups.

Method: From the discussions at general meetings in a family clinic in the city of Rio de Janeiro in Zone Programmatic 5.1 about receptiveness and accessibility to the individual saw the need to ensure the Decree 2868 of the Ministry of Health in 2011 which speaks of Policy national Full Health of Lesbian, Gay, Bisexual, and Transgender (national Health Policy Full LGBT).

Results and conclusions: fulfilled workshop rights to the community health agents; Workshop for an adequate registration and realization of printing of the Health System card with the social name; conversation of circle between of the management the unity, healthcare professionals and person trans and healthcare education to the community about discrimination and prejudice. The experience allowed better receptiveness and following on the part of the health care staff implying a full careful coordination, longitudinal and equitable for this target group, besides explanation for the community with reduction of disrespectful and prejudice behavior.

PALAVRAS-CHAVE: Transsexualism; Equity in Access; Unified Health System

OP326 - HOMELESS PEOPLE INCREASING ACCESS TO PRIMARY CARE SERVICES OF THE CAP 5.1 SMS - RJ FROM CONSULTÓRIO NA RUA CONSOLIDATION.

TIBURCIO AC ¹; FERREIRA FILHO ¹; FERREIRA DMB ²; OLIVEIRA MN ³; ANDRADE ISA ³; GIUNTINI MB ³; LIRA MFS ³; SILVA SJ ³; KISTENMACKER CCR ⁴; SILVA CC ⁵; SILVA EA ⁵; 1 - SMS RJ CAP 5.1; 2 - SMS CAP 3.3; 3 - SMS CAP 5.1; 4 - CREAS A. SPOSATI 8^aCDS; 5 - CREAS A SPOSATI 8^a CDS;

Goal:

To describe the factors that prevent, limit and facilitate intersectoral in respect of homeless population in the territory of CAP51 SMSRJ in the Rio de Janeiro County, from the perception of the articulator matrix.

Material and methods:

Data were obtained from participant observation through CNAR CAP 51 deployment experience report.

Results:

Results show that intersectoral approach is a challenge to be conquered daily, because various services and healthcare, social assistance, legal, housing system and civil society are still working in a fragmented way to the challenges of implementing public policies and the lack of dialogue between the of government and civil administration organisms. The assistance services and organized civil society have observed human and bureaucratic factors that hinder the establishment of partnerships and need objectively intervention: the lack of access to some professional and high demand observed calls. Other limiting factors are the public policies poorly articulated locally to each other.

Conclusions:

The existing reality in the daily work of family health teams, when supported by specialist orientation and sharing of actions with CNAR 5.1, showed that intersectionality has an expansion prospect of potential locals, especially from the spread of an ethical attitude -political professional linked with the spread of human rights and citizenship inherent to the work of CNAR, valuing life and the prospecting that streets are possible sites of existence and rights enjoyment .

PALAVRAS-CHAVE: DEMOGRAPHY; homeless population; management

OP327 - HOSPICE VERSUS HOSPITAL CARE? A COST AND SURVIVAL BENEFIT ANALYSIS

Ho HC ¹; Lee CY ¹; 1 - Dalin Tzu Chi General Hospital;

Introduction and Objective:

Do no harm seems essential for approaching terminal cancer patients but is frequently challenged by the expectation of curative intent from family members. Therefore, decision making toward terminal illness becomes a dilemma for patients, families, and health care providers. Accordingly many health policies develop guidelines to deal with end of life. The purpose of this study is to investigate if hospice care has lower medical expenses without compromising quality than other care settings.

Method:

From Aug. 2000 to Dec. 2010, a retrospective review was conducted in 564 head and neck patients who died in hospital system. These patients were hospitalized in four care settings including hospice, ICU, general ward(GW), and nursing ward(NW). The medical expenses included four main parts: bed, medical personnel, pharmaceutical, and procedure fee.

Results and Conclusions:

The highest total and daily expense of care setting was ICU, followed by GW, NW, and hospice. Besides, ICU care also had the highest bed fee, pharmaceutical, medical personnel, and procedure fee, and hospice care had the lowest pharmaceutical and bed fee. Besides, the percentage of pharmaceutical fee was the highest part at GW and NW. There was no significant statistical difference in patient or family satisfaction among these four groups. Compared with the non-hospice service, hospice care needs the lowest total and daily medical expenses because of its lower pharmaceutical and bed fee. Hence, hospice care is the best way to reduce medical expense and to prevent wasting of medical resources in a health insurance system.

PALAVRAS-CHAVE: hospice; do no harm; survival

OP328 - HOW DO USERS PERCEIVE E-CIGARETTES – SYSTEMATIC REVIEW OF SURVEY STUDIES.

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Introduction and Objective

Since 2004 when e-cigarettes had been invented, their sales increased rapidly. In 2014 over \$6 billion were spent on electronic cigarettes, despite lack of evidence of their effectiveness in tobacco cessation. Patients around the world may be not aware of the fact that e-cigarettes are not an evidence-based treatment for nicotine addiction. The aim of this study was to search for opinions of e-cigarettes users in available survey-based studies in order to prove or reject this statement.

Method

Systematic review of PubMed database following the PRISMA guidelines. The database was searched using the following terms: "e-cigarette*", "electronic cigarette*", "nicotine delivery system*", "survey*" and "questionnaire*". Comments and letters to the editor were excluded from the review. The studies were assessed against inclusion criteria.

Results and Conclusions

Nineteen publications (with a total number of 256.754 participants) were included in the review. Most of surveys participants confirmed that they used e-cigarettes to quit smoking. The major results of reviewed studies were: 1. respondents claimed that e-cigarettes were safer than regular cigarettes and perceived them as an effective method of smoking cessation; 2. e-cigarettes users report reduced urge to smoke regular cigarettes; 3. e-cigarettes flavours contribute to smoking cessation and do not attract young users to vaping; 4. non-smokers also use e-cigarettes.

Patients perceive e-cigarettes as a method of smoking cessation, although evidence for that claim is currently missing. Surveys data confirm that e-cigarettes may be a new method for smoking cessation, however, at the same time they may attract young non-smokers to smoking.

PALAVRAS-CHAVE: electronic cigarettes; e-cigarettes; systematic review

OP329 - IA-PCAT: IBERO-AMERICAN COLLABORATION FOR ADAPTATION AND IMPLEMENTATION OF PRIMARY CARE ASSESSMENT TOOLS.

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The Ibero-American Collaboration for adaptation and implementation of Primary Care Assessment Tools (IA-PCAT) is a non-for-profit network aiming to contribute to the development of primary care assessment through the adaptation and implementation of PCAT with an integrative perspective. In its beginnings (2004-2009), researchers of Brasil, Spain, Argentina, and Uruguay conducted the cross-cultural adaptation processes with the external supervision of Prof. Barbara Starfield, who created this model for primary care assessment. IA-PCAT was constituted in 2010 during a meeting of that researchers with Barbara Starfield, in Montevideo. After the Prof. Starfield's death, the research groups initiated a coordination of actions and collaboration in their studies.

The network consolidation became with the supporting to adaptations processes in new countries, conducting analysis and producing join publications. IA-PCAT grew up when PCAT was adapted in Ecuador (2012), Colombia (2013), Bolivia (2014), and México (2014) with the support of the first countries' researchers as external experts.

Among the results and products that constitute a collective capital available for other researchers and countries are: 1. PCAT questionnaires for facilities, providers, and users, adapted for being used in Brazil, Spain, Argentina, Uruguay, Ecuador, Colombia, Bolivia, and Mexico; 2. A protocol for adaptation processes in Spanish speaking countries, elaborated by the founding group, and already applied in the other countries. This protocol capitalizes the processes previously done and move in adapting to new contexts simultaneously with the harmonization between countries. The IA-PCAT Collaboration proposes to advance in international collaborative studies for providing knowledge for decision making.

PALAVRAS-CHAVE: Primary Health Care ; Health Services; Process Assessment (Health Care)

OP331 - IMPACT OF FEMALE GENITAL MUTILATION ON WOMEN'S SEXUAL LIFE IN FAMILY HEALTH UNIT, MENOUFIA GOVERNORATE ,EGYPT

shaheen H¹; Farahat T¹; HegazyN¹; 1 - faculty of Medicine Menoufia University;

Background: Female genital mutilation is done to minimize sexual desire and to preserve virginity. In Egypt, the practice was nearly universal until recently 92.3% (EDHS,2014). It can cause permanent psychological, physical and sexual impairment. As it can reduce the ladies sexual response and may lead to anorgasmia and even frigidity.

Objectives: To assess the prevalence of female genital mutilation among the studied female attended family health unit. Also to assess its impact on the sexual life.

Method: A case control nested in a cross section study was conducted in the selected family health unit in rural area Menoufia Governorate ; Egypt. The calculated Sample was 400 married Women who attended the selected family health unit during the period of the study. Ethical consideration were followed. All the participants were interviewed to assess the prevalence of circumcision among them .The ladies sexual function was assessed using the sexual quality of life questionnaire version 5(SQoL-F version 5,1999).

Results & conclusion: The prevalence of Female genital mutilation was 83% among the participants. The circumcised females had lower sexual function index (78.5 ± 16.9) compared with non-circumcised ones (84.5 ± 14.4) which was statistically significant ($P < 0.05$). The prevalence of FGM was high. The sexual function index among the circumcised ladies was significantly affected.

PALAVRAS-CHAVE: Prevalence; sexual dysfunction; circumcision

OP332 - IMPLEMENTING RECOMMENDATIONS OF THE UN COMMISSION ON HEALTH EMPLOYMENT AND ECONOMIC GROWTH: HOW CAN WONCA CONTRIBUTE?

Campbell J¹; 1 - World Health Organization;

Introduction and objective:

The United Nations high level commission on health employment and economic growth was launched in March 2016. Investing in health and social sector employment not only improves population health outcomes and bolsters global health security; it also derives social and economic benefits. The commission will propose actions to guide the creation of 45 million new jobs in the health and social sector by 2030, with particular attention on the deficits in low- and middle-income countries.

Method:

The commission's recommendations will be informed by a multidisciplinary expert group, a series of commissioned policy papers, a call for contributions and consultations with member states.

Results and conclusions:

The commission will provide its recommendations to the UN Secretary-General in September 2016. The presentation will share the recommendations of the commission and the WHO implementation plan in the period 2016 - 2020; outlining opportunities for WONCA engagement and actions at national level.

PALAVRAS-CHAVE: Health personnel; Economic Development

OP333 - INAPPROPRIATE PRESCRIBING IN ELDERLY: STOPP START CRITERIA APPLYING A FAMILY HEALTH CENTER IN SOUTHERN CHILE

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STOPP START criteria are a screening tools that facilitates the identification of potentially inappropriate prescribing (PIP) in adults which highlights deficiencies in medical practice in Primary Health Care (PHC) in the background questioning the undergraduate training programs.

AIMS

First, To identify PIP in elderly care programs for patients with chronic diseases which mostly have two or more disease and therefore are polipharmacy-exposed. Second, introduce corrections to inappropriate prescribing using the criteria START. Third, create strategies for the personalized desprescribing with preserving of the principle of "primum non nocere".

Methods

Random review of 73 medical records of elderly over 65 years enrolled in programs to control chronic diseases and using the STOPP-START criteria in these records, in Cefsam Arrau Mendez of Parral city in the province of Linares in the Seventh Region Chile.

Results:

The average age was 73.6 years, 97% with multiple conditions, with PIP in 70% of the people, involved from 1-6 PIP, the necessary drugs were not prescribed in 35%.

Conclusions:

It is important to use tools such as STOPP-START criteria or Beers criteria in daily clinical practice.

You need to build roads for desprescribing individualized.

Finally, the search for strategies for creation of opportunities for development of health teams such as workshops where the desprescribing mode is promoted in the context of ethical and legal commitment to care communities especially by elderly.

PALAVRAS-CHAVE: Polipharmacy in elderly; Desprescribing; Pluripathology

OP334 - INTERSECTORAL CHALLENGE OF THE CAP 5.1 SMS RJ TERRITORY – IMPLEMENTATION OF

FERREIRA FILHO ¹; TIBURCIO AC ¹; FERREIRA DMB ²; MARTINS MAS ³; SILVA LS ³; NASCIMENTO R ³; SILVA KMG ³; 1 - SMS RJ - CAP 5.1; 2 - SMS RJ; 3 - SMS RJ CAP 5.1;

Goal:

To fully look at the homeless people health and reflect on the scope of the role from the various sectors involved in its attendance.

Material and methods:

Data were obtained through participant observation by reporting experience during the implementation of CNAR in CAP 5.1.

Results:

The intersectoral dialogue, the arsenal of soft technologies available in the construction of comprehensive health care networks, is an essential tool for the development of joint actions of conquest, consolidation and use of network services and coordination of the various agencies, public sectors and policies the joint effort to improve the quality of life of our target population, especially when guided into strengthening care, co-responsibility actions and synergism of knowledge, which intersects and interlocks to create opportunities to build new paradigms and new meanings of the complexities and inherent needs to the lives of people in social vulnerability.

Conclusions:

The CNAR 5.1 expanded the supply of health care to almost 1,000 people during the year of 2015, involving listening therapy and personal documentation issues to the possibility of offering the portfolio from primary care services, demands related to tuberculosis treatment dropout, pregnancy on the street, STD and violence. Harm reduction for the abuse of psychoactive substances. The CNAR CAP 5.1 has brought to the local Basic Attention professional ethics and political attitude which seeks to address the specificities of each core of popular knowledge - scientific, institutional and building new looks for more intersectoral intervention joint actions.

PALAVRAS-CHAVE: INTERSECTORAL ; DEMOGRAPHY; social vulnerability

OP336 - IS LOVE BLIND? DATING VIOLENCE PROTECTION AND RISK FACTORS PERCEPTION AMONG TEENAGERS IN THE CITY OF CÁDIZ, SPAIN

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INTRODUCTION AND OBJECTIVE:

The last numbers released in a national survey in Spain show that a 25% of girls in Spain have been victims of dating violence, which as been related with different serious health problems. We wanted to evaluate the grade of information about Equality and Gender Violence phenomenon in our adolescents in Cádiz as a basis for future community interventions programs.

METHOD:

This is a transversal observational study conducted in a urban area in public and private schools with adolescents matriculated in the year of 2014-1015 in the 3rd and 4th grade of ESO. Questionnaires were made to 1037 students of 13 schools in the city of Cádiz, selected with a sampling multistage (alpha error 5%, precision 3%, predicting 30% of loses). The questionnaires were anonymous with the previous informed consent. Variables: Sexism Detection Scale, Abuse Perception Scale, Romantic Myths Scale, Dating Violence Information and Knowledge Scale. As quantitative variables: main measure and dispersion analysis and as qualitative variables: proportions analysis. Bivariate analysis: Chi square. Statistics Program: R-UCA 3.0.1. CI 95%, alpha 0,05.

RESULTS AND CONCLUSIONS:

An important part of the sample studied maintains sexist ideas (34% agree with benevolent as well as hostile sexist ideas). Also, 39,6% believes in the romantic myths that perpetuate teen dating violence. The grade of knowledge was good (72,7%), but still many can't identify the correct cause of Dating Violence and has a low abuse risk perception. From Primary Care, the detection of possible risk relationships among adolescents could reduce consequential health problems, such as toxics abuse, depression or even suicide.

PALAVRAS-CHAVE: adolescents; violence; gender relations

OP337 - JOB-RELATED FACTORS ARE ASSOCIATED WITH DEPRESSION IN PRIMARY CARE TEAMS IN BRAZIL: FINDINGS FROM THE PANDORA-SP STUDY

da Silva, Andrea Tenorio ¹; Lopes, CS ²; Susser, E ³; Menezes, PR ⁴; 1 - FMUSP; 2 - Universidade do Estado do Rio de Janeiro; 3 - Columbia University; 4 - Faculdade de Medicina da Universidade de São Paulo;

Introduction and objectives:

Depression among health care workers is a matter of great concern because its consequences for workers (disability, impaired productivity, and suicide) and patients (malpractice, prescription errors, and adverse patient health outcomes). Some job-related factors have been highlighted as harmful for the mental health of health care workers. Previous studies that investigated this issue in primary care teams are scarce. Our objectives were to estimate the prevalence of depressive symptoms among primary care workers (doctors, nurses, nursing assistants and community health workers) and to identify job-related factors associated with depressive symptoms.

Method:

We assessed the data from the PANDORA-SP study (Panorama of Primary Health Care Workers in São Paulo, Brazil: Depression, Organizational Justice, Violence at Work, and Burnout Assessments), a survey that was carried out in the city of São Paulo, Brazil. We used the nine-item Patient Health Questionnaire to address depressive symptoms and Demand-Control model to assess job strain. Other job-related characteristics were investigated (leadership style, profession, length of employment in family health program, social support, and working in deprived area).

Results and conclusions:

We assessed 2,940 workers (response rate = 93%). 36.3 % of our participants presented intermediate depressive symptoms, and 16 %, probable major depression. The job-related factors associated with depression were job strain, profession, leadership style, length of employment, and social support. Our results have implications for healthcare managers and policy makers. Interventions need to focus on job characteristics.

PALAVRAS-CHAVE: Primary Care; Depression; Health personnel

OP339 - MAPPING AREAS VULNERABLE TO HEAVY RAINS IN THE OLYMPIC ROUTE IN DEODORO SPORTS COMPLEX, MUNICIPALITY OF RIO DE JANEIRO

ROLMIRO CARVALHO PINTO ¹; ALEXSANDRA BARROSO CLARIM ¹; Carla Joelma Villares Guimarães Maciel ¹; Marlúcia Santiago da Rocha ¹; Ney da Silva Júnior ¹; Simone Leite da Silva ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Faced with the need to develop strategies to reduce risk factors the population by natural disasters in the Planning Area 5.1 from the municipality of Rio de Janeiro, the Not Biological Risk Factors team realize the mapping of vulnerable areas to heavy rains. The work is one of the actions from recent implementation of Vigidesastres in the area, based on the Hyogo Framework for Action, of the Second World Conference on Disaster Reduction (Hyogo, Japan).

The goal is to produce information that assist the primary care units in the preparation of action plans to reduce the incidence of morbidity and mortality in the affected areas. The units are close to the Deodoro Sports Complex of the 2016 Olympics Games, when it hopes to increase the population flow to the event.

Were held nine workshops in the period April-December 2015, attended by 110 professionals from various categories, including community and health surveillance agents who work in the Clinic of Family Antonio Gonçalves da Silva (Realengo) and the Municipal Health Centers Buá Boanerges Borges da Fonseca (Magalhães Bastos) and professor Masao Goto (Jardim Sulacap).

As a tool, we used the maps of the territories that the Teams was acting , that showed information of 34 applicants areas to flooding, 3 with risk of slipping and four buildings with landslide characteristics, a total of 41 situations of risk to health . The information was geo-processed in QGIS 2.2 software, generating polygons on maps that will be provided the units of primary care participant.

PALAVRAS-CHAVE: health; risk factors; natural disasters

OP340 - MATERNAL HIGH-DOSE FOLIC ACID DURING PREGNANCY AND RISK OF ASTHMA IN CHILDREN

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Introduction and objective:

Maternal folic acid supplementation had a positive effect on prevention neural tube defects. However, there is controversy over a possible link between high-dose folic acid supplementation and childhood asthma. Our aim was to review the evidence exploring the association between maternal high-dose folic acid during pregnancy and risk of asthma in children.

Method:

We conducted a research in MEDLINE and evidence-based medicine websites of meta-analyzes (MA), systematic reviews (SR) and original studies (OS), published between January/2006 and January/2016 in Portuguese, English, Spanish and French languages and using the MeSH terms: "Folic Acid", "Asthma" and "Pregnancy". The Strength of Recommendation Taxonomy (SORT) was used for the assignment of levels of evidence and the strength of recommendations.

Results and Conclusions:

A total of 4 studies were selected out of 30 articles found. There included 2 MA and 2 OS. The MA do not support an association between periconceptional folic acid supplementation and increased risk of asthma in children. Unfortunately, none of the studies included in MA had showed the data about the relationship between the dose of maternal folic acid supplementation during pregnancy and the risk for asthma. On the other hand, the OS suggests that supplementation of high-dose folic acid during pregnancy might increase the risk of childhood asthma. The current evidence of this association is conflicting. However, because of the limited number and types of studies in the literature, additional research is needed.

PALAVRAS-CHAVE: Folic Acid; Asthma; Pregnancy

OP341 - MORTALITY IN INFANT CONGENITAL HEART DISEASE IN BRAZIL - AN ECOLOGICAL STUDY

BRAGA DC ¹; Saccol MP ¹; Conte TA ¹; Pereira RW ¹; Goldmeier R ²; Bortolini SM ¹; 1 - Universidade do Oeste de Santa Catarina; 2 - Uniuersidade do Oeste da Santa Catarina;

Introduction/Objective:

Congenital cardiomyopathies are responsible for about 40% of all birth defects and the most frequently reported congenital defects. It is considered to be the first cause of death in childhood in developed countries. In Brazil, approximately 23,000 children are born with heart problems and among these, 80% will need surgical treatment, but it is estimated that about 70% of them do not receive proper treatment. The aim of this study was to analyze the trend in mortality from heart defects in Brazil.

Methods:

This was an ecological observational study, which is based on data obtained from the Mortality Information System (MIS) where standardized mortality rates per 100,000 population due to cardiac malformations in people of both sexes were analyzed, aged between 0 and 4 years, the geographic region being in Brazil between 2008 and 2013.

Results/Conclusion:

The standardized coefficient rates of mortality from heart malformations showed a fluctuation along the period with a fall observed in the last year (2013), except for females in the midwest region, where the rate fluctuated but ended with the same value of 2008. It was also noted that the midwest region had the highest mortality rates in the studied period. Although there is a mortality reduction trend in both sexes, in females this reduction was more pronounced. The oscillation of mortality rates may have been given due to early diagnosis and improved survival. However, regional studies are needed to better access the magnitude of the problem.

PALAVRAS-CHAVE: Heart Diseases; epidemiology; Mortality

OP342 - MONITORING AND EVALUATION: A CHALLENGE FOR INDIGENOUS HEALTH. A FEDERAL GOVERNMENT CASE REPORT

Zerbini,MLS ¹; 1 - Ministério da Saúde;

ABSTRACT:

Introduction and objective:

The native Brazilian health system must give access to public health to over 800 thousand native people who live in 5 thousand villages, distributed all over the national territory. Today there is a lack of information about this health system and also a lack of specific health indicators. This context makes difficult to manage this health system but also contrast with the amount of data collected by the teams, who act at 750 Primary Health Care Unities. These teams used to fill 12 worksheets monthly. Although the massive quantity of data collected, there was no knowledge generated to support decision-making, both at the local and federal level of management. This scenario motivated the development of a continuously process of monitoring and evaluation (M&E) on native health. Therefore, the present paper describes the implementation of the M&E of the ambulatory production of the native health teams and discusses the no prioritization of this management tool.

Method: this research is a critical-reflexive narrative of the federal management of the native Brazilian health system.

Results and Conclusions: the main results after XX months of development of M&E were: institution of regular flows of information upload in accordance with the uniqueness of each native health district (NHD), reports production for local and central management, better planning of supplies, teams and transportation based on information and strengthening of the M&E at the local level and the relationship with the NHD. This work culminated in greater transparency of the decision-making process and of the native brazilian health accountability.

PALAVRAS-CHAVE: Gestão em Saúde/Health Management; Monitoramento e Avaliação/Monitoring and Evaluation; Saude Indigena/ Native Health

OP343 - ORGANIZATION OF ACCESS TO SPECIALIZED CLINICS THROUGH THE SISREG IN THE MUNICIPALITY OF RIO DE JANEIRO

Oliveira RPS¹; Zuma R¹; Rodrigues FA¹; Tartalho M¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction

The polyclinics are units composed of outpatient specialties. Currently, the municipality has 9 units of this kind, with around 2,554 professionals. These professionals need prepare the schedules of work in an online system called SISREG so that primary care patients can be scheduled for these services.

Purpose

Ensure access to specialized health services, from the SISREG, in an organized and coordinated by primary careMethod

Methods

The steps were carried out:

1. Survey of patients scheduled for every professional;
2. Creation of the online agenda on SISREG;
3. set the number of patients for the first appointment and return, respecting the proportion of 1: 3.

Results and conclusions

The process took place differently in each unit. However, can list as effects on all units: resistance of some professionals; transparency of work schedules; standardization of work schedule between a same specialty; increased supply; monitor the hours worked by professional. While challenge is important to point out the constant monitoring of the action and the persistence of some agendas out of SISREG.

PALAVRAS-CHAVE: Access; Monitoring; specialties

OP345 - ASSESSMENT OF THE PERCENTAGE OF NOTIFIED PATIENTS ABOUT THEIR RESPECTIVE SCHEDULED SPECIALIZED CONSULTATIONS BY THE REGULATION SYSTEM OF THE CITY OF RIO DE JANEIRO

PEREIRA, F. P. ¹; SCARDUA, M. T. ²; 1 - Universidade Federal Fluminense; 2 - Secretaria Municipal de Saúde do Rio de Janeiro;

The regulation aims at improving the access of users of the Unified Health System through the Regulatory Complexes which are aimed at the optimization and sorting capabilities, prioritizing equal access, equanimous and universal. This study assesses the percentage of patients reported by primary care teams on the date and time scheduled oncological consultations through the regulatory system.

In the period from January to June 2015, the Shedule Medical Appointment Regulatory Complex in the city of Rio de Janeiro raised his list of patients scheduled for oncologic consultations in the regulatory system (SISREG). Weekly held telephone contact attempts with patients scheduled for next week, and made at least 02 attempts for each patient at different times of the day. In the analyzed period scheduled 4,123 patients were identified, of which 12.18% had no contact phone number and 35.28% did not attend the call. Of 52.12% who met the calls, 35.46% had been informed by the ESF on your schedule, 10.31% were not aware of it and 1.68% had already died. Considering the need to minimize absenteeism, especially for specialized consultations most relevant and where the lack of supply is large, actions were implemented as text messaging by regulatory complex to patients scheduled and developed work with the ESF to strengthen the need for patient phone update every contact.

PALAVRAS-CHAVE: regulação; equidade; fiscalização em saúde

OP346 - PERCEPTIONS OF HETEROSEXUAL WOMEN WITH ONLY ONE PARTNER ABOUT MALE CONDOM USE

Barbosa VB ¹; Ikuta, YM ¹; Pimentel, ASG ¹; 1 - Universidade Federal do Pará;

INTRODUCTION AND OBJECTIVE:

The difference between women and men related to number of AIDS cases is decreasing. In some relationships, negotiations about male condom use are not accepted by men and women feel ashamed. The aim of this study was to research the perceptions of heterosexual women with only one partner about male condom use.

METHOD:

The research was qualitative and transversal. Thirteen women were interviewed about ideas and experience related to male condom. It was included women who was between 18 and 59-years-old, with only one partner and registered in a Health Family Unit, in Belém -Pará, Brazil. It was excluded women that gave up the study. The information were studied by discourse analysis.

RESULTS AND CONCLUSION:

The women identified the male condom to a way to prevent Sexually Transmitted Diseases (STD). The advantages were intimate hygiene, protection against pregnancy and STD and absence of synthetic hormones. The disadvantages were uncomfortable sensation with the condom material. Most of them told that the male condom do not disturb the sexual pleasure. The proportion of partners that like and do not like male condoms were similar. Most of the couples decided together to use condom. The women reported that many women do not know about STD. So, they suggested more educative lecture on health services and outside; more Brazilian Health Ministry advertisements to women with only one partner; free distribution of male condoms; to improve male condoms quality; to overcome prejudices about male condoms and more dialogue between women and men.

PALAVRAS-CHAVE: Women's Health Services; Condoms; Gender Relations

OP347 - POLYPHARMACY IN ELDERLY PATIENTS: AN INTERVENTION STUDY IN THERAPEUTIC MANAGEMENT

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Introduction and Objectives

The increase in average life expectancy has over time resulted in a rising incidence of chronic degenerative diseases and consequent polypharmacy with an augmented risk of Adverse Drug Reactions (ADRs) and inappropriate prescriptions.

We conducted a qualitative and quantitative analysis of polypharmacy in elderly patients, evaluating the risk of ADRs, drug interactions and therapeutic errors before and after adequate staff training aimed at reducing the number of administered drugs and ADRs.

Methods

750 elderly patients living in nursing homes in the province of Pordenone, average age 85 (65-103), were enrolled in the study, which lasted for 3 years (2013-2015) and included 3 phases.

Phase 1: Medical record audit, data collection of drug therapy and drug management, data analysis, problems detection and planning for adequate training.

Phase 2: Multidisciplinary staff training (nurses, general practitioners, specialist doctors, pharmacists) and creation of adequate operative tools ("Do not crush list", a specific handbook).

Phase 3: Second data collection and analysis of drug management and therapy.

Results and Conclusions

The interventions reduced the proportion of patients in therapy with more than 5 medications by 2%, the practice of crushing medications by 6%, pharmacologic interactions by 7% and also ADR related hospital admissions. The study demonstrated how health personnel training can impact upon medication management in nursing homes. The most significant variations were evident in structures in which it was possible to modify nursing and medical management in a multidisciplinary approach.

PALAVRAS-CHAVE: Elderly; Polypharmacy; ADRs

OP348 - QUARTENARY PREVENTION ACTING IN THE REDUCTION OF OVERDIAGNOSIS AND OVERTREATMENT: A CASE REPORT

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Introduction

S.M., 42 years. Anxious, complaining of pain in the rib on the right, during one year. Previously, she has been Consulted by a focal specialist doctor, that requested many tests. She feared to have breast cancer, like her mother. After 3 appointments with a general practitioner, it was revealed improvement of the symptoms reported.

The study aims to illustrate, through the case report, the application of quaternary prevention on population health promoting self-care and reduce harm to the patient.

The use of technology applied to medicine without criterion weakens the patient-physician relationship, and distorts the concepts of health and disease, promoting overdiagnosis, overtreatment and emotional disorders for the patient.

The implementation of an integral approach, free from unnecessary invasive tests and procedures excess, has become a challenge in current medical practice.

Methodology

Through the case report of the patient, part of the health team Itacuruçá, studied the effect of quaternary prevention on patient health. The analysis of your medical records of three doctor visits identified signals of overdiagnosis and overtreatment. After the change of approach strategy, it was realized improvement of symptoms over three months.

Conclusion

The person-centered approach promoted the strengthening of the bond between the healthcare team and the patient. There was a deconstruction of the idea of organic patient's disease, combined with reduction of their symptoms. The quaternary prevention applied in the population, exemplified in this case, not only promotes the reduction of overdiagnosis and overtreatment, as well as self-care and reducing damage to the patient.

PALAVRAS-CHAVE: prevenção quartenária; redução de danos; sobrediagnóstico

OP350 - RED ROSES – STORIES FROM GENERAL PRACTICE/FAMILY MEDICINE LISTEN AND WATCH, ARCHIVE, REFLECT, LEARN, CHANGE

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PANEL

JUSTIFICATION

Red Roses are a unique archive of general practice consultations, real interactions between patients and their family doctor.

CONTENT

We review progress.

We now have the stories. We have commissioned art. We address issues re patient confidentiality. We have an elegant on line platform - <http://redrosesgp.blogspot.co.uk>

We plan to create an edited, anonymised and international repository of consultations. This will be a powerful educational tool and an archive.

Red Roses – published in BJGP, then The Good GP Training Guide, RCGP 2014

Red Roses – WONCA Europe 2014 Lisbon

Learning from and reflecting on consultations in general practice; cultural and anthropological lessons and variations.

Red Roses – WONCA Europe 2015 Istanbul – Story Telling and Confidentiality Creating the stories, how to do it. Ensuring patient confidentiality and the role of editing.

Red Roses – WONCA Europe 2016 Copenhagen – tbc

Red Roses - WONCA World 2016 Rio de Janeiro

At our panel presentation and discussion in Rio de Janeiro we shall review and summarise our previous workshops. Then we shall present our new open access website which we hope will become a new global educational resource and archive.

PALAVRAS-CHAVE: Consultation Skills; Humanities; General Practice

OP351 - RELAPSES IN SMOKING AFTER PARTICIPATING IN A MULTICOMPONENT GROUP INTERVENTION IN PRIMARY CARE

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Objective: To describe the profile of patients relapsing after quitting smoking to complete participation in an advanced group intervention in a health center.

Method:

- Design: Descriptive longitudinal (2009-2015).
- Subjects: tobacco participants in intervention groups (N = 274).
- Intervention: Program multicomponent 6 sessions, telephone follow-up (three, six, twelve months).
- Variables: age, sex, age of onset, cohabiting smoking, smoking related diseases, attendance to meetings, Fageström punctuation, drugs, carbon monoxide (CO) in parts per million (ppm). Dependent variable: relapse after initial cessation at the end of the program.
- Multivariate logistic regression analysis. Alfa 0.05.

Results:

274 participants (age 52 + 11.5; 51.1% women). 48.7% cohabiting smokers, 44% suffer from diseases related smoking. Attend an average of 3.6 sessions. Drug treatment 14.9%. The average age of smoking initiation 18 + 6.4 years. Fageström test gives a value of 5.54 + 2.07. Number of attempts is prior to the current 1.36 + 1.2. Initial carbon monoxide is 18.42 + 8.8 ppm and end 5.5 ppm + 6.18 (p<0.05). Smoking cessation at the end of intervention 27.4% and 16.6% per year.

The multivariate model (R² = 0.59) determined as variables associated with relapse after the abandonment at the end of the program: number of sessions you attend (p = 0.05, Exp (B) = 1.52 (3.7-1.02)).

Conclusions: The percentage of dropouts by the end of the group intervention is low. The factor associated with relapse is the session number to attending, so that a greater number of sessions less likely to relapse

PALAVRAS-CHAVE: SMOKING RELAPSES; PRIMARY CARE; INTERVENTION GROUP

OP352 - RHEUMATIC HEART DISEASE NETWORK IN PERSPECTIVE

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Introduction and Objective:

This study addresses the forms of treatment of rheumatic heart disease and the current practice adopted for its approach in the health system, research "Study of Therapeutic Proposals in Rheumatic carditis", developed at the National Institute of Cardiology. For this, it aims to identify the network perspective that goes beyond the debate of rheumatic heart disease, understanding that things acquire meaning in network established or built relationships.

Method:

This is a qualitative research, carried out by researchers from the National Institute of Cardiology, between 2009 and 2010. We interviewed 25 doctors in five reference centers in different regions of Brazil.

Results:

One can see that the rheumatic heart disease involves many issues beyond the disease, such as fast service to acute carditis that depend on access to services, serving as a modulator of attention and concern factor for these professionals.

They reported greater difficulty in reference to the indigenous population. The reasons for hospitalization ranging from clinical care to guarantee the complete treatment due to social, economic, cultural issues, among others. Most professionals highlight great difficulty in post-discharge follow-up and secondary prevention, ie the regular administration of benzathine penicillin, among teens who they say they need a service with a multidisciplinary approach. Bruno Latour speaks network in the sense that the relationship with the system and has to do with structure, that is, things acquire meaning in established relationships, from science and philosophy.

PALAVRAS-CHAVE: rheumatic heart disease; network; health

OP354 - SMOKING CESSATION AFTER MYOCARDIAL INFARCTION

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Introduction and objectives: Smoking is the main avoidable cardiovascular risk factor. Between patients with cardiovascular event, smoking cessation reduces the risk of new cardiovascular events.

In Smoking Cessation Clinic of our health center, in 2014, an increasing number of smokers referenced after an acute myocardial infarction was noticed. The goal of this review is to understand why, when and how smoking cessation after myocardial infarction is relevant.

Methods: Review of the bibliography published in MEDLINE, Cochrane Library and Nacional Guideline Clearinghouse at least 10 years with MeSH terms “smoking cessation” and “post myocardial infarction”.

Results and discussion: Cardiac rehabilitation after a cardiac event is a Class I recommendation from European Society Cardiology and American Heart Association. Cardiac rehabilitation programmes are secondary prevention programmes where smoking cessation is an essential point. In Portugal these programs have small participation rate (4%), especially when compared to other countries in Europe (30%).

Intensive smoking cessation therapy should be initiated even during hospital internment after myocardial infarction with follow-up for at least a month at home, which significantly increases smoking cessation rates. In cardiac patients there are concern about pharmacological smoking cessation treatment that should be taken into account. We conclude that the patient approach after acute myocardial infarction should be systematized with cardiac rehabilitation programmes in which intensive smoking cessation has a leading role. When these programmes fail, the family doctor has an important role in helping these patients in smoking cessation with brief intervention and, when opportunely, more intensive support.

PALAVRAS-CHAVE: Smoking; Cessation; Infarction

OP355 - STRONG LOCAL GOVERNANCE FOR HEALTH IS ASSOCIATED WITH MORE EFFECTIVE PRIMARY HEALTH CARE AND GREATER REDUCTIONS IN AMENABLE MORTALITY

Hone T¹; Millett C¹; Rasella D²; Barreto M³; 1 - Imperial College London; 2 - FioCruz; 3 - Instituto de Saúde Coletiva, Universidade Federal da Bahia;

Introduction and Objectives

Local governments have a pivotal role in local health service provision – especially primary healthcare (PHC) and in large decentralised countries such as Brazil. Little is known about how the strength of local governance arrangements can affect the performance of PHC. Brazil's substantial expansion of PHC through the Family Health Strategy (ESF) is a timely setting to understand the relationships between local governments (municipalities) and local ESF services.

Methods

Fixed-effects longitudinal regression was employed to examine the impact of ESF expansion on mortality amenable to healthcare at the municipal level (n=1,622) over the years 2000-2013. Municipality governance for health was assessed using indicators from public administration surveys and a World Bank framework of local governance. We examine the effectiveness of ESF services in reducing mortality by three groups of governance score. We control for year trend, and health system and socioeconomic parameters.

Results and Conclusions

There was a differential impact of ESF by strength of local governance. Municipalities with the highest scores of local governance had an 11.3% (95%CI: 16.0%-6.4%) reduction in amenable mortality from full expansion of ESF (from 0% to 100% coverage) compared to a 4.5% (95%CI: 7.6%-1.4%) reduction in municipalities with the lowest scores.

Local governance is an important determinant of health service effectiveness. There is potential inequity from large decentralisation and heterogeneous provision of national PHC services. Global efforts for UHC and PHC strengthening must recognise the importance of and aim to improve local governance for health.

PALAVRAS-CHAVE: primary health care; local government; mortality

**OP356 - TELECONSULTATION BY TELEPHONE AND REFERRALS
REGULATION: REDUCING INEQUALITIES AND IMPROVING CLINICAL
EFFECTIVENESS.**

Agostinho, MR¹; Katz, N¹; Roman, R¹; Harzheim, E¹; 1 -
TelessaúdeRS/UFRGS;

Introduction and objectives:

An effective regulatory system aims to organize patients access with equity patterns and timely. Therefore, actions are strengthened by instruments based on evidence and by information and communication technologies. Teleconsultations in clinical setting can help decision making about referrals and also provide an education environment to physicians. It is important to evaluate teleconsultation effectiveness in improving access to outpatient specialized services and the impact in new referrals.

Methods: All referrals from primary care to specialized services (endocrinology, nephrology, urology and pulmonology) at Porto Alegre city were regulated in 2014 and 2015, using referrals guidelines. Referrals without clinical criteria to be approved by the regulator doctor were selected for telephone teleconsultation with attending physician. We analyze canceled, approved and returned to health departments (due to lack information) referrals. The impact on the waiting list was measured by the amount of new referrals; in the same period of the year after project begin.

Result: In endocrinology, 8119(57%) cases were selected for teleconsultation. Among finished cases, 3160(51%) were canceled, 1007(16%) approved and 2007(33%) returned. The average number of patients waiting for an endocrinology reduced from 508 to 333 (average reduction of 33%). In nephrology, urology and pulmonology there were 44%, 44% and 48% canceled referrals and a reduction of 46%, 12% and 34%, respectively.

Conclusions: The teleconsultation act as a support tool to regulatory system, endorse clinical guidelines and qualifies the patient's care. The reduction in new referrals reflects an incremental in medical effectiveness to treat patients with similar conditions.

PALAVRAS-CHAVE: referral process; primary health care; telemedicine

OP357 - TETANUS IN THE ELDERLY POPULATION OF LEGAL AMAZON: A QUESTION OF NEGLIGENCE?

Oliveira LD¹; Diniz LV¹; Barros AT¹; Pena, LF¹; Fecury, AA¹; 1 - Universidade Federal do Amapá;

Introduction and objectives: tetanus is an infectious non-contagious disease caused by *Clostridium tetani*, which penetrates the human body through contaminated wounds. Although it's easily immunoprevented, tetanus is a serious illness, therefore, high incidence rates in elderly may be important public health issues. Furthermore, by having economic, political and social problems that adversely stand in relation to other Brazilian areas, Legal Amazon becomes a scenario of interest to investigate how tetanus affects geriatric population in this region. This study aimed to determine the amount of tetanus cases in the Legal Amazon elderly population, and to correlate the findings with the percentage of fatal cases.

Methods: descriptive data from the Brazilian System of Grievance Notification Information from 2007 to 2014.

Results and conclusions: during the period, 100 cases of tetanus were reported in the elderly, of which 50 were fatal. Among the States, Mato Grosso, had the highest number of cases (29), with a 44.8% death rate. But the highest one was found in the State of Acre, with four reported cases and three deaths. The high mortality rate found in the analyzed data confirms that tetanus is a serious disease for older people, who may also be more exposed due to psychomotor dysfunction and lower vaccination coverage compared to adults. Besides, it might reflect the inefficiency and lack of public policies on tetanus prevention in men and women over 60 years in Amazonia, not only in terms of immunization, but also to prevent accidents and contaminated injuries.

PALAVRAS-CHAVE: Serviços de saúde para idosos; Tétano; Imunização

OP358 - THE CURRENT SITUATION REGARDING AWARENESS ABOUT FEMALE GENITAL MUTILATION AMONG MEN IN EGYPT

Shaheem HM ¹; Kasemy ZA ¹; Alsaid FM ¹; 1 - faculty of medicine;

Background:

Female genital mutilations are violation against the human rights of women. Men have an essential role to play in elimination of violence against women and prevention of FGM as they had essential role in decision regarding circumcision of their daughter

Objective:

To assess awareness among men regarding FGM and its practice regarding their daughters.

Methods:

It was cross-section study . Men worked in seven governmental schools in Benha city were included whether married and unmarried. The sample size was calculated to be 296 males aged 20-60 years which was increased to 300. All participants were interviewed using pre-designed questionnaire to assess their awareness about different items related to FGM and practicing of circumcision to their daughters.

Results & conclusion:

The study showed that all participants heard about FGM .The majority of them had this practice in their families and 66.7% of them supported the practice. Also this study revealed that the main cause of practicing FGM is the tradition. The decision of practicing FGM is made mainly by fathers and 62% believed that no problems regarding uncircumcised women. About half of participants (49%) believed that men have role regarding FGM through participation in decision making process. Three quarter of participants had daughters and 63.7% from them had mutilated daughters. Nearly half of those had no daughters intended to circumcise their future daughters. So program for FGM prevention should including men in their disciplines as Men play important role in elimination of circumcision.

PALAVRAS-CHAVE: violence; mutilation; decision making.

OP359 - THE IMPACT OF GENDER ON FAMILY PRACTICE: PATIENTS AND HEALTH PROFESSIONALS

Rigon S¹; Barata AN¹; Monteiro N¹; Errami H¹; Gokdemir O¹; Reichel CP¹; Tsipou A¹; Mariani Y¹; 1 - VdGM Equally Different special interest group;

Introduction and Objective: Literature shows gender has an impact on several aspect of medical practice from communication style and doctors-patient relationship to team working, career options and earnings. This presentation aims to evaluate the impact of gender and gender roles on everyday practice, hopefully eliciting a discussion among health providers for anG appropriate and equal Primary Care.

Method: A literary review of the most recent scientific data on the effect of physicians' gender on every day practice to evaluate the impact of gender and gender roles on different aspects of Family Medicine/General Practice.

Results and Conclusions: Literature shows that female physicians engage in significantly more active partnership behaviors, positive talk, psychosocial counseling, psychosocial question asking, and emotionally focused talk. Moreover, on average, consultations with female physicians tend to be longer than those with male physicians, partially and possibly due to patient's expectations. Also, despite the fact that women have practised medicine for over 100 years, female doctors still earn 29% less than their male counterparts. In fact they are more likely to work part-time, especially after motherhood, however a flexible schedule does not completely explain the phenomenon.

Differences exists among the practice of female and male physicians in Primary Care. Further work is required to investigate these differences in more detail and to relate them to patients' and health providers' expectations as well as health care system policies and approach.

PALAVRAS-CHAVE: Gender Role; Physicians, Women

OP360 - THE PROGRAM 'MORE MEDICAL DOCTORS' IN NORTHWEST REGION OF RIO DE JANEIRO STATE.

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'More Medical Doctors' (MDP) is a federal government program that aims to increase the number of physicians in medically underserved areas, such as isolated regions and the outskirts of large cities. Running since 2013, it enables the hiring of medical doctors to work in primary care setting, to ensure health care access to millions of Brazilian citizens.

The northwest region of Rio de Janeiro State is located about 300 km from the city of Rio de Janeiro - the capital of the State. Its total population is almost 320,000 people, HDI between 0,659-0,732 and GINI index of 0,513. The data presented here is a preliminary analysis of a research aimed at evaluating the MDP in Rio de Janeiro State. This study compares some health indicators, built from official databases (DATASUS), two years before (2012-2013) and after (2014-2015) the onset of this program. In northwest region, three cities, totaling 45,000 inhabitants, didn't join the program and were excluded from analysis.

Since 2014 January, thirty-three new physicians were incorporated into primary care services in this region. The number of registered people doubled and medical consultations in primary care increased 39,3% between the two periods. Considering the set of indicators, hospital admissions for primary care-sensitive conditions decreased by 19,7%, being observed reduction in 15 among 19 conditions studied.

These initial results demonstrate improvement in some health indicators. A more complex study, already in development, will be able to better evaluate the influence of PMD in the health care attendance in Rio de Janeiro.

PALAVRAS-CHAVE: Primary Care; Health Services Accessibility; Health Status Indicators

OP361 - THE REGIONAL DISCUSSION OF THE NATIONAL GUIDELINES FOR HEALTH IN THE STATE OF RIO DE JANEIRO

Machado MC ¹; Lima P ²; Almeida R ²; 1 - SMS-RJ e SES-RJ; 2 - SES-RJ;

INTRODUCTION

The Law 8080 was regulated by Decree 7508 of 2011 which has set the NHS's organization and planning, health care, the joint between cities and state in a region and resulted in changes in the process of establishing goals for the health's indicators.

The purpose of the Office of the inter-federative pact of Rio de Janeiro SES in promoting regional spaces for the discussion of goals for health according the guidelines was reframe the process of planning health, promoting regional empowerment and allow the decision of how and what should be done to change unsatisfactory conditions or avoid the appropriate ones get worse in the future.

METHOD

The Commission of Monitoring and Evaluation of Inter-federative Agreement (composed of experts from the central level of SES, representatives of COSEMS and CES) annually defines the strategy, methodology and schedule of the municipal and state's agreement process for establishing goals for the indicators according guidelines and debates at the nine CIR (technical chambers nine at regions of health). In these meeting are presented historical series of indicators that are related to National Guidelines, so that the goals to be agreed make sense with what has been planned in terms of investments and priorities.

RESULTS

This methodology has allowed a monitoring process that promotes not only a more realistic diagnosis but a higher frequency in the feedback of the planning system, redirecting the actions that should be implemented to achieve the agreed goals as well as the analysis for the Annual Management Report.

PALAVRAS-CHAVE: Health Planning; Regionalization; Decentralization

OP363 - TREATMENT OF SMOKERS IN THE MUNICIPAL HEALTH SECRETARIAT OF RIO DE JANEIRO (SMSRJ): IMPETUS FOR CHANGE OF LIFESTYLE

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Introduction:

The experience of 15 years of the Tobacco Control Program at SMSRJ points out that the treatment of smoking allows the smoker to understand their dependent relationship with cigarettes. This being associated with the daily routine, it is encouraged to actively participate in treatment, rethinking and changing habits that facilitate their decision not to smoke.

Objectives:

To demonstrate that the Tobacco Treatment Program of the Health Units SMSRJ, and seek strategies to overcome addiction, may be a device for other changes related to lifestyle. Method: report Analysis of the professionals who treat smokers, presented at the regular meetings to discuss cases.

Results and conclusions:

The treatment used to combat the cigarette addiction produces a sensitive period for behavior change by promoting reflections of the benefits of adopting a healthier lifestyle. In an attempt to quit smoking, the smoker is shown to be more careful and attentive to your life, receptive to new habits, such as physical activity, social groups, alternative practices, among others. Key to successful treatment, they provide pleasure, safety, reduce anxiety, stimulate social interaction and replace the place of cigarettes in the life of the smoker. Analyzing the reports of professionals, it was observed that treatment for smoking cessation provides opportunities other positive behavioral changes. Stimulus to the involvement of a multidisciplinary team of treating smokers that allows different views and approaches and seize the moment to promote the health of its participants.

PALAVRAS-CHAVE: Smoking; Tobacco Use Cessation; Health Promotion

OP364 - VIEWS OF SYRIAN PHYSICIANS IN İSTANBUL ABOUT PROBLEMS WITH HEALTH CARE UTILISATION OF SYRIAN REFUGEES AND THEIR IDEAS FOR SOLUTIONS

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Background:

The conflict in Syria became a multiple party war which led to millions leaving their countries. Described as “the worst refugee crisis since World War 2”¹, 4,718,230 people are registered or waiting for registration.² Since 2011, more than 2,000,000 registered and approx. 500.000 unregistered refugees have arrived in Turkey. Even though, the Turkish government included registered refugees in the national insurance scheme, overwhelmed health resources, lack of translators and discrimination are some of the barriers the refugees have to struggle with when utilizing health care. Many of the chronic illnesses and complicated cases (amputations, cochlear implants, surgeries) are not being treated efficiently. Thus, NGO’s have organized self-help facilities functioning like informal “outpatient clinics” which are exclusively run by Syrian health workers and for the Syrian people. Although, physicians from abroad are legally not allowed to practice medicine in Turkey, these facilities have been tolerated by the administration since more than 2 years. Despite limited resources, many Syrian refugees apply to those facilities (e.g. >200 consultations /daily).

Aim: This qualitative study aims to explore the views of Syrian Healthcare professionals working in these clinics about the refugee community face with access and utilization of healthcare.

Methods: For this purpose, focus group sessions will be conducted with Syrian physicians, who work described facilities. Focus groups will be run with a semi structured question root until saturation is reached and Interviews will be transcribed ad verbatim. Thematic coding will be undertaken by 3 independent researchers. Results of the study will be presented in the conference.

PALAVRAS-CHAVE: refugees; health care utilisation; discrimination

OP365 - WHY DOES CHILDHOOD MALNUTRITION SHOULD BECOME A REPORTABLE DISEASE IN BRAZIL – AN EXPERIENCE REPORT BY A PROVAB'S DOCTOR

Lima ACV ¹; Machado, LPV ²; Lima, CV ³; 1 - Ministério da Saúde; 2 - SES-DF; 3 - UniCEUB;

Introduction and Objectives:

Childhood malnutrition should become a reportable disease in Brazil for ten reasons. First, the national hospital death rate for this disorder is about 20%, four times greater than the acceptable by the World Health Organization. Second, the last national data on the subject were published in the 1990's. Third, Brazil is fighting hunger since 2003, however with no reliable statistics on the actions. Fourth, children malnutrition's rate is an appropriate measurement for the impact of the last decade changes in the health care system. Fifth, it is a necessary data to evaluate the outcome of Mais Médicos, a costly program. Sixth, there is no protocol to guide the assistance of malnourished children without medical indication for hospitalization. Seventh, Brazilians family doctors routinely attend children underweight and stunting. Eighth, it is a severe disease that may lead to sequels or death. Ninth, it causes social unrest. Tenth, it can be healed. This report intends to propagate the necessity of new movements on Brazilian's fight against starvation, through the description of a health care intervention made by a doctor at the Programa de Valorização dos Profissionais da Atenção Básica (PROVAB) and her team.

Methods: We followed the Manguerez methodology. Implementation was based on necessity products donations.

Results and Conclusion:

Ten of fourteen undernourished children recovered weight in six months. Patients showed greater compliance with health care plans after the intervention than before the implementation. The community is discussing health politics and professionals are engaging on legal proceedings.

PALAVRAS-CHAVE: Child Malnutrition; prevention & control; hunger

OP366 - “RAP DA SAÚDE” (RAP OF HEALTH) AND ACADEMIA CARIOCA PROGRAM AS HEALTH PROMOTION TRANSFORMER INSTRUMENT IN THE FIGHT AGAINST SMOKING.

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Smoking is considered by the World Health Organization the leading cause of preventable death worldwide, being touted as a public health problem. In the perception of the health team Family Clinic Cable Edney Canazaro (FCCEC), is a high prevalence among adolescents in its territory using tobacco. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity oriented by physical education professional, integrated Family Health, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present a multidisciplinary approach undertaken by FCCEC aimed at raising awareness about smoking prevention in adolescents.

Method:

Integrated activities conducted in FCCEC, schools and community through educational actions (dialogue with ludic dynamic between professionals and participants) planned by health teams, Academia Carioca Program, other professionals of the Support Center for Family Health and Network Adolescent Promoters Health. Subsequently, analyzed as community trial of participant observation.

Results and Conclusions:

In the perception of family health team participation of adolescents in FCCEC increased due to the favorable adherence to the methodology applied, more participatory and appropriate to the language. Adolescents demonstrated greater knowledge about the topic of smoking and its conditioning factors, revealing strong multiplier agents. Thus, interdisciplinary approach, facing a multifactorial problematic as smoking, contributed to increase the acceptance of young people in the FCCEC making you more susceptible to prevention of risk factors of smoking and the diseases associated therewith.

PALAVRAS-CHAVE: Adolescent behavior; Tobacco Use; Promoters

OP367 - "THE WEIGHT OF A DIAGNOSIS"

Antacle A¹; Barrichello¹; Borsetta E¹; Buero Magdalena¹; Blacona D¹; Bustamante Martinetto G¹; Cajal NY¹; Canales K¹; Catanzaro A¹; Corcuera V¹; Del Castillo G¹; Deguer S¹; D'Urso M¹; Elías MB¹; Elwart ML¹; Fitzsimons M¹; Fumari N¹; García Pinto S¹; Gorgo G¹; HaraDuck M¹; Herrera MA¹; Heredia V¹; Larriera F¹; Latorraca M¹; Leiva F¹; López Frías RD¹; López M¹; Pérez B¹; Ponce de León MD¹; Rentería F¹; Serranos Suasnábar D¹; Suárez M¹; Zeitter L¹; 1 - OsPeCon;

The nutritional estate is a sign in children's health.

Aim: to describe the nutritional estate of children from 1 to 5 who attended O.S.Pe.Con. during the year 2014 and to know the impact of the diagnosis of underweight or obesity in the family. Multicenter qualitative and quantitative study.

Quantitative component: descriptive cross section study. 891 medical histories of children from 1 to 5 years old were revised.

Qualitative component: 9 semi-structured interviews were performed to parents whose children were diagnosed with obesity or underweight. An interpretative analysis was carried out according to supported theory. Triangulation and data convergence.

Results: Out of the total number of children analyzed, 52% were percentile, using the growth curve weight/age. The nutritional estate found was euthrophic in 71% of cases, obesity in 6% and underweight in 4%. When using BMI/age curve, the nutritional estate was modified to euthrophic in 60% of cases, obesity in 14% and underweight in 1%, resulting the concordance of data in 24% underweight, 79% euthrophic and 96% obesity. The qualitative analysis showed the acceptance of the diagnosis, factors like denial, fear or guilt for the nutritional estate of their children appear. The communication between the doctor and the family appears like an essential factor to understand and solve problems. Taking into account the diversity of factors related with the causes of underweight and obesity, to optimize the use of tools for an accurate diagnosis results necessary, which allows to improve eating conduct and to incorporate healthy habits in our patients.

PALAVRAS-CHAVE: Estate Nutricional; Children; Overdiagnosis

SISTEMAS DE SAÚDE

OP368 - ACADEMIA CARIOCA PROGRAM IN THE QUALIFICATION OF THE INTEGRATION OF PRIMARY CARE WITH THE SPECIALIZED CARE FAMILY HEALTH (SMSRJ-BRAZIL)

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Introduction:

Daily in the context of the primary health care services, are sought strategies to qualify the integration of this level with the other specialized levels. The amount of referrals overburden the health system and demonstrate poor solutions in the dimensions of primary care. The Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional (PEP), integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the study accomplished by the PEP Program on the influence of Support Center for Family Health in two Health Units 3.3 Planning Area in the flow of referrals to the regulatory system.

Method:

Analysis by the National Regulation System the amount of referral in the previous three months acting of three professionals (PEF, speech language therapist and physiotherapist) and compared with fourth, fifth and sixth month. Results and Conclusion: The results showed a reduction of referrals in all months analyzed (60% for physiotherapy and to 100% for the phonoaudiology). The Academia Carioca Program contributed in the rehabilitation phases and pointed to be strong ally, as demonstrably physical activity prevents about the development of pathologies.

Results and Conclusion:

It concludes that strategies as reported may decrease the wait for the specialist, the increase in resolution and the role of the Family Health to promote a better qualification of these referral.

PALAVRAS-CHAVE: systems integration; primary health care; motor activity

**OP369 - ACADEMIA CARIOCA PROGRAM: HEALTH PROMOTION
STRATEGY FOR PREVENTION AND ASSESSMENT OF DIABETIC FOOT IN
FAMILY HEALTH (SMSRJ-BRAZIL)**

Souza,RMA¹; Albernaz,LC¹; Oliveira,ERS¹; Ramos,AD¹; Carvalho,A¹; Bernardo,CCB¹; Lima Junior,EM¹; Silva,EG¹; Jacques,IJ¹; Gonçalves,JT¹; Christianes,LC¹; Salvaterra,M¹; Fernandes,N¹; Albano,RA¹; Vista,RC¹; Nascimento,TS¹; Moraes,VF¹; Fonte,W¹; Rocha,CRM¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction:

Diabetic foot is one of the most relevant diabetes chronic complications because their grievance is responsible for the majority of non-traumatic amputations. However, its evolution can be prevented with education measures in the field of primary care. In this context, the Academia Carioca Program, implemented strategy in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional (PEF) and integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the initiative underway in Health Planning Area (AP5.3) from the training and insertion of the PEF Program in the approach expansion plan and assessment of people with diabetes.

Method:

This is a community trial with data collected systematic actions carried out in 100% of AP5.3 Health Units in the period 2014 to 2015 with the assessment made by PEF and support of health teams.

Results and Conclusion:

After one year, the actions increased the number of registered diabetics of 12.930 to 13.256. Evaluations of the diabetic foot, in the same period increased from 26.4%(465) to 40.5%(1.121). It was also noted, a greater attention of the staff in checking the feet in diabetics in the consultations, an increase of educational activities related to self-care and an accompanying flow was created. The participation of the Academia Carioca Program through PEF, innovates to increase the potential of interdisciplinary health teams and contributes to the prevention, reorganization of services and comprehensive health care.

PALAVRAS-CHAVE: diabetic foot; comprehensive health care; health promotion

OP370 - ADAPTATION OF THE PRIMARY CARE ASSESSMENT TOOL (PCAT) TO THE BOLIVIAN CONTEXT USING THE LATIN-AMERICAN PROTOCOL

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Introduction and Objective:

Since 2006 the national health care policies in Bolivia adapted their strategy towards a primary health care model based on the principles of Alma Ata. Although promising, various historical, structural, organizational and cultural obstacles have hampered a proper implementation. Furthermore no research is done to measure the effect of recent interventions on the quality of primary health care service. Since no validated instruments for this purpose were available in Bolivia, the PCAT was identified as the most complete set of instruments. The objective of this study is to develop and validate a Bolivian PCAT.

Method:

At the start of 2014 the adaptation process was initiated using a protocol developed by the Latin-American PCAT (IA-PCAT) group, which differs from the traditional protocol in the sense that it commences from the Spanish validated versions of the tools beside the original English tool. The adaptation process is based on a continuous critical analysis and revision by the key researchers in collaboration with their national and international working groups.

Results and Conclusions:

The Bolivian PCAT for health care providers and facilities was approved by the international working group and ready for an extensive field study by the end of 2015. Apart from having led to a more thorough analysis by the Bolivian group, the Latin-American protocol also stimulated the various countries involved to thoroughly assess their existing instruments. Over and above it stimulates international alliances with a potential to foment cross border research, education and advocacy on primary health care.

PALAVRAS-CHAVE: Primary Health Care; Bolivia; Process Assessment (Health Care)

OP371 - ALTERNATIVE MODELS OF PRIMARY HEALTH CARE SYSTEM

Starfield¹; 1 - Primary Care: Balancing Health Needs, 17th World Conference of Family Doctors in Orlando, Florida, USA in 2004. ;

Intro & Objectives:

The issue of Primary Health Care reform has been an interesting topic of discussions for some time now but recently it is obvious that something positive should be done about it. According to Starfield¹, PHC reform is a must because national health care systems with strong primary care infrastructures have healthier populations, fewer health-related gaps and lower overall costs for health care. With dwindling resources and changing environments that impact global health, reform is inevitable. The core objective is introducing the three Alternative Models of PHC System.

Methods:

There are alternative models of PHC system that empower the family doctor to contribute even more on the comprehensive care of the family. The solution for this long-standing health care problem is to find a way to empower the providers by letting the family doctors own the Primary Health Care system. The state maintains contracts with private Family Medicine Clinics and pay for the services provided to the citizens. Periodic evaluations must be done that will specifically account for the presence of parameters that will assure the occurrence of the different PHC components in the system.

Conclusions:

The three alternative model allows the FAMILY DOCTORS to:

- 1-Own their practices and thus becoming more active and motivated in providing services
- 2-Provide a timely and coordinated care
- 3-Give comprehensive patient-centered care
- 4-Gain more defined basket of services producing a better PHC team
- 5-Receive better payment thus attaining more accountability and responsibility in providing the best care for the patient and community

PALAVRAS-CHAVE: Primary; Health; Care

OP373 - ASSESSMENT OF PRIMARY HEALTH CARE'S FUNCTIONS IN A HEALTH CENTER OF BUENOS AIRES FROM HEALTH PROFESSIONAL'S PERSPECTIVE: CROSS-SECTIONAL STUDY

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Primary health care (PHC) plays a central role in the good functioning of the health system, offering the most efficient and equitable care for the needs of the population. In the implementation process of PHC, evaluation constitutes a key instrument for the continued improvement of care quality. Primary Care Assessment Tools (PCAT) are one of the most complete instruments for assessment of PHC.

Objective: To determine the implementation level of the PHC's functions in the Family and Community Medicine San Pantaleon Center (F&CMSPC) from the perspective of health professionals.

Material and Methods: observational, cross-sectional study, using the extensive version of the providers PCAT adapted for Argentine population.

Results: PHC functions with the highest score were: Family-centered care (mean score, SD) 3.51, 0.55; Comprehensiveness services received 3.49, 0.58 and Coordination of services/Information Systems 3.16, 0.47. PHC functions with lower scores were: First contact accessibility 2.05, 0.38; Culturally competent care 2.28, 0.51 and Coordination of services/ Information Integration 2.5, 0.43. Finally, Continuous (ongoing) care Community-oriented care and Comprehensiveness services available had mean scores of 2.85, 0.24; 2.82, 0.57; and 2.89, 0.27 respectively. Overall score of all essential functions of PHC was 16.75, 1.42 for a maximum of 24 points, and extended overall score of PHC (essential and secondary functions), 25.36, 2.49 for a maximum of 36 points.

Conclusion: The F&CMSPC has a clear orientation towards PHC and should continue working strategically in order to improve the performance in the weakest functions.

PALAVRAS-CHAVE: Primary Health Care,; Health Services,; Health Services Evaluation

OP374 - ASSESSMENT OF THE PRIMARY CARE ATTRIBUTES OF SÃO CARLOS-SP'S HEALTHCARE NETWORK

Fagá MAP ¹; 1 - Universidade Federal de São Carlos;

Introduction:

The strength of the Primary Care orientation depends on the presence and extent of each one of its attributes. The Primary Care has 4 essential attributes - "access to the first contact", "longitudinally", "care coordination" and "integrality" - and 3 derived attributes - family orientation, community orientation and cultural competence. The tool used to assess the Primary Care, called PCAtool - professional version, is capable of measuring the strength of the Primary Care orientation in the São Carlos-SP's Primary Care network.

Method:

Participated in this study high educational professionals, such as doctors, dentists and nurses, from 12 Basic Health Unities and 19 Family Health Unities. The PCAtool - professional version was applied to at least 2 healthcare professionals in each healthcare unity, making a total of 64 answered forms. Each attribute was evaluated through the arithmetic mean score of its items and then was translated to a 0 to 10 scale. We made the following correspondence between the score values and the scale regarding the strength of the attribute's orientation: from 6,6 to 10 it was considered high value; from 3,3 to 6,5 a low value; and from 0 to 3,2 a very low value.

Results:

The results showed that the attributes with better performance was respectively the Family Orientation (8,51), Care Coordination - Information System (8,07), Integrality - Applied Services (7,65); Integrality - Available Services (7,26); Longitudinally (7,20), Care Coordination - Care integration (7,11); and Community Orientation (5,92) and Access to the First Contact (4,63).

PALAVRAS-CHAVE: Primary Care; Assessment; Health Service

OP375 - BURNOUT AMONG PHYSICIANS IN QALUBIA PRIMARY HEALTH CARE, EGYPT

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Burnout carries a potential negative effect on the individual's psychological and physical health, as well as an organization's effectiveness. Therefore, it is recognized worldwide as a major challenge to workers' health and the functioning of their organizations.

Objectives:

Determine the prevalence of burnout among physicians in the primary health care facilities and identify the risk predictors of burnout syndrome.

Participants & Methods:

The study was a cross sectional conducted on 76 physicians in Qalubia PHC units & centers in El Kanater El Kharaiia district in the context of 10 months. All the participants were interviewed using Maslach burnout inventory.

Results:

Nearly 66.7% of the general practitioners (GPs) has high burnout while only 26.7% of specialists have high burnout. Emotional exhaustion was higher in GPs than family physician and specialist. It was 80.7%, 75% and 46.7% respectively (p value <0.001). High depersonalization was in GPs 89.5% compared to 50% and 40% in family physician and specialist respectively (p value <0.001). Nearly two third of the specialists had high personal accomplishment in comparison to 40.3% and 22% in GPs & family physicians. Multivariate regression analysis showed that the most relevant risk factor for burnout was low income and the most relevant physical predictors for burnout were angry and hurry (p value <0.05).

Conclusion:

Primary care physicians suffer from burnout more than family physicians and specialists. High burnout was prevalent with those under 30 years old and less than 5 years of experience

PALAVRAS-CHAVE: Burnout, Professional; Health Services Administration; Primary Health Care.

OP377 - CHILD CARE IMPORTANCE TO ENCOURAGING BREAST FEEDING : REPORT OF EXPERIENCE

Moura LEB¹; Campos JS¹; Silva AC¹; Martinez LC¹; Parente LLC¹; Leitao LM¹; 1 - Centro universitário Christus;

Introduction and objective:

Breast feeding encouragement is important because breast milk is ideal food for the baby, for health and development, due to the nutritional, immunological advantages, favoring the mother-child relationship; but many mothers during first pregnancy still have difficulty breast feeding because they don't have the protruding nipple and not being educated properly during prenatal care by health professionals.

The objective of this work is demonstrate the importance of education of nipple stimulation by professionals to encourage breast feeding.

Methods:

In a Basic Health Unit (BHU) in Fortaleza, Brazil, second-year medical students experienced an opportunity to observe and take part in medical consultations. After the observation period, they met with BHU doctors reflecting on the outcomes of their experience.

Results and Conclusion:

During the UBS visit, one consultation was a mother-craft one, whose patient was a 7 month old girl, in the company of her parents. During consultation, the child's mother told the nurse that, although she also had another kid, that was the first time she breastfed, because, during her first pregnancy, the doctor didn't teach her how to correctly stimulate the nipple, so she wasn't prepared to breastfeed. During the second pregnancy, however, she was well oriented by a nurse, and then she could breastfeed.

Thus, it is possible to note that child care plays a key-role in medical practice and its devaluation or inadequate performance may result in serious harm to patients; simple actions such as guidance on the proper way of breastfeeding is vital.

PALAVRAS-CHAVE: Child care; Breast feeding; Prenatal

OP379 - COLLECTIVE MEDICAL APPOINTMENTS: BREAKING PARADIGMS AND PROMOTING AUTONOMY.

Santos APR¹; Nascimento DO¹; Silva AA¹; Guimarães TC¹; Meira FM¹; Bittencourt MF¹; 1 - Universidade Estadual de Santa Cruz;

Introduction/Objective:

The medical care, mostly, take place as individual medical appointments, guided by the biomedical model of health, causing a break in the promotion of autonomy of the individual on its health-disease process. Aiming to build a new paradigm, we have the implementation of the collective medical appointment, where the care relations are intensified. The present article aims to report the experience of the students of the third year of medicine at the State University of Santa Cruz (UESC) in the development of the collective medical appointment in a Family Health Unit (USF).

Methodology:

The collective medical appointments constitutes an informal discussion on the Systemic Arterial Hypertension (SAH), with a group of 6-10 hypertensive patients. Patients introduced themselves, reported their complaints and the students headed a discussion about SAH and, finally, the individual demands of the patients were attended.

Results/Conclusion:

The collective medical appointment promotes an exchange at the professional/user relationship where is stimulated the self-care through dialogue among professionals and patients with common interests. It works as a health promotion strategy based on the methodology of problematization that promotes the autonomy of the individual, making it active in its own health-disease process. This practice enables the consolidation of the new model of health care. Lastly, the inclusion of this activity as a inherent practice to graduation, allowed the students to recognize its impacts on the population health and has aroused the interest to continue this activity in their professional practice.

PALAVRAS-CHAVE: Family Practice; Primary Health Care; Integrality

OP380 - COMMUNITY ECOMAP: AN ANALYSIS OF ITS APPLICABILITY IN A FAMILY HEALTH TEAM

Cariello TF ¹; Meirelles RF ¹; Ferreira R ¹; Paiva M ¹; 1 - uerj;

Introduction:

When dealing with complex practices daily (violence, people with disabilities, poverty), we observed that the Primary Health Care (PHC) needs all community resources / social facilities to be effective in their actions. Before that, we started using a new tool for addressing complex cases in Salgueiro, a slum in Rio de Janeiro, where therapeutic practices are exhausted.

Objective:

- General purpose is to integrate the tool into the team's action plan for complex cases
- Identify the social problems of greater local expression (4 problems), establish network for the same
- Construction of community ECOMAP with Social Supportive Network(SSN) to complex cases
- Link with SSN operating in the territory, aiming to advance the autonomy of the patient and community and greater impact on the social problems of local expression.

Methodology:

- Team Meeting of 1 hour for 04 consecutive weekly meetings to identify greater problems in community
- Visit and identify SSN, using google search, information from previous cases and from other Health Care Teams - getting address, contact phone of the institution and a person as institution's reference.
- Make an ECOMAP
- Show percentage of cases where ECOMAP were used

Conclusions:

- Better communication between Health team and SSN
- ECOMAP Facilitates viewing of available resources and can be used by all team Components
- It stimulates Patients autonomy and resilience
- Team satisfaction before new therapeutic possibilities for complex cases

PALAVRAS-CHAVE: Social Support; Patient-Centered Care ; Social Conditions

OP381 - COMMUNITY-BASED REHABILITATION FOR STROKE SURVIVORS: INTEGRATIVE REVIEW

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Introduction.

Stroke is the main cause of disability in Brazil, but no consensus exists on cost-effectiveness of rehabilitation. This study evaluated results of Community-Based Rehabilitation for individuals with post stroke sequelae through an integrative review of the literature.

Methods.

We searched the main databases using the following Medical Subject Heading terms: "stroke", "rehabilitation", "economics", and "primary healthcare". A total of 15 international and 8 national publications were included.

Results and conclusions.

The results show that Community-Based Rehabilitation is beneficial in many countries in terms of functional improvement, satisfaction of caregivers, and equivalent or lower costs compared with the standard approach. Most of the few Brazilian studies found were observational. The main conclusion is that Community-Based Rehabilitation has good results in different countries, especially when it is integrated with Primary Healthcare.

PALAVRAS-CHAVE: stroke; rehabilitation; economics

OP384 - EVALUATION OF PRIMARY CARE UNITS IN THE CITY OF RIO DE JANEIRO: RECOGNITION OF CERTIFICATION TO BEWARE OF QUALITY

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Introduction and Objective:

From the expansion of the Family Health Strategy in the city of Rio de Janeiro in 2009, there was a significant expansion of access to primary health care. The next challenge was the qualification of care. In 2012, began the certification process of Units: CRCQ - Certificate of Recognition to Beware of Quality. The goal is to recognize the quality of service to customer service, based on the evaluation of performance and clinical outcome indicators, and the culture of quality and safety of care.

Method:

So far, we have already been held three certification processes; all of them compound with self-evaluation, evaluation indicators and technical visit. At first, the certification was by technical areas and then consolidated by life cycle. In 2015, the certification was built for life cycle - Child, Teenager, Adult / Elderly, including the Health Surveillance and inclusion of the evaluation of the physical structure of units. The process has been improved increasingly targeting the pursuit of the overall assessment of the health unit.

Results and Conclusions:

In 2012, there were 20 quality labels and each label have been certified up to 30 units; in 2014, there were 7 seals. In 2015, from the Rio Olympic City 2016 movement, we established three certification levels: Gold, silver and bronze. 34 units were certified in Child cycle, 33 units in Adolescent Cycle 53 and Cycle units in the Adult /Elderly. Certification improves the working process in finding the best care practices through quality (effectiveness and efficiency).

PALAVRAS-CHAVE: Primary Health Care; Quality Assurance, Health Care ; Accreditation

OP385 - EVALUATION OF PROCEDURES OF PRIMARY HEALTH CARE IN RIO DE JANEIRO- A ACADEMIA CARIOCA PROGRAM EXPERIENCE

Remédios, JL ¹; Guimarães, JA ¹; Cardoso, J ¹;1 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction and Objective:

An information system collects and evaluates data to transform it into information necessary for planning services or more qualified actions. Primary Health Care of the city of Rio de Janeiro, the actions taken by its professionals in Primary Care Units, are encoded through procedures established by the Ministry of Health and registered via electronic medical records. The Carioca Academy Program implemented in 2009 by the Municipal of Rio de Janeiro Health as Health Promotion Strategy, through the provision of regular physical activity guided by professional integrated physical education to the Family Health operates in line with this purpose, enhancing their actions as well as its specificity in the coordination of health care. This work aims to analyze the participation of physical education teachers in the production system in public health.

Method:

Form analysis and electronic records in the Municipal System database, concerning the production of professional physical education from 2009 to 2015.

Results and Conclusion:

By 2011, 48,918 procedures were launched and in 2015, 1.5 million procedures were recorded. Among them, home visits, blood pressure measurement and educational activities. Thus, although recent professional within the APS, noting the results achieved, it is clear its relevant action with others. Therefore, monitoring of production also consolidates and confirms the work done by the Carioca Academy Program team through the procedures performed in the context of health promotion.

PALAVRAS-CHAVE: Quality of Health Care; Health Promotion; Motor Activity

OP386 - EXPLORATORY RESEARCH ON THE FACTORS ASSOCIATED WITH THE JAPANESE FAMILY PHYSICIAN'S JOB SATISFACTION

T Ujikawa ¹; Y Cho ¹; T Okada ¹; 1 - Kameda Family Clinic Tateyama;

Introduction and Objectives:

Several studies have reported that higher levels of physician's satisfaction with work are associated with higher levels of patient satisfaction and aspects of quality of care. Despite an increase in the number of the family physician in Japan, there is no research on the job satisfaction of family physician. On the other hand, the research on the GP's job satisfaction has already carried out several times in the UK.

The purpose of this study was to make the hypothesis about the key factors which have an influence on the job satisfaction of Japanese family physician.

Method

The questionnaire was developed by translating the questionnaire of GP's job satisfaction from 2004 National Survey of General Practitioner Job Satisfaction into Japanese. This study was conducted among the family physicians and trainees of Kameda Family Clinic Tateyama.

Results and Conclusions

12 out of 13 family physicians and trainees in the clinic responded. The average score of overall job satisfaction was high (5.3 out of 7.0) and the average work-hour was estimated as 60 hour per week. Overall job satisfaction was correlated with their satisfaction with colleagues and fellow workers, and the amount of responsibility they are given. It is possible that Japanese family physicians are motivated by other factors than the UK counterpart.

PALAVRAS-CHAVE: Job satisfaction; Family physicians; Japan

OP387 - FAMILY INTERVIEW AS A PRIMARY CARE TOOL

Duncan, BB ¹; Gusso, G; ¹; 1 - UERJ;

Introduction:

Cleide is 74 years old and looked after her Family clinic of reference after diagnosed of Breast Cancer in advanced stage in August 2015. She has two children and a conturbed relation with her daughter who lives with her and is her main caregiver.

It was hard for both accepting the diagnosis and preparing for the eminent mourning. In moments of crisis like this during the life cycle, an important tool that can be used by the health care team for a formal intervention is family interview: gathering them and proposing a treatment plan with everyone agreeing to be involved in.

Strategies for good results are composed by a good link with the community health agents, possibility of home visits by the technical team and multidisciplinary approach.

Methodology:

Home visit by the technical team (doctor and nurse) , community health worker , family therapist , and all family members based on the interview script.

Conclusion:

Along visits we observed that the family had an opportunity to reflect about relationships and conflicts and the resolution of these tensions had direct effect on the care quality the team was able to offer.

PALAVRAS-CHAVE: Life Cycle Stages; Patient Care Team; Interview

OP388 - FAMILY MEDICINE FOR AMERICA'S HEALTH: WORKING TO ACHIEVE THE TRIPLE AIM OF BETTER HEALTHCARE, BETTER HEALTH, AND REDUCED COST

Stream G ¹;

Format: Panel

Family Medicine for America's Health (FMAHealth, fmahealth.org) is a new collaboration between eight family medicine organizations to:

- Further the evolution of the patient-centered medical home (PCMH)
- Advance the use of technology
- Ensure a strong primary care workforce
- Shift to comprehensive primary care payment

Family Medicine's five-year strategic plan centers on seven core strategies:

- 1 Show the value and benefits of primary care
- 2 Ensure every person will have a personal relationship with a trusted family physician, in the context of a medical home
- 3 Increase the value of primary care
- 4 Reduce health care disparities
- 5 Lead the continued evolution of the PCMH
- 6 Ensure a well-trained primary care workforce
- 7 Improve payment for primary care by moving away from fee for service and towards comprehensive primary care payment

Achieving these objectives will require working with our primary care colleagues, patients, policymakers, and other key stakeholders in healthcare. To implement the plan we are organizing a volunteer workforce in six major areas to carry out actions in pursuit of these strategies: Practice, Payment, Workforce Education and Development, Technology, Research, and Engagement.

To enable the strategic efforts, FMAHealth has launched a communications campaign, Health Is Primary (healthisprimary.org).

Members of the FMAHealth project will present and discuss components of the project and results to date. By the time of WONCA2016 we will be able to report on progress to date. Information will be helpful to informing similar efforts in other countries. Feedback from the audience will be assist in the ongoing efforts of the FMAHealth project.

PALAVRAS-CHAVE: Primary Health Care; Patient-Centered Care; Healthcare Disparities

OP389 - FAMILY MEDICINE IN SOCIAL SECURITY HEALTH SYSTEM: OSPECON CASE

Cacace PJ ¹; Aymat A ¹; Huber R ¹; Campos CE ¹; Cáceres C ¹; Lopez Gallardo C ¹; 1 - AEQUUS Foundation;

Introduction and objectives:

OSPeCon, the health care system of the construction workers union, launched in November 1992 its Primary Care National Program (PNAPS), based on Family Medicine as main tool to preserve and optimize services for its patients. Today, with 24 years of experience and 51 primary care centers (CeMAPs) that serve approximately 900,000 beneficiaries along all the country, this work has two objectives:

- 1) To Evaluate the PNAPS through health rating of 5 axes set for the period 2012-2015.
- 2) To Assess the PNAPS through evaluation primary care attributes.

Method:

Evaluative research with clipping baseline and evaluation of health axes and attributes of primary care (PC), theoretical goals were established pretending meet 70% or more of them. Cross Section 2012 - 2015. Surveys and observations were made after evaluation of 1,836 monthly reports of 51 CeMAPs, and a random sample of 11,475 family medical records.

Results and Conclusions:

Preliminarily improvement is observed in the period compared to baseline drawn in 2012. Regarding the health axes tangible improvement was in Family Medicine with 30% increase of meeting the target; Cancer Prevention axis was less evolution (+10%). PC attributes showing the greatest evolution are Intersectoral Approach (+28%), Community Participation, Health Promotion (+26% each) and the lowest increase was in secondary prevention and accessibility (2 and 4% respectively). The changes achieved from the design, implementation and efficient management were positive. This work means data and information production in PC and Social Security fields, and a strong contribution to decision-making in health management.

PALAVRAS-CHAVE: Primary Care; Health System; Evaluative research

OP391 - WORK GROUP (WG) ON LEARNING DISORDERS

RACIOPPI, ACR¹; FREITAS, SF¹; JUNIOR, EL¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DE BELO HORIZONTE;

INTRODUCTION AND OBJECTIVE

The Working Group (WG) related to the difficulty / Learning Disorder has been proposed by the Municipal Health Department. The aim of the GT is to support the school through the discussion and evaluation of cases, favoring the development of the child or teenager, their potential and skills.

METHODS

In East Sanitary District flow currently used is: a municipal school assesses the child / adolescent and fill in the form "learning disability assessment instrument" and refers to Management Education (Gered). The Gered receive the cards, selects the school with the highest number of cases and passes the chips for Care Management Health Care (GERASA). A meeting to discuss the case is scheduled with the participation of the Health Centre including the staff of the Support Center for Family Health (NASF), the school district and references of managements of health and education. At this meeting, the school guidance are carried out and the necessary referrals are also performed (clinical, family member ..). After this discussion, the next meeting is scheduled with the same participants, to be made devolutiva of guidance and referrals made.

RESULT AND CONCLUSION

After 2 years of the GT, we realize the importance of also involving the Social Assistance team (CREAS / PAEFI ..) these discussions, since many cases involve social situations that cause or aggravate learning difficulties. It is noteworthy that this interdisciplinary monitoring should be continuous in order to ensure that the student continues to develop within the family, school and social.

PALAVRAS-CHAVE: APRENDIZAGEM; CRIANÇA; INTERDISCIPLINAR

OP392 - HEALTH WITHIN HEALTHCARE

Almeida IM ¹; Couto J ²; Matias AL ³; Beirão D ⁴; Nogueira MS ⁴; Henriques O ⁵; Manso R ⁶; Maia AR ⁷; 1 - USF Douro Vita; 2 - USF Espinho; 3 - UCSP Tarouca; 4 - USF São Félix da Marinha; 5 - USF Escariz; 6 - USF Lethes; 7 - USF Arcozelo;

Introduction and Objective:

Primary Healthcare workers play a major role in the promotion of health and prevention of disease of their patients, and it is part of their daily work to ask patients about their habits and educate them to healthier lifestyles. But do doctors and nurses abide by what they tell their patients to do? In this study we wanted to characterize how Family Doctors and Nurses lead a healthy lifestyle themselves, based on the evaluation of the major primary care topics: physical activity, smoking, alcohol intake, vaccination and cancer screening. The health condition of these professionals is known to be of extreme importance, as there is a consistent positive relation between their own habits and their patients'.

Method:

This is a cross-sectional study of a sample of 388 Primary Healthcare Workers working for the Portuguese National Health System from three different regions of Northern Portugal, where the investigators work. Subjects were accessed by questionnaire, created by the investigators, since there is no validated instrument of analysis on this matter. Data was analyzed using Microsoft Excel and SPSS.

Results and Conclusions:

Results suggest that, generally, healthcare providers do comply with the preventive health care measures they endorse.

These outcomes are of extreme importance in the interest of patients and the community, since a motivated and trustful advisor is more prone to initiative and has a lot more impact on passing information to others.

PALAVRAS-CHAVE: Health Personnel; Primary Health Care; Occupational Health

OP393 - HOW WAS YOUR LAST HEALTH CONSULTATION? EXPERIENCES OF ADULT PATIENTS IN BRAZIL

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Introduction and objective:

A public healthcare system was recently created in Brazil. Providing universal healthcare for 206 million people is challenging. This study explores patient experiences of healthcare services in Brazil.

Methods:

The National Health Survey, Brazil 2013 data for 60,202 adults who responded to the individual questionnaire was used to explore feeling discriminated against by healthcare professionals. Factors associated with discrimination were analysed using multivariate logistic regression analysis. Data for 44,001 persons who reported their last medical consultation experience was analysed. Primary care consultation characteristics and patient satisfaction rates are reported.

Results and conclusions:

10.6% (95%CI 10.1-11.1) of the total sample experienced feeling discriminated against by healthcare professionals. Female gender, age 25-44/65-84 years, having a chronic disease, other than white skin, increasing days with disability and numbers of medical consultations were positively associated with likelihood of feeling discriminated. Opposite associations were found for living in the Northeast/Southeast, having superior education and private healthcare plan. 33.5% of the sample had their last consultation at primary care units, main motives being periodic medical examination (42.5%), disease or other healthcare problem (27.7%) and continued treatment /therapy (16.9%). On average, patients waited 81 minutes for a consultation. An average consultation length was 24 minutes. 43.0% of patients rated the healthcare received for time spent waiting as "good". The majority of patients rated the service quality as "good" (doctor's attitude: 69.4%, doctor's skills: 67.9%, clarity of explanations: 64.6%, time for asking questions: 61.8%). Our findings indicate areas for improvement in Brazilian primary care services.

PALAVRAS-CHAVE: Primary Health Care; Brazil; Quality of Health Care

OP394 - IDENTIFYING PATIENTS AT RISK FOR PERSISTENT MEDICALLY UNEXPLAINED PHYSICAL SYMPTOMS USING DATA MINING TECHNIQUES IN PRIMARY CARE ELECTRONIC MEDICAL RE

den Boeft M¹; Hoogendoorn M¹; Nap S¹; van der Neut T¹; van der Horst HE¹; van der Wouden JC¹; Numans ME¹; 1 - VU University Medical Center;

Medically unexplained physical symptoms (MUPS) have major impact on the quality of life of patients and lead to high health care costs. Early identification of patients at risk could lead to early intervention in order to prevent persistence. We aimed to develop and validate a predictive model that can help identifying these patients using data mining techniques applied to primary care electronic medical records (EMRs).

Methods:

We used all coded anonymised EMR data from 22 Dutch general practices (156.176 patients) over a five-year period (2007-2011). We defined MUPS as having a diagnosis of irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome or low back pain without radiation. We balanced the dataset by including all patients with these codings (n=7840) and a randomly selected sample of non-MUPS patients (n=7988). We analysed EMR data from the year prior to the first MUPS diagnoses, or from a random year in the control group for the detection of predictors. We applied three different data mining techniques and evaluated the models by means of 10-fold cross-validation. By calculating the area under the curve (AUC) we determined performance measures. The models were compared by using the Student's t-test.

Results and Conclusions:

We were able to classify patients at risk for persistent MUPS with an UAC of 0.796 (95% CI 0.792-0.801) by using a well performing algorithm including 408 variables. When implemented in advanced use of EMR data, early identification of patients at risk could support general practitioners with proactive care for MUPS.

PALAVRAS-CHAVE: medically unexplained physical symptoms; datamining; identification

OP396 - IMPROVEMENT OF THE REFERRAL SYSTEM AND COORDINATION

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Introduction/ Objective:

A good Health System (HS) is achieved by strengthening the Primary Care(PC), the referral system(RS) and the health care coordination (HCC). This is a worldwide challenge and here we summarize the international experience in the topic.

Method:

Literature review with key words in Portuguese, French, and English.

Results/ conclusions:

The experience with different HS arrangements in the world suggests that the most useful recommendations are: training non-medical professionals in simple procedures; giving financial incentives for doctors to realize some procedures, and patients to search for them; working in multidisciplinary teams, using data to plan the services; offering administrative facilities and computing clinical decision support; continued medical education; periodical reevaluation of professional licenses; continued quality control of the clinical practice, and the use of guidelines. The RS itself should be organized on a national basis, with a central control able to select the most critical cases. The forms should go back to the generalist if not properly filled. The national waiting list should be monitored; the communication between specialists and generalists can be improved by the use of emails, letters, shared electronic health records and reminders. Standardized forms for referral and feedback are strongly recommended. The first should contain the history, clinical features, medication, laboratory tests, and the reason for referral. The second should contain a specific answer to the referral reason, changes in medication or care plan and follow up instructions.

PALAVRAS-CHAVE: health system; primary health care; feedback

OP397 - INCREASING THE VULNERABLE GROUPS ASSIDUITY TO PRIMARY CARE SCHEDULED CONSULTS

Pinheiro PL¹; Brandão RM¹; Gonçalves V¹; Sousa P¹; Goulart L¹; Fonseca G¹; 1 - Unidade de Saúde Familiar Penela; Penela; Portugal;

Introduction / objectives

The consult is the most complex practice activity in health care and is the core of patient-doctor relationship. In our institution, it was registered that considered vulnerable groups have a high number of missing schedule consults. This core point queries the maintenance of individual and population health, reflecting the care quality.

We aim to calculate the absenteeism rate in these groups; identify the reasons and implement a strategy to reduce absenteeism.

Methods

The number of missed scheduled consults was registered (January 1st to June 30th – 2015). After, between July 1st and September 30th, the patients were contacted by phone in order to assess the reasons of missing. A strategy was carried out to promote patient compliance and its results evaluated during October 1st and December 31st. Study dimension: scientific and technical efficiency; Unity study: patients with schedule consultation in vulnerable and risk groups, during 2015; Sample: unit study; Data type and source: “SCLínico” and “SINUS” programs; Evaluation: internal; Evaluated criteria: presence and missed consults; Quality standard: <3% insufficient; 3-9% sufficient; >10% excellent; Type of intervention: educational and structural.

Results / conclusion

From 3370 scheduled consults during analysed period, 8,8% were not performed. After contact, the main identified reason was “forgetfulness” (60,7%). We start to call patients to remind the scheduled consults, one week before it. In the last analysed period, 5,28% of the total consults weren't performed.

There was an excellent (40%) absenteeism reduction rate. Our team aim to keep with this procedure with evaluation during 2016.

PALAVRAS-CHAVE: Consultation; Primary health care; Telephone

OP398 - INTEGRATING FAMILY PHYSICIANS INTO PRIMARY CARE, PROVIDED BY THE CENTER FOR OCCUPATIONAL ACCIDENTS OF STATE-OWNED INSURANCE COMPANY OF URUGUAY

Otegui, J. ¹; García, T ¹; Chevalier, Nelma ¹; Vázquez, R. ¹; 1 - Banco de Seguros del Estado;

BACKGROUND

Every year, around 250 million people suffer occupational accidents and 160 million workers contract work-related diseases. Up to 24% of the mortality rate globally is attributed to avoidable environmental risks factors exposure.

In Uruguay, since 2008, occupational accidents rates have reached record levels, showing a peak in 2011 with 54,023 accidents (37,387 in 2015).

The state-owned Insurance Bank of the State (BSE) holds the monopoly of all work-related injuries and occupational diseases (Act 16.074)

The Medical Service Center (CSM), accessible to all workers, is the health provider of the BSE, which is aimed at the promotion, protection, recovery and rehabilitation of their health.

Historically, for organizational reasons, consultations that could be provided by primary care human resources have been performed by secondly and thirdly care resources. As a result, there was an increase in the number of waiting lists, referrals, and costs and length of treatment.

OBJECTIVE

Strengthen Primary Care at the CSM of the BSE through the incorporation of Family Physicians (FP), to promote the organization of interdisciplinary teams, health promotion and prevention of work-related injuries, and occupational diseases (since April 2013).

RESULTS

1.- Integration of two FP within the structural organization work frame of Primary Care of the CSM, which is an unprecedented experience in healthcare centres specialized in work-related pathologies.

2.- Creation of Institutional Interdisciplinary Care Protocols by FP (Lumbago, Epicondylitis and Tendinopathy caused by work activity)

3.- Planning and execution of the first Health Education activity performed by an interdisciplinary team (Back School Program)

PALAVRAS-CHAVE: family physicians; primary care; occupational accidents and diseases

OP399 - INTEGRATION OF WORK PROCESSES AND FLOWS BETWEEN ATTACHED UNITS: THE FAMILY CLINIC, ATTENTION PSYCHOSOCIAL CENTER (CAPS) AND EMERGENCY UNIT (UPA)

Machado HSV¹; Azevedo RWDL¹; Sá AO¹; Mourão TS¹; Machado LCT¹; 1 - SMS-RJ;

Introduction and Objective:

Opened in 2010, the Family Clinic Zilda Arns, the CAPS III João Ferreira and the UPA together constitute new health care model in the city of Rio de Janeiro. With a diverse portfolio of services this mega-structure has to reorganize the way of provision of health-services, before focused on specialty polyclinics and general hospitals distant from communities. This work aims to show through a recent historical perspective, as those new health complexes when harmonized, decentralized care and encrusted in the community begin to solve most problems in health that use to saturate central tertiary hospitals, as well as reshape important health education concepts like change service flows.

Method:

In addition to the formal pact flows through the formulation redirection guides, meetings at the health complex auditorium were performed with monthly periodicity, bringing together professionals from different sectors and professional categories in order to facilitate dialogue on sharing each case and leading the definition of a risk classification protocol to be respected.

Results and conclusions:

1) Optimization in redirection users. 2) After the release in emergency patients had follow-up. 3) Shared care allowed more favorable outcome in complex cases. When the patient is regarded as a priority and caregivers are linked to give a solution to the question instead of transferring responsibilities, unified health system of Brazil organized in your network starts to function providing answers beyond theory.

PALAVRAS-CHAVE: Primary Care; Mental Health; Emergencies

OP400 - LONGITUDINALITY IN PRIMARY HEALTH CARE: EVALUATION BY RESIDENTS OF A POOR COMMUNITY IN CEARÁ, BRAZIL

Lima MDB¹; Dantas ABVC¹; Sobreira ABF¹; Nobre FP²; Cunha EFQ¹; BARRETO NN¹; Mesquita DAK¹; Lima AS¹; 1 - Universidade de Fortaleza; 2 - UFC Campus Sobral;

INTRODUCTION AND OBJECTIVE:

The guiding aspects of the health-disease process aimed at developing a model centered on the individual, as a social being. The Primary Health Care (PHC), with the Family Health Strategy (FHS), has longitudinality as a fundamental principle in this process, characterized by the user's link with the unit and the healthcare professional. Thus, the study aimed to evaluate the longitudinality in PHC, through the users' perspective, in community of Ceara.

METHOD:

Quantitative, descriptive and cross-sectional study, including residents above 18 years old of a poor neighborhood in Fortaleza, Ceará, Brazil, from August to October 2013. We applied an adapted questionnaire Assessment Instrument Manual Primary Health Care - PCA Tool Brazil, 2010. We compiled and analyzed the data in Epi Info program for Windows, version 3.5.4. The ethical aspects were obeyed.

RESULTS AND CONCLUSION:

In a sample of 178 respondents, with 17.5% men and 82.50% women, it was revealed that 51% of users found it difficult to make an appointment and 44% of them do not seek to primary care unit as a first option when they need a problem to be solved. Moreover, about 48% of users said that there was great rotations among health professionals of primary care unit, which impairs the longitudinal care of one professional and the creation of bonds between doctor and patient. It is conclude that the longitudinality is deficient in community APS based on both the difficulty of public access to the service and the turnover of professionals.

PALAVRAS-CHAVE: Primary Health Care; Continuity of Patient Care; Community Health Services

OP401 - MAIN BARRIERS TO THE CONSTRUCTION OF A PSYCHOSOCIAL CARE NETWORK IN A MEDIUM-SIZED CITY OF MARAJÓ

Cavalcanti.MT ¹; Souza, MCR ²; Thiesen,J. ³; 1 - Universidade Federal do Rio de Janeiro; 2 - CESUPA; 3 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction and Objectives:

Between 2009 and 2015 a group of RJ mental health professionals conducted training activities in Breves-PA to the mental health, social care and education systems and the primary care. The goal was to structure and operate a network of mental health care in the city, establishing responsibilities and flows.

Method:

In 2009, a diagnosis of the functioning of the CAPS and the municipality network was made, and then a week training sessions in 2010, 2012, 2014 and 2015, with lectures, role plays, conversation circles, home visits and collaborative care consultations.

Results and conclusion:

Over the years we can see a great difficulty for the formation of an effective network of care for persons with mental disorders in the city. The desired flow was the common mental disorders attended in primary care, the mental disorders severe and persistent in CAPS, admissions in general hospital with CAPS team support. However the high turnover of professionals in the primary care, short time attendance by the psychiatrist in CAPS (two days in the month) and the centralization of care in this professional, poor training in mental health, demotivation of staff, poor communication and collaborative care between different areas - health . social assistance and education, undermined the operation of the agreed flow. We concluded that a more effective presence of motivated professionals with continued supervision would be needed to change the picture. The annual training has not been enough for the establishment of a effective support mental health network.

PALAVRAS-CHAVE: mental health; primary health care; health systems

OP402 - MANAGERS QUALITY OF LIFE: A TOOL IN COMMUNITY HEALTH NURSING REPORT OF AN EXPERIENCE IN TENJO, CUNDINAMARCA, COLOMBIA

Avella Lina, Matiz Tatiana ¹; 1 - Universidad de la Sabana;

Introduction:

During the first half of 2015 In a municipality of Cundinamarca, Colombia, it has been made an approach to the Community Health Nursing, that work a Hospital of Tenjo, through training of these auxiliaries in themes nursing Primary Care and Support Networks in the adult old population of the municipality.

Objective:

Train the community Health Nursing in themes of primary health of the municipality of Tenjo, Cundinamarca, in the comprehensive care of the elderly population in order to improve health access limitations.

Methodology:

Participatory Action Research, with weekly training on topics on the elderly population Health, such as Geriatric Home Visit, Cardiovascular risk, Health Maintenance (chemo- and immunoprophylaxis), Health Maintenance (Consejería- Nutrition), Management Instruments, Accident prevention. In order to improve the first approach of the population by the management.

Results and conclusions:

The first result was the participation in various trainings on topics related to the health care of the elderly by the managers. It evaluated with the assistance activities and assessments. The second was achieved awareness among managers of different programs that provide family medicine at the hospital, so that they recognize the need for admission to programs and recognize chronic patients requiring home visit. Third Advocacy and prevention for older adults strengthened. And finally, a virtual pilot training conducted by the management to older adults, related to the care of the elderly, where they put into practice what they learned in training issues and test is described Realize.

PALAVRAS-CHAVE: Quality of Life; Community Networks; Community Health Nursing

OP403 - MANCHESTER IN BASIC HEALTHCARE UNITS IN BELO HORIZONTE – EAST REGION

Tomich, BMCT ¹; Camisasca A ¹; JUNIOR, E.L ²; LIMA, PSLs ³; 1 - Secretaria Municipal de Belo Horizonte; 2 - Secretaria Municipal de Saúde; 3 - Secretária Municipal de Saúde de Belo Horizonte;

Introduction:

The risk classification protocols are clinical management tools that guide the professional risk in collecting information and user data and standardizes the criteria for establishing the clinical priority. The Municipal Secretary of Health of Belo Horizonte began the implementation of the protocol spontaneous demand in the basic units using the Manchester protocol as a tool, and the east regional pilot. As the protocol was originally developed for the emergency services, it realized the need for adjustments to the use of it in Primary Health.

Objective:

To organize spontaneous demand in health centers to better organization of the work process at the local level.

Methodology:

Conduct situational diagnosis, sensitize professionals, training nurses and doctors, conduct audits and monitor the work process.

Results / Conclusion:

The process capabilities were standardized language in the various points of health care and between professionals, be subject to internal and external audit, provide referrals flows and bring security to the professional and users. Among the difficulties encountered is the fact that the contractors and managers are not trained professionals, units with attachments are not computerized and the weaknesses of the information management system. The challenges to be overcome are many, how to improve the organization of the planned schedule of care, standardize the agenda in teams of the same unit, improve infrastructure location structure, material and human resources.

PALAVRAS-CHAVE: prioridade; classificação; demanda

OP404 - MENTAL HEALTH MATRIX SUPPORT IN ROCINHA

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Introduction and Objective:

Care services in Mental Health (MH) are a global problem. The Primary Health Care (PHC) has an important role for this solution. In the city of Rio de Janeiro the prevalence of people with mental disorders attended at the PHC is of 51.9% (Gonçalves et al, 2014). The National Mental Health Policy has as one of its guidelines the implementation of a diversified network of community based mental health services, capable of attending with resolution the patients that need care. In Brazil, the adopted model of collaborative care is the Matrix Support (Campos, 1999) developed by the Matrix Support Team (MST). Rocinha has three Family Health Units with 100% coverage of PHC and MST.

Method:

The definition of the term “Matrix Support” is “an activity of interdisciplinary collaborative care where a specialized professional makes joint consultations or case discussions with the reference team in order to determine a therapeutic plan” (FORTES; BALLESTER, 2012, p. 266). MST does the mental health matrix support with the PHC through joint consultations, case discussions and home visits, besides organizing the users flow at the mental health care network and the intersectoral partnerships with the community resources.

Results and Conclusions:

The mental health care integration at the PHC allows a greater number of people an easier and faster access to it with a service of better quality.

PALAVRAS-CHAVE: Mental Health; Matrix Support Team; Primary Health Care

OP406 - MENTAL HEALTH IN PRIMARY CARE: THE MENTAL HEALTH MATRIX SUPPORT AT RIO DE JANEIRO'S 3.2 PROGRAMMATIC AREA

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It is the Primary Care role to develop Total attention, impacting in the health, people autonomy and communities health determinants. We understand that mental health is not dissociates in general health and should be included in the care provided in this attention level. Thus, the matrix support accomplished by Family Health Support Group is essential for the qualification of mental health care provided by primary care teams, as many professionals have difficulty in managing this knowledge field.

Objective: Map main demands directed to mental health matrix support as well as the principal actions performed by 3.2 program area's Family Health Support Group at the city of Rio de Janeiro.

Method: Data were collected spreadsheet filled by mental health professionals from Family Health Support Group. The data were analyzed: kind of action performed, age, gender, defendant frequent, and amount of referrals made. Period: January-December 2014

Results: 7536 actions were taken. The most of them were cases discussions (29%), followed by joint consultations (28%) and individual consultations (13%). the predominance the cases supported were women (66%), adults (54%), followed by seniors (26%) and children and adolescents (9%). The largest number of demands revolved around cases related to low psychosocial vulnerability (37%), followed by high psychosocial vulnerability (19%) and use of psychotropic drugs (16%). Called attention to the low demand for cases related to the harmful use of alcohol and other drugs. The analyzed data are being used to help guide the work of support staff.

PALAVRAS-CHAVE: Primary Care ; mental health ; matrix support

OP407 - PATIENT SATISFACTION IN THE RURAL AND PERI-URBAN HEALTH CARE CENTERS OF THE HEALTH NETWORK CAPINOTA, COCHABAMBA, BOLIVIA

Magne Anzoleaga JV ¹; Leyns C ²; 1 - Caja Nacional de Salud, SEDES CBBA; 2 - Department of Family Medicine and primary health care, Ghent University;

Introduction and objective:

Taking into account the slow progress on important health indicators like maternal mortality, the Bolivian government recently started to invest in programs to strengthen primary health care, a sector so far neglected by hospital centrism. These measures together with the social change driven by the current leaders make it the right time to leverage primary health care services in our country. To achieve accessible and acceptable primary health care services it is crucial to understand the elements related to patient satisfaction and service usage.

Methods:

A locally validated survey on patient satisfaction was taken from 1.611 patients that just had received care in one of the 34 health centers in the health network Capinota, between March and April 2013, by trained independent interviewers. A multivariate analysis of the variables related to patient satisfaction and service usage was performed supported by the software SPSS 23.

Results and conclusions:

All the items related to communication, patient education and provider attitude were significantly ($p < 0,05$) related to patient satisfaction and service usage. Concerning access, the office hours were significantly ($p < 0,05$) related, but not the time spent in the waiting room ($p=0,058/p=0,114$), nor the prices established for its services ($p=0,003/p=0,419$), which influenced patient satisfaction but not service usage. Possibly these results can be generalized to other semi-rural Bolivian settings and are of great value in these settings in order to understand the significance of the results of the Bolivian PCAT, that is planned to be implemented in the near future.

PALAVRAS-CHAVE: Primary Health Care; healthcare quality indicators ; Patient Satisfaction

OP409 - PCMH ELEARNING CURRICULUM FOR FAMILY MEDICINE FACULTY AND RESIDENTS

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Introduction and Objectives:

The Patient-Centered Medical Home (PCMH) is a practice model that improves the quality of care by making it safer, more comprehensive, integrated, and personal. However, most family medicine residency programs are not fully prepared to train residents on this idealized model. The Colorado Family Medicine Residency PCMH Project aims to transform ten residency practices into medical homes through practice improvement and curriculum redesign. This paper reports on the implementation of key PCMH components into residency curricula and the impact on residents' perceived competence in and use of PCMH components.

Methods:

Mixed-method evaluation assessed PCMH curricular characteristics, routine use of PCMH components, and perceived resident PCMH competence.

Results and Conclusions:

Qualitative data results demonstrated active efforts by the residency programs to implement key PCMH components, which included dedicated PCMH curricular time, resident active participation in practice quality improvement efforts, team-based care, patient self-management support, patient-centered care, and development of specific PCMH leadership skills. Survey results showed significant improvement from baseline to follow-up (ranging from 12-36 months) in resident use of PCMH components, measured by the PCMH-CA ($p < 0.01$), and the PCMH Competency Self-assessment ($p < 0.02$).

Conclusion:

Implementation of key components of the PCMH into practice improvement efforts and residency curricula improved residents' routine use of the PCMH in patient care and their perceived competence.

PALAVRAS-CHAVE: Patient Centered Medical Home; elearning curriculum; resident curriculum

OP410 - PERFECT CARE FOR PATIENTS WITH DIABETES MELLITUS AT UNIMED GUARULHOS

GUSHKEN AKF¹; PÁDUA MBL¹; BOREM PETM²; FARACO FS¹; LOPES JLHSC¹; SILVA LG¹; VIOLIN CM¹; SILVA AR¹; SANCHES PMS¹; JUNIOR VM¹; 1 - UNIMED GUARULHOS; 2 - IHI-Institute for Healthcare Improvement, Unimed do Brasil, FESP;

Unimed Guarulhos, with 147 physician cooperative members and 87,306 clients, created NAPS-Núcleo de Atenção Primária à Saúde in 2012, first Primary Care Center in the private sector in Brazil. One of the NAP's challenges was to improve the diabetic patients' care.

Objective: To increase the percentage of patients with Perfect Care in diabetes, 10 annual minimum care recommended, from 0% to over 40%.

Method: Using the model of IHI-Institute for Healthcare Improvement, the project started in June 2013. One diabetic patient participated with the team project to redesign the system, making it simpler and more convenient for patients. The changes made were: concentration of care in the same place, reducing the patient circuit in the system; creation of the Shared-Plan-Card with agreed goals to improve patient empowerment; group consultations; home visits by health educator identifying vulnerabilities and points of attention; active search across all touch points of patients with the system as in offices, hospitals, home and even in the workplace; use of reminders for annual care; use of outcome, process and balancing measures and development of information flow using electronic technology.

Results: During the project, the percentage of patients with Perfect Care increased from 0% to 40%. The percentage of patients who achieved 9 or 10 annual care was 79%.

Conclusions: Care system redesign and systematic evaluation of quality promoted better coordination of care for diabetic patients. This improvement project's performance opened the way in NAPS to others that are being carried out as the project "Healthy Weight".

PALAVRAS-CHAVE: Diabetes Mellitus; Primary Health Care; Quality of Health Care

OP411 - PHYSICAL ACTIVITY LEVEL AND ASSOCIATED FACTORS IN HYPERTENSIVE INDIVIDUALS OF A HEALTH BASIC UNIT FROM PALHOÇA, SC, BRAZIL

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Introduction:

The Hypertension is a major risk factor for cardiovascular disease, while the physical activity is associated with decreased risk of developing hypertension.

Objective:

To assess the level of physical activity and associated factors in hypertensive individuals registered in the Family Health Strategy in a Basic Health Unit (BHU) in the city of Palhoça, SC, Brazil.

Methods:

Transversal study with 134 hypertensive patients in a BHU in the period of June to November, 2015. Applied Evaluation Physical Activity Instrument (IPAQ). Analyses in SPSS 18.0, compared the averages by the T-test ($p \leq 0,05$) and 95% confidence interval. It was approved by Unisul Research Ethics Committee.

Results:

Women (59,8%), medium age of 64,94 years old (SD 12,7), doesn't work (78,4%), smoking in (16,4%), of which 68,2% smoke more than 20 cigarettes a day. Active in physical activity (42,6%), irregularly active (41,5%) and 6,2% sedentary. Hypertension lower than 159/99 mmHg (78,8%), diabetics (38,8%), obesity (32,8%), kidney disease (20,9%), heart disease (17,9%). 76,8% use up to 2 anti hypertensive. In smokers, the highest level of physical activity is associated with less than 20 cigarettes a day consumption ($p = 0.008$).

Conclusion:

The hypertensives accompanied by the Family Health Strategy in the City of Palhoça, Brazil, perform regular physical activity, maintain low blood pressure and use up to two antihypertensive drugs. Smokers with consumption of more than 20 cigarettes a day are more sedentary.

PALAVRAS-CHAVE: Physical Activity; Hypertension; Associated Factors

OP412 - POLITICS, EVIDENCE AND SYSTEMS CHANGE: THE CASE OF RURAL SURGERY AND OBSTETRICS

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Introduction:

Family Physicians with enhanced surgical skills (FPSS) have historically underscored the surgical care needs of residents in many parts of rural Canada, often in practice with local specialist physicians, sometimes on their own. They have provided an effective solution to the challenge of meeting surgical needs in low-volume settings with good outcomes both in Canada and internationally. A confluence of events over the past decades including the centralization of services due to regionalization, increasing levels of sub-specialization and the lack of standardized curriculum and training, have led to the attrition of FPSS services in Western Canada. Research has shown that the loss of these services destabilizes not only local access to rural surgical care but to maternity care as well, leading to worse population-level outcomes. The attrition has also led to increased challenges recruiting and retaining practitioners due to the lack of supportive infrastructure. However, although a strong evidence base may provide the foundation for a health services correction, change is only possible through the intertwining of such evidence with political strategy.

Methods:

This talk will review both the evidence and the politics that have led to the publication of the Canadian Joint Position Paper (JPP) on Rural Surgery and Operative Delivery and strategies to implement the agenda that the paper has proposed.

Conclusion:

The intertwining of evidence and politics is essential in health care reform. The publication of the JPP is a tentative example for successfully implementing this strategy, although overall system efficacy is yet to be determined.

PALAVRAS-CHAVE: Enhanced Surgical Skills; Rural Surgery; Integrated Knowledge Translation

OP415 - PSYCHOMETRIC ASSESSMENT OF A SHORT VERSION OF PRIMARY CARE ASSESSMENT TOOL (PCAT), EVALUATING A POPULATION OF ONE PREPAID OF ARGENTINA

Weisbrot MA ¹; 1 - Hospital Italiano de Buenos Aires;

Primary health care (PHC) plays a central role in the good functioning of the health system, offering the most efficient and equitable care for the needs of the population. In the implementation process of PHC, evaluation constitutes a key instrument for the continued improvement of care quality. The Primary Care Assessment Tools (PCAT) are one of the most complete instruments for evaluating PHC, with the advantage of getting information from different perspectives (professional, user, health center and health system perspectives). This instrument was developed in the United States and validated in Spanish in Argentina by Berra Silvina. The PCAT questionnaire is made up of 95 questions. Recently, a Brazilian research group validated an abbreviated form derived from the PCAT user questionnaire that is made up of 23 questions. The present study looks at the psychometric behavior of this abbreviated version in the population of a pre-paid medical plan in Argentina. The Confirmatory Factor Analysis technique was used to assess the validity of construct and Cronbach's alpha and Composite Reliability to assess reliability. Of the 366 selected patients, 315 surveys were obtained (response rate of 86%). The questionnaire presented acceptable validity and reliability, considering the general indicators of good fit in Confirmatory Factor Analysis in the population of the medical plan. Four items presented low factorial loading in the PHC construct. A Delphi method group was carried out so as to achieve a consensus-based interpretation of this issue. This abbreviated PCAT can be used to undertake rapid assessments in PHC.

PALAVRAS-CHAVE: Primary Health Care,; Health Services,; Health Services Evaluation

OP416 - REGULARITY IN CHILD CARE OF CHILDREN WITH DIABETES MELLITUS

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In Brazil, the health care of children with diabetes mellitus in most cases, is fragmented and there is a gap in relation to primary care have with this child and his family. Objective: To investigate the regularity of routine visits for children with diabetes mellitus type 1.

Methodology: Descriptive study, transversal, quantitative. An interview with mothers / caregivers of children with Type 1 Diabetes Mellitus in Uberlândia-MG in the waiting rooms of pediatric endocrinology clinics was conducted. According to municipal data in July 2013 there were 68 children with type 1 diabetes mellitus residents in Uberlândia and who were monitoring just in public health services. The study included 64 mothers / caretakers.

Results: Mothers / caregivers interviewed mentioned that a significant proportion (68.64%) of children with type 1 DM has no regularity in assistance for child care, and that only carry out monitoring of child health in the endocrine clinic / pediatrics. It was observed that the longer the time of diagnosis, the lower the regularity of attention to childcare, statistically significant ($p = 0.0106$) compared the child's age there was no statistical difference.

Conclusion: There has been a mismatch between specialist and primary care. The insertion and follow-up in specialized services increase the bond and trust making the follow-up in primary care is not identified as an absolute necessity and monitoring in specialized services is enough. This may jeopardize the functioning of the health system networked with negative consequences on the health of the child.

PALAVRAS-CHAVE: criança; puericultura; diabetes mellitus

**OP417 - RELATIONSHIP BETWEEN HEADACHES DIAGNOSED BY
TELENEUROLOGY PROCESS AND FAMILY DYSFUNCTION
AFFORDABLES BY FAMILY MEDICINE**

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The use of Teleneurology in the population attending the Family Health Center (CESFAM) Hualpencillo has helped to address and resolve without neurological problems and without the need to go to the referral hospital. The casuistry in patients treated in the period from September 2015 to January 2016 shows that among all medical attentions made by this way, a 65,4% are headaches.

The aim of our study was to describe family and psychosocial factors associated with the resence of headache, and to project the possibility of the Family Doctor/Phisician intervention in this area.

Methodology: Before the specialist care, a survey was applied to all patients seen by Teleneurology between September2015 and January 2016 whose main diagnosis was headache, asking classical triggering factors for the disease characteristics, and also mood and family relationships.

Results: These elements were explored in 53 patients with chronic headache, where the main trigger were home problems and particularly those associated with dysfunctional relationships among its members with a 71,6%. Of these patients only 44,7 % had been previously treated of this situation.

Conclusions: Many of chronic headaches that are referred to specialist can be prevented in PHC with a family and bio-psycho-social approach. In this area the family doctor has a fundamental role in the diagnosis and management of crises linked to the family, thus improving resoluteness and quality of care in primary health care(PHC)

PALAVRAS-CHAVE: TELENEUROLOGY; HEADACHE; FAMILY MEDICINE

OP419 - SCHOOL HEALTH PROGRAM - TRACKING AND MONITORING OF HEALTH AND NUTRITION INDICATORS

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Introduction:

The School Health Program, aims to promote the quality of life for students during the school development. Health and nutrition indicators are crucial for development and growth of children and young people. So, became necessary to assess the development conditions and nutrition of schoolchildren from a public school to identify the risk factors that may compromise the health and school development.

Objective:

Perform tracking and nutritional monitoring with risk rating of children enrolled in elementary school Hebert de Souza in Guarulhos.

Methodology:

Exploratory and quantitative research. Participated in this sample 837 children between 5-11 years of age, of both genders, in the period from March to June 2015 whose guardians and family members signed the Consent and Informed. It was carried out the examination of anthropometry and calculated the body mass index (BMI), according to criteria from the World Health Organization. This study was developed in UBS Jardim Jacy.

Results:

According to the criteria the BMI, the results of this sample showed changes in the nutritional assessment of 493 children: 132 were obese, 151 overweight and 210 thinness. These findings corroborate the data on the nutritional status evidenced by the National Demographic and Health throughout the country which found deficit in height for age, weight for height, weight for age and overweight for height, BMI deficit in adolescents of both genders, overweight in adolescents.

Conclusion:

The promotion and protection of health through traces and monitoring of health and nutrition indicators contributes to that can be made intersectoral action for coping vulnerabilities that could compromise the development and the learning process.

PALAVRAS-CHAVE: Child Nutritional Physiological Phenomena; Body Mass Index; Ambulatory Care

OP423 - SYNERGY OF PRIMARY AND EMERGENCY CARE: ADVANCED AND BASIC LIFE SUPPORT IN OBSTETRICS (ALSO®, BLSO®) PROGRAMS IN INDIA AND ETHIOPIA

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• Introduction and Objective

Many factors are responsible for maternal mortality in Ethiopia and India, including limited access to skilled birth attendants, chronic diseases, lack of supplies and facilities, and inadequate training of caregivers. The Basic and Advanced Life Support in Obstetrics Courses (BLSO® and ALSO®) address the lack of adequate training of medical personnel. They are 1-3 day, evidence-based courses that teach management of obstetric emergencies using small group learning and mannequin-based scenarios. Partnership with emergency medical services (EMS) addresses another cause of maternal mortality – timely transport to medical care. The objective of this presentation is to compare and contrast the ALSO and BLSO programs and their relationship with newly-introduced EMS in Ethiopia and India.

• Methods

Presenters include those responsible for piloting, modifying, advising and/or propagating the ALSO and BLSO programs and EMS services in Ethiopia and India and family medicine residency training in Ethiopia over the past 5 years. Presenters will share observations, quantitative and qualitative course evaluation data, and prospective observational data regarding pregnancy-related calls to the Indian EMS.

• Results and Conclusions

Primary and emergency care services in Ethiopia and India are growing and have the opportunity for synergy in areas such as obstetric emergency training and services. ALSO and BLSO training programs in conjunction with functional emergency care services can reduce maternal deaths by addressing the second and third delays (delay in reaching care and delay in obtaining high quality care).

• Disclaimer - Conflicts of interest: None

PALAVRAS-CHAVE: EDUCATION, PROFESSIONAL; OBSTETRIC LABOR COMPLICATIONS; EMERGENCY MEDICAL SERVICES

OP424 - SYSTEMATIC REVIEW COMPARING NATIONAL AND INTERNATIONAL ARTICLES USING PCATOOL TO EVALUATE PHC SERVICES

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Introduction and Objective:

Primary Care Assessment Tool (PCATool) is used widespread throughout the world allowing comparison between primary care teams internationally. This study compares PHC attributes scores among national and international studies using PCATool since 2001.

Method:

Systematic review using the major databases searching for the term "Primary Care Assessment Tool". We found 977 articles in Portuguese, English and Spanish. Only articles using the complete "Adult" version in general population samples were included. Those using exclusively the "Child" version, the "Professional" version or just part of the "Adult" questionnaire, or those focusing on specific population groups, such as people with tuberculosis, diabetics or women were also excluded .

Results and Conclusion:

31 articles were selected, 12 from Brazil and 19 from other countries. Most Brazilian articles pointed out accessibility as the major weakness. That is also the reality of studies from Paraguay and Uruguay. Even Canada and the US have evaluated this attribute as the worst. However, while in developed countries accessibility is considered poor because It is difficult to see the doctor on the same day, in Latin America there are few primary care services working on the weekends or at nights and It is practically impossible to solve minor health problems by telephone. Latin America PHC still imposes many barriers to the user. Investments in structuring friendly services are necessary.

PALAVRAS-CHAVE: Quality Assessment; Health Services Accessibility ; Primary Health Care

OP425 - TEENAGERS NETWORK PROMOTERS OF HEALTH: YOUTH PARTICIPATION IN PRIMARY CARE

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Health promotion allows promote successful practices in different shades of primary care. Thus, the Adolescent and Youth Health Network of Promoters is an initiative focused on youth leadership in health promotion. The RAP was created by the Intersectoral Policy and Action Coordination Superintendence of Health Promotion SMS RJ and used as devices intersectoral health, education, culture and leisure, social welfare and human rights. Consolidate this initiative and youth leadership activities is a challenge that requires dynamism and continuous discussion.

The journey as supporters realized that the RAP is a unique experience in the lives of adolescents, as their lives take on new meaning.

The target audience are teenagers and young adults between 14 and 24 years, now the network consists of 160 trainers and 32 facilitators. Furthermore, there is a supervisor aid professional units in a reference professional practitioners in the CAP and SPS.

The training takes place in workshops on topics such as the principles of the NHS, primary care and social determinants of health. In addition to the prevention of sexually transmitted diseases, breastfeeding, vaccination, digital inclusion, etc. On the one hand the RAP is configured in an action to promote health by encouraging youth participation, on the other mobilize young users to participate in activities and more attend health facilities is still a challenge. How can we even bring us closer to this audience?

What suggestions from you for this situation?

PALAVRAS-CHAVE: SUS; Juventude; RAP

OP428 - TOLEDO HEALTH FORUM. A PROCESS OF CITIZEN PARTICIPATION IN HEALTH. CANELONES, URUGUAY, 2015.

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Introduction

The Toledo Health Forum was set up in the health sector as a participatory process involving health institutions, the local government and the community, in order to plan health actions based on the problems identified in the territory. It is located in a metropolitan and rural micro-region in Canelones (Uruguay) and includes three municipalities with health needs insufficiently resolved.

Methodology

Descriptive qualitative study with component of research-action. The process was participatory at all stages of the process, which was managed collectively. Qualitative techniques were used for problem identification and data was gathered from local sources for the construction of the indicators with a territorial perspective.

Results and conclusions.

Sixteen institutions (11 publics, 5 private) took part. Ten meetings were held: 6 preparatory, 2 open plenary sessions, 2 follow-up meetings. The three priority issues were: 1) gender violence, child abuse and maltreatment; 2) lack of ambulances and transportation difficulty; 3) inappropriate development of health services in relation to population needs. A prioritized solution was the installation of a health care center in the micro-region, with 24-hour care and linked to primary care teams. The leadership of the process transferred from the health system to the local government, which is currently responsible for implementing the prioritized issues. The University offered academic support and to promote the participation of community representatives to get involved in the implementation. Health authorities already promised to install the Toledo Health Care Center.

The process was effective and satisfying.

PALAVRAS-CHAVE: Consumer Participation; Community Integration; Community-Based Participatory Research

OP429 - USING THE PRIMARY CARE ASSESSMENT TOOLS (PCAT) IN SPAIN: EVALUATION FROM PRIMARY CARE TEAMS' (PCT) AND POPULATION'S PERSPECTIVES

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Introduction and Objective:

The Starfield' model and instruments were used in Catalonia to complement the evaluation after the PC reform. Objective: to evaluate the performance of PC from the PC teams and population's perspectives.

Methods:

In Spain was used PCAT- Facility, with Primary Care Teams (PCT) directors and a selection of items from PCAT-Consumer (10 for adults and 19 for children) were included in the Catalan Health Interview Survey to measure population's experience . In 2006 was conducted the population survey and in 2007 the PC directors survey in Barcelona Health Region (the largest in Catalonia, with more than 5 million people, and with 194 PCT). The PCAT indexes were used in the 1-4 scale, considering the optimum value 3 or greater.

Results and Conclusion:

The percentage of PCT with an optimum value in PC domains: 42.9% first contact, 64.7% ongoing care, 43.6% coordination, 78% coordination - information systems, comprehensiveness: 88.7% services available and 89.5% in services provided, 56.4% family focus, 50.4% community orientation and 27.1%.cultural competence. In adult population, PC obtained 7 points on a scale from 0 to 10, without a pattern of social inequality. Under 15, inequalities were detected: families that parents were immigrants declared worst experience with the PC.

Conclusion:

The PCAT implementation allowed to identify weaknesses of PC in its functions of cultural competence, coordination and first contact. It's important to measure the quality of PC with equity's perspective.

PALAVRAS-CHAVE: Primary Care; Avaluacion; PCAT

OP430 - VACCINATION OF CHILDREN WITH DIABETES MELLITUS TYPE 1 A RIGHT AND A CHALLENGE TO PUBLIC HEALTH

Wolkers PCB¹; Mello DF²; 1 - Universidade Federal de Uberlândia; 2 - Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo;

Rethinking the question of the importance of vaccination, rising concern about access to vaccination and to complete and specific vaccination schedules for certain situations of health.

Objectives:

To expand the understanding of child immunization issues with diabetes mellitus type 1 according to the Special Immunobiology Referral Centers (CRIEs).

Methodology:

Descriptive study, transversal, quantitative. Entrevistas were conducted with mothers / guardians of children with diabetes mellitus (DM) type 1 in Uberlandia, Minas Gerais in the waiting rooms of endocrinology clinics. In July 2013 they had 68 children with type 1 diabetes mellitus residents in Uberlândia and we were monitoring in public health services. The study included 64 mothers / caretakers.

Results:

The right of children with diabetes at any age are related to pneumococcal vaccines against influenza and was recognized by 39.1%, 23.4% had no knowledge regarding this and 37.5% knew of only one of these vaccines. In relation to the receipt of pneumococcal vaccines against influenza and 20.3% were vaccinated, 29.7% were not vaccinated, 9.4% were vaccinated, but the reinforcements were incomplete, 21.9% received only influenza vaccine and their respective reinforcements annually, and 18.8% received influenza vaccine, however incomplete annual boosters.

Conclusion:

Vaccines available for children with diabetes by CRIEs are little used and known by patients and family. It is necessary for health policies and new services to mobilize in relation to this issue and create strategies to improve vaccination coverage in this risk group.

PALAVRAS-CHAVE: child; vaccination; diabetes mellitus

OP431 - WESTERN CAPE PRIMARY CARE ASSESSMENT TOOL (PCAT) STUDY: A BASELINE MEASURE OF PRIMARY CARE PERFORMANCE IN SOUTH AFRICA (2013)

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Introduction and Objectives:

The South African health system is undergoing major reform. Good PHC performance is associated with improved health and reduced costs. Urban and rural public PHC facilities (PCFs) in Western Cape Province, South Africa, were audited for baseline performance prior to reform.

Method:

The South African cross-culturally validated ZA PCAT was administered to users, practitioners and managers to audit performance on 11 primary care sub-domains. Adult users were systematically sampled. All full-time practitioners (doctors and nurse practitioners) in PCFs sampled and all PCF managers in districts sampled were invited into the study.

Results and Conclusions:

1432 users, 100 practitioners and 64 managers in 13 PCFs in 10 urban and rural sub-districts were surveyed. (Percentages indicate proportions scoring sub-domains "acceptable to good"). 11.5% of users scored access as "acceptable to good"; for community orientation and comprehensive services provided users' scores were 20.8% and 39.9% respectively. Total primary care score for users, managers and practitioners was 50.2%; 82.8% and 88.0% respectively. Practitioners scored access lowest (33.3%); comprehensive services available (100%) and PHC team (98%) highest. Managers scored access (13.5%) and family centeredness (45.6%) lowest; comprehensive services available (90.6%) and PHC team (85.9%) highest. Managers scored access, family centeredness and cultural competence significantly lower than practitioners. Users scored comprehensive services available, comprehensive services provided and community orientation significantly lower than practitioners and managers. Conclusion: Significant gaps exist between user experience and practitioner and manager assessments. PHC needs aligning with best practice and national and provincial health policies. Results should inform training, health policy and research.

PALAVRAS-CHAVE: PHC; Performance; Metrics

OP432 - WHY WORK OF A FAMILY MEDICINE DOCTOR IN SLOVENIA IS NOT VERY POPULAR AMONG YOUNG DOCTORS

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Introduction

A good primary healthcare has an important effect on reducing morbidity and mortality of the population, reducing the cost of care and improving equality among people. Primary care is the foundation for public health. Slovenia has one of the most severe doctor deficiencies among family doctors (GP) in rural areas in developed countries. Instead of proposed standard of 1500 patients per GP the number is as high as 2500-3000 per GP. Average time GP has for a patient consultation and treatment is 7 minutes.

Discussion

Main reasons for GP deficiency:

- extreme work load – 50-80 patients/day
- inclusion in emergency medicine in rural areas
- GP salary is lower than that of other specialists by law
- lack of good mentors
- life-expectancy is lower (6 years in female GP)
- no government support for rural area work
- rude and intolerant behaviour from other specialist towards GPs

Conclusion

For major improvements we have to:

- lower the work load of a GP
- improve the reputation of GP among medical students
- raise GP salary to the same level as other specialists
- increase the number of mentors for young doctors
- special government programs and financing for attracting new GPs to rural areas
- improve the quality of life and life expectancy of a GP in Slovenia.

PALAVRAS-CHAVE: Family Practice; Slovenia; Workload

Apresentação de pôster

ENSINO

PP1 - "YOU TEACH ME TO MAKE LACE" - WORK EXPERIENCE WITH WOMEN IN EXTRACTIVE RESERVE FROM CANTO VERDE-CE, BRAZIL

LEITE VMS ¹; LARA LH ²; TIRADENTES AA ²; PINHEIRO RM ³; VIEIRA LS ²; Araujo Junior OL ²; 1 - Faculdade de Medicina - Universidade Federal do; 2 - Faculdade de Medicina - Universidade Federal do Ceará; 3 - Faculdade de Farmácia, Odontologia e Enfermagem - Universidade Federal do Ceará;

Introduction

Since 2015, in partnership with LABOCART-UFC, LISF has been working on the extractive reserve of Canto Verde. This community has earned its right to land after many struggles against real estate speculation. During the survey we did on the main health disorders experienced in the community and in our conversations with the health unit staff that serves the region, we found a lot of women were making use of antidepressants. This fact draws attention in a highly politicized and participant community. Indeed, it is men who are ahead of most of the activities. There are no women leaders in residents association and in the community struggles.

Methodology and Results

The community women already develop craft activities in groups. We take advantage of these groups to promote workshops where we blend technical increase in embroidery and therapeutic activities, in order to approach the universe of these women and to better understand the context in which they live, their aspirations and projects. The idea is to draw a profile of the universe of these women that enables the health teams that serve the community better cope with the situation by creating alternatives to medicalization.

PALAVRAS-CHAVE: Women's Health; Mental Health; Depression

PP2 - (RE)THINKING THE COMPETENCIES IN PRECEPTORY FROM ACTIVE EDUCATION-LEARNING METHODOLOGIES

Oliveira EMF ¹; Paulino DB ¹; Raimondi GA ¹; Ferreira NM ¹; 1 - Universidade Federal de Uberlândia;

INTRODUCTION/OBJECTIVES:

Accordingly to the Resolutions of the National Medical Residency Council (CNRM) and the Brazilian Society of Family Medicine and Community (MFC) the teaching competencies and the self-learning capacity are “essential” and “desirable” foundations in practicing and on Medical Residency Programs on Family Medicine and Community. That way, we have as goal to problematize the role of the Family Medicine and Community resident preceptor, seeking to identify the competencies that must be developed on his professional practice.

RESULTS/CONCLUSIONS:

From the questioning of the “essential” and “desirable” competencies for the practice of the preceptor, it was observed that the traditional practice of unidirectional transmission of knowledge was the most executed method. This view was counter-posted with active practices of teaching-learning, which allocate the student on the center of the process, allowing the reconfiguration of the role of the preceptor as facilitator on seeking the important knowledge. Before that, the opportunity of an Internship in Teaching and Competencies in Preceptorship in the Family and Community Medicine, allowed a critical reflection on the role of the preceptor while the agent capable of allowing the build of knowledge in an active, critical an responsible way, guaranteeing an integration teach-service more effective and efficient.

PALAVRAS-CHAVE: Internship and Residency; Preceptorship; Education

PP4 - THEORETICAL-PRACTICAL EXPERIENCES IN THE FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM AT UERJ

SICURO, Bruno ¹; VERGARA, Garcia ¹; 1 - UERJ;

Among the various functions of a family doctor, perhaps the most important and the most representative is the home visit. This scenario is where it happens the environmental relationships that can both strengthen the health potential, as contributing to their illness. Be present at this location is an essential strategy for the recognition of fragility, risks, potential and possibilities. To explore the best of this environment, it is necessary to know the tools and skills, of which many are ignored during medical graduation. This work aims at the theoretical and practical reporting occurred in the medical residency program in Family and Community Medicine, which was addressed issues directed to approach, communication, person-centered clinical management and evaluation goals.

The use of tools like Familiogram and ecomap that make this type of more effective approach, and encourage the creation of bond. The knowledge of the life cycle. The concept of systemic and cybernetic paradigms, one of the most representative forms of working in the family room, to focus the clinical evaluation in inter-personal relationships. In the end, these concepts were put into practice during an RV accompanied by the teacher, with the consultation ending an evaluation by a "feedback " and development goals with the medical resident.

The theoretical-practical experiment carried out at the moment of course, was extremely enriching, both for presenting issues of great importance in the routine practice of a family doctor and community, as for conducting the educational process, represented by the tripod theory, practice and evaluation.

PALAVRAS-CHAVE: Residência médica; Medicina de família; Relação teórico-prático

PP6 - A PECULIAR PRACTICE FIELD IN A FAMILY MEDICINE RESIDENCY PROGRAM

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INTRODUCTION AND OBJECTIVE

The Family Medicine Residency from the Secretaria Municipal de Curitiba has a practice field at the Consultório na Rua (CnaR), which sets up a space to experience the peculiar reality of homeless people. The CnaR offers services in convergence with the policies of primary care and the logic of harm reduction, legitimately taking responsibility for promoting equity.

The partnership with CnaR aims to increase the integration of services provided by primary health care and strengthen the attachment between health professionals and the public.

METHODOLOGY

Residents accompany the multidisciplinary teams of CnaR, which provide an itinerant and comprehensive health care for homeless people, and deals daily with different problems and health needs of this population, developing shared actions with settings of psychosocial care. At this practice field, residents learn how important it is to sensitize this particular population about self-care. Moreover, the residents get to understand that building an attachment bond with each patient is indispensable to create a relationship of mutual trust, through which it is possible to promote social recovery, always respecting the uniqueness of each one.

CONCLUSION

Much more than attending homeless people, CnaR teams embrace and return them the possibility of establishing new perspectives of life, therefore rescuing their citizenship. The experience of a multidisciplinary approach to such a peculiar population improves the capacity of comprehensiveness of family medicine residents, thus training them to deliver better care.

PALAVRAS-CHAVE: Harm Reduction; Homeless Persons; Internship and Residency

PP8 - A SELF-CARE OF RECOVERY IN ELDERLY IN IMMUNIZATION AGAINST THE INFLUENZA

Peixoto

MSBF ¹;

1 - Fundação Técnico - educacional Souza Marques;

The VALUE OF SELF-CARE IN ELDERLY IN IMMUNIZATION AGAINST THE INFLUENZA : A NURSE PRACTICE (O) HEALTH PROMOTION

Introduction / problem:

This study sought to identify factors involved in the knowledge that the elderly have with respect to immunization against influenza. This knowledge can drive the nurse's efforts on health care for the elderly to promote health education in the exercise of their citizenship.

Objective:

To establish estartégias to act the nurse in care in the family health unit related to immunization against influenza virus. Encouraging the elderly to vaccination aimed at self-care, citizenship and social control.

Methodology:

Descriptive approach, exploratory and not documentary. The search was conducted in electronic databases as BDEF, LILACS and SCIELO and library collections. It is collected data from late May to October 2007.

Results:

Knowledge is the basis for making decisions consciously. Educational activities serves as a guideline to be developed and supported to improve the quality of life and social justice.

Conclusion:

The nurse should act as an educator in the old accession process. Systematizing their assistance with directions to reach the elderly in their environment and encourage them to participate in making decisions about his life. Work Specialization Course Completion in Health Promotion at the Federal Fluminense University

PALAVRAS-CHAVE: Accession; Epidemiology; influenza

PP9 - ACADEMIC LEAGUE OF WOMEN S HEALTH: UNIVERSITY AND COMMUNITY ADDRESSING THE ROLE OF WOMEN UNDER A NEW PERSPECTIVE

Mathiles, J.A. ¹; Rodrigues, A.R. ¹; Moura, R.G. ²; Soares, E.A.G. ¹; 1 - Faculdade de Ciências Médicas, Universidade do Estado do Rio de Janeiro; 2 - Departamento de Medicina Integral, Familiar e Comunitária, Universidade do Estado do Rio de Janeiro;

Introduction/objectives:

Current curricula of medical schools distance students from practical scenarios and a bio-psycho-social vision of the individual. The academic leagues strive to build knowledge by offering practical exposure to facilitate learning and sensitize students for women's perspectives. The activities developed by the Academic League for Women's Health (LASMu) of the FCM/UERJ expand the learning experience beyond gynecological and reproductive functions of women.

In this context the objective of the league is to contribute with new approaches that address questions relative to women's health in primary care, develop professionals capable of working on aspects related to the integral health of women and gender relations, expanding the comprehension and deepening concepts, as well as revising values about sexuality, sharing them with different segments of society.

Methods:

Offering workshops of lived experience under the conceptual theme "Woman, Sexuality and Society"; observing ambulatory care provided by resident physicians in family medicine and community health; observation and follow-up of pregnant women in prenatal care; providing sexual education and discussions about the importance of feminism in women's health in public schools; evaluating reproductive risks among sex workers.

Results/conclusions:

The participation of the students in the activities promoted by LASMu facilitated the development of abilities to approach questions related to women's health, aspects of gender, violence/sexual abuse, sexual diversity and sexual/reproductive rights, contributing to the development of a bio-psycho-social vision of the individual by the students. Thus, LASMu participants acquired a broader view on Women's Health, the Public Health System and Family Medicine.

PALAVRAS-CHAVE: Primary Health Care; Women's Health; Health Education

PP10 - ACADEMIC SUPERVISION MODEL IN UFSJ TO MAIS MÉDICOS PARA O BRASIL PROJECT

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Introduction and objectives:

Since 2013 the Universidade Federal de São João del-Rei (UFSJ) has formally signed in the Mais Medicos para o Brasil project (PMMB) as a Supervising Institution (SI), which makes it responsible for the Academic Supervision. According the legislation concerning this project, the Academic Supervision is the way to provide continuing education for the doctors that participate of this project. Today with 102 supervisors, the UFSJ attend to 871 doctors who are in several cities in the state of Minas Gerais, Brazil. This paper aimed to determine the educational theory chosen by the SI to guide the supervisors' activities with the doctors.

Methods:

Document analysis of the material produced by the UFSJ and the Brazilian's Ministry of Education and the Ministry of Health between the years 2013 and 2015 about the PMMB.

Results and conclusion:

According to the studied documents, the Academic Supervision must consider the participant doctor's experience as unique and develop competence in order to strengthen Primary Health Care in Brazil. The analysis of the documents has indicated andragogy as the base theory for UFSJ supervision. The elements that expressed this were: the focus of educational activities on the needs assessment communicated by the participant doctor; and a comprehensive approach to these needs considering the learners' life and experienced problems.

PALAVRAS-CHAVE: Education, Continuing; ; Health Systems; Primary Health Care

PP11 - ACADEMY-SERVICE-COMMUNITY DIALOG AS AN EDUCATIONAL STRATEGY IN MEDICINE: EXPERIENCE REPORT

Assis JSF¹; Macedo FVE¹; Pereira JPR¹; Silva MVO¹; Souza MVS¹; Pinto MM¹; Silva RAG¹; Almeida SAS¹; Souza NM²; 1 - Acadêmico, escola de medicina, Universidade Federal de Ouro Preto (UFOP); 2 - Docente, cursos de medicina, Universidade Federal de Ouro Preto (UFOP) e UNIFENAS - BH;

Introduction:

It is expected a positive impact in medical education with the implementation of the “2014 Diretriz Nacional Curricular de Medicina” due to its focus on developing healthcare, management and educational competences that are based on the best scientific evidence, and that are orientated to people’s need within a family and community context. This project presented first-year medical students’ views of Primary Healthcare (PHC) via analysis of the structure, process, and results of a PHC Unit.

Objective:

To use situational diagnostic, health planning, and academy-management-service dialogue as a medical educational strategy.

Method:

Experience report on three cognitive workshops; four technical visits to the Municipal Secretariat and the PHC CAIC Unit; portfolio writing for the discipline ‘Practice in Health Services’ of the “Universidade Federal de Ouro Preto – Brazil”. We have used data triangulation (i.e., participant observer, key-informant interview, and search for secondary and scientific data) for building the diagnostic with the family health team and the Municipal Health manager as to plan an intervention.

Results:

The dialog between municipal health managers and PHC professionals were strengthened through the development of an intervention in the PHC CAIC Unit. Students evaluated their involvement with PHC as the foundation of their future medical practice.

Conclusion:

PHC used for medical education may contribute towards bridging the Academy-Service-Community gap, promoting academia inclusion in outskirts communities, and fostering knowledge production since Medical course inception.

PALAVRAS-CHAVE: Medical Education; Health Policy; Primary Health

PP12 - ACCESSIBLE TRAINING SOLUTIONS: SUPPORTING RURAL GPs IN THE PROVISION OF MENTAL HEALTH CARE IN THE AUSTRALIAN CONTEXT

Shenouda, AMS ¹; Flegg, KM ¹; 1 - RACGP Rural;

Introduction and Objective

Mental illnesses are the largest single cause of disability in Australia, accounting for 24% of the burden of non-fatal disease.(AIHW 2007) Almost half (45%) of the population will experience a mental illness in their lifetime, one in five experience a mental health issue each year. (ABS 2009)

Mental health can account for a large part of a GPs working hours, and in a rural context GPs may be the only available workforce providing front-line services. This presentation is focused on the skills and supports GPs in rural Australia need to enable the provision of high quality, patient-centred, integrated mental health care.

Method

Recent RACGP research found that mental health advanced skills are among the most needed in rural communities - ranked first out of 17 procedural and non-procedural skills areas.(RACGP 2014) More broadly, the research identified barriers and enablers for rural GPs to access training and utilise advanced skillsets.

In addressing these training barriers, this presentation focuses on modular approaches to training, accessible to the rural GP, which can provide a clear, viable mental health skill acquisition pathway. A multi-modal approach is demonstrated encompassing technology, peer networks and local expertise that enables training without travel or time away from their community.

Results and conclusions

There is already a significant unmet need for mental health care, and this is only going to increase. Primary care provides an important opportunity for early intervention, and GPs as the leaders of the multidisciplinary team must be supported in accessing the upskilling opportunities they need to meet community needs.

PALAVRAS-CHAVE: Mental Health; Training; Rural GP

PP13 - WELCOMING UNDERGRADUATES: A TEACHING EXPERIENCE

Yuri SSP Zago,¹; BENUNES V¹; Colman, M¹; Cruz. H¹; Figueiredo, W.¹; Lazo. I¹; Lyra K.¹; Martins. R¹; Valadares I¹; Zambrano, Nathalie¹; 1 - Escola Superior de Ciências da Saúde;

Introduction

The "host" is a concept that refers to a healthcare action and indicates a change of professional / user and their social network through technical parameters, ethical, humanitarian and solidarity, recognizing the user as a subject and active participant in the process of health production. He was widely described and discussed in SUS humanization booklet prepared in 2003 by action of the Ministry of Health. Thus, students of Health Sciences School followed for one year the activities of the Health Centre No. 01 of San Sebastian in order to observe actively welcoming the unit. Because of the many discrepancies between the host proposed by the Ministry of Health and what was realized in practice, the group sought to address them through a dialogue-based lecture with each team and the presentation of a new flow chart to follow.

Objectives / Methods

The study deals with a cross-sectional study design observational and descriptive, it lasted eight months, finally the group met to critically distinguish the similarities and differences between the ministerial protocol and what was found.

We used the flowchart method as a tool to regulate the end product of field analysis and ministerial statements.

CONCLUSION

In the end, it was noticed an improvement in semantic understanding of the term host, as well as a more humane look at what is the professional user interface. Professionals and students assessed as satisfactory intervention

PALAVRAS-CHAVE: Medicina de Família; Acolhimento; Educação Médica

PP14 - ACTIONS AND REFLECTIONS INVOLVING THE MENTAL HEALTH OF UNIVERSITY STUDENTS : EXPERIENCE REPORT ABOUT THE PROJECT BE HAPPY

Castro JS ¹; Ribeiro GML ¹; Papa IMD ¹; Krause MFD ¹; 1 - Universidade Federal do Rio Grande do Norte;

Introduction and Objectives:

The rate of undergraduates who have some kind of psychiatric disorder is about 20%. Researchers believe that there are stressors over a graduation, which could influence the prevalence of these disorders among students. The paper sought to describe and analyze the development process of "Be Happy" project in the scientific perspective.

Methodology:

The project was performed by undergraduates of the non-governmental organization IFMSA Brazil, that seeks to escort and mentor university students. It took place through conversations with trade professionals, encouraging the search for good eating habits, physical exercises and appraisal of social relationships. These actions optimize the life quality of students and are associated with an enhance of mental health. This is an experience report of the project conducted in 2015 with 24 participants. The project was divided into three events: a roundtable that provided technical information on the subject in a multidisciplinary way; pleasant and reflective activities in outdoor spaces; and a conversation with a psychologist and a physical educator to reflect on how the activities affect the routines of the participants.

Results and Conclusions:

The students reflected the importance of mental health. In addition, the activities showed that life quality is possible even with academic collections. It is, therefore, necessary that the project activities be maintained and expanded, so the university students can participate in diverse extracurricular activities, aiming life quality. After all, the educational institutions must be concerned not only with training, but also with the welfare of their students.

PALAVRAS-CHAVE: Mental Health; Students

PP15 - ACTIVE INSERTION OF MEDICINE STUDENTS IN THE HEALTHCARE SYSTEM: A PRIMARY HEALTHCARE CONTEXT EXPERIENCE REPORT.

Júnior AGV ¹; Santos AL ¹; Grassioli LG ¹; Aguiar JVA ¹; Freitas DDH ¹; Oliveira MA ¹; Sobral DS ¹; Morais JLS ¹; Lemos CCA ¹; 1 - Universidade de Fortaleza;

Introduction and Objectives:

Brazil's Primary Healthcare organization reflects on the Family Health Strategy, that is the main scenario of the medical schools formation. Since the changes occurred on the National Curricular Directives with the objective of implementing active methodologies, the teaching focused on the population's healthcare assistance need and on inserting the students in this context since the beginning of the medical school with an integrated approach together with medical professionals. This report tries to expose the difficulties and benefits in the insertion of medical students in an Basic Healthcare Unit of Fortaleza-CE and its contribution to the medical formation.

Methods:

It's about a experience report of a descriptive nature on medical service's consults in a basic healthcare unit by medical students. The consults take place, weekly, in an Family Healthcare center, in the city of Fortaleza-CE, where the clinic history collect and the physical examination took place, all under teachers supervision inside the clinic's room, as well as having the opportunity of doing home visits.

Results and Conclusions:

The semiology practice is a remarkable aspect in practice, since a good anamneses and physical exam greatly reflect on the diagnosis. Furthermore, being actively inserted in the healthcare system is responsible for a significant academic growth. An obstacle was some patient's fears on being consulted by inexperienced medical students. It's extremely relevant the early insertion of students in the healthcare system, allowing the true routine knowledge, as well as allowing the development of medical habilities.

PALAVRAS-CHAVE: Primary Healthcare; Medical Education; Educational Activities

PP17 - ADULT OBESITY: PRACTICE SKILLS AND BARRIERS TO MANAGEMENT AMONG FAMILY DOCTORS IN KINGSTON AND ST. ANDREW, JAMAICA

Smith KS¹; James k¹; Standard Goldson AJ¹; 1 - The University of the West Indies Mona Campus;

Introduction and Objective

This study examined the knowledge and practices of Family Doctors in Kingston and St. Andrew, Jamaica regarding the management of adult obesity and compared this to the 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults. Obesity increasingly burdens the health care system globally and because Family Doctors are in an ideal position to manage this problem information related to their practice skills and barriers to management can help to elucidate necessary interventions.

Methods

A cross-sectional study was done using a census approach with the aid of a self-administered questionnaire.

Results and Conclusion

There were 117 respondents out of the 155 Family Doctors (75% response rate). There was a significant difference ($z = -5.220$, p value < 0.001) in the mean age groups of public (34 years) and private physicians (69 years). Few significant associations were found between the sociodemographic information and the knowledge and practice variables. Few significant differences were found between the practice of public and private physicians. Seventy-seven percent of physicians were found to have medium to high level practice but approximately 1 in 4 physicians (23%) display poor practice in managing these patients.

Barriers to implementation of the management were identified. These were determined to be primarily: lack of training, time constraints and poor patient adherence especially due to lack of financial resources. Recommendations include having obesity care covered by health insurance and improving physician skills regarding counselling and other adjunctive therapy.

PALAVRAS-CHAVE: Obesity; Physicians, Family; Jamaica

PP18 - ADVANCED RURAL-GLOBAL MEDICAL & SURGICAL RESIDENT TRAINING TRACK

Cassidy LC ¹; Agarwal S ¹; Twyman S ¹; Winchell Z ¹; Gibson J ¹; 1 - John Peter Smith Family Medicine Residency;

Introduction and Objective:

Family medicine physicians that perform more procedures and surgeries in their practice provide higher quality and less costly medical care and are well poised to help fill the growing global burden of unmet surgical and medical needs. However, few family medicine residency training programs offer the full breadth of procedural training that would meet the needs of the rural and globally underserved.

This program aims to prepare full spectrum family medicine physicians to provide essential medical and surgical services in low-resource settings around the world.

Method:

Development of a surgical track divided over PGY-3 and PGY-4 years of a full spectrum family medicine residency program. Surgical patients are referred and track residents will learn to take care of these patients by working with general and specialty surgeons both inside and outside of the operating room. Curriculum will also include weekly didactics and general family medicine procedural training. At the midpoint and end of their training, residents will be evaluated by surgical faculty via a modification of the instrument used to assess general surgery residents.

Results and Conclusion:

Data collected will be analyzed to assess preparation of residents in the ARMS track for a narrow breadth of surgical skills to use in rural and international settings. After completion of the surgical track, residents will be experienced in various general surgery, orthopedic surgery, urology, ob/gyn, and ultrasound procedures necessary in resource-poor areas.

PALAVRAS-CHAVE: surgery; procedure; curriculum

PP19 - ADVANCED THERAPIES AND FAMILY MEDICINE.

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Family medicine is always renovating itself, adapting to new medical findings. We are a crucial part of the healthcare model. Nowadays we have to learn new skills and control new diagnostic test and treatments without forgetting the biological-psychological-social model in which we have to take care of the patients and his environment.

In the last decades a new path is opened in the treatment of diseases. There are great progresses in advanced therapies, and there are not few patients who ask us in our daily practice about them. As Family doctors we should be taught in those new findings to solve our patient's doubts and requests. In that way, our training unit is collaborating with the medical school of Granada to asses which is the best way to improve the knowledge in those new areas (not only advanced therapies) in family doctors.

Method

We have elaborated and validated three surveys; the objective of this project is to evaluate the knowledge and attitude perceptions of family doctors in the new branches of medicine, in particular in advanced therapies.

After validating our survey we have contact with the teaching units in Andalucía, with eight provinces and their junior doctors are conducting our surveys. We are studying the perception of knowledge that young doctors have and the way they prefer to learn those new skills.

The conclusions will allow us elaborate better teaching models to improve the training program in our medical specialty and improve the health education in our population.

PALAVRAS-CHAVE: General practice; Tissue Engineering; Training program

PP20 - ALCOHOL CONSUMPTION AND LIFESTYLE IN MEDICAL STUDENTS

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INTRODUCTION AND OBJECTIVES:

Studies have shown that adherence to healthy behaviors among young people has declined. Alcohol is the most widely used psychoactive substance among students, who underestimate its effects, exposing themselves to more risk situations. Any dose of alcohol increases the risk of death from all causes in a dose-dependent relationship. Researchers advocate the use of traces to identify students at risk of potential to monitor and prevent the use of the substance. The aim of the study was to investigate the prevalence of alcohol use and associated factors in medical students.

METHODS:

Cross-sectional study carried out in Porto Alegre, in the second half of 2015 with 190 medical students who responded to self-administered questionnaires with demographic, socioeconomic information, cigarette smoking and alcohol use, physical activity and tracking of mental disorders common. Univariate and bivariate analyzes were performed. As a measure of association, the reasons for crude and adjusted prevalence and their confidence intervals of 95% by Poisson regression with robust variance were estimated.

RESULTS AND CONCLUSION:

Regarding the use of alcohol, 56.7% of the students responded positively to the question of episodic heavy drinking and 63% reported this practice more than 3 times in the last 30 days. The tracking of common mental disorders verified the prevalence of 21% among academics. Universities, as training center, play a key role in identifying and intervention health problems. Health promotion and preventive actions that result in a change in patterns of tobacco use, alcohol and other substances among college are required.

PALAVRAS-CHAVE: Medical students; Alcohol consumption; Lifestyle

PP21 - AN E-LEARNING MODULE IN A PRIMARY CARE MEDICAL COURSE INTERNSHIP: INCREASING INTERACTIVITY WITH STUDENTS

PEDROSA PRB¹; DIAS MM¹; 1 - UNIVERSIDADE JOSÉ DO ROSÁRIO VELLANO - UNIFENAS;

Introduction/objective:

E-learning refers to the use of Internet technologies to deliver a variety of learning modes. There is evidence for the effectiveness and acceptance within the medical education community. Family Health discipline of Unifenas implemented a virtual module in the Moodle Platform for the fifth year internship as the students were located in other cities far from the University, with the objective to support theoretical content.

Methods:

There were produced videos and presentations with audio, allowing student to explore the screen, opening more content and listening the audio again. It was provided literature references for further review and study. Every week a different clinical case was proposed to encourage a discussion between the students and the teacher. A forum was opened to solve doubts and answer questions. The accesses to the platform were controlled to check the students participations.

Results/conclusions:

Despite of some resistance by the students in the beginning, mainly because this modality had never been used in the medical course, they reported a very satisfactory level of learning through this method in the end, as they were encouraged to perform personal engaging on research the content. E-Learning allowed higher level of interaction between the students and the teacher sparing teacher transportation costs to the students cities. It also allowed to offer the same content to the students in both cities at the same period of time. e-Learning allowed a new experience in the family health area, with a more intense dialogue between teacher and students, improving learned content.

PALAVRAS-CHAVE: Family Health; Distance education; Medical Education

**PP23 - AN EXPERIENCE WITH INSERTION IN THE COMMUNITY:
DEMISTIFYING VIOLENCE AND GETTING ACQUAINTED OF DIFFERENT
FAMILY DYNAMICS.**

LINS TS ¹; SAMPAIO J ²; XAVIER CS ¹; 1 - Universidade Federal da Paraíba; 2 - Unversidade Federal da Paraíba;

Our study aims to evaluate the experience of inserting medical students right in the beginning of the course into the territorial of families and into the community. This experience is included in the formal curriculum, through the horizontal module A (MHA), in the first period of the course. The students' perceptions are surveyed by using a journal and a circle of conversation. The contact of students with the real and the peripheral territory allowed to demystify the midiatic impression of increased violence in the region, as well as to emphasize the concept of respect and recognition of the community about the health workers, therefore, understanding the complex dynamics of the territory, and recognizing the social equipment which support this population. During the visits to families' houses, some initial difficulties emerged in the approaching and in the dialogue with them. Continuing with the visits, it was noticed that a good rapport between the students and families is necessary in order to effectively take care of the families. So as the observation of arrangements and different family dynamics, which were registered through a genogram and an ecomap. The follow-up of the families and acquaintance of the territorial enabled a sharp perception of the diversity of the dynamics and organization of the families and of the community. The experience of insertion of medical students in the community, since the beginning of the course, attempts to be effective in the construction of a medical education according to the principles of SUS.

PALAVRAS-CHAVE: Primary Health Care; Graduate Medical Education; Medical Students

PP24 - AN EXPERIMENT WITH STUDENTS OF THE 2ND/3RD YEAR OF MEDICAL SCHOOL AT UERJ: HUMAN VIRUS PROJECT LOVE (HLV +).

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Introduction:

The medical school is focused on the biomedical model, with overhead content, stimulating individualism, focus on diseases, with consequent powerlessness in the face of death, resulting in alienation / isolation as a defense of the student and physician future. This project will take place the first contact between medical students and hospitalized people, giving opportunity to the student to see the naked doctor only need to diagnose and medicate.

Objectives:

To value the human encounter, facilitate early hospital cycle, prioritize people rather than "subject matter", rescue the doctor-patient communication and develop the skills of medicine centered on the person.

Methodology-Experience report:

This extension project students, in pairs, are close to those people admitted to establish an active / affective listening relationship, where patients talk about the issues of his life and his experiences in the hospital. Students also promote recreational activities involving the whole ward. Fortnightly meetings are held with supervisors with reporting / portfolios of visits to discharge the patient.

Results:

There has been the development of students the ability to create: bond, blurring the disease; the interest in the life history of the patient; increase in listening; and learning the words and gestures of patients, respecting the social and cultural contexts.

Conclusions:

We are currently working with students from 2nd/3rd year, which doubles complement the experiences on the wards. We expect this project to increase communication between the student and the patient as well as the development of skills for the medical person-centered approach.

PALAVRAS-CHAVE: doctor patient relationship; medical person-centered; active listening

PP25 - ANALYSIS OF BASIC KNOWLEDGE ABOUT MEASLES BY MEDICAL STUDENTS AT AN UNIVERSITY CENTER OF STATE OF CEARÁ

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Introduction: In 2014, there were measles' outbreaks in several global locations, such as in Ceará, even after 15 years of the disease's eradication at this location. The main hypothesis was the high rate of transmissibility and unpreparedness of the population. This instigates the questioning of the complete training of the doctors to contain the spread of the disease.

Objetive: To analyse the basic knowledge about Measles by medical students at an University Center of state of Ceará.

Methods: The survey, with a sample of 322 students, was conducted between August and October 2015 and composed of a questionnaire with simple and direct questions, addressing about Measles and strategies to combat the disease. The data was collected, tabulated and analysed in Microsoft Office Excel 2007 and it was approved by the Ethics Committee of the Unichristus University Center, with protocol number 078447/2015.

Results: The students' knowledge tested mainly involved the following topics: etiologic agent and the transmission mode and period. From the data analysed, the right answer was given, on average, by 43.7%, being the question about transmission period the one with most correct answers and the question about transmission mode the one with most wrong answers.

Conclusion: A small percentage of students, able to answer correctly about the etiologic agent and the transmission mode and period, was noticed. Therefore, it is notorious the importance of better approaches regarding the disease to medical students, since Measles constitutes an disease with high transmission and contagion levels.

PALAVRAS-CHAVE: Measles; Knowledge; Schools, Medical

PP26 - ANALYSIS OF MEDICAL REQUIREMENTS ARRIVING TO PUPULARY PHARMACY UNITS EXISTING IN MANAUS (AM) CITY

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1 - Universidade do Estado do Amazonas; 2 - Universidade Tiradentes;

Introduction and objective:

Drug interaction is an answer caused by the combination between drugs, or between this one with food, chemical substances or even pathologies. The potentiation or reduction of the effects of a drug, its toxicity as well as unexpected effects may be the result of such interactions. According to the World Health Organization, more than 50% of all drugs are incorrectly prescribed, dispensed and sold, and more than 50% of patients use them improperly. Based on this, the objective of this study is to analyze errors contained in the prescriptions of users coming from the public health system (SUS) and are released in the "Popular Pharmacy" establishments in the city of Manaus-AM.

Methodology:

The prescriptions for drugs subject to special control and common medications (drugs without prescription retention and the antimicrobials classes) were analyzed according to the following criteria: drug-drug interactions; dosage errors; correct completion of prescription and readability. Besides these were also investigated the 15 most frequent types of interactions and these drug classes associated. The collection of non-retained prescriptions data occurred only after the permission of their respective patients.

Results and discussion:

Preliminary results have showed high rates of potential drug interactions, particularly in groups of medicines which occurs the retention of prescription. In two of the four pharmacies surveyed, 44% of prescriptions contained potential drug interactions, being that 22% of these were of interactions between three or more drugs. The high values demonstrate the importance of examining more deeply these interactions to alert the competent governmental area in health.

PALAVRAS-CHAVE: Prescription Drugs; Community Pharmacy Services ; Unified Health System

PP27 - ANALYSIS OF SOCIO-DEMOGRAPHIC PROFILE OF PHYSICIANS IN PRIMARY CARE AND ITS RELATIONSHIP TO BURNOUT SYNDROME

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Introduction and objective:

There is a correct association between the profile of the doctors and the development of burnout syndrome. Factors such as gender, working hours, number of jobs, conducting leisure activities in the Professional quality of life and may result in physical / psychological stress and interfere with workers' health. This study aimed to analyze the demographic profile of physicians in primary care and its relationship with Burnout.

Methods:

This is a quantitative, cross-sectional, descriptive research realized by 24 doctors of Primary Care in Montes Claros, Brazil.

Results and Conclusions: The main agents that cause exhaustion on the mental health of physicians are related to technical limitations, personal and material; high demand for care; disrespect of some dissatisfied users and low pay. Doctors who work in ESF which were studied have some important risk factors for the development of burnout syndrome, such as, most have more than one job adding long working hours, difficulty of reconciling work and family as they wish and conditions not ideal work. In addition, a considerable number of doctors reported that they feel anger, anxiety, uncertainty, muscle pain, dyspepsia, sleep disturbances, fatigue and exhaustion daily and still do not realize treatments with psychologists or psychiatrists. It is evident, therefore, the importance of public agencies manage more effectively the working conditions, material and psychological, in order to preserve the professional's mental health and the provision of services to the population.

PALAVRAS-CHAVE: Burnout, Professional; Primary Health Care; Public health

PP28 - APPLICATION OF THE CONTENTS OF FAMILY MEDICINE IN UNIEVANGÉLICA'S MEDICINE COURSE

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INTRODUCTION:

The impact of Family Medicine to the medical graduation has been evidenced by international organizations such as World Health Organization (WHO) and World Organization of Family Doctors (WONCA). The insertion of this content contributes to the development of an integrated and contextualized clinical practice, centered in people and communities, mainly in primary care health activities. These are characteristics of evidence-based medicine, in a spiral model, ascending in complexity. The active methodologies leading to reflection on practice and small working groups in different scenarios are to be highlighted.

OBJECTIVE:

To describe the process of insertion and constitution of the Family Medicine content in UniEvangélica.

METHOD:

The systematic review is an important resource of evidence-based medicine, structural axis of Family Medicine. The descriptors used were Family Medicine, evidence-based medicine and medicine. The proposal of including Family Medicine to the curriculum was analyzed in the curricular pedagogical project of UniEvangélica.

RESULTS:

In the perspective of the curricular pedagogical project the contents of Family Medicine use the problem-based methodology, developing cross-integration with other modules, promoting practices in primary and secondary health units in the city of Anápolis. The subject is in the curriculum from the first to the twelfth semester.

CONCLUSION:

The application of Family Medicine content in the Medicine course of UniEvangélica, according to its curricular pedagogical project, matches with what is proposed by the main international and national organizations that support the insertions of this subject, making possible to get a better quality of medical graduation.

PALAVRAS-CHAVE: Community Health Workers; Evidence-Based Medicine; Medicine

PP29 - APPLICATION OF THE THEORY OF SOCIAL-CONSTRUCTIVISM TO DEFINE MENTORSHIP MODEL FOR FACULTY OF FAMILY MEDICINE

References 1. Andrews, T. (2012). What is Social Constructionism? The Grounded Theory Review , Volume 11, Issue 1, 4-8. 2. BATTY, H. P. (2015). INTAPT-ETHIOPIA 2015. Interprofessional Applied Practical Teaching and learning in the Health Professions Ethio¹; 1 - Addis Ababa University department of Family Medicine;

Introduction Ethiopia currently estimated to have 94.1 million populations (World Bank 2013) and is a fast growing population with increasing demand of health service and more than 83% of the population is living in remote rural area where Primary Health Care services is unreachable to the majority of the population. One physician is for 37,000 populations (merlin.org). But 43% of physicians of the country are located in Addis Ababa where less than 4% of the population is living. Ethiopia is currently determined to address this gap by marked expansion of the medical education system by increasing number of physician trainees and training of highly qualified family physicians. Who will provide excellent and comprehensive medical care for the people and communities in Ethiopia and elsewhere Our faculty is in its early stages we didn't have accumulated experiences; we need to learn new approach (holistic approach) to our context; we are from different corner of the country, with varying working circumstances and learning opportunities. Though Malcolm Knowles adult learning theory is the basic principle of andragogy; interms of knowledge transfer knowledge for action social constructivism will be preferable because it considers (environment culture; social context) for acquiring as well as interpreting, applying the new knowledge acquired in medical practice. So social constructivism learning theory is the best choice to the selected topic model of mentorship.

PALAVRAS-CHAVE: mentorship; model; faculty

PP31 - ARE FAMILY MEDICINE RESIDENTS SATISFIED WITH THEIR RESIDENCY IN ALGARVE?

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1. Introduction and Goals

Our main goal is to determine the degree of satisfaction of Family Medicine residents performing their Residency in the Algarve. We tried to find a relation between the global satisfaction and specific characteristics of the resident, the tutor and residency program. Young doctors are known as pro-active and critics. But are they happy with their residency or not?

2. Methods

This is a descriptive cross-sectional study. Data collection was done through a voluntary self-administered questionnaire. We sent the questionnaire by email to all residents in Family Medicine in Algarve. Personal data was kept anonymous. It was made general characteristic of the population and assessed the degree of satisfaction through a Likert scale with 5 items.

3. Results and Conclusions

The reply rate was higher than expected (>50%). There was an overall satisfaction with the Residency for most residents. On the other hand, residents were not satisfied with Secondary Care internships. There is a positive correlation with satisfaction and "Family Medicine as a first career option". However, residents were not satisfied with overall planning of Residency / internship activities and with time available for curricular activities.

PALAVRAS-CHAVE: Family Medicine Residency; Satisfaction

PP32 - PRIMARY HEALTH CARE: CONCEPTUALIZATIONS BY MEDICAL STUDENTS

Couto CRO¹; Breda AO¹; Tavares EC¹; Barbero LLM¹; Morais MO¹; 1 - Universidade José do Rosário Vellano UNIFENAS;

Introduction: The setting up of quality Primary Health Care (PHC) has been one of the biggest challenges for Brazil's public health system. Moreover, the proper education of physicians in that field has been equally challenging.

Objectives: know the Social Representations about PHC of the medical students.

Method: application of Bardin's Content Analysis in documents of 349 students in private medical schools.

The Results: the Representations of PHC are profoundly linked to the Representations of Brazil's Universal Health Care, and students understand that PHC's attributes are: preventive care for health and simple problems resolution; health awareness and strategies to repair secondary and tertiary systems. Students do not represent the international principles of PHC, save for the principle of integration. PHC is frequently represented in reference of part to the system but not as central locus in the medical care structure. The acting of the peculiarities and PHC's application are weak, as is the representation of care provided to families and communities.

Conclusion: The knowledge regarding PHC is still insufficient, which harms the potential for the necessary medical practice dictated by current Curriculum Guidelines.

PALAVRAS-CHAVE: Atenção Primária a Saúde; Educação Médica; Estudantes de Medicina

PP33 - A DOCTOR'S PERFORMANCE IN PROVAB AND IN FAMILY MEDICINE RESIDENCY: AN EXPERIENCE REPORT

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Introduction:

This work is an experience report of a young doctor in two medical programs: valuing primary care program (PROVAB) and family health residence from State University of Rio de Janeiro (UERJ).

The PROVAB, aims to increase the supply of professionals in primary care in the whole country. Lasting 12 months, has a specialization course with distance learning. Facilitates the entry of students in residency in the end of the program.

The residence in health family last 24 months and aims at training tutors and specialists in family medicine. The scholarship is complemented by the city as part of the expansion of the family health strategy in Rio de Janeiro.

Methodology

The rapporteur participated in the medical PROVAB between March 2014 and February 2015, in a rural and violent area of the city of Nova Iguaçu, RJ. a poorly coordinated health system was observed, few medical supplies and limited physical space, making it difficult to access and the host. there wasn't preceptorship, only telephone consulting.

A year ago, the same doctor joined the residency program in family medicine, assuming a health team, along with another resident doctor, supervised by tutors at UERJ. The clinic, located in the neighborhood of Tijuca, RJ, allows learning, access and host.

Conclusion:

It was observed best medical qualification in medical residence. The PROVAB has a more temporary and emergency nature, with an emphasis on increasing the supply of physicians in primary care. The second aims at training professionals, improving skills of a family physician and the training of tutors.

PALAVRAS-CHAVE: residência médica; PROVAB; preceptoria

PP34 - ASSESSMENT IN THE PRIMARY CARE INTERNSHIP PROGRAM

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Introdução e objetivo:

This study quantitative and qualitative conducted through case study, using Attitudinal Scale Likert to analyze the perception of students and preceptors Medical Internship Program of Primary Health in the Casa de Saúde Santa Marcelina, a proposal for evaluation with different evaluation methods.

Método:

28 assertions were created belonging to four distinct dimensions: skills development; formative nature of the evaluation; diversity and complementarity of evaluation methods and meta-evaluation. Through the analysis sought to identify the evaluative nature of skills development in the proposed process; analyze the perception of internal and preceptors, the diversity and complementarity of evaluation methods; identify moments of dialogue, feedback, shared learning and use of evaluation for making new decisions in the evaluation processes of the boarding school in APS.

Resultado e Conclusões:

The Attitudinal Likert Scale was validated with 26 assertions assertions loss of only 2 (7.14%) and an end reliability coefficient, calculated by the Spearman-Brown, of 0.81%, which showed the four dimensions of positive assertive look of the actors involved, validating the research instrument for research of this nature. The analysis was compared according to studies evaluating Luckesi, Perrenoud and Batista. The research revealed that there was great harmony between the perceptions of students and tutors about the evaluation design proposed for the internship; the dimension that dealt with the diversity and complementarity of evaluation methods was the best scored, followed by meta-evaluation, formative nature of assessment and skills development.

PALAVRAS-CHAVE: Internato médico; Atenção primaria; Avaliação

PP35 - BACABA'S PROJECT: EVALUATION AND ORIENTATION OF TEENAGERS ABOUT SEXUAL HEALTH

Tobias YS¹; Moraes RS¹; Rodrigues ÍS¹; Moraes CA¹; Silva MJ¹; Salgado AK¹; Hamoy M¹; Mello VJ¹; 1 - Universidade Federal Do Pará;

Introduction: Adolescence is a stage of life in which the personality is in the final phase of structuring and sexuality gets included in this process as a structuring element of identity (Osorio, 1992). The body changes are one of the primordial points, the individual watches a lot of changes in your body and in your personality (Outeiral, 2003). In this purpose, Bacaba's Project reached three public schools in the municipality of Ponta de Pedras in the Marajó's island, in Pará.

OBJECTIVE: To assess the knowledge of teenagers and guide them about sexual health prevention and care related in public schools in the Ponta de Pedras in the Marajó's island

METHODOLOGY: The data collection happened through a questionnaire with 9 questions wich were answered before and after the execution of the activities and dynamics about sexually transmitted diseases, contraceptive methods, intimate hygiene, abortion and pregnancy.

DISCUSSION / RESULTS: Analysis of the questionnaires showed that in Marco Elise school was found 53 wrong answers before and only 6 wrong answers after the action. In the Romeo Santos school were recorded 100 wrongs answers before and after 40 , the Paul Serrao school got 35 before and 20 after the explanations of the themes of: pregnancy, sex / sexuality , STD's and intimate hygiene. Analyzing the results in general parameters we can infer that students have assimilated and understood the issues .

CONCLUSION: Bacaba's project reached the objective analyzing and intervening in health education of students of the three participating schools.

PALAVRAS-CHAVE: sexual health; Marajó; Adolescence

PP36 - BASAL CELL CARCINOMA: DIAGNOSED CASES IN DERMATOLOGY MATRIX SUPPORT IN PRIMARY HEALTH CARE

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INTRODUCTION AND OBJECTIVES: The basal cell carcinoma (BCC) is the most common malignant neoplasm, being 75% of all skin cancers and due to its invasive and destructive nature, a growing need of diagnosis and treatment of BCC in Primary Health Care was observed over the years. Since 1996, in Brazil, the Extension Project “(des)Mancha Brasil” has aimed to allocate graduation students in the Primary Health System (PHS) / Family’s Health Strategy (FHS) where practical training in Dermatology has been held, integrating those students, interns and residents of Dermatology. The program increases diagnosis accuracy, which allows the decentralization of healthcare.

METHODS: Between 2010 and 2015, 2670 people were examined in 144 sessions of Dermatology. The patients were previously selected by Family Doctors. 58 clinical diagnoses of BCC (later confirmed histopathologically) were performed. The lesions sizes ranged from 01 to 2.8 cm in greatest diameter, all located on the face. The average time to progression reported by patients ranged from 1 to 3 years.

RESULTS AND CONCLUSION: Histopathological examination is crucial for the diagnosis of any lesion of neoplastic nature. The evolution is extremely slow. There are several therapeutic possibilities, but Early diagnosis is indispensable. Despite the good prognosis, BCC lesions have a significant destructive power over the years. The detection of suspected cases within the PHS enables early and rapid surgical intervention to cure the patients.

PALAVRAS-CHAVE: Matrix Support in Dermatology; Family Health Strategy; Basal Cell Carcinoma

PP37 - BASIC HEALTH IN BELÉM PERIPHERAL AREAS IN MEDICAL STUDENTS OF FEDERAL UNIVERSITY OF PARÁ'S (UFPA) VIEW

SILVA MJF ¹; SOUZA ICG ¹; LEMOS MN ¹; 1 - Universidade Federal do Pará;

Introduction & Objective:

The Medical School of UFPA instituted in his new Education Programme a discipline called Comprehensive Health Care (CHC). Thus, we seek to expose the academic effective experience of community settings - especially in peripheral areas. The practical classes are therefore administered according to the complexity and with autonomy developed during the course. In the beginning of it, the National Policy of Primary Care is highlighted. This work aims to expose the contrast between the theory and practice of the National Policy of Primary Care at the outskirts of Belém.

Methodology:

For this work, the students attended practical lessons of discipline CHC during the first halfyear of the course and organized their insights and analysis through a biannual evaluation portfolio. The routine of the Family Health Strategy (FHS) was followed for six months in a cross-sectional analysis, with direct contact with professionals and users.

Results & Conclusion:

After the end of the lessons of the discipline, it was observed that the reality does not match the theory. The care service to Basic Health, if well run, is very effective in taking care of the population, because, besides working on prevention, avoids unnecessary future expenditures to the public safe. Simple interventions can be done to improve the service provided by the FHS, as the implementation of a more humanized care, with staff training, aiming not only to make them aware of their respective roles, but mainly about his role as an agent-transformer of a local reality.

PALAVRAS-CHAVE: Basic Attention; Medical Education; Public Health

PP38 - BRAZILIAN AND AFRICAN MEDICAL STUDENTS TOGETHER IN FIGHTING THE EBOLA OUTBREAK

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Introduction:

Ebola virus had 24 outbreaks since its discovery. Its last epidemic in 2014 was widely disclosed by media, prompting discussions not only limited to the biological aspects of the disease, but also to economic, environmental and cultural issues. Aware of the medical, epidemiological and social importance of neglected diseases, medical students proposed a debate on the subject with students and professors of PUC-SP. The ease of communication due to social networks has enabled contact with Sierra Leone and Guinea medical students.

Objective:

Promote discussion conducted by medical students about "neglected diseases" using Active Methodology and external participants.

Methods:

Participants gathered to exposure pathophysiological, epidemiological and social aspects of Ebolavirus, followed by a discussion with the TBL model (Team Based Learning). Moreover, contact was made with medical students from Sierra Leone and Guinea, creators of a project aimed at prevention about Ebola in their countries, who have sent videos and supporting materials.

Results and conclusions:

Communication establishment with students from other countries; promoting discussion on neglected diseases and all of their aspects; and expansion of the concept of global health. It was possible to emphasize social aspects of the disease and to establish direct contact with scholars in different realities, approaching the outbreak's reality to our discussion, causing deep reflection of the participants.

PALAVRAS-CHAVE: Problem-based learning; Neglected Diseases; Ebolavirus

PP39 - BREAKING DOWN PARADIGMES: FORMATION IN MENTAL HEALTH ON COLLECTIVE HEALTH INTERNSHIP

ROSA MTN¹; OLIVEIR EMF¹; RAIMONDI GA¹; PAULINO DB¹; 1 - UNIVERSIDADE FEDERAL DE UBERLÂNDIA;

INTRODUCTION/OBJECTIVES:

Accordingly to National Curricular Policies, the medical formation in its internship regime must include beyond the basic areas, essential aspects of the collective health and mental health, in activities eminently practical. Aiming filling those rules and the formation of a Doctor capable of recognizing mental illness and psychic suffer as fundamental part of the practice of the Generalist Doctor, it was proposed mental health internship for the students of the Collective Health Internship (CHI) on the ambit of the Primary Health Care (PHC).

METHOD:

The CHI students were included on PHC on last period of the course, and along with the activities, experience of the mental health care of the Family Doctor on the unity they are inserted, by attending to chronic and acute patients, activities to promote mental health by making groups, and also participate actively on interconsultation with psychiatrists and psychologists that are responsible for the doing the matrix on those unities. And, still, participate on the activities of the Psychosocial Care Center, living fully all the activities performed on those services.

RESULTS/CONCLUSION:

The contact with patients carriers of mental disorders provides the breaking of the pre-perceptions of their mental health conditions and the reformulation of those concepts. This kind of experience has its importance seeing that it has allowed the deconstruction of ideas based on the common sense, and the enhancement of the capacity of treating the psychiatric patient, besides, it offers the experimentation of sensations that were neglected until that point on the Medicine Course.

PALAVRAS-CHAVE: Internship; Mental Health; Public Health

PP40 - BREAKING TABOOS IN BASIC HEALTH UNIT

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INTRODUCTION AND OBJECTIVES:

In our health care system, one of the biggest current problems is to have professionals able to work there. Major reforms in curricula emphasize the need for linkages and performance in the Basic Health Unit, location often rejected by students and whose contact occurs more intensely in compulsory internship. This paper reports the contact's experience between a healthcare team and students in medicine degree in their supervised training of public health, emphasizing the team's importance and opening for the trainee.

METHODOLOGY:

Since 2009, UBS Maria Neide, located in Mossoró-RN, receives medical students in their compulsory training of public health and during this period they must integrate the daily living activities of the team, as well as perform an intervention project in the area and update mapping of micro areas. The team meets weekly, discussing the arrival of its "new members", as well as the activities undertaken by them. It is also decided which Health Agent will map the area with them and, in the course of Stage, they participate actively in the intervention performed and the area's needs.

RESULTS:

The integration of supervised students, staff and community have been essential for their medical degree with a different perspective and respecting different kinds of knowledge in a team and also contributing with the care qualification, expanding offerings with the projects made and updating mapping area. They can realize the Basic Health Unit's resoluteness, demystifying misconceptions.

PALAVRAS-CHAVE: internship; training public health; the Basic Health Unit

PP41 - BRIDGING THE GAP: A LITERATURE REVIEW OF CONTINUING EDUCATION FOR GENERALIST PHYSICIANS IN LOW AND MIDDLE INCOME COUNTRIES

Dr J Meuser ¹; Dr. E Purkey ²; Dr N Barticevic Lantadilla ²; Dr R Kamrul ²; 1 - Besroure Centre, The College of Family Physicians of Canada; 2 - The Besroure Centre, The College of Family Physicians of Canada;

Submitted on behalf of the Besroure Centre at the College of Family Physicians of Canada

Introduction and Objective:

Validating and incentivizing continuing learning by practicing generalists is an important way for systems to improve the care given to patients and the efficiency of the system. Likewise, upgrading the skills of existing generalists to that of residency trained family physicians may be an efficient means of increasing the capacity of the generalist physician workforce in countries where the speciality of Family Medicine is being introduced.

The intention of this presentation is to:

- Explore, describe, and share options for supporting the knowledge and skills of practicing generalist physicians in low and middle income countries for optimal patient care and system function, and
- Document possible augmentation of these generalist physicians' knowledge and skills to the level of residency trained family physicians.

Method:

The Besroure Centre's Working Group on Continuing Professional Development (CPD) undertook a literature review on this topic in 2015. Three members of the working group reviewed 48 papers resulting in the extraction and elaboration of five general themes.

Results and Conclusions:

There is a need for a health system needs assessment prior to developing comprehensive CME program, a need to determine which of the elements outlined in the literature are required for a quality CME program, and a need to validate successful experiences in other settings. Above all, there is a need to create evidence on the impact of upgrading on physician behaviour and patient outcomes.

PALAVRAS-CHAVE: continuing medical education; general practitioners; capacity building

PP42 - BRIEF PSYCHOTIC DISORDER. A CASE IN FAMILY MEDICINE

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Introduction

Psychiatric disease continues to be affected by prejudice in society, so often patients and their families try to hide their illness and their difficulties. The relationship of the family physician (FP) with its patients, allows patients who are not able to seek support, to be brought to the FP by other members of the family.

Method:

Woman, 43 years old, married, 12 years schooling, unemployed, one child, belonging to a nuclear family, life cycle Duval III, Graffard class IV. Pathological history of Reactive Depression in 2013, abandoning therapy in 2014 by apparent improvement. No other personal background or relevant family. Sporadic alcohol consumption. Denies other consumption. The patient came to a scheduled appointment, accompanied by her husband, who showed concern for his wife's behavior change from 3 weeks ago. His wife since that, was agitated, suspicious, sometimes with incongruous and illogical speech. The patient denied the charges, accusing his husband of poisoning attempt.

During clinical interview was observed paranoid content speech. The patient agreed to be referred to the Braga hospital emergency service. The patient was observed and admitted with the following assumptions of diagnosis: Delusional Disorder and Brief Psychotic Disorder.

Conclusion:

In the activity of the FP, there is a holistic approach to the patient. The role of the FP, often goes through conflict management and/or identify existing problems in some of the family members. In this case, the role of FP was to distinguish what were personal beliefs, family conflicts and pathological behavior.

PALAVRAS-CHAVE: paranoia; psychosis; Family

**PP43 - CASE REPORT OF THE SIXTH EDITION OF PROJETO NAZARÉ:
VOLUNTEER WORK IN A HOME FOR THE AGED BY BRAZILIAN
UNDERGRADUATES.**

Lucena ALA¹; Castro JS¹; Oliveira LS¹; 1 - Universidade Federal do Rio Grande do Norte;

Introduction/Objectives:

The Projeto Nazaré of the Universidade Federal do Rio Grande do Norte was a volunteer work performed by undergraduate of several courses, and aimed the elderly public. It is presented as a means of forming a more humane society through capacity building of university students, providing contact with old age, promoting life quality, socialization and respect for the institutionalized senior citizen. Thus, the paper sought to describe and review the development process of Projeto Nazaré from the perspective of the project participants.

Methodology:

This is a case report of the sixth edition of Projeto Nazaré in the second half of 2015, which had 18 participants.

Results/Conclusions:

The Projeto Nazaré's actions took place in a home for the aged, resulting in four interventions. One involved games and painting activities and another was focused on the personal care - the "beauty day". The remaining two actions had an instructive character to the participants. One was the community therapy, focused on conversations about life experiences and subjectivity of the institution residents and the other was the "therapeutic clowning". It was observed that the actions exercised cognitively the audience, improving their concentration and observation abilities, as well as their self-esteem and mood, helping them become more active through the body expression and laughter. The contact with the elderly is one of the greatest lessons of the project, enabling to modify their routine in order to improve their life quality, also improving empathy and respect for differences.

PALAVRAS-CHAVE: Homes for the Aged; Aged; Volunteers

PP44 - CHALLENGES OF PRECEPTORSHIP NURSING IN THE QUALIFICATION OF PROFESSIONALS OF FAMILY HEALTH STRATEGY IN THE MUNICIPALITY OF RIO DE JANEIRO

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Introduction:

The Nursing Residency Program in Family Health from Rio de Janeiro's Municipal Health Office began in 2015, in a partnership with higher education institutions, being developed in 60 teams from 19 branches. Such program is considered a modality of in-service training which main goal is the technical and scientific improvement of residents through professional experience. Residents are expected to improve their clinical practice with room for discussion and permanent education through the acquired experiences.

Such learning spaces are mediated and oriented by the Preceptor, who assumes the role of a clinical professor. The preceptor is a professional who masters the clinical practice and the educational aspects related to it, being able to transform such aspects in an appropriate and enriching learning environment.

MAIN GOAL:

To expose the teaching-assisting conflict experienced by the preceptor.

METHOD: Experience reports.

RESULTS:

It was verified that conflict emerged in assisting activities and some inherent to the preceptor such as supervising and orienting nursing residents, which show how complex the concurrent practice of tasks related to preceptorship and assistance can be on the Nursing professional's daily life.

CONCLUSION:

The main challenge is to offer adequate conditions for the technical and ethical development in the clinical scenery. Being it necessary to discuss facts related to the preceptor's formal training, aiming at offering an in-service teaching with excellence. In order to achieve standards of excellence, we believe that preceptors' training courses are paramount for the teaching quality in a health specialty

PALAVRAS-CHAVE: Preceptorship ; Internship, Nonmedical ; Community Health Nursing

PP45 - CHALLENGES OF THE NEW TIMES : GRADUATION PALLIATIVE CARE TO RESIDENCY , ONE EXPERIENCE MEDICAL SCHOOL IN RIO DE JANEIRO

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It is a challenge for medical schools to curriculum implementation to develop an expanded look at the person's care in the various stages of the life cycle. The trained professionals are a protective factor, causing lower risks, side effects and harm to people. This work aims to broaden the understanding of what is a good death in the design of medical students at a university hospital, in order to support the education and training of palliative care in the terminal phase of life. It is cross qualitative study, integrating literature review on the subject, and a survey on the perception of medical students from good die. Results: 68% of students responded to the survey; of these, 80% highlight the space of the house as a preferred place to die well; .86% mark about having control over pain relief, 92% reinforce about having guaranteed privacy and dignity; 94% indicate that it is necessary to have access to who will be present, 78% indicate that you must have access to spiritual support, 80% indicate that it is necessary to be able to send advance directives to ensure your wishes. As for information and communication, 39% students indicated that no one should have access to information and did not consider important to clarify the approach of death. It is hoped that we can insert the required content in a format compulsory subject, and that it can be delivered both in hospital scenario than the health centre, being a promotion for the construction of shared care and qualification of Care Model.

PALAVRAS-CHAVE: medical education ; Palliative care in terminally life; bioethics

PP46 - CHANGES IN LABOUR PROCESS OF ALUMNI COURSES MASTERS IN THE HEALTH AREAS, BIOSCIENCES AND HEALTH CARE

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Introduction and Objective:

To know the contributions of masters courses to changes in labour processes of graduates in the areas of Public Health, Biosciences and Primary Health Care, in their views.

Methodology:

Exploratory study with graduates of masters courses Oswaldo Cruz Foundation, the International Cooperation between Brazil and Angola and Mozambique, between 2006 and 2013. We analyzed the changes at work, position or function after the completion of the master; their perceptions of changes in the practical work from a personal point of view, professional and collective work; and the degree of impact of the masters in the way they develop their professional activities. It used questionnaire in electronic format for online filling for data collection.

Results and Conclusions:

Of the 36 graduates, obtained rate of return of 47.2%, with 5 of Angola and Mozambique 12. There were changes of positions and functions in both groups, with a predominance of Leading positions, direction and management of health programs; and research functions, supervisor and teacher. It was high, the percentage assessed as "high" degree of impact of the masters in the workplace. The graduates of both groups indicated as "high" impact of the attributes "academic and vocational training", "personal growth" and "Expansion of the network of relationships." There is evidence that graduates have applied some of their skills acquired during the Masters courses at their places of work, pointing to positive personal, professional and collective work modifications.

PALAVRAS-CHAVE: Education, Graduate; Health Postgraduate Programs; Institutional Evaluation

PP47 - CHILD MALNUTRITION IN CALI, COLOMBIA. FROM DATA TO SOCIAL AND CULTURAL REALITIES.

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INTRODUCTION

The world is facing a double burden of malnutrition, including undernutrition and over nutrition (1). In Colombia, one of the 20 most unequal countries (Gini index 0.53) (2), underweight in children under 5 years was 4.5% in 2010 (3,4). In the city of Cali, 34.9% report household food insecurity (5). The prevalence of anemia in children from 6 months to 4 years is 23.2%, and underweight in children under 5 years is 2.2%, this fact contrasts with 22.8% of overweight and obesity in school-age population.

OBJECTIVE

Analyze child malnutrition from health inequalities approach. Characterize cases of malnutrition and iron deficiency anemia in children under 18 years from data collected in hospital in the district 18.

METHOD

It is a quantitative/qualitative study. Case series study with 450 children who consulted in different hospital services during 2014. To assess social and cultural realities, a discussion group (6) for caregivers of children diagnosed with malnutrition is performed.

RESULTS

Child malnutrition is overrepresented in the most vulnerable districts of Cali reflecting health inequalities. 9% of cases were found at risk of acute malnutrition compared to 27% who were overweight or obese. 36% of the cases presented a risk of stunting, 38% risk of being overweight compared to 7.6% risk of low weight for age. The discussion group with caregivers showed the sociocultural construction of diets (7).

CONCLUSION

A comprehensive approach to child malnutrition should focus on social determinants of health (8,9,10), a strengthening of primary care and integrate social sciences research.

PALAVRAS-CHAVE: Child Nutrition Disorders; Social Determinants of Health;; Anemia

PP49 - CLINICAL CASES AS A TOOL TO ENHANCE IMMUNOLOGY KNOWLEDGE ACQUISITION: IMPROVING THEACHING METHODS IN MEDICAL GRADUATION

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Introduction and objectives:

It is expected that, since early stages of their academic formation, doctors realize how importante it is to analyse a patient inside a health-disease context, besides having a solid scientific knowledge and a good humanistic formation. Thus, it is necessary that they can apply what they learned in the basic cicle into the medical practice, and an excelent tool for that is the clinical case. Keeping that in mind, the monitors of the imunology discipline for medical graduation and the guiding teachers, developed clinical cases activities in order to test the applicability of this tool as a teaching method.

Method:

23 students of the immunology module were gathered in a class in a presence of one monitor, who presented them a clinical case, which was divided in three parts: anamnesis and physical exam; complementary exams and immune mechanisms applied to the signs and symptoms of the patient. After each part, the students discussed among them the informations they were given. Then, they answered some questions about this activity they had just done. Ethical principles were obeyed.

Results and conclusions:

Everyone that participated in the study agreed that it is an effective learning tool, capable of enhancing the knowledge acquisition, but only 39,1% revealed interest in searching clinical cases during their studies. This results showed that its necessary to encourage the students to look forward into solving clinical cases as a way to improve their assimilation of the subject and to integrate them into the medical practice.

PALAVRAS-CHAVE: Education; Teaching; Strategies

PP51 - COMMUNITY AND FAMILY MEDICINE AT GRADUATION: DIALOGUE BETWEEN TEACHING AND SERVICE

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The debate related to medical undergraduate education, with emphasis on Family and Community Medicine, and health services in Primary Health Care (PHC) can trigger a new qualification process and strengthening of the Unified Health System (SUS). The aim of this paper is to present the experience occurred from teaching at a community college in southern Brazil, in the construction of health education spaces in health services and networks. The proposal is based on the constitution of reflection field and linked attention the new National Curriculum Guidelines for medical school.

The proposal has the development of the discipline called "family and community medicine." The activities develop during the months of the semester. Occurs primarily in the health services of APS, they are held weekly meetings with the Family Health teams. The team workspace itself, community equipment and the homes of the users are the areas of expertise. Developed themes cover defined in the syllabus, however, others may be inserted to the extent that the demands of the service and the community are highlighted.

The effects achieved refers to the increase in contagion involved academics with SUS principles. Teachers have autonomy to propose extra texts and activities according to needs and possibilities of each health unit, including night activities or weekends, if combined with your group, for example, meetings of the local council or task forces on weekends.

PALAVRAS-CHAVE: Education, Medical, Undergraduate ; Family Practice ; Unified Health System

PP53 - COMMUNITY HEALTH SERVICE - SESACOM

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INTRODUCTION AND AIMS:

SESACOM is an academical extension Project with permanent nature, to give health assistance to resident and forwarded people from three communities in the city of Maceió, State of Alagoas (Brazil), which are involved in another minor extension project through the public health Brazilian system (SUS).

METHODS:

The project either gives aid to the development of epidemiological researches, with the participation of students of Medicine, Nursery, Psychology, and Dentistry, a doctor and volunteers people from the community. It takes place in the hospital of the Federal University of Alagoas and aims to give clinical assistance with preventive character, focusing the epidemiological profile of the target populations. Specifically, it aims to orientate people regarding to nursery preventive practices; to collect data about the general health history of patients; to provide a training environment for social health actions; to spread knowledge about health promotion, disease healing and prevention; to apply the rules established by SUS. The methods consist in a pre-nursery consultation, application of questionnaires and medical consultations, with educative-preventive orientation.

RESULTS AND CONCLUSIONS:

We realized 800 consultations; during the project, the students analyzed patients, checking the vital signals and giving educative-preventive orientations, practicing the knowledge acquired into the classroom. During one year, three preventive campaigns were done: the prevention of breast cancer, prevention of sexually-transmitted diseases/AIDS and relevance and care with food and personal clearness. We concluded that the project was well accepted and that it deserves continuity, with the contribution of a number of new volunteers.

PALAVRAS-CHAVE: Extension project; Graduate; Communities

PP54 - COMMUNITY INTERACTION AS AN INSTRUMENT OF INSERTION TO THE FAMILY MEDICINE DURING MEDICAL SCHOOL

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INTRODUCTION AND OBJECTIVE:

The World Health Organization (WHO) and World Association of General Practitioners and Family (Wonca) recognize that the principles and practices of Family Medicine significantly contribute to general medical education, regardless of medical specializations to the future exercise. Thus, this work aims to point out the Community Interaction as a possible instrument to academic insertion of family medicine at medical schools, through the experience of expertise in its main scene of action - the Primary Health Care (PHC).

METHODS:

Description of academic involvement with family medicine through the Community Interaction with Mato Grosso's Universities (Brazil). The immersion in the APS it was along with a Family Health Team, which took place between August 2013 and December 2015. The activities developed during period was territorialization and ascription of the population; programs of immunizations and vaccines; screening in children, adolescents, adults and seniors; monitoring of patients with chronic diseases; and practices of health education.

RESULTS AND CONCLUSIONS:

The community outreach, under the guidance of a role model specialist in family medicine, optimizes the acquisition of the following skills by the student: recognition of PHC as the main entrance and communication with all Care Network Health; comprehensive care, continuous and longitudinal to the individual and his family, through the Person Centered Approach; recognition of biopsychosocial, economic and cultural implications in the health-disease; improvement of communication and relationship Physician-Patient-Family-Community; coexistence and cooperation with multidisciplinary team; and in loco experience of national health policies as well as the pillars of medical ethics.

PALAVRAS-CHAVE: Education, Medical, Undergraduate ; Family Practice ; Primary Health Care

PP55 - COMMUNITY-TEACHING-SERVICE INTERACTION PROGRAM: A POSSIBLE SOLUTION FOR THE MEDICAL STUDENT FORMATION PROCESS

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INTRODUCTION AND OBJECTIVE

In Brazil, the Ministry of Education establishes the Curricular Guidelines for Medical Schools. In order to guarantee an experience in Public Health, the medical students must carry out an internship in the Family Health Unities. The aim of this study is to describe the experience of the Community-Teaching-Service Interaction Program in Vila Velha University, in Brazil.

METHOD

The Community-Teaching-Service Interaction Program in Vila Velha University ranges from the first to the eight periods, with the student permanence in the same health unity for four years, creating a professional-user-student-professor bound. There are 480 students in the seven Family Health Unities carrying out their internship. During this period, the students are allowed to experience the Public Health System. Using the spiral methodology, the students initiate the territory module, deepening their knowledge into social groups, families and individuals.

RESULTS AND CONCLUSIONS

The students learn about the health network functioning and study in theory and practice the Public Health. It is an opportunity to be responsible for the wellbeing of the patients and to put in practice all contents studied in the other curricular components, by performing activities and assistance in real people with real problems. Community-teaching-service Interaction Programs may be the solution to graduate doctors with more possibility to succeed with better lifestyle choices, improvement in treatment adherence and prevention on some chronic diseases worsening. It can be a path to graduate doctors prepared to daily patients' clinical handling and to overcome the obstacles, especially on the Public Health System.

PALAVRAS-CHAVE: Undergraduate Medical Education; Public Health; Delivery of Health Care

PP56 - COMPARATIVE EVALUATION OF THE QUALITY OF SLEEP AND SEXUAL ACTIVITY BETWEEN THE DIFFERENT PROFESSIONALS OF THE POLYCLINIC UNIFAP UNIT

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Introduction and purpose:

The structuring of sexuality takes on the biopsychosocial aspects of each individual, including their emotions, feelings, beliefs and their biological potential. It was held at the polyclinic unit of the Federal University of Amapá - UNIFAP a survey, which evaluated the relationship between quality of sleep and sexual activity of health professionals.

Methods:

To survey the information was applied the evaluation questionnaire of quality of life - WHOQOL 1998 adapted into three professionals from each of the following occupations: doctors, nurses, psychologists, pharmacists and physical educators. Compared the issue of quality of life for topics: "how satisfied you are with your sex life" and "how satisfied you are with your sleep."

Results and conclusion:

The results obtained in relation to sexual activity were: none interviewed presented himself very satisfied or dissatisfied, about 13.33% presented themselves neither satisfied nor dissatisfied, 60% reported being satisfied and around 26.67 % were quite satisfied. In relation to the quality of sleep, 6.67% are dissatisfied, 20% reported not being satisfied nor dissatisfied, 60% were satisfied and 13.33% reported being very satisfied. By comparing the data, there is a relationship where a good quality of sleep and sexual quality of life, a change may interfere with quality of life, as they make up the biological potential of the individual.

PALAVRAS-CHAVE: quality; sleep; sexual activity

PP57 - COMPARISON OF UNDERGRADUATE PRIMARY HEALTH CARE CLERKSHIPS IN BRAZIL AND PORTUGAL: AUTONOMY, PATIENT SAFETY AND QUALITY OF CARE

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Introduction: Undergraduate medical education has significant differences between Brazil and Portugal, especially concerning to students relative autonomy and early clinical contact with patients. The search for more practical experiences motivates portuguese students to take exchange programs in Brazil. Our purpose is to analyze the risks and benefits of these different models.

Methods: Portuguese medical students and graduated physicians that had taken undergraduate clinical clerkships in Brazil were invited to answer electronic questionnaire about their Family Medicine experience in both countries. The survey included likert scale questions regarding undergraduate autonomy, patient safety, physician-patient relationship and quality of primary health care. Fisher's exact test was used in paired comparisons.

Results and Conclusions: Fifteen respondents were eligible. Participants confirmed more autonomy in Brazilian clerkships ($p < 0,0001$), but surprisingly, patient safety had similar evaluation ($p = 0,88$), what may be related to high adequacy perception of tutor reviewing the patient in person (93% in Brazil and 86% in Portugal). In regard to longitudinal physician-patient bond at clerkship scenarios, the relationship was considered weak to 36% in Portugal and to 47% in Brazil, but no statistic significant difference was found ($p = 0.35$). Nevertheless, such numbers should bring alarm on how continuity of care could be preserved. The low perception of patient risk (7%) related to more autonomous practice of students in Brazil and the experience of attending patients despite feeling insecure to do so (13 %), although infrequent, were not reported in Portugal clerkship and suggests the need to more profound analysis on patient safety surveillance strategies in Brazil.

PALAVRAS-CHAVE: Patient Safety; Clinical Clerkships; Primary Health Care

PP58 - COMPASSIONATE CURIOSITY AND THE SOCIAL HISTORY - DEVELOPING A PEDAGOGIC AND PHILOSOPHICAL RATIONALE

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Introduction: Increased awareness of social inequalities and health make the social history ever more important. But medical students and residents often fail to see the relevance to their role.

Method: This presentation describes a teaching innovation informed by social epistemology and epistemic justice - that is the study of the relationship between scientific evidence and moral values. These are not oppositional concepts - we are concerned with how evidence and values interact and help us to combine our attitudes with our knowledge practices in clinical encounters. Compassion and curiosity are key concept that we can use to link values with evidence and apply professional and patient's knowledge and experience synergistically.

A series of case studies based on the life course of real families were developed to bring to life the value of combining curiosity with compassion to help students understand the relevance of the social history and its value to the patient as well develop sensitive history taking skills

Results ; The case studies helped students connect their knowledge with their own subjective judgements and to see that curiosity into a person's social experience and wellbeing, is not pointless prying but an act of compassion that may yield evidence based health gains.

PALAVRAS-CHAVE: Health Inequalities; Undergraduate Teaching; Ethics

PP59 - CONTINUING EDUCATION IN HEALTH – AN APPROACH OF THE INTEGRALITY OF THE PATIENT'S CARE WITH WOUNDS CHRONICLES

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Introduction and Objective:

The Primary Health's Care has as fundamental principle the integrality of care aiming the multiprofessional approach and look enlarged on the health status of each individual. As a tool to reflect this practice, we have the continuing education in health as an opportunity to exchange knowledge and questioning of the work process.

The objectives of this work were: to observe the practice of integrality of the care to patients with wounds chronicles; Create a space of discussion and reflection about the integrality of the care to patients with wounds chronicles; Discuss about the difficulties and proposals of improvements of the care in health for these patients.

Method:

The activity was held in October 2015, planned and executed in the staff meetings, with duration of approximately 30 minutes in a Clinic of Family of AP 3.3. The activity was held in conversation wheel form with guiding questions to create opportunities to exchange experiences between the professionals.

Results and conclusions:

The activity was important for the creation of a moment of discussion of the work process; involvement of the whole team in the discussion; reflection of the practice of care; identification of difficulties and proposals for improvement; collection of the territory's cases and sharing of the cases with the NASF.

PALAVRAS-CHAVE: integrality; Family's Health; multidisciplinary work

PP60 - CONTINUING EDUCATION OF COMMUNITY HEALTH WORKERS: ACTIVE METHODS IN THE DEVELOPMENT OF A WORKSHOP PRACTICES MANUAL

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Introduction and Objectives:

Community Health Workers (CHW) are professionals who act as mediators between the community and the health team, contributing to the quality of care provided by the Family Health Strategy. Considering the importance of continuing education programs in the practice of CHW, it was built by students of health courses at the Federal University of Uberlândia, an extension project with CHW, looking through a teaching-learning process, the theoretical completion in relation to various topics of primary care, the exchange of knowledge between the agents and students and the impact of this improvement in the population of the ascribed territory.

Methods:

The project consists in workshops, carried out monthly in Family Basic Health Units (FBHUs) in Uberlândia, prepared by the students, using active methods, through problem-based education, emphasizing self-development and the construction of a less vertical knowledge, appreciating the daily experiences.

Results and Conclusion:

It was built with CHW, from the workshops developed during the project, a Workshop Practices Manual, which describes how to produce them according to the needs of each worker and his context. This manual aims to contribute with the process of continuing education process of CHW, valuing these workers, their knowledge and practice, and improving the work of the health team. The workshops held in Uberlândia enabled the CHW and students develop skills, reflect and deconstructing hardened views through intense exchange of information and experiences.

PALAVRAS-CHAVE: Community Health Workers; Education, Continuing; Community-Institutional Relations

PP61 - CONTINUING EDUCATION: A POTENTIAL SPACE FOR CONSTRUCTION OF COLLECTIVE PROJECTS, ARTICULATING AND QUALIFYING MANAGEMENT AND HEALTH PROFESSIONALS

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Continuing Education (CE), as Ceccim (2005), is the educational setting to the educational process that puts the health work everyday under review, which permeates the concrete relationships that operate realities and makes possible the construction of collective spaces for reflection and evaluation of sense of the acts produced in daily life. Thus, how the educational process is conducted, is critical to the qualification of health practices. The objective of this study is to report an experience in CE, in the Family Health Strategy (FHS) in Petrópolis / RJ/Brazil, from the relationship between the Program of Hypertension and Diabetes (Hiperdia) Coordinating and Supervision of the FHS. The experience was about the Course Educating Educators in Diabetes, in August 2015, by a multidisciplinary team from the Diabetes Association and Brazilian Society of Diabetes, with an active participation of municipal management. The course was developed through a participatory methodology, with several workshops and group discussions from the professional's experiences. As result, there were built collective projects from the local needs of the work of each participating health unit. The projects and their results has been monitored and discussed by the teams in regional supervision meetings. This demonstrates that the collective participation of management and health professionals in the continuity of projects that qualify the health practice can be enhanced by strategies of Continuing Education.

PALAVRAS-CHAVE: Continuing Education; Professional Qualification in Health; Health Strategy for the Family.

PP62 - CONTRIBUTIONS AND CHALLENGES OF HEALTH AND SOCIETY TUTORING PROGRAM IN MEDICAL EDUCATION

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Background and objectives:

Included in the first year with basic subjects, health and society monitoring is undervalued in the classroom, on the grounds of being dispensable for reduced theoretical load. This distorted view takes preference disciplines considered more difficult, making them the target for great efforts.

To discuss with the scientific community issues related to development activities in the discipline of health and society.

Methods:

Qualitative work, experience report.

Results and conclusion:

The tutoring program began in 2013, with 3 seats, 9 inscriptions and 2 students were selected. The opening took place with debates about construction of the concept of health and disease, based on the academic perception, the students were challenged to create dynamic presentations on the health-disease process, using playful ways. The tutoring program conducted active methodologies involving bioethics, history and narratives in medicine, allowing the student in the first semester a humanized and integrated contact, valuing life stories on the influence of health status. It ended with the creation of health promotion projects, feasible and relevant for the target population. The activity originated extension projects at the university.

Essential in rescuing the importance of discipline, tutoring program contributes to the maturation of committed professional with the multidisciplinary team. The introduction of playful and field activities with more contact with community and patients, allow advances in the challenge to match the importance and vision of the contribution of this discipline to the future doctor.

PALAVRAS-CHAVE: Education, Medical; Health Promotion

PP64 - CREATING A MANUAL PALLIATIVE CARE TO TRAIN USF

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SUMMARY

To family doctors is essential to recognize, assist and follow up patients in their community with life-threatening diseases, to referral and counter referral to Palliative Care specialists. Knowledge required will be assessed and reassessed through training, we will outfit a contextualized on patient management manual. In this postgruated course of palliative care includes an Extension and Community Action.

OBJECTIVE: Training at USF using the Manual created by teachers of the course as a guide to basic care.

METHODOLOGY: descriptive prospective observational study; **SAMPLE:** 19 Family Doctors with their teams, each in charge of about 4500 inhabitants, 85,000 indirect beneficiaries of communities will have access to quality care- **Activities:** Workshops: training graduate students to become trainers, Training Family Doctors, Delivery Manual, Continuous communication with Family Doctors about patients who are treated in our hospital, reference and counter reference.

RESULTS: Medical Doctors with training, monitoring, and counter-reference system to palliative care teams Clínicas Hospital, patients in their community, following home possibly until the end.

CONCLUSIONS: Using the manual and training Family Doctors on the care of patients with diseases that threaten life, a contribution that this University carries dignifying care at the end of life and proposing issues that were not addressed in undergraduate by absence in the curriculum one field of palliative care, so this activity is a contribution to society, an University mission.

PALAVRAS-CHAVE: USF (Health Unit Family) ; Family Doctor (MF); First Level of Care.

PP65 - CUIDARTE: THE PLAYFUL IN THE SOCIAL TRAINING FOR MEDICAL STUDENS IN THE UNIVERSITY OF CAXIAS DO SUL

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INTRODUCTION AND OBJECTIVES:

The playfulness has been shown as a tool of education/health intervention capable of improving the quality of people's lives and while facing difficulties. The objective is to report the implementation experience in playful activities that are an extension for medical students and are related to the development of a social training with a more humanized approach in the doctor-patient relationship.

METHODS:

From the need to give a meaning to the conventional freshmen prank in the medicine course, a group of freshmen students helped in the organization of the Solidarity Prank.

This activity unleashed the creation of proposed extension actions in order to develop skills and abilities in medical training, more focused on the social commitment in this profession. These actions are constituted in playful activities with users of several institutions in Caxias do Sul, such as oncology units, hospital internment, nursing homes, daycare, among others; and in promoting and participating in campaigns in the community.

RESULTS AND CONCLUSION:

In 2015 many activities were done in partnership with a general hospital, reaching 24 hospitalized children and their families with the "Toys On Call Project"; it was also performed donation campaigns and the traditional "Festa Junina" for about 30 children in adoption situation.

PALAVRAS-CHAVE: Solidary Prank; Health intervention; Donation Campaigns

PP67 - DEVELOPING HEALTHCARE LEADERSHIP CAPACITY IN RESOURCE POOR SETTINGS

Thomas CM ¹; 1 - Bwindi Community Hospital;

Introduction and Objective

A key challenge in delivering sustainable quality healthcare services in resource poor settings is capacity building local staff to provide effective leadership. Bwindi Community Hospital, Uganda is piloting a weekly Leadership Night School Program in an attempt to improve the personal and professional development of hospital staff. The program is open to all staff on a voluntary basis and applies adult and participatory learning methodologies. Four modules are offered: Self Leadership, Leading Others, Leading Change and Practical Skills. The objectives are to engage a minimum of 10% of staff in the program, to achieve 90% subjective participant assessment of enjoyment and usefulness, to show a subsequent 10% improvement in staff appraisal scores and 10% improvement in departmental work plan implementation scores.

Method

Participants provide subjective evaluation of each session. Objective output/outcome measures include staff engagement, staff annual appraisal scores and departmental work plan implementation scores.

Results and Conclusions

The program is on going. Preliminary results show an uptake of 10-20% of all hospital staff across all hospital departments, with 96.8% of participants rating the sessions as useful or very useful for their work and 93.5% as enjoyable or very enjoyable.

PALAVRAS-CHAVE: Leadership; Health Human Resource Evaluation; Developing Countries

PP68 - DEVELOPMENT OF A COMPETENCY-BASED CURRICULUM FOR RESIDENCY PROGRAMS IN MFC

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Introduction and objective:

The nonexistence of a curriculum based on competency to guide and enhance the teaching of residents was identified by residents, tutors and coordination of the Residency Program of Family Medicine Integrated and community Fortaleza (UFC, SMS Fortaleza and ESP). In view of this, the group collectively decided to build this curriculum.

The objective of this study is to describe the experience of developing a curriculum based on competencies for family medicine residency program and community (PRMFC)

Methods:

Initially a literature review of curricula based on competence and an analysis of documents produced by associations, societies and professional bodies. Then it conducted a teacher training course for tutors of PRMFC, with discussions on the theoretical foundations of competency-based curriculum; active learning methodologies; planning and conducting educational strategies and activities; assessment of learning. After the training curriculum development workshops were held based on competencies for PRMFC. During the year 2015 the theoretical activities were carried out with residents in the tutorial group format. From the pre-established macrocompetências for coordinating, they were collectively developed the learning objectives, educational strategies and evaluation skills.

Results and conclusions:

This work has as product training for 23 preceptors of PRMFC and the collective construction of a macrocompetências matrix, which will subsidize the curriculum based on competencies of this program.

PALAVRAS-CHAVE: Internship and Residency; general practitioner; Competency-Based Education

PP69 - DEVELOPMENT OF FAMILY PLANNING EDUCATIONAL PRACTICE GROUP AT HEALTH CENTER TWO OF SOBRADINHO-DF (CSS02) IN 2015: EXPERIENCE REPORT

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BACKGROUND AND AIM:

Family Planning (FP) is defined as a set of ideas, thoughts and actions developed by a person in order to live with control above reproductive potential and with reproductive health. Therefore, a group of 3rd year medical students from ESCS / SES-DF, inserted at CSS02, conducted a weekly group educational practice on family planning with the intention of improving this educational practice.

METHOD:

Experience report based on action research.

RESULTS:

After assuming the group, the problems identified were: topic underestimation, with fragile approach on issues such as reproductive rights, family, health, self-image preservation and sexuality; staff with underprivileged active methods experience and insufficient cultural skills; public ignorance about the purpose of the practice; and lack of user prior knowledge about the normal menstrual cycle and fertilization.

Therefore, interventions were: better use of active methodology; discussion of the normal menstrual cycle and fertilization; expansion of the issues addressed in the group; and couple participation encouragement. Cognitive questionnaires (pre and post-tests) were used to evaluate the user satisfaction and knowledge improvement. The interventions resulted in: greater opportunity for user participation, recognizing and valuing their knowledge; expansion of the universe of issues discussed; sedimentation of the knowledge acquired to the end of practice; and greater user satisfaction.

CONCLUSION:

Students proposed, implemented, evaluated and continuously reprogrammed interventions. Finally, the educational practice was considered effective. The practice ceased to be reductionist, because participant knowledge was appreciated, with space for reflection and learning, providing comprehensive understanding of FP.

PALAVRAS-CHAVE: Primary Health Care; Health Education; Family Planning Services

PP70 - DEVELOPMENT OF THE PORTFOLIO FROM THE SITUATION EXPERIENCE WITH THE LOCAL COMMUNITY AND PRIMARY HEALTH CARE

Garcia MAA¹; Nascimento GEA¹; 1 - Faculdade de Medicina da Pontifícia Universidade Católica de Campinas;

Introduction:

Study on the application of Portfolio during the first period of Medicine Graduation in the state of São Paulo, Brazil. Looking for an improvement in performance of the student during the learning process, the Portfolio provides means for reflection, and expands reasoning ability, by combining the theoretical knowledge acquired in the classroom and the experience with the local community and Primary Health Care (PHC). Including different pedagogical strategies (interviews, family history, pictures, maps, bibliographical research) it allows greater autonomy, self-assessment, creativity, critical and intervention capacity to the students.

Method:

Report describing the intervention generated by the development of the portfolio from the situation experienced in the discipline.

Results and conclusions:

The Portfolio in question is characterized by a therapeutic project for the improvement of the quality of life of families residing in the region of PHC, which is the training field of the discipline. It includes: knowledge of the territory, social support network maps, genograms, interviews with members of the families, summary of patient charts, use of scales for clinical and social evaluation (such as WHOQOL-bref). On the basis of this information, with a list of the family problems, and with support of bibliographical research, the students elaborate and apply an intervention plan. The interdisciplinary health team of PHC, allows a real experience of care, which is often complex. Thus, it allows the students to be mentors of the situation, studying and seeking to resolve it, making learning gratifying, in accordance with the social role of the physician.

PALAVRAS-CHAVE: primary health care ; medicine graduation ; patient care team

PP71 - DEVELOPMENT OF WOMAN`S FIRST POINT OF CONTACT AT HEALTH CARE CENTER BY 3RD YEAR MEDICAL STUDENTS IN 2015: EXPERIENCE REPORT

Vieira WPFM ¹; Ramos MMF ²; Filho MPVM ²; Gonçalves VVR ²; Nishiyama GL ²; Moraes ALA ²; De Simoni C ²; 1 - Escola Superior de Ciências da Saúde; 2 - Escola Superior de Ciências da Saúde;

BACKGORUND AND AIM:

The woman`s first point of contact at a health establishment requires active listening. This is a humanization practice in primary care that ensure universal and full access of health needs in the biopsychosocial and cultural dimensions. Accordingly, a group of 3rd year medical students from ESCS / SES-DF assumed this service in 2015 in order to develop the woman`s first point of contact at health care center two of Sobradinho-DF (CSS-02).

METHOD:

Action research study.

RESULTS:

In the first stage, the problems identified were: inadequate ambience, lack of active listening practices and a service that did not meet the woman`s health needs. After analysis of the initial situation, the students developed an attention flowchart based on a health needs assessment. Risk classification scale was implemented. The importance of active listening was highlighted in order to reduce unmet needs. Therefore, protocols were edited, validated and negotiated with the local staff so that it can be followed by any professional. Physical changes were made in order to improve the ambience. Moreover, book appointments agendas were reorganized for the daily spontaneous demand.

CONCLUSION: The use of flowcharts and protocols permitted better utilization of nursing services. It ensured that the service uses its resources in the most efficient way. The risk assessment and management of agendas improved equality. Finally, the action plan resulted in more time dispensed to the patient, improvement of active listening, and reduction of unmet needs.

PALAVRAS-CHAVE: Primary Health Care; Humanization of Assistance; Health Services Needs and Demand

PP72 - DIAGNOSTIC PROCEDURES AFTER NORMAL CERVICAL CYTOPATHOLOGY: JUSTIFICATION IN PRIMARY ATTENTION

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INTRODUCTION AND OBJECTIVES:

Cervical cancer normally goes slowly and presents one of the highest potential for prevention and cure in the routine of primary attention to women health. The oncotoc cytology is the main method of cervical cancer tracking, although its false-negative test rate can exceed 50%. The following proposed by the Brazilian Policy for Cervical Cancer Tracking considers only the result of cytology to doctor's conduct in health system. Thus many women with alterations that can worsen can go unnoticed by the health system, making the professionals of the field to request complementary exams and tests with no justificatory supported by the Policy. To identify the justificatory for those during 2014 in an institution on cancer prevention.

METODOLOGY:

The request for histopathological test in the Cervical Cancer Information System (SISCOLO) forecasts an altered cytology and, in cases with normal cytology, the field "others" is marked, generating reports with "other cancer". We looked at the professional justificatory relating them with the Policy.

RESULTS AND CONCLUSION:

From the 341 analyzed medical records 283 (83%) presented normal cytology, and from those 283, 272 (96.5%) had colposcopy been made with no specific and/or evident justificatory. Only 11 (3.9%) presented justificatory, but those did not belong to the Policy.: It was observed many altered colposcopy in patients with normal cytology. The importance of deeper discussions about health professionals conduct before the normal oncotoc cytology results has been ascertained as well as to consider adjustments in the Policy according to the national scenery.

PALAVRAS-CHAVE: cancer of the uterine cervix; Women's Health Services; Colposcopy

PP73 - DIARIES OF A STUDENT UNREST: THE INTERNSHIP EXPERIENCE OF FAMILY HEALTH LEAGUE (LISF) -UFC IN UAPS

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Introduction

Since 2015, LISF is in an internship program at UBS Lineu Jucá, Barra do Ceará Fortaleza, following home visits and regular consultations. In these opportunities, confrontation is evidenced between the knowledge acquired during the course, which, despite all the curriculum changes, is still basically done in tertiary care, and clinical practice of primary care. However, thanks to programs like PROVAB and "Mais Médicos ", many of the future graduates will be in Primary Care soon after graduation. Our goal is to report the difficulties we encounter and to emphasize the importance of the practical learning done in primary care.

Methodology and results

During these months, we faced clinical cases where mere knowledge of the pathologies treatment methods is not enough in the social reality in which they occur. Following teams has provided us a reflection of the importance of both global vision of individuals, and emergency interventions using community relations, and a vision of the social determinants of diseases in treatment and prevention of injuries. Through several clinical histories lived in the community, we sought to demonstrate this difficulty thus broadening the understanding of the required content to be covered by a future family doctor in graduation.

PALAVRAS-CHAVE: Professional Training; Sociological Factors ; Cultural Characteristics

**PP74 - DIETARY RECOMMENDATIONS STUDY PROTOCOL:
EFFECTIVENESS OF USING A MOBILE APPLICATION DEVELOPED FOR
IMPROVEMENT NUTRITIONAL KNOWLEDGE OF PHYSICIANS**

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Background and Objective:

Arterial hypertension is one of the main predictors of cardiovascular diseases. Blood pressure can be reduced by following specific guidelines known as Dietary Approaches to Stop Hypertension (DASH Diet); however, evidences are scarce about the knowledge of primary care professionals to guide dietary recommendations. The increasing use of smartphones and tablets can be presented as an opportunity for strategic actions. We aim to investigate the effectiveness of using a mobile application in knowledge and skills to guide dietary recommendations for hypertension by physicians working in primary care in Brazil.

Methods:

Randomized clinical trial with parallel arms conducted in 110 primary care physicians from all geographic regions of Brazil. Physicians randomized to the intervention group used a mobile app for 1 month. This mobile app had qualitative information on food choices for prevention and control of hypertension, following the principles of the DASH diet. We evaluated as outcome the improvement in the score of knowledge and skills of "The Lifestyle Modification Knowledge Test" questionnaire adapted for use in Brazil.

Results and Conclusions:

This study will assess whether the mobile app can improve the knowledge and ability of primary care physicians for nutritional counseling of prevention and management of hypertension. m-Health tools intervention could possibly help the clinical practice of physicians working in primary care, and provide inputs for the planning public health policies that may impact on people's lives, especially those with hypertension.

PALAVRAS-CHAVE: hypertension; primary health care; counseling

PP75 - GROUP DYNAMICS: PRIMARY CARE IN URDERGRADUATE MEDICAL SCHOOL

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INTRODUCTION and OBJECTIVES:

Professionals of San Sebastian a Basic Health Unit held meetings with groups of hypertensive and diabetic people every two months, in order to keep up with unit members and promote interaction between them. The objective is to encourage the autonomy and support the self-care group about their individual problems; Promote dynamic group activities aimed at greater interaction with the patient and increasing the uptake of activities in the UBS group; transmission of knowledge to patients and sharing the experiences of each; establish individualized goals; promote self individual written evaluation pursuing a self-reflection of patients and students, as for its operations.

METHODS:

This is an account of experience of two meetings between medical students and a group of hypertensive and diabetic. Both were planned based on active methodologies, and were evaluated by students and users.

CONCLUSION:

In the first activity, patients made a positive assessment, showing greater interest in group activities. The second activity patients already had some prior knowledge and had autonomy to set their own goals. The group evaluated the activities as satisfactory due mainly to the order in which they were held, as in the first moment there was the acquisition of knowledge by patients and then applying these to the individual reality. We concluded that the group activity is important, particularly with the use of active methodologies, as participants demonstrate greater integration and interest to the issues raised

PALAVRAS-CHAVE: Medicina de Familia; Educação Medica; Praticas Educativas

PP79 - EDUCATION AS A TOOL TO IMPLEMENT THE HEALTH CARE IN THE PRIVATE HEALTH CARE SYSTEM

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Introduction:

Primary care is a strategy to reach the best health for all, because it increases the efficiency of services offered to the whole population. There is a great need to change the way to assist the Supplementary Health, mainly cooperatives and operators. The Unimed is the first operator of Brazil to have the implementation of Primary Health Care as strategic guideline. The Unimed Fesp, through Corporate Education develops a implantation service in its statewide health system. Purpose: The purpose is introduce the strategy developed by Fesp to implant the Primary Health Care to 29 participants of program.

Method:

In 2011, 2012, 2013, 2014 and 2015 many events have been achieved: motivational lectures, educational workshops, international missions, technical workshops, A special technical committee and a multidisciplinary team has been established. This program have reached about 2153 participation among presidentes, directors, technicians mobilized in the implementation of Primaty Health Care to change the current system.

Results:

2153 participations in actions performed by Unimed Fesp that have obtained approval of 95% to 100%. The investments in educations was about 4 million reais. A implementation methodology was created using the methodology from Institute of Healthcare Improvement as reference.

Conclusion:

The Fesp's Primary Health Care seems a philosophical education (knowledge, practice, collective and plenitude) and is inserted in a health system where the second care reigns. For this reason, we can consider a great paradigma shift and it will bring assistance and quality as priority to the operator collaborating with change of health system.

PALAVRAS-CHAVE: Primary Health Care; education; operator

PP83 - EMPLOYMENT OF MINES NORTH NURSES: PORTRAIT OF PRECARIOUSNESS

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Introduction and objective:

Nursing in ESF provides individual assistance or collective health unit, residence or community spaces. Studies demonstrate that professionals with employment on contract for a fixed term need other Jobs to ensure their income. The Primary Health Care needs to offer stability and better working conditions for their employees. The aim of this study was to evaluate the employment of nurses in the North of Minas ESF.

Method:

Quantitative research conducted at CNES database (National Register of Health Establishments). The study population consisted of 658 nurses working in the districts of North Mine in ESF registered in the CNES. Data analysis was performed using spreadsheets and graphics.

Results and Conclusion:

Of the 658 surveyed nurses, the majority (88.75%) present contract for a specified period, 9.11% have statutory employment, 1.36% have business for public employment and 0.75% did not have the kind link specified. The contract for a definite period appears as most in the study and leaves the totally unprotected professional, causing it to seek other employment to ensure their sustainability. The most of North of Minas county do not follow the Constitution that determines access to public service in the competition. The bond of instability directly affects the actions that should be developed, as without the professional guarantee of permanence can not make a continuing care planning user, which affects the relationship of trust between the professional and the patient.

PALAVRAS-CHAVE: Primary Health Care; Public Health Nursing; Health Personnel.

PP84 - EPIDEMIOLOGICAL PROFILE OF CHILDREN AND TEENAGERS WITH AIDS IN THE STATE OF PARA IN THE PERIOD OF 2010 TO 2014

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Introduction and Objective:

The detection Acquired Immunodeficiency Syndrome rate in Brazil has been presented stabilization over the last ten years , however some regions of country, like north region, has been showing an expressive linear growth. Therefore, the objective was to describe the clinical and epidemiological profile of Children and teenagers who live with AIDS in the state of Para in Brazil.

Methods:

Descriptive epidemiological study, of transverse cut, which data were obtained by consulting following data bases: SINAN, SISCEL, and SIM, provided by Unified Health System Department (DATASUS). The study population was composed of all the AIDS cases, in people with 0-19 years old, diagnosed and registered in the period of 2010 to 2014.

Results and Conclusion:

In the studied, 7142 cases were recorded and of these 384 occurred in children and teenagers . It is noteworthy that occurred a substantial decrease from the 2013 year to 2014 year of 53.6% of notifications in the analyzed group. Of the reported cases, 43% were in teenagers aged 13 to 19 years old and 36% in children younger than 5 years old with a prevalence of 61.2% among men gender and 29.9% in the brown race. The largest number of notifications in teenagers, 152 (39.6%) happened by sexual contact, predominating the heterosexual relationship, 25.6%. in children, all 61 notified cases happened by vertical transmission. The study showed there is still a great need for increased coverage of the prenatal in the state and promotion policies to teenagers use condom.

PALAVRAS-CHAVE: Aids; Children; Teenagers

PP86 - ETHICS AND COMMUNICATION: THESE COMPETENCIES ARE HIGHLY VALUED AT FAMILY PHYSICIAN?

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Communication Competencies and Professionalism are essential to Family Physician. There are directly associated with doctor-patient relationship and patient safety. The aim of this study is to analyze which communication competencies and professionalism were appointed by health users, workers and managers as the more important that doctors has to have. Methods: The subjects were members of district health council (users, workers and managers) that participated in a mensal council meeting. They responded a questionnaire with key competencies about communication and professionalism. The statistic analyze used was: descriptive, ANOVA, and T-test. Results: 201 counselors responded the research. The mean age is 49.2 years (SD: 11.6), 65.5% are woman, 47.3% are health users, 33.8% managers and 18.9% workers. 30 key competencies were evaluated, the competencies with high scores were: Communicate effectively; Knowing and applying ethics, acting with honesty and respecting moral values; and Act with interest and dedication. The competencies considered less important were: Prioritize the interests of patients / family / community with reference to own; demonstrate leadership skills; engage in the management of human and health care resources; and support the decision making on the needs and interests of the patient. There were not statistics differences between classes of responders in 86.7% of key competencies. The competencies involved with leadership and shared decision were less important. The competencies with high scores are involved with ethical. This highlights how difficult is to change the role of doctors in special when implicates transformation of perspective.

PALAVRAS-CHAVE: professional competence ; communication; medical education

PP87 - EVALUATION OF A 'FLIPPED CLASSROOM' PILOT OF THE ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO) CURRICULUM

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• Introduction and Objective

Advanced Life Support in Obstetrics (ALSO) is an emergency obstetrics skills training program that was created by UW Department of Family Medicine faculty and is taught to thousands of resident and attending physicians and other clinicians annually in the US and actively in 50 other countries. The ALSO curriculum is being redesigned as a “flipped classroom” with pre-course, on-line learning and testing plus on-site workshops and discussions. The objective of this study is to evaluate a June 2016 pilot of the course as compared to standard ALSO courses.

• Methods

Surveys and semi-structured interviews will be done with participants, faculty and local and national administrators to address content, web interface, course design, testing, and satisfaction with each course component. This data will be qualitatively assessed and, when possible, compared with historical controls. Individual multiple choice test items, practical skills test results and overall written test results will be compared with a historical control from standard ALSO courses.

• Results and Conclusions

The pilot is happening in June 2016, so Results and Conclusions are not available at this time. The authors expect that the results of this study will be used to inform further flipped classroom development by the American Academy of Family Physicians and the local course directors and faculty who provide ALSO instruction.

PALAVRAS-CHAVE: EMERGENCY MEDICAL SERVICES; OBSTETRICS; EDUCATION

PP88 - EVALUATION OF SKILLS (OSCE): AFTER 10 YEARS OF EXPERIENCE

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Objective:

To describe the implementation of objective structured clinical evaluation (OSCE) at the residence of Family Medicine of the National Hospital of Clinics-UNC.

Method:

Evaluation committees responsible for the preparation and review of the stations were formed. The actors and observers were trained. Each survey included ten stations, 6 with simulated patients in which we assessed communication skills, interview, physical examination, diagnosis and treatment) and 4 static stations in which interpretation of complementary methods and images was assessed. OSCE was implemented at the end of each school year (final instance).

Results and conclusion:

We evaluated 72 residents from June 2004 to December 2015. Most residents (90%) passed the assessment. Static and dynamic stations lead to similar in all evaluated variables. The average score of the various components of competence in formative years showed that communication was the skill that had the higher performance (82% in the first and second year of training and 83% in year three). For interview and physical examination, older trained doctors showed better performance than first-year residents. Diagnostic-therapeutic management skills did not differ among formative years, which may be associated to greater complexity in medical situations of older residents. Managing family issues presented the lowest rating in the three formative years but showed differences among years. In the static stations, the higher performance on valuation solving skills was achieved by 3rd year residents. The implementation of competency assessment for 10 years has contributed to review the pedagogical strategies to achieve consistent professional skills profile.

PALAVRAS-CHAVE: skills based learned; resident physician; family medicine

PP89 - EVALUATION OF STUDENTS IN FAMILY MEDICINE INTERNSHIP AND CONSTRUCTION OF A NEW CURRICULUM FOR THE UFRJ'S MEDICINE SCHOOL

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INTRODUCTION AND OBJECTIVE:

UFRJ's Medical School has discussed a curricular reform based on the Medical Education Program in order to answer to the National Curriculum Guidelines. At internships, the students' evaluations are conducted by written tests and assessments of performance. Internship in Family Medicine(FM) became mandatory in 2009. It brought the student assessment system a wide and formative evaluation that has as tools: matic work, final report, performance, and daily fieldwork. These should reflect tributes of primary care such as host link, longitudinality, interdisciplinarity, and intersectorial approaches that qualify care.To critically review the assessment experience of students in FM, and judge its applicability in other internship areas.

METHODS:

Joint Study of qualitative and quantitative nature. Focus groups, composed by 50 students, and 17 Preceptors who had issues related to FM internship and assessment tools, were mediated by 11 Professors and 06 tutors. Question were answered by the students and Preceptros between August /2014-August /2015.

RESULTS AND CONCLUSION:

48% of the students considered the new evaluation process very good. Preceptors proposed the introduction of Mini-CEX for clinical evaluations and communication skills; they demanded greater participation in decision making, and reported that they had not been trained to a valuation model. Suggestions included the use of other assesement tools such as problem based interviews and EUROPEP. In focus groups, most of the 11 Professors knew the assessment criteria. The evaluation system implemented at the internship in FM was well accepted by students and tutors. It may guide innovations in the curricular reform.

PALAVRAS-CHAVE: Internship; Medical education; Student assessment

PP90 - EVALUATION OF THE STUDENT'S PERCEPTION OF TEACHING STRATEGIES DURING GRADUATION AS A TOOL FOR DEVELOPING THE TEACHING-LEARNING PROCESS

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Introduction and objectives:

The teaching-learning process has changed; it is not a mere transmission of knowledge, but an acquisition and construction of knowledge by the students. With that change, students' perception evaluation of strategies used in the graduation course is necessary. Thus, the objective of this research was to evaluate that perception of a teaching instrument used in the immunology module during the Medicine graduation course.

Method:

This is a descriptive cross-sectional study. A self-reporting structured questionnaire, composed of questions evaluated in the Likert scale was answered by 149 students.

Results and conclusions:

Half of the students were men. The average age was 21 years. The most part (94.6%) of the students said that the instrument ended their doubts and were greatly interested in the content in study (94%). Nevertheless, 22.1% of the students said they did not feel comfortable to ask their questions and suggested that the strategy be used in small groups. The strategies used (concept maps, instructional videos and clinical cases) were well accepted by 94.6% of the students. The contents studied helped in solving the Tutoring Groups for most of them (91.3%), but 46.3% of the students were still in doubt regarding some of the subjects. Most of them (96.5%) said that the strategy should be used along the course. The instrument was well received by the students and helped us to understand better the contents studied, being so apt to be used during other semesters and in other graduation courses.

PALAVRAS-CHAVE: Education; Strategies; Teaching

PP92 - EVOLUTION OF THE FAMILY HEALTH STRATEGY IN THE CITY OF RIBEIRAO PRETO

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Introduction:

The family health strategy (ESF) is the health care model of primary health care advocated by the Ministry of health that is based on work by multiprofessional teams and develops health actions in a defined territory, with focus on the family. In Ribeirão Preto the Municipal Department of Health was authorized to enter into an agreement with the Ministry of Health, aiming at the implementation and execution of "Programa de Saúde da Família (PSF) in 07/04/2000.

Objective:

Describe the evolution process of the Family Health Strategy (ESF) in the city of Ribeirão Preto, Brazil.

Method:

Descriptive and bibliographic research carried out between the implantation until 2015.

Results;

In 2001 the city of Ribeirão Preto was not integrated in any management model of the Brazilian unified health system.

The management that started, defined the PSF, decentralization as a structuring axis of the SUS in the municipality.

The city of Ribeirão Preto, with a population estimated in 2015 of 666,323 inhabitants (IBGE census) diversified with insufficient professionals, teams and equipment to cover an attention of quality, little moved forward with the implementation of the ESF which started in 2007 with 11 ESF, 1 in 2010, 2 in 2011, 1 in 2012 and 2 in 2015, that leads us to infer little investment in the basic attention, partner organizations with different levels of autonomy, the occupation of the urban space marked by a great heterogeneity.

PALAVRAS-CHAVE: Family Health Strategy; Public Health; Primary Health Care

PP94 - EXPERIENCE REPORT OF LECTURES PREPARATION ABOUT CURRENT INFECTIOUS DISEASES FOR MEDICAL STUDENTS

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Introduction and Objectives

Among the current health scenario it's possible to witness the appearing of epidemics and the discovery of diseases, being important that new professionals, including graduating ones, are fully updated about the most relevant topics. This project aims to report the approach of Ebola Virus used to Medical Students among the epidemics in 2014.

Methods

In September, 2014, few students had actual clinical knowledge about current Ebola's rising epidemics. To improve this situation, LIBIM, Medical Biology study group, conducted a Lecture, then called "What do you know about Ebola?", inviting two Infectiologists from the University of Fortaleza to discuss the disease with 80 Medical Students.

Results and Conclusion:

Ebola's Haemorrhagic Fever Lecture had a bigger audience than other clinical sessions conducted by LIBIM, due to the severity and lack of common knowledge of the new disease that has a challenging transmission, besides its fast spread. Considering those factors and the risk of arriving in the Brazilian territory, the students, that are constantly in biologically hazardous environments and act as health information spreaders, have felt defied to learn the standard procedures concerning the disease. The discussed topics were described as "enlightening" by the participating students, considering that the debaters valued not only Ebola's clinical expression, but its real epidemiologic situation in Brazil and Worldwide. Considering the exposed, the conducted lectures regarding the Ebola epidemics, have become essential to enhance students knowledge about the disease and to spread its right prevention and management about this epidemics.

PALAVRAS-CHAVE: Ebola; infectious diseases; medical teaching

PP95 - EXPERIENCE REPORT: THE MEDICINE FRESHMEN KNOWING THE RESIDENCY IN FAMILY AND COMMUNITY MEDICINE

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Introduction and Objective:

The family and community doctor is a specialist in people, however, the family and community medicine isn't very popular among the academics, suffering even prejudices of other specialties. So, to show to the students some of the work of family and community doctors, educational and theoretical activity on the importance of family and community medicine to society was made.

Method:

The activity involved the medicine freshmen of Pará State University, in Belém, Pará, Brazil. The activity was carried out by academics from the League of Family and Community Medicine of Pará that, with banners and computer presentations, explained the characteristics and performances of the residency in family and community medicine, and were discussed topics such as: the role of the family and community doctor in society; integral approach as a determinant of health; the importance and performance of family health strategy; and activities of street and river consultations.

Results and Conclusion:

The activity was attended by about 50 medicine freshmen. the family and community medicine was very well received by the freshmen, and several doubts about the residency was removed. Many freshmen said they didn't know or had never heard in family and community medicine and, therefore, nobody thought to be this residency. Many, indeed, were astonished and surprised to learn of the existence of this residency. Therefore, is necessary that the family and community medicine and your importance be increasingly disclosed in the academic and professional field.

PALAVRAS-CHAVE: Medicine; Family Health; Community Health Workers

PP96 - EXPERIENCE WITH THE INTRODUCTION OF A PLAYROOM FOR CHILDREN PATIENTS BY TRAINING MEDICAL STUDENTS

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INTRODUCTION AND OBJECTIVE:

According to Costa and Azevedo the physician patient relationship is crucial factor for diagnostic and therapeutic success and must be part of medical education. In order to teach communication skills, an intervention involving pediatric patients and students was performed. The aim of the study was to report impact of the experience with the introduction of a playroom in the training of medical students to improve communication with and management of pediatric patients.

METHOD:

The study was conducted in a basic health unit in Parque Industrial neighborhood, in Parnamirim city, Rio Grande do Norte state. It consisted in an interventional project, which aimed to create an environment for recreational activities in the waiting period between the appointments. The group of patients were of both sexes and the ages were between 2 and 8 years.

RESULTS AND CONCLUSIONS:

Contact with children in playroom contributes in many ways to the training of medical academics. The moments with the children strengthened the confidence of both students and patients, which reflected the performance of the medical examination and, with breach of the illness stigma, increased attendance of children to monthly evaluation of head circumference and weight. Last, but not least, prior contact enabled the observation of children in many important aspects for the evaluation of its development. Experiences like these give a new perspective to the training of medical students and, in the case of pediatric care, create new avenues of communication, exploration of the relationship with patients and other skills.

PALAVRAS-CHAVE: Physician-Patient Relations; Education, Medical, Undergraduate; Child

**PP97 - EXPERIENCE WITH THE STUDENTS OF THE BOARDING SCHOOL
IN THE FAMILY HEALTH CLINICS IN MUNICIPAL HEALTH CENTER
HEITOR BELTRÃO**

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Introduction:

The Brazil More Doctors program brought changes in medical education pointing out that part of the internship should be on primary health care. Thus, in the second half of 2014 the DMIF/FCM/UERJ initiated mandatory internship of one month of boarding school students in family clinics in CAP 2.2- Municipality of Rio de Janeiro.

Objectives:

Insert students medical interns at FCM/UERJ in an educational experience in service, experiencing the APS, bringing social reality, developing skills for APS, focusing on the family, and interdisciplinary work.

Methodology-Experience report:

In CMS Hector Beltran focus the experience in medicine person-centered, family approach, quaternary prevention, interview techniques, home visits, follow-up with the use of spreadsheet, APS procedures and team meetings. Students accompany residents with site mentoring and teaching supervision of DMIF/FCM weekly. This unit was asked a weekly account of the experiences of the students for discussion, guidance and completion of the necessary actions to the stage of success. At the end of the month the student presents the intervention sheet case/family chosen in the team linked to the student and a stage of the evaluation report.

Results:

Students experience surprised to experience the APS, with most very admiring the work, understand with repercussions for their acts as doctors, the modus operandi of the Family Health Strategy.

Conclusion:

The stage in the APS is critical in the formation of internal in medicine, not only allowing the humanization practice, but qualifying the medical approach.

PALAVRAS-CHAVE: Boarding school in APS; APS attributes ; systemic spreadsheet intervention.

PP98 - EXPERIENCES AND STAGES IN REALITY SYSTEM HEALTH SOLELY IN UNIVERSITY CITY POTIGUAR

Lima Neto AV ¹; Neves NNA ¹; HOLANDA RCC ¹; 1 - UnP;

Introduction and objective:

It is understood that the university education in health must involve actions ranging from the theoretical, practical and theoretical-practical teaching at the university and enter the student actually Professional Health System context that sense. Comes the experiences of project and stages in the single health system reality (VER-SUS), which had as one of the main historical facts for your organization movements of University Extension. The objective is to report the experience lived during the experiences and internships in the public health system in a reality Natal municipality.

Method:

Experience report developed from the experiences in VER-SUS project in the municipality of Alto do Rodrigues, located in the state of Rio Grande do Norte, in the period 14-23 July 2014.

Results and conclusion:

The experience is given through visits to various establishments: Municipal Department of Health, Hospital, Health Strategy, Schools, Reference Center for Social Assistance, Pig Breeding, Rio Piranha Assu, Dump and other social determinants that influence the occurrence of health problems - and interviews with city managers, health professionals and users. A broad knowledge of how to organize the health services of a municipality and realized the importance of social participation in the discussion of problems encountered in the city as lack of sanitation guidelines in traffic and for the environment was purchased. The experience contributed to the development of a differentiated look at the SUS reality in which students can practice the profession.

PALAVRAS-CHAVE: Community Health Planning; Primary health care; Education

PP100 - FACTORS INFLUENCING THE CHOICE OF FAMILY AND COMMUNITY MEDICINE IN BRAZILIAN SCHOOLS

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Introduction and Objectives:

Since the creation of the Sistema Único de Saúde (SUS) in 1988, the Atenção Primária à Saúde (APS) and the Programa de Saúde da Família (PSF), configured as the foundation of the Brazilian Health System, being essential the participation of qualified professionals at this level of attention, especially the Médico de Família e Comunidade (MFC). Currently in Brazil, only 7.3% of positions in medical residency are intended to this specialty and of these, only 26.3% were occupied. These figures are below those found in countries with health systems based on APS, like Canada, in which 44.3% of seats in medical residency intended for MFC. Faced with this problematic, we aim to map the factors that generate the lack of interest of medical academics for MFC in Brazil.

Methodology:

This is a quantitative and qualitative research based on sampling and whose sample universe includes graduates from first to sixth year of Medicine. The data collection tool consists in a structured questionnaire, not nominal, with closed and multiple choice questions. The questionnaire will be voluntarily applied at the universities of academic leagues affiliated to the Associação Brasileira de Ligas Acadêmicas de Saúde da Família (ALASF).

Results and Conclusions:

The research began about two months ago and does not have definitive results yet, since depends on the transfers of academic leagues affiliated to ALASF, with the term until September 2016. At the end of October is expected to get parameters that shows a diagnosis of the academics in the MFC.

PALAVRAS-CHAVE: Graduate; Specialty; Research

PP101 - FAMILIAR APPROACH IN BASIC HEALTH CARE; THE GENOGRAM ASSOCIATED WITH OSCE , AN ATTEMPT TO SUBJECTS´ INTEGRAL VIEW.

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Background and goal: students are inserted into municipal Basic Health Care Strategy during the last semester of Universidade Federal de Uberlandia's medical course. At the end of this period, they undergo a practical examination, called OSCE (Objective Structured Clinical Examination), composed of five simulated appointments about themes to which they were exposed during the whole semester. This study aims to relate the experience related to this genogram, one of the familiar approach strategies, and the creation of an imaginary family in OSCE examination.

Method: since 2014, during OSCE elaboration, the responsible team creates the family's genogram which will be interpreted by each individual at his/her station. The genogram is presented to the students two days before the examination, so that they can get used to the imaginary family's structure that is accepted during the semestral OSCE.

Results and Conclusions: the genogram's elaboration, according to involved subjects, allows the examination organisers a global view of the process, facilitating an articulation of approached contents during the five stations. The instrument provided the students an integral view of subjects and familiar factors, including those that happened outside it, which influence diseases processes of their components. The genogram usage was a crucial element for practical application of assessed knowledge that was absorbed with the students during the semester and has been a tool to form doctors who know how to observe and take care of individuals beyond their diseases.

PALAVRAS-CHAVE: Internship; Evaluation; Public Health

PP102 - FAMILIAR MEDICINE IN SCHOOLS: TEACHING AND ENCOURAGING FUTURE DOCTORS TO PROMOTE HEALTH AND PREVENT DISEASE FAMILY AND COMMUNITY

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Introduction and Objectives:

The family is the center of attention of family doctor because it has significant importance in the health of its members. In this way, Familiar Medicine in Brazil invests in integrality and longitudinality of care to promote health and prevent disease. In this study, medical students of a university aimed to analyze the living conditions of a family in a poor community in the medical and psychosocial areas such as teaching for understanding the several factors that influence the health-disease process.

Method:

Case Study with a needy family in Fortaleza, Ceará, Brazil, which was explored their biopsychosocial state from the perspective of a patient-index. In order, to understand its dynamics, the students of a medical school applied tools like genogram, PRACTICE, APGAR and ecomap.

Results and Conclusions:

Analyzing the family, since the disease process - detecting the most prevalent diseases, such as systemic hypertension and diabetes mellitus - to the familiarity, where the family had affectionate relationship between members of the nuclear family, with except for some occasional conflicts. With regard to the social context, both the Church and the other residents of the community established a relationship of mutual support, solidifying the support network offered to the studied family. Therefore, it was observed that the graduates have understood the importance of the several factors that act in coordination on the health of a patient and their influence on health promotion and disease prevention.

PALAVRAS-CHAVE: Education; Family Health; Social Support

PP103 - FAMILY APPROACH IN THE UFSJ MEDICINE COURSE PROGRAM, MINAS GERAIS, BRAZIL

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Introduction and objectives:

The medicine course's program of the Dom Bosco campus of the Universidade Federal de São João del Rei (CDB-UFSJ) was approved in 2013 following Brazilian national policies for new medical schools. CDB-UFSJ program intent to modify the traditional curriculum by using a new epistemological view: not only disease oriented, but concerned about illness and patient's personal experience. So the insertion of Family Approach is to propose a systemic rationality with comprehensive assessment of the patient's illness in the family context. This study aimed to demonstrate the basis and how is planned the teaching of Family Approach in CDB-UFSJ medicine course.

Methods:

Content analysis was used with the following documents: the UFSJ medicine course's program; the Brazilian Constitution of 1988; Brazil's National Curricular Guidelines of 2014; Brazil's National Educational Program for 2011-2020 and the Global Consensus for Social Accountability of Medical Schools of 2010.

Results and conclusion:

Primary Health Care is one of the curriculum's main pillars through its 12 periods and a privileged scenario for everyday interaction with patients' families. Thus, as Family Approach is a competence desired for medical students, it is taught in the 3rd semester and is a required competence in 6 other disciplines throughout the medicine course's program. This emphasis on the subject reflects the attention given to the law and social principles demonstrated by the studied documents. It is noticeable the intention to educate a new medical graduate based on critical and reflexive actions that comprehends the complexity of the interactions patients' families in providing health care.

PALAVRAS-CHAVE: Relations; Primary Health Care; Medical Education

PP104 - FAMILY HEALTH UNITS LINKED TO MEDICAL RESIDENCY PROGRAM IN RIBEIRÃO PRETO-SÃO PAULO-BRAZIL: POPULATION PROFILE, PHYSICAL STRUCTURE AND CHALLENGES.

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Introduction and Objectives:

Family Health Unit (USF-Unidades de Saúde da Família), linked to an academic institution, integrates work of teachers, residents, multidisciplinary team and community needs, including the principles of the Unified Health System (SUS-Sistema Unico de Saude) of Brazil. This project aims to describe challenges, population, physical structure, and professional profile, assessed in December 2015, in five USF integrated to medical residency of an University of São Paulo-Brazil.

Method:

Descriptive and cross-sectional study with analysis of secondary data of Ribeirao Preto using the Attention USF Basic Information System.

Results and conclusions:

Ribeirão Preto has 666,323 inhabitants; five USF cover 1974 to 2441 people, 1.65% of the general population. Considering the population profile, two USF have predominance of elderly and adult population (20-39 years) and higher prevalence of chronic diseases such as diabetes (8%) and hypertension (25%). The other USF deal with younger population (20 to 39 years - 31.61% to 35.1%) and about 10 times more children and adolescents. The USFs are adapted in rented houses, with limited space, lack of surgical procedures room and dental office, although University and city leaders have discussed the construction of new Units for better professional qualification. Other challenges are high demand of patients and computer shortage.

Although it has challenges, the “National Program for Improving Access and Quality of Primary Care” (PMAQ-AB) favorably reviewed the work process of the teams of these USF.

PALAVRAS-CHAVE: Internship and Residency; Health Education; Primary Health Care

PP105 - FAMILY MEDICINE ACADEMIC LEAGUE: A CREATION REPORT.

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Introduction and goal:

Academic Leagues among medical students has been spreading all over Brazil. Students of UFMT Medical School, in partnership with the Student Union, elaborated in 2012 the constitution of the first Family Medicine Academic League (LASF). The goal is to carry out projects in research, extension, and education in fields related to Family Medicine and Community, as well as understand the importance of primary care in a health system its main pathologies, Family Medicine strategy, and primary care physician's role.

Methodology:

Our methodology applied is designed to teach and humanize students about the basis of Family Medicine through lectures, which the main subject is Primary Care, taught by visiting professors or an associate student. We also work on research and extension partnerships in Primary Care facilities in Cuiabá.

Results and conclusions:

LASF for sure has its social and academic relevance, established goals, and also cooperation through SUS (Brazilian Public Health System) and medical education. According to this perspective, LASF contributes to its associate's medical education.

PALAVRAS-CHAVE: Family Health; Family Practice; Physicians, Family

PP107 - FAMILY MEDICINE INTERNSHIP: OPPORTUNITY TO UPDATE THE IMMUNIZATION CARD OF FUTURE HEALTH PROFESSIONALS.

Ferreira LCM ¹; Nogueira MC ¹; 1 - Universidade Federal de Juiz de Fora;

Introduction:

The family medicine internship is an important time of learning students of medicine and also a place conducive to update vaccination. The aim of this study was to analyze the vaccine of family medicine trainees cards, check the vaccination status and update the vaccination card taking advantage of the internship period in Basic Units of Health.

Methodology:

In the early stage was asked to all medical students UFJF copy of vaccination card. Card data were digitized and analyzed in the program R. Students with missing vaccines were targeted and during the Family Medicine internship updated their cards.

Results:

Of the students who entered the stage: 41.5% were in the vaccination card days, 36.17% were overdue vaccines and 22.34% did not deliver the copy of their vaccination cards. The vaccines were missing Yellow Fever (70.6%), Hepatitis B (35.3%), Tetanus (20.6%).

Conclusions:

This study reminds us the importance of checking the vaccination status of trainees. The opportunity to intern in Health Basic Unit made a move for updating vaccine cards by the trainees. Improve the knowledge and the conscience of occupational hazards and the benefits of prevention.

PALAVRAS-CHAVE: primary prevention; Immunization; medical students

**PP108 - FAMILY MEDICINE SPECIALISM TRAINING IN FAMILY HEALTH
CENTER INTEGRATED WITH THE UNIVERSITY MEDICAL FACULTY
DEPARTMENT OF FAMILY MEDICINE**

Göktaş O¹; 1 - Uludağ University Family Health Center;

Introduction and Objective:

The aim of the programme is for a family health center on the field to be opened under an actively working family physician specialist who is an associate professor, along with the staff of a university department, and for that family health centre to become affiliated with the university department to deliver family medicine specialism training which includes field practice.

Method:

The Bursa Nilufer Uludağ University Family Health Center, with all its features, is to be integrated into the University Department, in accordance with the regulation 16.03.083; as supplement of "Authorised Family Practice". This is the beginning of a university department of family medicine which includes a Family Health Center in its structure and is under the leadership of an academic sturcture with the Turkish Association of Family Physicians (TAHUD) and the Turkish Board of Family Medicine (TAHYK) Syllabus.

Results and Conclusions:

This project provides for the delivery of the "Family Medicine Specialism Syllabus," prepared in Turkey by appointed teachers who have the status of family medicine academicians, in existing University Family Medicine Departments and Teaching and Research hospitals under the organisation of the family medicine leadership. In Turkey, family medicine specialism training will be delivered by academicians in the University Departments of Family Medicine, will include field practice and use the format outlined in this study.

PALAVRAS-CHAVE: Family medicine; Specialism training; Uludağ University Family Health Center

PP109 - FAMILY PLANNING: A CHALLENGING SUBJECT IN THE PERMANENT EDUCATION PROCESS OF FAMILY HEALTH STRATEGY PROFESSIONALS

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Family planning is an important action of health services, and when these services themselves limit access to family planning, the consequences may result in indicators that are unfavorable to the development of the population.

This study is a Professional Master's Degree project, and its subject is Family Planning in Family Health Strategy (FHS). Its goals are: to identify the practical challenges of family planning in the everyday life of FHS professionals; to describe the action of FHS professionals in the coordination of care regarding family planning; to analyze the legislation that directs family planning when faced with the complexity of the demands existing in the territory; and, to build, with FHS professionals, collective strategies of support for the necessities of the sexual and reproductive life of the population in question. This is a descriptive, exploratory study, with a qualitative approach. The background for the research will be a Family Clinic in the city of Rio de Janeiro. The data will be collected by means of participant observation and semi-structured interviews.

We will submit the data to a Thematic Analysis of contents. We hope that the research process may facilitate the comprehension of the complexities inherent to the territory in question, starting with a reflection, with the professionals, about the approach of necessities of health and of sexual and reproductive rights, in the context of the legislation that directs family planning practice.

Finally, our hope is that this study may contribute to the strengthening of permanent education processes of health professionals.

PALAVRAS-CHAVE: Family Planning ; Family Health Strategy; Continuing Education

PP112 - HAND IN HAND WITH THE GRAPPA: AN EXPERIENCE REPORT

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Health promotion consists of actions aimed at preventing the exposure of the population to determine risk factors for disease, encouraging the adoption of more effective self-care behavior. The university extension is the application of technical and scientific knowledge acquired at school and the results of scientific research being used to meet the needs of a society by interventions that affect favorably the routine life of a group of individuals. The Support Group for Prevention and AIDS carriers - Grappa, conducts various activities and projects in order to raise awareness for the prevention of sexually transmitted diseases, as well as support the HIV carriers and patients diagnosed with AIDS. The "Holding Hands with Grappa" embraced the projects and Grappa's actions, performing health actions at individual and collective level, including the promotion and protection of sexual health, focusing on prevention of sexually transmitted diseases, especially HIV / AIDS, and diseases, early diagnosis of these diseases, treatment, rehabilitation, harm reduction and health maintenance. The increased contact with patients made desmistificássemos some prejudices and helped in promoting awareness regarding the importance of the inclusion of carriers of the AIDS virus in the social ties by encouraging the practice of a healthy lifestyle in order to reduce factors risk of transmission of sexually transmitted diseases and improving quality of life.

PALAVRAS-CHAVE: AIDS; HIV; promotion

PP115 - HIPPOKRATES AND FM360°: INTERNATIONAL EXCHANGE PROGRAMS IN PRIMARY CARE

Barata AN ¹; Avino R ¹; 1 - Vasco da Gama Movement;

Introduction and Objective:

Exchange Programs for young and junior GPs have been increasing in popularity over the past years as young GPs have the unique opportunity to exit their comfort zone and observe different practices. The Hippokrates Exchange program was launched 15 years ago in Europe and more recently the global Family Medicine 360° (FM360°) that is being welcomed by many colleagues around the world.

The aim is to present the strengths and the opportunities of such programs and to present the latest trending data of both, Hippokrates as well as FM360°.

METHOD:

The poster will include a description of the exchange programs and a step by step guide on how to take part into them. There will be also an overview of the activities that many European participating countries have organised nationally (conference exchanges).

RESULTS:

There has been an increase of the number of participating countries, as well as of the number of colleagues who wish to expand their horizons in the process of globalization of Primary Care.

CONCLUSIONS:

By having an overview of the practical framework and understanding the potential value of exchange programs, viewers will understand how they may participate in such an initiative. Exchanges have shown to be beneficial for both visitors as hosts as they promote participants to get out of their comfort zone and to rethink how they may improve Primary Care provision for the population they work with.

PALAVRAS-CHAVE: International Educational Exchange; Global Health

PP117 - HOW TO CARE FOR THE CARERS? AN ANALYSIS OF MENTAL HEALTH DURING MEDICAL GRADUATION

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Introduction and Objectives:

The stress factors present in medical graduation includes competition in the selection process, overload of knowledge, difficulty in time management among a large number of activities and little time for leisure activities, individualism, responsibility and social expectations of the doctor's role. In line with this reality, the hourly workloads that doctors are subject, linked to poor conditions and demands of work, produces a setting for mental exhaustion. This paper seeks to warn about the need to the care of mental health in medical schools.

Methodology:

It was applied, by members of the Standing Committee on Public Health of IFMSA Brazil, and application form according to the Beck Depression Scale to 120 medical students from Belém, Pará, in vocational session.

Results and Conclusion:

50% of the sample was classified as mild or no depression; 36.6% was classified with mild to moderate depression and 10% had moderate to severe. Only one person, female, was classified with severe depression. Moreover, whereas in males, about 33.3% of those with mild or no depression was the age group between 18 to 20 years; in women with this classification, 23.8% was between 21 to 23 years. Thus, medical education must be linked to values that encourage the care of mental health in medical students, in order to break the complex paradigm which correlates the mental situation of the academic with the health of the professional already formed.

PALAVRAS-CHAVE: Mental Health; Medical Education; Public Health

PP119 - HYPNOTHERAPY IN MEDICAL CURRICULUM AND ITS IMPLICATIONS FOR PRIMARY HEALTHCARE: PHYSICIANS AND STUDENTS' VIEWS

Roche MET¹; Teixeira DS¹; Filho GSP¹; JUSSARA PHS¹; Airão AR¹; 1 - Universidade do Grande Rio Professor José de Souza Herdy (UNIGRANRIO);

Introduction and Objectives:

Hypnosis is a therapeutic method known for its capability in reducing pain, nausea and vomiting, anxiety, smoking and weight (Montgomery et al., 2014), which qualifies it as an important treatment in primary care due to the high prevalence of these problems in this setting.

Besides hypnosis, information on complementary therapies is commonly demanded by patients, which are frustrated by the lack of orientation offered by physicians (Teixeira & Lin., 2013), whose interest in its study and inclusion in their undergraduate course is known (Thiago & Tesser, 2011). Given hypnotherapy's importance, this study aimed to acknowledge physicians and medical students' view on hypnotherapy and the need for its discussion during graduation as useful to primary care.

Methods:

A questionnaire was applied to attendants at a complementary medicine's symposium surveying their opinions on hypnotherapy.

Results and Conclusion:

Twenty-five respondents were medical students between the first and eleventh semester and the other five, doctors. 96,7% were interested in studying hypnotherapy and 93,3% acknowledged its therapeutic potential. Furthermore, 90% defended its inclusion in the graduation curriculum, while only 13,3% reported having this theme during the graduation process. In conclusion, hypnotherapy is grounded by scientific evidences, whose approach already is sought by patients and, as confirmed by our results, healthcare professionals. However, it can be noted that this theme is vastly neglected in medical school, which is unfortunate because physicians with a greater understanding of hypnotherapy's benefits could enhance primary healthcare services to patients.

PALAVRAS-CHAVE: Hypnosis; Students, Medical; Primary Health Care

PP120 - I FÓRUM BAHIA OF PRIMARY HEALTH CARE: HEALTH TRAINING THAT COMES CLOSE TO THE DEMANDS OF THE PEOPLE

Hora SCS ¹; Souza ACA ²; Ramos DLS ³; 1 - ESCOLA BAHIANA DE MEDICINA E SAÚDE PÚBLICA ; 2 - FACULDADE DE TECNOLOGIA E CIÊNCIA - FTC; 3 - UNIVERSIDADE DO ESTADO DA BAHIA - UNEB;

The production of care within the primary health care (PHC) has as its main element the relationship with each other. Hence the relevance of bringing up discussions as prejudices, empathy with others, power relations, transferring relations and the clash of global scientific culture with individual customs of each social group. Therefore I APS Baiano Forum has emerged as another element in such philosophical support ratification walk to the organization of a system of health services. The event aimed to show the care of the scope of relations with the social dynamics, a consolidation perspective of attention to universal health care, integral and equitable; with emphasis on PHC, which seeks to sensitize people so that they can identify with the health needs of the people. The Forum was organized in the spaces of Universidade Federal da Bahia to receive 200 people for three days. Target audience: students, professionals and users of SUS. The methodology included the creation of participatory spaces developed at the following times: three round tables, twelve wheels of conversation, workshops complementary and integrative practices and cultural programming. The event was a moment of reaffirmation of the need for inclusion of socio-cultural issues as part of the training focused on careful, because - given the current scenario we witness the reproduction health oppressive practices - we realize that we need more attention to the nuances of relationships. From this perception and this recognition, we can move forward in the production of health care more horizontality, humanization and quality.

PALAVRAS-CHAVE: Primary health care; Education; Relations

PP121 - I POPULAR EDUCATION IN HEALTHCARE MEETING IN ANÁPOLIS, BRAZIL: CONSTRUCTION, DEVELOPMENT AND LEARNING

Silva DG ¹; Dutra ACF ¹; Azevedo CBS ¹; Morais GF ¹; Guerra LELS ¹; Santos LF ¹; Severino MMC ¹; Borges MCC ¹; Feitosa SL ¹; Cintra PVC ¹; Redenze VLM ¹; 1 - UniEvangélica - Centro Universitário de Anápolis;

Introduction and Objectives

The Popular Education in Healthcare is an important knowledge for the development of citizenship and social engagement of the health field student. The liberating education proposed by Paulo Freire aims creating empowerment and autonomy of individuals. It represents, in healthcare, the rupture of the biomedical and authoritarian medical approach model. Due to that importance, the Academic Association of Family Medicine (LAMFA) of UniEvangélica promoted in September 23, 2015, the I Popular Education in Healthcare Meeting in Anápolis, Brazil.

Method

The event was divided in three moments. Initially, it had the introduction of the concepts of the Brazilian Popular Education and Paulo Freire, followed by some thoughts of a family doctor about those theories applied in healthcare. Then, it ended with a panel discussion where the students were able to join the debate and to look for ways to apply the concepts in the practical field.

Results and Conclusion

The students actively participated the discussion relating Freire's concepts to the health-disease process and the participative management of the Brazilian Unified Health System (SUS). The event also had the integration of Pedagogy students, which enriched the debate and reinforced the multidisciplinary nature of healthcare and the process associated to it. That way, the meeting expanded the understanding of the attenders in the subject of Popular Education, raised questioning and generated empowerment in a way that can be disseminated to the population in activities of extension.

PALAVRAS-CHAVE: Family Practice; Education; Health Promotion

PP123 - IMPLEMENTATION OF A PROJECT ON PEDAGOGICAL INNOVATION TEACHING ABOUT PROBLEM-ORIENTED MEDICAL RECORD WITH STUDENTS IN A PRIMARY CARE UNIT

Acevedo AV ¹; 1 - EPS Sanitas;

Introduction:

Through the implementation of this proposal to implement an innovative project oriented problems in the rotation of family medicine at Morato Primary Care Unit EPS Sanitas. Medical record has achieved, due to the importance of properly filling out the clinic record and thanks to the tools as medicine discipline proposed by Family Medicine specialization.

Despite the low experience of students in the activity and the little practical experience of the teacher interested results were achieved and with great value to the learning of all seeking the appropriate development of the proposal and preparation of students in the clinical record oriented for problems and the individual life cycles application, familiar and family medicine tools. Objective: Develop a pedagogical didactic teaching unity through which the students acquire specific skills of family medicine in the oriented problems - medical record.

Methods:

There were created a spaces of accompaniment with the students during 4 weeks, with individual and group spaces, that show the development of activities and process of evolution and integration of knowledge.

Results:

The response was appropriate and committed with the activities, generating important resources to the practice of medicine. The experience generated strong knowledges to learn new concepts.

PALAVRAS-CHAVE: Problem-oriented medical record; Life Cycle Stage; Family Life Cycles.

PP124 - IMPLEMENTING A COMPREHENSIVE PRIMARY CARE CONTINUING MEDICAL EDUCATION PROGRAM IN RURAL NEPAL

Gauchan B¹; 1 - Possible ;

Problem

Fostering a culture of continued learning at healthcare facilities is a global priority for health systems performance, patient safety, and quality improvement. In low- and middle-income countries, continuing medical education activities are almost non-existent. National professional academies tend to be focused almost exclusively at major teaching hospitals in urban centers. In addition to playing a central role in healthcare provision, rural district-level hospitals are formative for many young healthcare professionals who are posted there for mandatory government service. The district hospital thus represents an important missed opportunity to be a center for learning.

Approach

We describe a comprehensive primary care and inpatient-based continuing medical education program at a district hospital in rural Nepal. The program aims to create a build the hospital as a regional center for healthcare worker training and professional development, to enhance healthcare worker recruitment and retention, to foster a culture of inter-professional learning and collaboration, and to facilitate quality improvement initiatives. The particular modalities of continuing medical education include didactic lectures, morbidity and mortality conferences, and case presentations by junior staff physicians and mid-level providers.

Outcomes

Bayalpata Hospital leadership conducted 155 didactic lectures since beginning the continuing medical education program in July 2014. Ongoing challenges critical to long-term success include identifying a dedicated staff member to champion continuing medical education at Bayalpata Hospital, engaging all clinicians in relevant content, and building formal training in quality improvement into the continuing medical education programming.

PALAVRAS-CHAVE: Continuing Medical Education; Quality Improvement; District Hospital

PP126 - CRITICAL INCIDENT USED AS AN INSTRUMENT OF REFLECTION IN FAMILY AND COMMUNITY MEDICINE RESIDENCY

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Given the complexity of the daily problems faced by family and community doctors, it is especially important to reflect upon their practice with regards to professional training, since the health problems have to be approached in a way that is on-going and person-centered. Thus, reflection becomes a learning tool for professional development. One of the educational tools that can be used to promote this reflection is the Critical Incident method which, in medical education, means records, stories, short narratives of particularly relevant situations, observed by residents in General Family and Community Medicine at the University of Maringá, state of Paraná. The CI method was employed by residents with the proposal of identifying, recording and collecting, under the CI perspective, a fact which led to inquiries inspired by one of the three focal points defined for analysis: ethics, clinical thinking and communication skills. At the end of the month, residents and preceptors met to evaluate the events. Four critical incidents were collected and reported in the month of November 2015. The residents took part in the monthly meeting, along with two preceptors, family and community doctors themselves. All events were related with ethics and essentially with the ability to communicate: pleasure with treatment compliance, difficulties with motivational interviews, how to deal with the discomfort of the patient in face of a diagnosis of mental disorder and a clinical interview with a gay adolescent.

PALAVRAS-CHAVE: Incidente crítico; Reflexão; Ensino Médico

PP127 - INNOVATIVE PERSPECTIVES FOR THE INTEGRATION BETWEEN TEACHING-SERVICE-COMMUNITY IN THE MEDICAL GRADUATION: A PET-HEALTH EXPERIENCE

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Introduction:

In 2013, the 12.871 Federal Law predicted a readjustment in the medical graduation courses' curriculum, giving to the students a closer look into the epidemiological, social and cultural local reality. Other actions in the governmental Field strengthen this process, as in the Education for Working Health Program(PET-Health), which in its 2015 edition endorses the need for a bigger interface between health services and graduation's instruction.

Objective:

This article aims to analyze critically the teaching-service-community integration in the medical course of a Federal University, dialoging with the PET-Health/Gradua-SUS.

Methodology:

The article uses a qualitative study as its methodology, based on Case Study. Five thematic workshops were done with coordinators of four modules from the 1st, 3rd, 4th and 7th semesters of the medical graduation, besides representative members of the Health Secretary of Fortaleza's county, which were invited to show the most important demands in the health service. This demands served as subsidy to the elaboration of this article's present proposal.

Results:

The article highlights an elaboration of a integration between service, community and teaching proposal, totally directed to a Basic Attention, in confluence with the demands brought by the County's Health Secretary. Beyond that, strengthened the role of institutionalization from the preceptorship realized by professionals linked to their own services, as a needful element for the articulation of this territorial's activities.

Conclusion:

The interface between the University and the health services can subsidize future doctor's graduations committed with the improvement of quality health ministrations in Basic Attention.

PALAVRAS-CHAVE: Education, Continuing; Health Services; Primary Health Care

PP128 - INNOVATIVE TEACHING INSTRUMENT AS A LEARNING ENHANCER IN THE PROBLEM-BASED LEARNING METHODOLOGY

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Introduction and objectives:

Despite its growth in the academic scene, the Problem-Based Learning methodology still has applicability issues, such as the students' difficult adaptation to this new kind of teaching. With a view to help students in their learning and facilitate knowledge acquisition, the authors used an innovative pedagogical instrument, which was called "levelling".

Method:

The "levelling" consisted in weekly meetings in which a teacher gathered the students of the immunology module in a classroom and reviewed the main points studied in the previous week through a new concept map. Every meeting was a moment the students could expose their main doubts about what they have studied. Thus, the sequence of topics discussed was not set by the teacher, but the students's questions. Using tools like concept maps and videos, the teacher was able to answer those questions. To do that, the teacher only use as reference what had already been learned by the students during tutoring groups and videos about the discussed subject.

Results and conclusions:

This instrument showed a great potential to maximize the students' learning, so being an excellent strategy to allow a better assimilation of the studied content without putting aside the main characteristics of the Problem-Based Learning, in which students should be the primary agents of their learning.

PALAVRAS-CHAVE: Education; Strategies; Teaching

PP129 - INSERTION OF THE INTERNSHIP IN OCCUPATIONAL HEALTH SERVICE AT BOARDING SCHOOL IN THE UBERLANDIA FEDERAL UNIVERSITY

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Introduction and objective:

According to the policy of basic attention on worker's health, is part of the doctor of the family health team providing medical assistance to the employee, notify occupational accidents, among others. Curricular guidelines dictate that the last years of the course are entirely intended for professional practice, learning in different scenarios, such as the family health strategy and health worker network.

Our goal is to provide activities in which the student develop, plan and evaluate health-related conduct, correlating them with the main aggravations, integrated into the policies of promotion and prevention in occupational health.

Method:

The boarding school in family medicine of UFU (Federal University of Uberlandia) started in 2015 the insertion of students in occupational health services, through the DISAO (Division of occupational health). The tutors discuss clinical cases with groups of 10 students each, related to labour capacity assessment, medical ethics, occupational diseases and occupational health programs.

Results and conclusions:

Through students portfolios we make sure of the importance of this stage, in which they were able to relate the experience in family health services with the cases discussed on DISAO, understand the responsibilities of the occupational physician and enlarge the vision of causality of diseases, identifying the work environment as a link in the causality of the diseases. The occupational health internship allowed the expansion of the vision that the student has the patient as an employee, qualifying the health care.

PALAVRAS-CHAVE: Occupational Health Services; Medical student; Family

PP130 - INSTITUTIONALIZED AND COMMUNITY ELDERLY: THE MEDICAL STUDENT'S VIEW ON LEARNING METHODS

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INTRODUCTION - OBJECTIVES:

The elderly population growth reflects improvements in health. By 2025, we will occupy the sixth place in elderly people on the planet. The Medical School of the University of Fortaleza, aiming to develop trained doctors to care of the elderly population, includes clinics and collective experiences in the curriculum. This paper aims to study the contribution of activities with elderly people in different environments in the training of medical students, to identify difficulties, facilitating aspects and the perception of students on learning.

METHODS:

Quantitative, descriptive, cross-sectional study; UNIFOR medical school scenario; the population consisted of sophomore students enrolled in Integrated Actions in Health-III; sample of 47 students who answered questionnaire in June / 2014.

RESULTS:

51% women; 49% men; 22,2 years old average. All hold important activities in the community and in long-stay institutions. In the community, 78% rated as very good and good; 21% reasonable. Difficulties were discomfort, noise, external interference (74%). Elderly people collaboration, appropriate time was positive for 50%. At the institution, 99% rated as very good and good; it was found lower percentage of difficulties (45%) and 12% said there wasn't difficulty. The facilitating aspects were added in a satisfactory infrastructure, privacy, silence.

CONCLUSION:

Curricular Guidelines are understood and considered relevant for learning, confirming the importance of extracurricular activities. The results indicate good acceptance of the activities in both environments. Nevertheless, differences indicate the need for improvement in the community, seeking to construct strong links between students and community.

PALAVRAS-CHAVE: Evaluation; Education; Aged

PP131 - ASSESSMENT TOOLS TO FOLLOW SCHOLARSHIP STUDENTS IN PRIMARY CARE TRAINING IN RIO DE JANEIRO

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Foreword

The stage of academic scholarship in primary health care (PHC) of the Municipal Health Department of Rio de Janeiro(MHD- RJ) is an important outreach tool for medical students for the future choice of specialty and to confer a more systemic perspective for students who pursue a future of medical non-generalist. Students between the 7th and 12th periods are selected through a selection process for development a workload of 16 hours per week in family health units over 9 months. It is, therefore, a unique opportunity for an important contact with the setting of the PHC , as many students have no experience of longitudinality through the curriculum of their graduation.

Objective

Describe the tools developed by the preceptorship of practical activities for monitoring and evaluation stage conducted by academic scholars.

Method

It is proposed that the learning process should begin with the reflection on what happens in the service and what to be transformed. For this , we must discuss the situation and work from meaningful learning, exposing students to various scenarios that make up the work of health professionals at PHC, beyond the office: home visits , participation in team meetings , health education actions collective and family approach

Result

Through the academic probation activity sheet is made to evaluate scenarios and student participation .At the end, students present a family who accompanied and perform a course completion work.

PALAVRAS-CHAVE: primary health care; longitudinality; academic scholarship

PP132 - INTEGRATING ACUPUNCTURE INTO PRIMARY HEALTH CARE: THE IMPACT OF AN EDUCATIONAL MODEL IMPLEMENTED IN THE CITY OF FLORIANÓPOLIS-BRAZIL

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Introduction:

The use of integrative and complementary practices is progressively increasing worldwide. However, few studies have investigated the use of acupuncture in primary health care (PHC).

Objective:

The aim of this study is to evaluate the impact of an educational program developed to teach acupuncture for primary care physicians (PCP) in the city of Florianópolis - Brazil.

Methods:

An introductory acupuncture course program was designed using the WHO standards for acupuncture training and discussed with acupuncture and education specialists at three consensus meetings. We used quantitative and qualitative research methods to evaluate the impact of this educational activity.

Results:

From the period of 2011 to 2014 three editions of the introductory acupuncture course were offered. During this period 53 physicians finished the program.

Results:

The number of acupuncture sessions in PHC rose from 1349 in 2011 to 6488 in 2015. It was observed in the year of 2015 that 85% of the course participants working in PHC were regularly using acupuncture in their daily practice, with a mean of 11.35 sessions per month. Moreover, the results from three focus groups with the course participants demonstrated that they gain new perspectives on the delivery of healthcare; they incorporated new therapeutic tools into their clinical practice and increased their clinical resoluteness.

Conclusion:

The experience in the city of Florianópolis shows that teaching acupuncture to PCP is a sustainable model to introduce acupuncture into PHC; it can expand the access of acupuncture treatment to the population and improves the therapeutic skills of PCP.

PALAVRAS-CHAVE: Acupuntura; Educação médica; Atenção Primária à Saúde

PP133 - INTEGRATING FAMILY MEDICINE AND PSYCHIATRY RESIDENCY PROGRAMS IN COLLABORATIVE CARE: AN EXPERIENCE WITHIN MATRIX SUPPORT WORK

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Matrix Support is the main strategy to articulate mental health with primary health care in the Family Health Strategy (ESF) from the Brazilian Universal Health System. Training medical residents in this new work process is fundamental for the development of this proposal.

Objective: to study and discuss a mental health matrix support experience at the Family Clinic Nicola Albano in Programmatic Area 2.2 in Rio de Janeiro, held as part of the residency programs of Family Medicine (MFC) and Psychiatry from University of Rio de Janeiro State.

Method: To study matrix support from the perspective of the interaction between these two residency programs we have analyzed and discussed the records of joint consultations held weekly during a period of six months

Results: three main aspects arose: the type of patients and demands elected by the MFC to be interviewed in joint consultations with the psychiatrist; the importance of increasing the MFC contact with other services in Mental Health Network and organize the referrals flow; and the support MFC need to maintain psychotropic medication, especially in stabilized patients with severe and persistent mental disorder.

Conclusion: collaborative care, which integrates psychiatric knowledge in the generalist practice, demonstrated the obstacles and possibilities that patients with mental disorders face in the primary care health units. The most significant demands that were detected are consistent with the literature on the challenges to integrate mental health in primary health care in Brazil.

PALAVRAS-CHAVE: Residency; Matrix Support; Mental Health

PP134 - INTEGRATION OF FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM WITH AN ACADEMIC LEAGUE

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Introduction and Objective:

In January of 2015 was established in the University Center of Anapolis the Academic League of Family Medicine (LAMFA), with the aim of promoting the tripod teaching-research-extension. In the same period, the Family and Community Medicine Residency Program of UniEvangélica, filled the first vacancies playing a key role in building the knowledge of LAMFA members, mainly through experiences integrated with community service and exposure of expertise on the role of the family physician in primary health care. Thus, the objective is to show the importance of integration in order to expand it beyond the Academic Leagues, but all undergraduate and foster it in other institutions.

Method:

Partnership between the LAMFA's education board and actors of residence, such as coordinators, tutors and residents, with the creation of a range of visiting hours of the ligands to the UBS and integration League to weekly classes at the residency program and the promotion of scientific productions.

Results and Conclusions:

Graduating students could actively participate in the operation of a Basic Health Unit, following clinic visits, home visits and meetings of smoking groups. Furthermore, in classes taught by residents they were theorized topics of great relevance to the practice of MFC in primary care, discussed articles, mostly published in RBMFC (Brazilian Magazine of Family Doctors), besides the analysis of clinical cases. Thus, one can increase the knowledge of ligands for clinical decision making, patient-physician relationship and behaviors in primary care, in addition to promoting the practice of teaching-mentoring of residents.

PALAVRAS-CHAVE: Family Practice; Residency; Community Medicine

PP135 - INTERACTIVE TECHNOLOGY IN PREVENTING NEOPLASIA.

Facundo AKBF¹; Padilha PS¹; Santana RO¹; Amorim RMS¹; Gifoni DP¹; Soares VG¹; Carvalho RB¹; 1 - UNIVERSIDADE DE FORTALEZA;

Introduction:

The teaching-learning process was modified with the advent of technology. Exhibitions with active interactions have been shown more effective. Therefore, the League of Oncology in partnership with the Roda da Vida (Wheel of Life) Institute, which offers Integrative Medicine in Oncology, held activities for a community assisted by the University of Fortaleza, aiming cancer prevention and health promotion in a more dynamic way.

Objective:

To report risk factors and to prevent cancer in an interesting way. To practice communication skills. To use the digital board.

Methods:

The Cancer Virtual Museum website and a digital board for community interaction with the students of LION. On the occasion, we used the "virtual home" website to show that many risk factors for cancer are in our routine. A video showing risks for the development of skin cancer was displayed and it was distributed leaflets about the characteristics of an evil stain. Main obstacles: need of previous training to use the board and availability of equipment, causing anxiety among members.

Results:

It was an important experience both for the community and for us. We realized how we can improve our communication skills to interact with the public. There was significant curiosity of the listeners to handle the board.

Conclusion:

There was enlightenment of the population and teaching about interactive tools with the public for us students. It was shown to be something to improve, in order to reach a wider audience in the future.

PALAVRAS-CHAVE: technology; Virtual; Oncology

PP136 - INTERNSHIP IN PUBLIC HEALTH: NEW CONTACT WITH PRIMARY CARE EXPANDING VOCATIONAL GUIDANCE OF MEDICAL STUDENTS

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Introduction and Objective:

The expansion of primary care in Rio de Janeiro started in 2010 created potential educational spaces for graduation before restricted to university hospitals. Family Clinics, current archetype of primary care unit began to receive interns from public and private universities. Setting up as a gateway for public health users, attending spontaneous demand and beyond governmental health care lines programs, the raw material of work in these units plus the qualification of human resource through medical residence has settled the students in an essentially aid environment. It is remarkable how health is no longer limited to hospital walls as well as the teaching of general medicine. The change of paradigm of family physician procedure that pretermits the preventative bias and begins to practice a curative care with evidence-based medicine has great appeal among students who started the course in the pursuit of science. This study plans to evaluate the impact of this experience in the formation of graduate students.

Method:

Receiving students through various associations, the course completion work in testimony format shows that the experience in family and community medicine represents an essential step in training these students, highlighting socio-cultural and scientific knowledge.

Results and Conclusions:

The presence of medical interns seems extremely contributive to the service and to the assisted public. Students experience vulnerable environments, mixed with social aspects that go beyond the science of healing. The future doctors then begin to consider the reemerging general medicine specialty a real option for their careers.

PALAVRAS-CHAVE: Education, Medical, Graduate; Primary Care; Internship and Residency

PP138 - INTERVENTION OF HEALTH EDUCATION AS AN INSERTION STRATEGY OF A MEDICAL SCIENCE STUDENT IN FAMILY AND COMMUNITY MEDICINE PRACTICE

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INTRODUCTION.

Health Education activities stimulate health promotion, diseases prevention and population engagement in life quality related issues. Objectifying offer the Medical Science student a real practice, Integrated Actions in Health module promotes interventions performed by students in a school on the outskirts. It was possible to share with 9 to 11 year-old children sexuality informations, that is less discussed in groups at these ages.

OBJECTIVE.

To analyze experiences of medical students with children of a school on Fortaleza's outskirts, highlighting its contribution for a great medical education.

METODOLOGY.

Some difficulties emerged about what approach method to choose since activity must be performed with subtly and efficiency for the children understanding. Phrases of the age development were presented through playful activities and active participation of children. Reflections about the importance of child orientation for a deeper knowledge of the body self-image were made, objectifying the decrease of their vulnerability to aggravations like STIs, sexual violence or unwanted pregnancy.

RESULTS.

Some children presented a good comprehension about the subject as well as understood the physiological changes of their bodies, although showing some questions about the integrated functioning of the organism for a healthy growth. Distinct reactions between boys and girls were observed.

CONCLUSION.

It is important to develop resilience for the medical professional at the performing in health education. The restriction of access to information of the children were faced, evidencing the vast field for the medical professional to actuate in the construction of the little citizens' quality life.

PALAVRAS-CHAVE: medical education; primary health care; health education

PP141 - IRON SUPPLEMENTATION IN HEALTHY INFANTS – WHICH EVIDENCE?

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Introduction:

Iron deficiency is the most prevalent nutritional deficiency worldwide, with potential repercussions on children's growth and cognitive development. Exclusive breastfeeding provides iron needs in the first six months of term infant's life, with an appropriate birth weight, as long as the mother has enough reserves. After six months, a gradual depletion in iron supplies occurs.

Aim:

Assess the impact of daily oral iron supplementation on growth and cognitive development of healthy term infants.

Methods:

Research articles published between January 2000 and December 2015, in English or Portuguese, in the following databases: NGC, NHS British, CMA, Cochrane, DARE, Bandolier, Clinical Evidence, EBM and PubMed. MESH terms: iron, dietary supplements and infant. Inclusion criteria: healthy term infants aged less than 12 months, with appropriate birth weight and exclusive breastfeeding until 6 months; comparison between oral iron supplementation isolated vs placebo/normal eating; clinical outcomes – reduced morbimortality and evaluation of growth or cognitive development. Level of evidence (LE) and strength of recommendation (SOR) were based on Strength of Recommendation Taxonomy scale.

Results:

Ten articles were selected: 6 systematic reviews, 2 clinical trials and 2 original articles, all including a patient-oriented outcome (LE-1). Most of the findings suggest that oral iron supplementation in healthy term infants have no significant beneficial effects on children's growth or cognitive development.

Conclusion:

There's not sufficient evidence to recommend, preventively, daily iron supplementation in healthy term infants (SOR-B). More longitudinal and patient-oriented studies are needed, with a robust methodology and pursuing major clinical outcomes.

PALAVRAS-CHAVE: iron; dietary supplements; infant

PP142 - IS MEDICAL SCHOOL A MIND CHANGER? A LONGITUDINAL STUDY OF STUDENT'S PERSONALITY TRAITS

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Objective

To determine the effect of six years of Medical School in self-perceived personality traits of medical students.

Method

Longitudinal study: 70 students from the Faculty of Medicine of the University of Coimbra, Portugal, filled Revised NEO Personality Inventory at first and sixth year of Medical School. Changes in personality domains and facets from year 1 to year 6 were calculated.

Results

There were significant changes in the average personality profile of these medical students after Medical School. Neuroticism decreased significantly. Agreeableness and Conscientiousness suffered small but significant decrease. This includes significant decreases in the average scores for the facets Anxiety ($p < .01$), Depression ($p < .05$), Vulnerability ($p < .05$), Altruism ($p < .05$) and Modesty ($p < .05$). Self-discipline facet recorded a significant increase ($p < .05$).

Conclusions

Students' decrease in their self-assessment of Anxiety, Depression and Vulnerability indicates they may perceive themselves as more stable, confident, hopeful and resilient in the end of the academic course. Their increase in Self-Discipline may point to an increase confidence in their ability to continuously update the knowledge they received in order to provide always the best for their patients. However, their self-assessment decrease in personality's facets Altruism and Modesty could be concerning - these findings could suggest that medical students may have developed a more arrogant and overrated vision of themselves, and also that they may have become more reluctant to get involved with others' problems. Given the results we can conclude medical school influences students' personality traits' evolution.

PALAVRAS-CHAVE: medical school; personality; evolution

PP143 - JOIN – RESIDENCY CONFERENCE OF THE NORTHERN LISBON PRIMARY CARE CENTRES' GROUPING

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Introduction and aim:

The Northern Lisbon Primary Care Centres' Grouping (ACeS Lisboa Norte) provides care to around 40% of Lisbon's population. The Northern Lisbon Hospital Centre (CHLN), one of the Portuguese major centres, provides tertiary care to this population. Given its dimension, the communication and share of knowledge between those entities can be difficult. The JoIN project was born with the intent to create a platform for scientific and clinical practice exchange, specially dedicated to Family Medicine residents and assistants, aiming for a stronger bound within those entities.

Methods:

The project was designed by a group of 10 Family Medicine residents in connection with their supervisors, other family physicians, the Residence Programme Directorate, the ACeS Lisboa Norte Directorate and CHLN physicians. Advertisement was made through digital platforms and medical newspapers. During the conference, evaluation questionnaires were delivered.

Results and conclusions:

For 2 days, topics as "Vertigo approach in Primary Health Care", "Extra-plan vaccines", "Wheezing in pediatric age" and "How to choose the best anticonceptional for the woman" were approached. There were also workshops for "Travel medicine", "Caring wounds: therapeutic options", "Spirometry and inhalant technics" and "Case studies in Dermatology". Around 200 participants attended. The goals were fulfilled and the expectations overmatched. In the end, 100% of the participants rated the project as "good/very good" and 94% considered the workshops as "good/very good".

PALAVRAS-CHAVE: Family Physician; Sharing; Residence

PP147 - LASFAC AND THE ACADEMIC MEETING: CHRONIC DISEASES MANAGEMENT IN THE PRIMARY HEALTH CARE

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Introduction and objective:

In the health sector, there is a consistent effort to replace the traditional model, historically centered on the disease, for an investment in primary care and health services that focus on the needs and expectations of people. In this context, LASFaC-UNB (Academic Family and Community Health at the University of Brasilia) represents a strategy in the change of health formation as it is, since it values the inclusion of students and teachers in the reality of primary care. The goal is to discuss the management of chronic diseases in primary care with the academic community.

Methodology:

The league adopted active methodologies in building the event that provided the critical and reflective discussion among participants. The event was organized and mediated by members of LASFaC-UNB, with mentoring from a social psychologist. Held on August 24, 2015, with the presence of three speakers.

Results and Conclusion:

Presence of 60 participants, including students and professionals, which meant a relatively high adhesion compared to other attempts to promote discussion of the topic. In addition, as in being the first event sponsored by the league, it also promoted an explanation on its proposals to the academy. There was an increase in the number of subscribers in the selection process of the league. The league was successful in fostering debate of primary care and the need to adapt the response of health services to the specific needs of each community and of each individual situation, theme so neglected among students of health, accustomed to an exclusively technical learning.

PALAVRAS-CHAVE: Atenção primária de saúde; Saúde da família; Extensão comunitária

PP148 - LEARN TO TEACH, TEACH TO LEARN: THE MANY FACETS OF LEARNING

Facundo AKB¹; Padilha PS¹; Santana RO¹; Amorim RMS¹; Gifoni DP¹; Soares VG¹; Carvalho RB¹; Barreto NN¹; 1 - UNIVERSIDADE DE FORTALEZA;

Introduction:

The Oncology League of the University of Fortaleza held its educational activities through a lecture on oncology with other medicine graduates and the community in order to help solidify students' knowledge in this clinical area and experiencing teaching.

Objectives:

To minister a class concerning the oncology topic. To guide on the promotion of community health.

Methodology:

On April 10, 2015 it was performed a lecture, given by the members of LION to students in the fourth semester of UNIFOR medical school and to the community. Through visual tools, the league members addressed the relevant issues of the subject. This experience was constructive for both sides, since there were students experiencing teaching and others aiming to learn, providing an exchange of knowledge beyond the community which could understand more of preventing neoplasias. However, some negative aspects were observed, such as nervousness and shyness in public speaking.

Results:

The league members were able to have more experience with teaching practice and went beyond the curriculum. The community proved quite concerned, the debate on the subject has generated apprenticeship to both sides.

Conclusion:

The authors assume that it was gratifying to experience teaching practice, guiding and clarifying questions. Furthermore, the doctors must have communication skills to better understand their patients and such activities substantially improve the performance and the manner these students deal with the public.

PALAVRAS-CHAVE: oncology; preventing; promotion

PP149 - LEARNING AND PRACTICING ABOUT THE DAY BY DAY LIFE OF A MCF

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The LAMFAC, academic league of family and community medicine from Rio Grande do Norte, consists of the union of the 03 state universities (UFRN, UERN and UNP). It has the intention to deepen the knowledge about primary health care and discuss the actions of the MFC-based in evidence. Besides the reunions with theoretical discussions, in December 2015, the participants were able to do practical activities. In order to approach the medical future of the real scenario, as well as training tools such as SOAP and CIAP, apply the genogram and practice the person-centered care. This experience included 25 medical students who followed for 2 weeks the routine of the family and community doctors who works at USFs from Natal-Parnamirim-Nísia Floresta. So, there was groups of up to 5 people driven by one MFC, amounting to 10 groups. It was even offered the theoretical complementation of dermatoses and mental health in the APS approach. It is valid to point out that the students followed a normal routine in the ESF and performed home visits, participated in groups of USFs and even understood the work of the NASF. And at the end of each week, there was a meeting for sharing experiences among all participants from the perspective of experience reports. In this way, we enter the participants in a practical context in which learning was well structured in the essential elements for a good quality APS, contributing to build good future professionals.

PALAVRAS-CHAVE: Medicina de família; Atenção primária; saúde

PP153 - LIVE METHODOLOGIES FOR MEDICAL EDUCATION IN PRIMARY HEALTH CARE

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Introduction and objective:

The educational process should be considered in context that teachers and students have important roles. To do so, it becomes necessary for the insertion, in the undergraduate disciplines, different methodologies that promote the search for knowledge by the students. The objective is to describe the experience of using active methodologies in the discipline of comprehensive health care I in the course of medicine.

Method:

A descriptive study, carried out through account of the experience lived in Integral Attention to Health Module I (AIS I) offered the first series of medical school at the University Potiguar (UNP). The module was developed through theoretical lessons in class, theoretical and practical in university-if scenarios and practice in basic health units (BHU) in the partner network.

Results and conclusion:

In traditional methodologies, the student, in some situations, is considered a taxable person. With the curricular restructuring of medical courses, there was the need for the inclusion of disciplines focused on training a critical, reflective and which enables the students to intervene in reality. The AIS I propose to insert the student in the social, political and ethical APS. To this end, activities are developed as construction of concept maps, discussion in online forums, team based learning (TBL), group theoretical and practical classes with the application of clinical cases, territorial, building a unique treatment plan and a project intervention. The use of methodologies that consider the student as the center of the teaching-learning process becomes important for him to blame themselves and search for knowledge.

PALAVRAS-CHAVE: Health Education; Community Medicine; Primary Health Care

PP154 - LIVING WITH HYPERTENSION: THE PERSPECTIVE OF PROFESSORS OF MEDICINE

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Introduction and objectives:

Hypertension is a prevalent risk factor for cardiovascular diseases and, as any human activity in a complex society, health care directed to hypertension reflects social representations developed either among health professionals and popular knowledge. We studied medicine professors' social representations about people living with hypertension.

Methods:

This was a qualitative study, employing semi-structured interviews with eight professors of Universidade do Vale do Itajaí (UNIVALI) who taught in different areas of medical internship during the second semester of 2015. The data were analysed using the Discourse of the Collective Subject (DSC).

Results and discussion:

The subjects identified the lack of association between hypertension and any symptoms, but their patients recognized different symptoms associations, and medical discourse defined hypertension as a disease, more than a risk factor. The medical-person relationship was described as an important element for adherence to therapy, even so life style changes were seem as hardly effective and very difficult to obtain for doctors and patients. However pharmacological options had adherence problems because long term use, adverse reactions and poor symptomatic relief obtained by users. As the medical professors' representations usually are reproduced by the future physicians, this study suggests the relevance of correctly defining hypertension as a vital sign and a risk factor during medical formation, avoiding Disease Mongering. Beyond that, there is the need to clearly stablish the differences in therapeutic approaches that must be offered for people with risk factors and for those who developed real diseases.

PALAVRAS-CHAVE: Hypertension; Medical education; Physician-patient relations

PP155 - MATRIX SUPPORT TO THE FAMILY HEALTH STRATEGY IN THE CITY OF RIO DE JANEIRO : WORK AND BIOETHICAL ISSUES

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With the advance of the implantation of the Health's Strategy of of the Family in all over the country and the need to qualify its actions and to increase the scope of acting in the year of 2008, the Center of Support to the Family's Health is created. This center is composed by several specialties that helps the Matricial Support with the Pedagogical and Assistencial scope. In the city of Rio de Janeiro, the ESF presented a coverage of 7% in the year of 2009 and actually this coverage is about 50%. The adhesion of the NASF team begins in 2011 and ends the year of 2015 with 73 teams working together. In this way, this text wants to analyze the work of the Matricial Support and to map the bioethics conflicts presented in this matricial process, in the perspective of the professionals of higher level of the Heath's Strategy of Family and the Center of Support to the Family's Health. It is a case study of qualitative nature that used the instruments of interview and participant observation to build the data, that were interpreted with Bardin's Content Analyze. The conclusion is that the process of work in the NASF is being consolidated in Rio de Janeiro's territory, increasing the resoluteness and qualifying the cases. Nevertheless, some problems can be also identified as the huge turnover of professionals and the excess of attributions, hampering the matricial process.

PALAVRAS-CHAVE: Family health strategy; bioethics; Health Service

PP156 - MEANINGS OF RECEPTIVITY: WORKSHOP WITH COMMUNITY HEALTH WORKERS

Silva, LFM ¹; Leal, KTG ¹; Cano, A ¹; 1 - Clínica da Família Souza Marques;

Introduction:

Receptivity is a main concept of primary health care. It isn't limited by the act of receiving the patient, but it also consists in a certain way of organizing the work process, inside and outside the primary health care unit. At the Family Health Strategy, the community health workers are the responsables for the first reception of patients who look for the health unit. Thereby, the training of theses professionals influence the quality of health care offered. The aim of the workshop was to promote critical reflection with community health workers about the importance and complexity of their work.

Method:

The workshop was planned by the Family Health Support Team. Two meetings were held with the community health workers and the family health unit manager. Each meeting was two hours long. In the first meeting they were asked to act out conflict situations that occur commonly at the health unit. Then, they were asked to discuss about it and propose solutions for each situation. In the second meeting they were given words that represent necessary characteristics to the quality of receptivity and health care. After that, they were asked to discuss about it and reflect if those characteristics are present in their daily work.

Conclusion:

The reflection proposed to community health workers allowed them to build, along with the health unit manager and Family Health Support Team, a guide with the main duties and the attitude necessary to improve quality of receptivity.

PALAVRAS-CHAVE: receptivity; community health workers; family health strategy

PP157 - MEDICAL PARTICIPATION IN PRIMARY HEALTH CARE: THE IMPORTANCE OF A PROPER GRADUATION.

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Introduction:

An appropriate medical education for participation in Primary Health Care (PHC) requires efforts from Higher Education Institutions (HEI) and knowledge, from the students, of the importance of a graduation that emphasizes the aspects related to the present health system.

Objective:

Analyze the undergrad medical education for participation in PHC.

Methods:

Qualitative research with semi-structured interviews with undergrad students from Medical School in a public university in Fortaleza/CE (n=29) and documentary analysis of the Pedagogical Political Project (PPP) and the Teaching Plans (IRB# 388.536). PPP's proposal, Teaching plans and the students' statements were confronted, in a search for aspects related to PHC.

Results:

The documentary analysis revealed that the PHC's subjects represent a small amount of the total academic load (20%). The interviews showed the lack of interest among the students when it comes to PHC education, which happens mostly because they don't see themselves working in this area in the future, and teachers and monitors commonly present this negative view in college.

Final Considerations:

HEI have a commitment with the society in preparing professionals to serve the community. Therefore, the education of future doctors should prepare them to work in SUS (Unified Health System).

This task might be impaired by both curricula that don't allow PHC to be worked properly and sufficiently and the poor appropriation of the importance of this issue from the students.

PALAVRAS-CHAVE: Primary Healthcare; Undergraduate; Medical Education

PP159 - MEDICAL STUDENTS PERCEPTION OF HEALTH INTERVENTION CAMPAIGN WITH A HOMELESS POPULATION UNDER RISK.

Silveira Filho JJC ¹; Brasil BP ¹; Félix ECP ¹; Almeida JN ¹; Vasconcelos LMT ¹; Menezes NNA ¹; Oliveira RV ¹; Cavalcanti V ¹; Oliveira DN ¹; 1 - Universidade de Fortaleza (UNIFOR);

Introduction and Objectives:

The campaign "Run for Life" (Corre pra vida) seeks ensuring biopsychosocial aid to populations at risk, specially homeless people, group that usually fails to access or be accessed by primary care, considering they are usually addicted to substances, their common lack of permanent address and documentation and the health system lack of coverage to supply their demands. The following report describes the perception of medical students of the approach used in the campaign and the interaction with the homeless in need.

METHODS:

Qualitative analysis of the experience of the medical students volunteers of the social campaign "Run for life", promoted by Ceara's Drug Control Strategies Department. During the campaign, volunteers performed medical consults and simple ambulatorial procedures while they were also aiming to listen to homeless demands.

RESULTS AND CONCLUSIONS:

The campaign "Run for life" reunited many volunteers, among them, members of LIBIM, Medical Biology study group. The intervention connected the homeless with medical services, working as an initial step to their social reintegration. However, the participating students concluded that those isolated events were not sufficient to improve significantly their vulnerability condition, being necessary a more complex and continuous approach of social and health services.

The volunteers considered the contact with the homeless reality "enriching" and reported having acquired much new knowledge to approach those patients. Besides, they felt the responsibility of caring and being health promoters as medical students and future doctors.

PALAVRAS-CHAVE: Homeless; Addiction; Health Promotion

PP160 - MEDICAL STUDENTS PERCEPTION OF HOME VISITING IN THE CITY OF MACAPÁ-AP

PINHEIRO FF ¹; FECURY AA ¹; CORREIA ACC ¹; PINTO ACL ¹; SILVA DKB ¹; MOURA AAP ¹; MARQUES APF ¹; KOLCENTY AL ¹; ARAÚJO BM ¹; 1 - UNIVERSIDADE FEDERAL DO AMAPÁ (UNIFAP);

Introduction and objectives:

The student perception related to the home visiting context is important so that patients' needs are supplied; extending the look at the actual situation of the user, making it possible to analyze their weaknesses. Having the issue in mind, it's sought to describe the perception of medical school students about the importance of the home visiting.

Method:

It was made an observatory, descriptive and quantitative in an experience report way of home visitings carried out between 2013/2015 was conducted by 30 students from the 2nd to 4th year of the degree course in Medicine from UNIFAP. A questionnaire was Drafted, aiming to characterize the daily life of the home visitings. The questionnaire included the following: degree of research of the subject's satisfaction in doing home visitings; importance of visits to academic training; and perception of a change in family health after the start of home visitings.

Results and conclusion:

60% women and 40% men, mean age of 21 years were part of the study. 71.44 % reported to be partially satisfied with home visitings, highlighting , its limitations due to the concentration around healing practices targeted at individuals that make secondary autonomy and co-responsibility of families in health care. 57.14 % of students believe that home visits had a positive impact on the health of families and 100 % considered important home visits for medical training . Therefore, the perception of academics during home visits was transformative, it was put into practice the academic knowledge, focusing on individual and collective health of Amapá's population.

PALAVRAS-CHAVE: Home Visit; Community; Primary health care

PP161 - MEDICAL STUDENT'S KNOWLEDGE ABOUT MEASLES FOR OPERATIONS AGAINST EPIDEMICS IN BRAZILIAN NORTHEASTERN COMMUNITIES

Benevides BS ¹; Fernandes JM ¹; Pinheiro ALVO ¹; Ban GA ¹; Teixeira GFD ¹; Sidou GTSBO ¹; Farias JBL ¹; Nobre LS ¹; Oliveira MAP ¹; Paiva NMT ¹; Alencar SD ¹; Rocha TB ¹; Viana JL ¹; 1 - Unichristus;

INTRODUCTION / OBJECTIVES:

Ceará faced in 2015 an outbreak of measles, raising some doubts about basic knowledge and the preparation of future health professionals about epidemics of contagious diseases, such as measles. The aim of this study was to evaluate the knowledge of medical students of a University Center on some typical characteristics of measles after its resurgence.

METHODS:

The study was quantitative and cross-sectional, occurring from August to October 2015. The questionnaires were structured with following subjects: clinical manifestations, pathognomonic sign, treatment and measles vaccine, then, were applied to students from 1st to 8th period of a University Center of Fortaleza. After the consolidation of the data, the results were organized and analyzed in Excel 2010 and Epi Info 7.

RESULTS AND CONCLUSION:

322 students answered the questionnaires. Regarding the knowledge of the pathognomonic sign of disease, Koplik's sign, 81% of participants were found to be aware of this characteristic of the disease. Regarding vaccination coverage with use of MMR vaccine, 93% of students demonstrated knowledge on this subject. However, for main clinical manifestations and treatment of disease, the hit rates were only 48% and 40%, respectively. Therefore, it can be inferred that it is still necessary provide instructions for academics from medicine area about this pathology, given that formation of future professionals in the primary health care is important for epidemiological surveillance and for the basic and initial assistance to community.

PALAVRAS-CHAVE: Measles; Knowledge; Schools, Medical

PP162 - MEDICAL TRAINING AND LEADERSHIP SKILLS DEVELOPMENT.

CAVALCANTE LAA¹; GOMES NN¹; AVILA MMM²; REBOUÇAS LH¹; MARTINS MM¹; VIANA IG¹; BEZERRA AG¹; LIMA MDB¹; CUNHA TA¹; 1 - Universidade de Fortaleza; 2 - UNIVERSIDADE ESTADUAL DO CEARÁ;

Introduction and Objective:

The undergraduate medical training unfolds, according to the National curriculum guidelines, in different areas. The management in health is the one that aims at training the students to be capable of understanding the principles, guidelines, and policies of the health system, and to participate in management and administration actions, through dimensions like the exercise of leadership, focus of this study. The study's objective is analyzing the formative process of a degree course in Medicine with emphasis on leadership skills.

Methods:

Case study on the training offered by the Medicine course of a public University of Fortaleza-CE. Documentary analysis of Pedagogical political project (PPP), of course and Education plans of the DCN, as well as semi-structured interviews with 29 students from boarding school, were the means of data collection, among which, was dialogue, identifying distances and approaches and the insights that emerged from the interviews, all this focused to the responsibility of leadership. Ethics approval of opinion No 388,536.

Results and Conclusion:

Few students perceived the management area as a potential action field, and most showed no affinity for such. Some testimonials gave prominence to the discipline of public health policies, which offers a theoretical-practical contribution that optimizes the development of leadership ability, with problem situations to be analyzed and solved in a teamwork. The leadership skills must be exercised on the horizontality of interpersonal relationships that involves commitment and empathy, but this development is still a challenge for the training of future doctors.

PALAVRAS-CHAVE: Medical Education; Leadership; Health Management

PP163 - MEDICINE STUDENTS EXPERIENCE ON DEVELOPING A SINGULAR THERAPEUTIC PROJECT IN THE PRIMARY HEALTH CARE

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INTRODUCTION AND OBJECTIVES:

Singular Therapeutic Project (STP) is a set of goals articulated and agreed between multiprofessional team and the targeted subject or family. It differs from a traditional approach because it treats the patient singularly. Therefore, we aim to show how STP can be used as a new tool in the patient care, besides encouraging multiprofessional team work and contributing for a distinguished medical formation.

METHODOLOGY:

This is an experience report of the implementation of STP in a family follow-up from the Basic Health Unit (BHU) Cônego Monte in Santa Cruz-RN during the module "Vivência II" of the Multicampi School of Medical Sciences of the Federal University of Rio Grande do Norte.

RESULTS AND CONCLUSION:

The use of STP has shown itself a useful tool on the mobilization of the family health team and other areas of the Health Care Network (HCN) seeking the benefit of the related family, allowing the students to approach biological, cultural, social, economic, and psychological aspects enabling, overall, the introduction of a new therapeutic resource in the Family Health Strategy regarding the approach of cases considered the most difficult by the team. This kind of therapeutic project, although not commonly used at the BHU, it revealed to be of great value in the more complex cases, once it promoted the participation a multiprofessional team from HCN and with high problem-solving rates. In addition, it allowed the students to have a more holistic view regarding the different dimensions which are part of the individual.

PALAVRAS-CHAVE: Primary Health Care; Medical Education; Health Care

PP165 - MODELING: THE TEACHER AS ROLE MODEL FOR INTERNS AND RESIDENTS

Machado HSV ¹; Queiroz OS ¹; Mori E ¹; Sá AO ¹; Azevedo RWDL ¹; 1 - SMS-RJ;

Introduction and Objectives:

The expansion of residency programs in Community and Family Medicine at the national level has created an unexpected demand for trained professionals to guide and form this kind of specialist. Thus, many new young graduates of his program specialization become preceptors early. Student supervision in family medicine requires a unique relationship between the preceptor-resident pair, since they spend long hours together. Teaching and learning techniques and assessment methods are studied in this medical specialty like no other, existing inclusive preceptors training courses. This work supports the thesis based on the direct role of the teacher as a medical team that shares the work while mentoring their residents.

Method:

We interviewed four residents that formed on the mentoring of a preceptor with this profile, revealing the main failures and successes of this model.

Results and Conclusions:

The reports demonstrated that the presence of the teacher in the room with the resident, in the process of direct observation and stoning of communication skills, control of time, uncertainty and second clinical opinion is necessary. However, when it is out of proportion can limit the development of autonomy and the resident leadership to manage a family health team and become a reference for its population. A minimum weekly schedule it is necessary for those young preceptors that found themselves in management and teaching positions too soon.

PALAVRAS-CHAVE: Medical Residency; Family and Community Medicine; Preceptorship

**PP166 - MULTIDISCIPLINARY PRACTICE IN FAMILY HEALTH UNIT:
CONTRIBUTIONS OF HEALTH GROUPS FOR THE FORMATION OF
GRADUATES IN HEALTH**

Hora SCS ¹; Oliveira GM ²; 1 - ESCOLA BAHIANA DE MEDICINA E SAÚDE PÚBLICA; 2 - ESCOLA BAHIANA DE MEDICINA E SAÚDE PÚBLICA ;

This experience report presents a multidisciplinary practice in primary health care service offered to undergraduate students of health areas by Candeal Program (Compulsory Extension Program) Bahia School of Medicine and Public Health in partnership with the health Unit Family Candeal in Salvador, Bahia, between July and December 2015. During this period, students developed health education activities in a group of smokers (practicing care to smokers, proposed by the Ministry of Health). Among the activities developed in the smoking group there are the group watching and longitudinal follow-up of participants, development of workshops with different focused themes for prevention of tobacco use and promoting quality of life, building informative booklets, conducting group dynamics and discussing care plans with referenced team unity. This practice field has enabled the understanding of the treatment, health promotion and disease prevention in primary care, the expanded clinic, the paradigms of abstinence and harm reduction, public health policies in Brazil, closer assistance to people the reality of multidisciplinary work and understanding of the influence of socio-cultural and territorial aspects of the health-disease process. The aspects that need improvement relate to the expansion of hours of activity in the service, greater integration with the territory and theoretical studies on family health. The highlighted positive aspects are the learning in contact with the participants in the smoking group and health team, with other students and with problem situations that allow the addition, to the knowledge of the student, of the multidisciplinary practice in primary health care.

PALAVRAS-CHAVE: vocational training; interdisciplinarity; health groups

PP168 - MULTIDISCIPLINARY RESIDENCY MENTAL HEALTH / ALCOHOL AND DRUGS IN PRIMARY CARE : PORTFOLIO - REFLECTIVE TO EVALUATE

Campos AG ¹; Magalhães LG ¹; Pinheiro P ¹; 1 - Associação Saúde da Família;

Introduction / objective:

The Cathedral of the Basic Health Unit is practical field of Multidisciplinary Residency in Mental Health with Emphasis on Alcohol and Drugs, School of Medicine, University of Sao Paulo. The course aims at training experts critical, reflective for collaborative interprofessional practice in the National Health System (1,2).

Among the assessment instruments chosen for use in residence, there is the preparation of the reflective portfolio: a set of records made by residents about their experiences / trajectory. This educational resource formative assessment favoring the systematization of reflection, analysis, synthesis, self-assessment and evaluation of the process of building knowledge that can be change promoter in a given reality (1,2).

Method:

The introduction of the portfolio in multi residence permits accompany the inclusion of residents in the practice context in various institutional spaces such as team meetings, NASF meetings, inter-sectoral meetings, meetings of the Psychosocial Care Network (RAPS). In addition to actions related to care practices in each category: home visits, specific care, health education groups, shared care, case discussion.

They are given the portfolio monthly feedback by governesses field during the eight months of residence, in order to allow route changes that address the expected competencies.

Results / conclusions:

This experience showed the portfolio as a powerful tool for evaluation and training of SUS health professionals with autonomy and problem-solving ability responding to proposals Continuing Education Policy adopted by the Ministry of Health.

PALAVRAS-CHAVE: Avaliação Educacional ; Primary Health Care; Problem-Based Learning

PP169 - NARRATIVES IN THE RESIDENCY PROGRAM IN FAMILY AND COMMUNITY MEDICINE ENSP/UFRJ: REFLEXIVE PORTFOLIOS AS A PEDAGOGICAL TOOL

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- Introduction and Objective:

The Reflexive Portfolio has been applied as a assessment tool to stimulate critical and reflective thinking to create the conditions necessary to exercise an ethic sense in medical training. The objective of this study is to analyze the Reflexive Portfolio as a pedagogical tool for the provision of narrative medicine in the Escola Nacional de Saúde Pública e Universidade Federal do Rio de Janeiro Residency Program in Family and Community Medicine ENSP/UFRJ.

- Method:

In this study we opted for a qualitative approach. It was necessary to utilize interdisciplinary theoretic frameworks, including from the field of philosophy.

- Results and Conclusions:

By reconstructing narratives, the Reflective Portfolios bring us closer to the task of clarifying dilemmas of medical residents about their experiences and thoughts in the shape of storytelling. The Philosophy of Hannah Arendt underpines this study, since she addresses the incorporation of narrative within a political dimension. We hold that the narrative approach opens new possibilities to how medical students can comprehend/understand the broader experiences of patients. This process enables residents to take a closer look at their formative process, creating opportunities to retrace their learning through the use of feedbacks. Teacher and student, now reader and storyteller, can establish a dialogue through the portfolios, which allows us to reveal new educational meanings to Reflexive Portfolio.

PALAVRAS-CHAVE: Medical Education; Narrative medicine; Reflexive portfolio

PP170 - NURTURING EMPATHY: PATIENT CENTERED REFLECTIVE PRACTICE FOR UGANDAN NURSING STUDENTS

Thomas CM ¹; Gallivan C ¹; Nkalubo JFA ²; 1 - Bwindi Community Hospital; 2 - Uganda Nursing School Bwindi;

Introduction and Objective

Despite being free of cost empathy, compassion and patient autonomy are often the first things to be abandoned in the harsh working environments of remote and resource poor healthcare settings. At Ugandan Nursing School Bwindi, we are attempting to tackle this by initiating a Patient-Centred Care Reflective Practice Program for nursing students. The program seeks to:

- encourage continuous learning behaviour
- develop reflective practice skills
- enhance compassionate & ethical attitudes
- encourage a patient-centered care approach

Method

Utilising participatory learning methodology, we run a weekly patient-centred care reflective practice group for final year diploma and certificate level nursing students. Students present cases each week and collectively examine their thoughts and actions relating to their clinical experiences. They are encouraged to consider the patient's point of view and integrate this into the clinical decision making and care planning process. At the beginning and end of the course students will be asked to complete a self assessment and selection of situational judgment vignettes designed to evaluate their patient centred approach to care planning and clinical decision making.

Results and Conclusions

The pilot program is due to be completed in July 2016, results and conclusions are pending.

PALAVRAS-CHAVE: Education; Nursing Care; Developing Countries

PP171 - THE TERRITORY AS COMPONENT OF THE AMPLIFIED CARE IN HEALTH

Oliveira EMF¹; Raimondi GA²; Rosa MTN²; Ferreira NM²; campos MAF²; Barreto MA²; 1 - Departamento de Saúde Coletiva, Universidade Federal de Uberlândia; 2 - Universidade Federal de Uberlândia;

INTRODUCTION/OBJECTIVES:

From the Situation Diagnosis of a given territory we can understand it in a deeper way, understanding it as territory-soil and territory-process. Based on that assumption, we intend to make the students of the Collective Health Internship (CHI) from Universidade Federal de Uberlândia Medicine course aware for the understanding and intervention on territory from the relation between territory and health.

METHOD/EXPERIENCE REPORT:

CHI students are included on the Primary Health Care on their last period of the course, and through the practice of Family Medicine and Community they are stimulated to understand the process of health-illness-care beyond the classical biomedical view, understanding the territory as an important element on the process. That way, there's a proposal to execute an Intervention Project on the Territory, as project of university extension, which allow them to identify the organization and the dynamic of the territory, therefore some interventions on a few key social points can be done promoting, in that way, health.

RESULTS/CONCLUSIONS:

From this project, the students were able to understand the association of the territory on health care, allowing, that way, the amplification of the care to beyond the biomedical interventions. Besides that, there was an enhancement on the team work with the link between the social equipment of the territory and the health services net, allowing to understand, including, the concept of net.

PALAVRAS-CHAVE: Medical Geography; Primary Care Physicians; Public Health

PP172 - ON-LINE TUTORIAL PROGRAM: RETROCESSION IN THE DOCTOR - PATIENT RELATIONSHIP.

Ramos FOB¹; Malheiros TM¹; Heringer VLPM¹; Neves KML¹; Morcerf CCP¹; Tostes RGC¹; Figueiredo¹; Araújo PP¹; 1 - Universidade do Grande Rio
Professor José de Souza Herdy;

Introduction and objective:

Technological development has enabled several innovations not only in diagnostic methods, but also at the graduation. These upgrades also affected the tutoring program, as is currently exercised in person or at a distance. The doctor - patient relationship (DPR), a theme constantly criticized due to the remoteness of the doctor with their patients, is suffering a new threat which can accentuate this neglect: online tutorial program. Objective's to evaluate the negative impacts of online tutorial program across the DPR.

Methods:

Qualitative work, experience report.

Results and conclusions:

In seeking medical care, the patient doesn't want to just be diagnosed but receive attention in which their suffering and their concerns can be heard, debated and resolved with the doctor, so that the interaction between the two represents a Highly relevant aspect both DPR and in the process of prevention and health promotion. However across the vast field of complementary tests, doctors are increasingly distant and indifferent to their patients, losing the traditional essence of medicine. Tutorial program's an activity marked by the monitor-student interaction, in which the monitor seeks to provide student aid and assist the resolution of their concerns, as well as the DPR. By being online, there's a gap in that relationship and contact's lost. It constitutes an obstacle in medical training, because, early on, the institution needs to stimulate the student to give priority to physical interaction, aiming to change the existing medical detachment, however, using the technology as an option, this ideal is lost.

PALAVRAS-CHAVE: medicine; Teaching; monitoring

PP173 - OPINIONS OF DOCTORS ON INTEGRATING PHYSICAL ACTIVITY AS A COMPONENT OF HEALTHY LIFESTYLE INTO THE MEDICAL SCHOOL CURRICULUM

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Background and aim:

Educating medical students about the importance of physical activity (PA), which is being omitted in many universities across the world, may have an impact on PA counseling and prescribing. The study was carried out to determine opinions of doctors on integrating physical activity (PA) as a component of healthy lifestyle into the medical school curriculum.

Method:

A 10-question questionnaire prepared by the researchers was completed online by medical students, and family medicine (FM) residents and family physicians (FPs). Preliminary descriptive statistics were given as mean±standard deviation and percentage.

Results:

Totally 182 participants (84.6% from Turkey, 15.4% from other countries) completed the questionnaire. Mean age was 36.49±10.42 and 41.8% of the participants were male. The distribution of medical students, residents, and FPs was 23.6%, 14.5%, and 61.6%, respectively. While 91.2% expressed that medical students should have an active lifestyle, 44.5% thought that medical students should be trained by an elective social activity, rather than an obligatory lesson. To the participants' opinions, PA was a lifestyle (92.9%), useful to prevent non-communicable diseases (77.6%), necessary for being a role model (76.5%), helped to find solutions for patients (67.1%), and should start at an early age (88.0%), and an inactive doctor would also recommend PA (53.8%). The participants thought that PA prescribing training should be obligatory (65.4%) and integrated into PA lessons (65.9%).

Conclusion:

The preliminary results of the ongoing study suggested that PA was important and medical curricula could include both PA lessons and PA prescribing training.

PALAVRAS-CHAVE: physical activity; medical curriculum; healthy lifestyle

PP174 - ORGANIZATION OF THE URGENCY AND MEDICAL EMERGENCIES COURSE FOR MEDICAL STUDENTS AND PHYSICIANS.

Ramos NC ¹; Rodrigues AFL ¹; Neto IVL ¹; Szpilman ARM ¹; 1 - Universidade Vila Velha;

Introduction and objectives

The urgency and emergency care is essential for sustaining life. Therefore, training and continuing education of health teams is necessary, since the conducts are dynamic in this section, and changes a lot. The aim of this event was to promote the Urgency and MEDICAL EMERGENCIES course IFMSA-UVV, in order to provide medical students and physicians an opportunity to upgrade the most common situations found in clinical practice.

Method

The event was performed in three consecutive days, with a workload of 20 hours, 13 speakers, 12 topics and a round table with the speakers for the discussion of cases. At the end of each day, academic books were raffled.

Results and conclusion

There were 328 participants from the five educational institutions in the state. The course brought to the future physicians, the last evidence based medicinal knowledge, as well as personal experiences from physicians that have worked for a considerable time in this sector, enriching the course with new experiences. Due to the large demand by participants, it is relevant to keep this three day course annually.

Finally, this kind of activity encourages continued learning practice, even after graduation.

PALAVRAS-CHAVE: Emergency Medicine; Education, Continuing; Education, Medical, Undergraduate

PP175 - PALLIATIVE CARE AT GRADUATION: LEARNING ABOUT INTEGRALITY AND SPIRITUALITY

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Palliative care (PC) are a set of measures offered for people with incurable diseases and their families to ease their physical, psychosocial and spiritual suffering. The aim of this paper is to present an assessment of 13 medical and psychology students of the University of Rio de Janeiro State (UERJ) on their experience on the palliative care unit (PCU) of the university hospital, in June 2015.

To the Academic League of Medicines and Spirituality (LiAME) it was offered an internship on PCU. Students League participated by a period of at least four hours each. After all, they were asked to answer a questionnaire with 9 questions and report their experiences through a journal.

Questionnaire: 10 responded, 8 had no previous experience in PC and all evaluated the experience as excellent. Other results:

I) Learning: care will aside from medication; therapeutic listening should also be reach the caregivers;

II) Impact on education: overcome the fear of interacting with patients; broaden perspectives to the human suffering and the possibilities of action;

Journal: Their speech were coded into two mean categories: (A) Perceptions of integral care: many reported the fact of caregivers are included in the network of care.

(B) Impact of spirituality in patients: patients with high spiritual degree showed positive disease facing.

Participants experienced an opportunity of comprehensive health care. This experience is in accordance with the new National Curriculum Guideline and should be widely offered to all students of different health professions.

PALAVRAS-CHAVE: Spirituality; Palliative care; Medical education

PP176 - PARTICIPANT OBSERVATION APPLIED TO THE INTRODUCTION OF THE PATIENT CENTRED CLINICAL METHOD, TOWARD THE HINTERLAND REALITY

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For Cassel disease is just one of the dimensions of an individual. To Hippocrates, the study of medicine must first understand the context to be faced in the life of patients.

The Patient Centred Clinical Method analyzes the individual beyond the disease, working to improve the life quality of people and communities. Similarly, the Participant Observation is an investigative method focused on the analysis of a social context. Combine these techniques during graduation may encourage the development of skills and abilities set out in the Guidelines for Medical Course.

In July 2015 a group of 100 people, composed of professionals and students from various fields of knowledge has led to Maxinaré, rural community with whom we interacted during a week. During this period, in addition to helping those people in their daily work, the participants applied a standard history form with the scope to trace the epidemiological profile of the community. After analyzing the data, students in the health field, gave lectures aimed at combating the main problems of the population: cardiometabolic diseases and abuse of alcohol and other drugs.

With this experience, students have experienced and observed the health implications brought about by the hinterland routine and thus thought in the best strategies to address the themes chosen for the promotion of health. Medicine is a science that studies the human. Combining knowledge from other areas, such as anthropology, can assist in the development of teaching methods and more effective approach within distant communities in our social context.

PALAVRAS-CHAVE: patient centred clinical method; participant observation; rural community health

PP177 - PEDAGOGICAL SKILLS AND COLLABORATIVE NETWORK HEALTH EDUCATORS OF BRAZIL : THE SUSTAINABILITY OF PUBLIC POLICIES

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Introduction and Objective:

Since 2012, the Brazilian Association of Medical Education (ABEM) develops, with funding from the Ministry of Health, in cooperation with PAHO, the Preceptorship ABEM Project. This Project aims to conduct courses to Tutors and Preceptors in order to broaden and consolidate the Pedagogical Competence Development actions considering the needs identified by the Ministries of Education and Health, strengthening existing policies and actions of ABEM.

Method:

The semipresential courses have a workload of 180h, 2 steps classroom modules and 2 periods of distance learning. Among the activities carried out at the end of the course, each participant plans an Intervention Project aiming to qualify the graduate course or Residency Program to which is linked.

Results and Conclusions:

We conducted 31 courses for Preceptors and 2 for Tutors. Structuring a collaborative network of approximately 900 educators linked to Higher Education Public Institutions (HEI) Graduation, Medical and Multidisciplinary Residency Programs and More Doctors Program, at 19 cities in Brazil. Among all participants, 19% are General Practitioners or Public Health and 40% are from other basic areas: gynecology and obstetrics, pediatrics, internal medicine and surgery. The Preceptorship ABEM design allows develop teaching skills of the professionals involved, consolidating strategies of decentralization, strengthening and giving opportunities for regional sustainability. It also brings together educators a Community of pedagogical practices, increasing the interest and access to tele-education platforms, exercising the principles of lifelong learning, with a focus on autonomy and reflective practice, from the framework of questioning and meaningful learning, transforming the reality.

PALAVRAS-CHAVE: Health Educators; Preceptorship ; Education, Distance

PP178 - PEER EVALUATION AS TEACHING METHOD – GRADUATION LEARNING: THE STUDENTS' VIEW

Gifoni DP¹; Diógenes MB¹; Barreto NN¹; Lima MCM¹; Mesquita DAK¹; Fernandes VG¹; Pires APB¹; 1 - Universidade de Fortaleza;

INTRODUCTION - OBJECTIVES:

The pedagogical tool of the University of Fortaleza's medical school is the Problem-based Learning. In order to promote professional development and teamwork, there's a training tendency of students based on their own assessment and peer evaluation. In this paper, we identified the contribution of peer evaluation in Medical degree, focusing on the protagonist student; inherent evaluator characteristics and prior knowledge interference between students.

METHODOLOGY:

Quantitative - qualitative, descriptive, cross-sectional study, held at UNIFOR Medical School; gathering data in July and August / 2015; stored and analyzed data on Google Drive and Excel; sample of 49 enrolled students from the fourth semester of Medical-IV Skills 2015.1.

RESULTS:

Peer assessment during the realization of anamnesis and physical examination was considered a valid method for 97.9% of the students; when involving bad news communication, 79% considered positive. This difference is attributed to the subjective character in the evaluation of bad news. About 89.8% consider self-evaluation a learning strategy and 85.5% consider it complementary to the peer assessment; 77% think overall impressions of colleagues influence the evaluation; 75% mentioned sincerity, safety, motivation, patience, communication skills and active listening as good evaluator features; 25% mentioned experience and qualities that demand theoretical knowledge.

CONCLUSION:

There's a good acceptance of peer evaluation and self-assessment for teaching and learning, considering them promising methods. However, it's necessary make improvements and preparatory programs to conscious constructive evaluations in a safe evaluation environment. Following up assessments longitudinally, comparing them with those of professors may be relevant.

PALAVRAS-CHAVE: Evaluation; Education; Medical

PP179 - MINOR SURGERY AT MUNICIPAL HEALTH CENTER SALLES NETTO: ONE YEAR OF FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM OF THE MEDICAL COURSE OF RIO DE JANEIRO

Colao CF ¹; Alves FG ¹; 1 - CMS SALLES NETTO;

Introduction:

In March 2015 began the partnership between the Municipal Health Center Salles Netto and the Family and Community Medicine Residency Program of the Medical Course of the Rio de Janeiro State University. The program was established in 1976 and is one of the pioneers of this specialty in Brazil. Among various skills and knowledge acquired by the resident over its two-year, there is the two months obligatory stage of minor procedures on the second year. This study aims to identify the number of procedures performed and the most prevalent diagnoses in minor procedures in Primary Care in the period from April 2015 to March 2016 on this basic health unit.

Methodology:

It is a quantitative study, which used electronic medical record - Medicine One as a data source.

Results/Conclusion:

The total number of procedures was 169. The most prevalent diagnoses were epidermal cyst , fibroma and lipoma. Despite some obstacles encountered, it became evident that the number of procedures progressively grown over the months of experience and the presence of the medical residency program increased in resolution of cases of minor procedures, ceasing the waiting list to refer to other units .

PALAVRAS-CHAVE: Ambulatory Surgical Procedures; Internship and Residency; Primary Health Care

PP180 - PERCEPTION OF PATIENT SAFETY CULTURE AMONG DOCTORS AT THE SECURITY FORCES HOSPITAL, MAKKAH CITY

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Patient Safety is an international challenge. Thousands of patients around the world experience medical disability or death due to unsafe medical care. The assessment of Patient Safety Culture (PSC) is under-researched in Saudi Arabia. PSC assessment provides a clear picture of organisational culture, particularly the underlying norms, beliefs and values. Objectives: To describe doctors' perceptions of PSC, their supervisors' attitudes and the communication regarding PS at Security Forces Hospital (SFH). To identify strengths and areas for PSC improvements and to compare the SFH results with international results. Methods: This dissertation used a cross-sectional descriptive design using a quantitative research approach, which is the Hospital Survey On PSC. The survey was completed by 103 doctors with a high response rate of 83%. Results: The overall perceptions of PS at SFH was positive (53%). However, none of the PSC dimensions was considered an area of strength and three dimensions were considered weak areas which needed action to be improved. These dimensions are: staffing (24%), non-punitive response to error (21%) and handoffs and transitions (48%). The communications and management dimensions were considered positive which is comparable to international hospitals. There was wide variation between the departments. Conclusion: This dissertation highlights dimensions of weakness and strengths in SFH. The recommendations include improving communication, unifying hospital strategy to improve PSC, increasing staff numbers and involving doctors in establishing a non-punitive response to error and a "no blame" culture.

PALAVRAS-CHAVE: patient safety culture; doctors

**PP181 - PERCEPTION OF TRAINING OF RESIDENTS AND
POSTGRADUATE FAMILY AND COMMUNITY DOCTORS, UNIVERSITY OF
THE REPUBLIC - URUGUAY - 2014**

Diaz-Martinez A ¹; Campo M ¹; Paulino D ¹; López V ¹; 1 - WAYNAKAY-Uruguay/Arpmefycu;

Introduction and Objective

As part of the upgrade program for the specialty of Family and Community Doctors in Uruguay, from the Association of Residents and Postgraduate of Family and Community Doctors (Arpmefycu | WAYNAKAY-Uruguay) conducted an evaluation of the perception of training, using data collected as input to generate proposals for the new program.

The objective of this work is contribute to improve the training of postgraduate and residents of Family and Community Doctors.

Methodology

Predesigned form, available online for residents and postgraduate studying the specialty.

Results and Conclusions

Completed the survey 54 residents and postgraduate, 61% of the total. One third think that ongoing evaluation activities are not performed, 35% that the mini-cex was not applied and 15% do not know the tool. 55% said they spend 3-5 hours per week for academic activities, 84% are clinical refresher workshops.

65% perform community activities with teaching.

16% do not perform management activities.

65% found the courses at the postgraduate unhelpful, 65% believe their organization is bad.

73% think that should change the current pattern of rotations for specialties.

95% consider that the emergency rotations are necessary, 88% evaluated them as useful or very useful in training.

We obtained a representative sample.

We understand with this results that is necessary strength some important aspects of the training and we consider that it should be taken account in the reformulation of our speciality program

PALAVRAS-CHAVE: Education; Physicians, family; Primary health care

PP183 - PERMANENT EDUCATION WITH COMMUNITY HEALTH WORKERS: AN EXPERIENCE TO BE SHARED

Giugliani C¹; 1 - Universidade Federal do Rio Grande do Sul;

The objective of this work is to share the experience of developing permanent education activities aimed at qualifying the work of community health workers (CHWs) at the Santa Cecilia Basic Health Unit in Porto Alegre, Southern Brazil, during two years (2013-2014). The activities were conducted weekly, lasted three hours, and were coordinated by a family doctor (who was a university teacher), with the collaboration of the nursing staff. Active methodologies were preferably used. Many themes were developed, and those were chosen by CHWs along with the project coordination. Over the two years, 147.5 hours of activities were performed on a regular basis; 14 CHWs reached minimal attendance. Some items evaluated by CHWs were (range 1-4): enough time to address the theme (3.5); methodology of work (3.7); language (3.8); and learning/understanding of the content (3.7). CHWs participation and performance at the meetings was also assessed, and individual feedback was performed. The activity contributed to greater integration among CHWs and between them and other team members, particularly those who participated in the meetings, and stimulated the curiosity and creativity of CHWs, who were very participatory. According to CHWs, the work helped to improve their approach to people in the community, especially because they gained confidence. A specific space for CHWs training was consolidated in this health unit, which was highly valued by CHWs. However, integration of lessons learned with everyday practice was flawed, as the coordinator of the activity was not intensely present on the daily practice of the teams.

PALAVRAS-CHAVE: community health workers; education

PP184 - PHARMACOLOGY SYMPOSIUM: AN EVENT OF IFMSA BRAZIL CESUPA LOCAL COMMITTEE

Amaro IP¹; Bohne MR¹; Keuffer MGC¹; Aguiar NR¹; Oliveira NMF¹; Nascimento LP¹; Garcia VL¹; 1 - Centro Universitário do Estado do Pará;

INTRODUCTION AND OBJECTIVES:

Pharmacology is the science that studies drugs. This subject is essential to health area professionals, nevertheless, it is not well covered enough during the graduation, mainly in courses that use active methodology of PBL (Problem Based Learning), leaving some apprenticeship shortcomings. In Medical school, the academics must receive knowledges of drugs pharmacodynamics and pharmacokinetics since the beginning of the course. However, many times this subject is just taught in advanced semesters. The Pharmacology Symposium intended to complement the education offered by Centro Universitário do Pará (CESUPA) and other institutions in Belém, Pará, Brazil. It could amplify the medical students vision about pharmacology associated with clinical and therapeutics knowledges.

METHODS:

It was done a descriptive study, an experience report, about the Pharmacology Symposium accomplished on October 22nd and 23th in CESUPA auditorium.

RESULTS AND CONCLUSIONS:

Using an excellent approach about the subject, the objective was reached. It was noticed that the Pharmacology Symposium attracted much attention and the interests of medical students exceeding expectations. It was possible to remove many doubts, clarifying the following themes: Basic Pharmacology and drugs used in Sistema Único de Saúde (SUS) – Brazilian Health System – as anti-inflammatory, anti-diabetogenic, antihypertensives, antibiotics and antiparasitic. It was focused the importance of associate these knowledges with the clinical and socioeconomic reality of the patients. In this way, it is possible conclude how essential is apply a teaching didactics with specific classes about Pharmacology in undergraduate courses.

PALAVRAS-CHAVE: Pharmacology; Medical School; Health

PP185 - PHYSICAL ACTIVITY BENEFITS RELATING TO STANDARDS BLOOD PRESSURE IN CLIMACTERIC WOMEN

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Introduction and Objective:

The practice of physical activity has been proven as a protective factor in reducing the incidence of certain diseases in climacteric women, such as metabolic syndrome and cardiovascular events. In addition, it helps to decrease blood pressure values. Thus, the aim of this study is to describe the benefits of physical activity in reducing clinical comorbidities associated with cardiovascular disease in climacterium.

Method:

It is a quantitative study, cross-sectional, descriptive, sample space of 340 women aged 40-65 years, registered by the Family Health Unit of Montes Claros, Minas Gerais, Brazil. The study was approved by the Research Ethics Committee of Unimontes: No. 311,628 / 2012.

Results and Conclusions:

52.9% of respondents were hypertensive and 47.1% non hypertensive, and to assess the quality of life associated with physical activity among them, 67.7% reported no physical exercise and they experience symptoms such as breathlessness, sweating and hot flushes. Indeed, the literature indicates that sedentary women are more likely to experience symptoms compared to those who reported physical exercises practicing at a frequency greater than three times a week, as well as decreased bone mineral density, worsening of lipid profile and blood pressure levels, which emphasizes the importance of adopting a regular practice of physical activity in climacteric stage. Thus, in order to diminish the consequences of climacterium and raise the quality of life in this population, primary health care has an important role in encouraging exercise as a prevention attitude.

PALAVRAS-CHAVE: Climacteric; Motor Activity; Arterial Pressure

PP186 - PHYSICIANS AND MEDICAL STUDENTS' VIEWS OF MEDITATION'S MEDICAL CONTRIBUTION AND ITS DISCUSSION DURING GRADUATION AS BENEFICIAL TO PRIMARY CARE

Filho GSP¹; Teixeira DS¹; Roche MET¹; Jussara PHS¹; Duarte LM¹; 1 - Universidade do Grande Rio Professor José de Souza Herdy (UNIGRANRIO);

Introduction and Objectives:

Meditation is a practice known to possess medical benefits such as in the treatment of tension headaches, blood pressure, serum cholesterol, smoking cessation, alcohol abuse and coronary artery disease whose use in primary care is indicated (Fortney & Taylor, 2010). In addition, meditation is easy to learn and cost-effective for healthcare systems (Russo et al., 2015). Moreover, Loh et al. (2013) reported that 80,6% of 319 medical students had at least some interest in meditation and that 50,2% believed complementary medicine should be incorporated into medical curriculum.

This study aims to uncover healthcare professionals' view on meditation and the need for its discussion during graduation as useful to primary care.

Methods:

A questionnaire was applied to attendants at a complementary medicine's symposium surveying their opinions on meditation as a therapeutic method.

Results and Conclusion:

Twenty-five respondents were medical students between the first and eleventh semester and the other five, doctors. 73,3% were interested in studying meditation and 80% acknowledged it as a viable therapeutic method. Additionally, 70% defended its inclusion in the graduation curriculum, while none reported having this theme during the graduation process. In conclusion, meditation is a viable and cost-effective therapeutic option for a vast number of diseases prevalent in primary care whose approach, as reported by our results, is significantly desired by medical students. However, this theme seems to be undervalued during medical school, which leads to lack of physicians' awareness of its benefits in the primary care setting.

PALAVRAS-CHAVE: Meditation; Students, Medical; Primary Health Care

PP187 - PHYSICIANS AND MEDICAL STUDENTS' VIEWS OF YOGA'S MEDICAL CONTRIBUTION AND ITS DISCUSSION DURING GRADUATION AS BENEFICIAL TO PRIMARY CARE

Jussara PHS ¹; Teixeira DS ¹; Filho GSP ¹; Roche MET ¹; De Paulo RF ²; 1 - Universidade do Grande Rio Professor José de Souza Herdy (UNIGRANRIO); 2 - Instituto ReAbilitArte;

Introduction and Objectives:

Yoga's practice is an effective therapeutic method used in several conditions common to primary healthcare such as hypertension, diabetes, depression, insomnia (Wainapel et al., 2015) and numerous types of pain, for instance, back pain, osteoarthritis and migraine (Posadzki et al., 2011). In this matter, Kulkamp et al. (2007) presented consistent results showing that, amongst a total of 197 of Brazilian medical students, 76,6% were eager to study yoga and 73,6% would recommend it to their patients. Nonetheless, only 10,7% reported discussing about this subject during graduation. This study was designed to expose healthcare professionals' view on yoga and the need for its discussion during graduation as useful to primary care.

Methods:

A questionnaire was applied to attendants at a complementary medicine's symposium surveying their opinions on yoga as a therapeutic method.

Results and Conclusion:

Twenty-five respondents were medical students between the first and eleventh semester and the other five, doctors. 60% were interested in studying yoga and 86,7% would recommend yoga to their patients. Moreover, 50% acknowledged its inclusion in the graduation curriculum, while none reported having discussed this theme during the graduation process. As shown above, the practice of yoga provides several medical benefits. Our results, as supported by literature, show that a significant amount of medical students not only desire to discuss it but also would recommend it to their patients. Nonetheless, this theme is overlooked in medical curriculum, which may imply in lack of physician's knowledge on the subject in primary care.

PALAVRAS-CHAVE: Yoga; Students, Medical; Primary Health Care

PP188 - PIESC: THE IMPORTANCE OF THE EARLIER CONTACT WITH THE PRIMARY HEALTH CARE IN GRADUATION

Santos APR¹; Meira FM¹; Silva AA¹; Guimarães TC¹; Nascimento DO¹; Bittencourt M F¹; 1 - Universidade Estadual de Santa Cruz;

Introduction/Objective:

The Integrative Practices of Learning-Service-Community (PIESC), a discipline in the medical school of State University of Santa Cruz (UESC), is a strategy that integrates the student to the actions in primary health care. PIESC is essential to professional reorientation turned to the comprehensive health care, which is in accordance with the new Brazilian curriculum guidelines for medical school graduation. The present study has as objective describe the importance of PIESC in medical professional reorientation, having as strategy the integration with the services of primary health care and the learning in collective health.

Methodology:

In medical school graduation, a group of students is inserted into a Family Health Unit for four years, where they perform educational activities in health and supervised medical care. The actions are coordinated by the tutor and lined in the reflections of articles about the practices of health in primary care.

Results/Conclusion:

The PIESC corroborates the reorientation proposal to the general medical practitioners professionals, as it provides to the student the work in a multi professional team in a Family Health Strategy Unit. Through PIESC, the students have the opportunity of develop, even at undergraduate, actions and practices of health promotion and disease prevention, diagnosis and treatment of diseases, in the perspective of a comprehensive care, promoting scientific knowledge contextualized to the local reality. It configures, therefore, a strategy of forming a health care professional capable of contributing for the transformation/construction of Primary Care Model, based in the construction of a bonding and responsabilization with the health of the user of the primary care.

PALAVRAS-CHAVE: Family Health; Primary Health Care; Integrality

PP189 - PORTUGUESE FAMILY MEDICINE RESIDENCY PROGRAM

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- The reorganization of national Primary Care services led to social recognition of family doctors and their internship. We describe Portuguese residency program since its beginning.

- We consulted open literature sources and the national legislation.

- Family Medicine internship was created in 1981. Until 1987, 230 residents joined the program, but the medical career was opened to unspecialized physicians. Since 1987, internship has become the only way to access the profession. The training capacity has increased from then on. In 2016, 473 young doctors have joined the internship, distributed nationwide.

The national council manages the program, assisted by regional commissions and local directions, which meet regularly with teachers and trainees. Teachers are key elements, acting as competency coaches and clinical preceptors. There are support manuals for every stage of the program and for the evaluation events. Their contents were obtained by consensus, according to the core competencies outlined by EURACT 2005 (European Academy of Teachers in General Practice).

The 48-month residency has 4 stages in primary care facilities, interspersed with obligatory hospital practice (child, woman, mental health and emergency). Additionally, trainees are allocated up to 6 months in optional areas and can spend up to 15 days per year attending conferences and training. There are mandatory and optional courses. There is curricular discussion, practical and theoretical evaluation, annually and by the end of residency.

93.5% of trainees have high initial motivation, 89% remain intrinsically motivated and 92.6% are globally committed in practice, which demonstrates the program success.

PALAVRAS-CHAVE: Internship and Residency; Family Practice; Portugal

PP190 - PRACTICE OF BASIC HEALTH AT THE COMMUNITY OF ALTO JOSE DO PINHO IN RECIFE NORTHEAST TROPICAL AREA OF BRAZIL

Carrico AM¹; Brito LF¹; Arruda MCF¹; Vianna MVM¹; Cândido NS¹; Junior PBS¹; Figueiredo RS¹; Viana PHL¹; Costa RG¹; 1 - Universidade de Pernambuco - UPE;

Introduction/ Objectives:

In the context of health promotion, the medical curriculum of the 'Faculdade de Ciências Médicas' University of Pernambuco (UPE), allocates a preferential position to basic health attention. As part of the first academic years, it initiates the medical student in the communities' real-life, allowing the development of abilities on how to approach families at home and acquaintance with their socio-economic and health-sanitary conditions.

Methodology:

Exploratory descriptive study with qualitative approach. Two medical students accompanied a community health agent (CHA) and eventually an environmental health agent (EHA) per family health unit (FHU) from Alto Jose do Pinho community (112.334 inhabitants) city of Recife (Population estimated in 2015: 1.620.000). At risk families were chosen from available FHU visit cards and a household survey was conducted. Socioeconomic, bio-communal, cultural, ecological and political characteristics was collected via questionnaire during home interviews.

Conclusion/ Results:

Ten families were visited. Houses were of brick, water supply was intermittent (every 3 days). Despite the availability of septic tanks, sewage water was observed in the streets. Trash was noted on the streets although being daily collected. Community focused public politics with the integration between educational work, monitoring and oversight, better sanitary conditions and above all community-life awareness would potentially improve their quality of life.

PALAVRAS-CHAVE: Family health; Primary health care; Family Practice

PP191 - REFLECTIVE PRACTICE IN TEACHING CLINICAL COMMUNICATION AND HEALTH EDUCATION IN MEDICAL SCHOOLS

ROMANO, VF¹; STELET, BP¹; ESPERANDIO EG¹; PARO CA¹; FREITAS FP¹; JUNIOR TEIXEIRA JE¹; CARRIJO APB¹; IZECKSOHN MMV¹; CASTELLS MA¹; CARDOSO FM¹; GOMES SC¹; TEIXEIRA JMC¹; MARTINO A¹; SENOS A¹; ROORDA ACL¹; HATTORI C¹; EVORA CM¹; SOARES CN¹; SADDI D¹; GARCIA DA¹; PEDROSO FAP¹; SANTOS GA¹; CANESIN G¹; TRITANY GF¹; VIEIRA HB¹; JATOBA L¹; RIBEIRO L¹; GODINHO MJR¹; LIMA M¹; CASSIA M¹; PETROLI M¹; MORAIS PHR¹; DIAS R¹; CARDOSO RAF¹; MARTINS TC¹; ALLEYNE T¹; TORRES VO¹; JUNIOR W¹; MOURAO Z¹; Martiniano, NF¹; 1 - Universidade Federal do Rio de Janeiro;

Introduction and Objective:

The Laboratory of Studies in Primary Care at the Federal University of Rio de Janeiro is in line with the National Curriculum Guidelines for Undergraduate Medical School. This involves understanding subjectivity as one of the dimensions of diversity in Health Care. In this perspective, values the uniqueness in the professional relationship user as a health care humanization strategy. The aim is to introduce reflective practices in medical education, as an educational strategy to approach the clinical communication and health education.

Method:

Direct observation and thematic analysis of the narratives of students that come from weekly meetings with a group of about 35 medical students graduate at different stages of formation. Wheels conversations, over a year, were held discussions with the approaches and practices of Medicine Narrative, Palhaçaria, Balint Group, Drama and Integrative and Complementary Practices.

Results and Conclusions:

Narratives were produced on health care, on oppression in the training and the experience of Palhaçaria. Education activities were planned and carried out in health in the school system, thematising healthy eating with use of clown technique. Balint groups were conducted. Built up critical thinking enabling modifications to do in medicine, passing the value active listening, the uniqueness, autonomy and the role of users. Through the narratives of the students, it was noted that the use of reflective practice in medical education produces direct influences in the quality of clinical communication and health education.

PALAVRAS-CHAVE: Medical Education; Communication; Change

PP192 - PRECOCIOUS INSERTION IN THE COMMUNITY: A TOOL FOR TEACHING OF SOCIALIZED MEDICAL PRACTICES

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Introduction/Objectives:

The Practices of Integration Education/Service and Community is a curriculum component of medical school at the State University of Santa Cruz, Bahia, Brazil, in which ten students and instructor deal with health promotion and disease prevention according to the community health demands. This strategy aims to provide students with an innovative teaching resource since they have to deal with an interdisciplinary team which focusing primary health. This is an effort to the formation of a family doctor able to contribute to transformation /construction of health care model focused on local realities of the population.

Methodology:

Ten students were inserted into Family Health Unit in the city of Ilhéus, and employing the methodology of questioning, the main complaint in health was elected by the local population. Later, using observation, theorizing and proposition, students developed intervention project to solve the chosen problem.

Results/Conclusions:

This methodology contributed to the criticism of the medical students in relation to construction and development of local planning in health, as well as the adoption of more humanized practice respecting the individual aspects and to contribute to address the health problems respecting their values and cultures such as hypertension, diabetes, dengue fever, empowerment and women's health. Therefore, the methodology of curricular component involving the inclusion of students in the daily health activities helped to endow them with a socialized medical practice, in addition to better understanding of the individual as an active thereby improving not only information on health but also acquiring healthier habits.

PALAVRAS-CHAVE: Problem-based learning; Primary Health Care; Public Health

**PP193 - PRECONFERENCE EXCHANGE, 4TH IBERO-AMERICAN
CONGRESS OF FAMILY AND COMMUNITY MEDICINE- WAYNAKAY
URUGUAY**

Cardozo V ¹; Campo M ¹; 1 - Waynakay Uruguay;

Introduction:

Between the dates of 09/03/2015 to 17/03/2015 internships for young doctors of Family and Community Medicine of the world in the Primary Care System were made in Uruguay. The objectives were sharing with foreign young family doctors the work experience from the Family and Community Medicine in Uruguay, to publicize the health reform carried out in the country with the commitment to Primary Care strategy and the strengthening of the first level of care, contribute to joint training and experience exchange between residents of Family and Community Medicine and young Family Physicians from different countries. These internships are organized with the support of Waynakay Latin America and Vasco Da Gama.

Objective:

To evaluate the development of the pre-congress internships in Uruguay in 2015.

Methodology:

The chosen methodology was a voluntary online survey for interns.

Results:

46 young doctors of Family and Community Medicine in the world conducted the internship pre-congress. 39 of them completed the evaluation.

Interns were from 9 different countries.

82% of respondents are very satisfied with internship in general.

79% said they were very satisfied with the contribution of his training internship.

97 % said they would recommend to other young doctors performing this type of internships.

Conclusions:

We conclude that the assessment of previous internships organized at the 4th Ibero-American Congress in Uruguay by CIMF was largely positive. We believe it was an experience to be taken as a starting point to incorporate it in the events organized by CIMF.

PALAVRAS-CHAVE: Family Practice; Education; Primary health care

PP194 - PRENATAL CONSULTATIONS MONITORING DURING MEDICAL STUDENT EDUCATION: A REPORT OF EXPERIENCE

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Introduction: In Brazil, the high maternal and perinatal morbidity and mortality from preventable causes shows that a quality service is essential for disease prevention, health promotion and treatment. Thus, the Primary Healthcare discipline aimed to guarantee students the opportunity to experience antenatal consultations in a Basic Health Unit (BHU).

Objectives: Report the experience of accompany antenatal consultations as medical student, highlighting the importance of these moments for the healthy development of mother and child. Analyze the importance of this monitoring for medical training.

Methods: During three weeks, the students of the 3rd semester accompanied the teacher in prenatal care. They discussed the cases after the consultations, making the learning process richer and more effective, once the doubts that appeared during the activities could be solved instantly. The students were also able to practice their communication with the patients and semiologic skills.

Results: It's noticed that many mothers - by unpreparedness, lack of information or other reasons - had conducts that could bring harm to themselves and their babies. This experience was crucial for students to realize the variability of factors related to behaviors of patients and consequently see them in full.

Conclusion: The execution of this activity enabled the identification of a set of factors that exert influences on the quality and effectiveness of prenatal care. This experience allowed the students to see the situation from another point of view. Thus, the attendances in public health units are important to medical education, because they show the reality of Brazilian health.

PALAVRAS-CHAVE: Prenatal Care; Primary Health Care; Education, Medical

PP195 - PREVALENCE OF BURNOUT SYNDROME AMONG MEDICAL RESIDENTS FROM ARGENTINA AND SPAIN

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Introduction:

Medical residents often face high levels of stress in comparison to the general population. When stress becomes chronic and no adaptation tools are present, Burnout Syndrome (BO), defined as emotional exhaustion, depersonalization and low personal accomplishment, can develop.

Objectives:

- To evaluate the prevalence of BO among medical residents at the Instituto Universitario CEMIC (Located in Buenos Aires, Argentina) and at Complexo Hospitalario Universitario of Ourense (located in Galicia, Spain).
- To evaluate the association between BO and sociodemographic characteristics (age, gender, shifts/month, specialty and marital status).

Method:

A cross sectional study was undertaken. Medical Residents answered the Maslach Burnout Inventory and a sociodemographic survey in March 2014 (Argentina) and January 2015 (Spain). Residents with high scores in both emotional exhaustion and depersonalization and low scores in personal accomplishment were diagnosed with BO.

Results:

In Argentina, 68/100 (68%) medical residents answered both surveys and it was found that the prevalence of BO was 25% (IC 95% (15-37%)), affecting more male doctors of 31-35 years old, single status, specializing in Image Diagnosis and those who claimed to work 4-6 shifts a month. In Spain 61/125 (48%) medical residents answered both surveys. The prevalence of BO was 13% (IC 95% (5,84-24,21)) affecting more female doctors of 20-25 years old, married status and specializing in Gynecology.

Conclusion:

BO was diagnosed in medical residents of both countries, being more prevalent in Argentinian doctors. No statistically significant association was found between BO and sociodemographic variables.

PALAVRAS-CHAVE: Burnout Syndrome; Medical Residents

PP196 - PREVALENCE OF OBSTRUCTIVE SLEEP APNEA SYNDROME IN A POPULATION OF PATIENTS WITH DIABETES MELLITUS- PRELIMINARY RESULTS.

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Introduction:

OSAS affects 10-17 % of men and 3-9 % of women between 30 and 70 years. Recently the association with diabetes has been described suggesting that OSA constitutes a risk factor for the development of insulin resistance, regardless of shared risk factors. International studies report up to 23 % of patients with diabetes suffering from OSA. This work contributes to better characterize this relationship in the Portuguese population. Given their high prevalence and importance, a screening tool suitable for use in primary care would be useful to identify patients at risk.

Methods:

Cross-sectional observational study in a sample of USF Almonda health center population accomplished through a form-filling clinical characterization and application of Epworth Scale (ES) and cardiorespiratory study (ECR) applied to 200 diabetic and 100 non-diabetic randomized patients between 35 and 75 years.

Results and conclusion:

So far 203 studies were applied to 162 diabetic and 41 nondiabetic patients. It was concluded that 43% of diabetics and 22% of non-diabetic patients have moderate to severe OSA, presenting an odds ratio of 2.7 with a 95% CI [1.2-6.0] which represents a statistically significant association between the two variables with an estimated prevalence of OSA in diabetics substantially higher than in previous studies. ES shows an average negative value showing that it may not be a good screening tool. The method used by us, for ease of use in primary health care may be useful for screening patients at risk. More conclusions can be drawn at the end of the study.

PALAVRAS-CHAVE: Sleep Apnea Syndromes; Diabetes Mellitus; Primary Health Care

PP197 - PREVALENCE OF REPORTED FOOD ALLERGY IN BASIC UNIT OF HEALTH FAMILY SÃO JORGE 2 E 3 IN UBERLÂNDIA ADULTS

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Introduction:

Food Allergy (FA) is a type of adverse reaction that occurs after food ingestion inducible by a specific immunologic mechanism. IgE mediated food allergy is the most common in adults and the symptoms are reproducible and arise in few minutes until 2 hours after food exposure. Literature data showed an increase in the FA prevalence around the world.

Objectives:

To know the prevalence of reported FA in adults in the Basic Unit of Health Family (BUHF) São Jorge 2 and 3 Uberlândia.

Methods:

This was a transversal study that enrolled 18-60 years old individuals registered in BUHF São Jorge 2 e 3. This study occurred with 2 phases, first used a self-reported questionnaire and after second specific questionnaire was applied to delimit a better clinical history of FA.

Results:

The prevalence of reported FA was 10.8%, higher in women. The most cited foods were milk, pork meat, fruits, vegetable, shrimp, and fish. The most common clinical manifestation was red spots in skin (49.12%), followed by abdominal pain, mouth or eye swelling, diarrhea, and dyspnea. After the second questionnaire, only 0.95% of participants were represented a well-matched history of IgE mediated food allergy and the found foods prevalence was fruits (0.38%), milk (0.25%), pork (0.19%), vegetables (0.19%), and shrimp (0.19%).

Conclusion:

The food allergy prevalence self-reported is about 10 times higher than report using appropriate methodology. The prevalence found was smaller than literature, probable because the used method. The foods implicate with FA are common in the regular diet and similar to previous studies.

PALAVRAS-CHAVE: Morbidity; epidemiology; adult

PP199 - PRIMARY CARE TRAINING IN BRAZIL: EXPERIENCE REPORT OF A FAMILY MEDICINE NATIONAL RESIDENCY PROGRAM IMPLEMENTATION

Carla Baumvol Berger ¹; Daniela Dallegrave ¹; Eno Dias de Castro Filho ¹; Renata Pekelman ¹; 1 - Grupo Hospitalar Conceição;

Introduction and objectives:

The Brazilian Ministry of Health states there is a reduction in the physician-to-inhabitant ratio necessary to provide adequate medical services for their citizens. Not only there is a lack of physicians in many regions of the country but also a lack of primary care physicians. One of the strategies developed to reverse this issue is a Family Medicine Residency Program. This paper has the purpose to report the experience of implementing this program, aiming to decentralize medical training and encourage local experiences.

Methods:

Nine cities where the residency program would be implemented were selected based on criteria established by the Health Ministry. Their city health departments were contacted and in loco evaluations were made. All the health Centers included have a local preceptor that will be supervised by a team of mentors from Grupo Hospitalar Conceição, in Porto Alegre/RS, an institution with over 35 years of experience in training family doctors. The course syllabus will be developed by distance learning.

Results and conclusions:

The program structure has already been approved by the National Medical Residency Commission and the selection process has begun. It was also signed a written agreement by the participating cities and physicians enrolled. This program was launched in September 2015 and we are still facing several challenges on our quest to qualify the Brazilian Primary Health Care program.

PALAVRAS-CHAVE: Medical Residency; Family Practice; Decentralization

PP200 - PRIMARY HEALTH CARE INITIATION: UFMGS EXPERIENCE IN INTRODUCING STUDENTS IN PRIMARY CYCLE OPPORTUNISTICALLY

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Introduction:

Primary Health Care (PHC) medical teaching should be longitudinal, allowing learning from service, integrating teaching core to clinical practice. In 2014 second half, UFMG's School of Medicine implemented a new curriculum, resulting from an extensive multi-departmental process guided by Medical Curriculum Guidelines from Ministries of Health and Education. In this scenario "Primary Health Care Initiation" I/II/III disciplines were deployed to second to fourth periods. This paper describes the experience in the first three semesters.

Objective:

To enable PHC active experiences and student's criticism, encouraging investigation of aspects of the social determination of the health-disease process, the PHC attributes, the role of physician in health team and Family Medicine aspects.

Results and Conclusion:

The pedagogical model balances technical excellence and social relevance, with student-based teaching-learning methods, based on teaching, service, community and other civil society sectors partnerships.

Training process moves from hospital biased individual assistance to social, economic and cultural dimensions, providing tools to approach health-disease process. Practice occurs in PHC Units (PHCU) and its territories, bringing together individual and collective health, and six specialties knowledge in an exercise of agreement and detachment pioneers at University.

The challenge of the unprecedented presence of students in the health care network in three early semesters in a row and the demand for integration with PHC teams was enabled by the municipal network structure, despite the difficulties of the unpredictable real world. The student's final evaluation evidenced satisfaction with the disciplines, but specific criticisms about the PHCU teaching structure, difficulty of subjects standardization and the discipline extension.

PALAVRAS-CHAVE: Teaching; Primary Care; Medicine

PP201 - PROFESSIONAL PATHS OF ALUMNI COURSES MASTERS IN THE HEALTH AREAS, BIOSCIENCES AND HEALTH CARE

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Introduction and Objective:

To analyze the academic and professional path of the alumni workers of masters courses in the areas of Public Health, Biosciences and Primary Health Care, conducted by Structuring Cooperation in Health.

Methodology:

Described and exploratory study with alumni of masters courses the Oswaldo Cruz Foundation, the International Cooperation between Brazil and Angola and Mozambique, between 2006 and 2013. The subjects were grouped by the courses offer countries. It analyzed the profile of graduates; mapped their professional path; their motivations for choosing the institution to carry out the master; and satisfaction towards the work. It used questionnaire in electronic format for online filling for data collection.

Results and Conclusions:

From a universe of 36 graduates, the return of 17 respondents, 47.2% was obtained, 5 in Angola and Mozambique 12. Professionally, 100% remain employed in public institutions nature, with positions related to research, teaching, coordination and direction, showing that there was no brain drain, by the respondents. Most respondents work more than 40 hours a week and consider very important the training received to the realization of professional practices. These results are relevant to higher education, as in recent years has invested significant resources to expand the number of places for foreign professionals, as evidenced by the growing number of programs and institutions involved in international cooperation. It is essential that the leaders of the Brazilian higher education have an understanding of the contributions that these courses bring these foreign professionals.

PALAVRAS-CHAVE: Education, Graduate; Health Postgraduate Programs; Institutional Evaluation

PP202 - "RESIDENCY PROGRAM IN NURSING IN FAMILY HEALTH IN RIO DE JANEIRO CITY: PARTNERSHIP WITH THREE UNIVERSITIES"

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The city of Rio de Janeiro has been increasing investments in Primary Health Care (PHC). Currently there's 910 nurses working in the Family Health Strategy and the objective is to extend. Because of this rapid growth there's a demand for qualified nurses. This work has aim: to present a proposal for nurse's qualification with a focus on PHC through in-service training in partnership of Municipal Health Secretary (MHS) and three educational institutions. Sixty studentships financed by MHS-RJ were divided into three agreements with Universities: 24 for UERJ, 12 for UFRJ; 24 for UNIGRANRIO. After the selection, the student nurses have one month of classes about PHC. Later, they were placed in 60 Family health teams distributed in 19 municipal health care centers, for practice hours. The tutors receive salary bonus paid by the MHS-RJ. There's also a mentoring team of MHS-RJ and each university serving legislative guidance. The theoretical and practical moments occur weekly at the health care centers, lasting 4 hours. They're conducted by tutors, guests or residents, as the demands of the practical part. The theoretical time happens weekly at each university with schedules classes according to institutional pedagogy. Evaluations occur bimonthly. As preliminary results identified: better work processes of the teams where student nurses are working; qualification of nurses of the health care centers; improved access of the community to health services; improvement of indicators in health priority for city; improvement of health activity registers; approximation of the universities to service.

PALAVRAS-CHAVE: Internship, Nonmedical; Primary Health Care; Public Health Nursing

PP203 - INTERVENTION PROJECT: QUALIFICATION SYSTEMATIC OF COMMUNITY HEALTH AGENTS

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Intervention project: systematic qualification of community health agents
Descriptor: Education continuing; community health workers; health care

Introduction

As manager of the Family Health Strategy at the Municipal Health Center Aunt Alice, located in Rio de Janeiro, I realize that lack of technical training of community health workers (CHW) impacts negatively on health care because it lacks subsidies for understanding the work process, the importance of monitoring and an enlarged view.

Goals

- General goal

Perform the skills of community health workers CMS Aunt Alice, through a systematic continuing education program, held in the unit.

- Specific goal

Expand the theoretical knowledge of ACS's.

Offer practical training of ACS's to detect risks and vulnerability in the population.

Methods

The intervention project targets 18 public accessible CMS Aunt Alice, will be implemented in six months, time needed for all steps are implemented.

During the intervention will be considered Attention Notebooks Basic and the community health worker manual that will guide health actions in order to increase knowledge of ACS's to health care.

Results and conclusions

The intervention project will allow the systematization of continuing education of community workers, who are part of the health strategy team family without technical training, thus expected to enhance understanding of ACS's regarding health care. Undoubtedly this will bring positive impact on quality of care. The benefits will be enjoyed by all stakeholders, professionals and users, bringing them further.

PALAVRAS-CHAVE: Educação permanente; Agentes Comunitários de Saúde; Atenção à saúde

PP204 - PUBLIC AND COMMUNITY ENGAGEMENT IN UK MEDICAL EDUCATION: A STUDY OF REGULATION USING FRAME ANALYSIS AND BOUNDARY OBJECT THEORY

Berlin AP ¹; 1 - UCL;

Introduction:

I explore public and community engagement in UK medical schools in relation to regulatory requirements . Public engagement has assumed an important role in healthcare and higher education in response to a range of drivers. Community engagement is an important dimension of transformative curricula that address social accountability and health inequalities

Method

A review of the literature and four cases studies - three medical schools and the medical regulator . shows that PE in medical education is widespread but is framed in many ways to achieve many goals. As I had learned in my own work interpreting the regulatory requirements creates challenges for medical school leadership. Public engagement is considered through the notion of the 'boundary object'(BO) (Star 1989). (heterogeneous concepts that enable diverse actors with diverse interests to come together and achieve something meaningful,). Research in other fields shows BOs often move from informal shared projects to regulatory standards through a process of institutionalisation. I interviewed medical school leaders and regulatory policy officers and used frame analysis (Goffman 1974; Snow 2004) to explore how public and community engagement is constructed.

Results and Conclusion:

Multiple, overlapping and often contradictory frames in each setting. The dynamics of power and negotiation across the community-lay-medical school and medical school-regulator boundary are the source of tension and boundary agents play a role in creating or resolving this.

This is, in short, the story of what happens when you take an important but heterogeneous idea and turn it into a mandatory standard.

PALAVRAS-CHAVE: Public engagement ; Community based medical education; Regulation

PP205 - QUALITY OF LIFE IN THE ELDERLY UNDER THE PATIENT'S COMPREHENSION

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Introduction and Objective:

The rapid growth of the elderly population in the last decades is evident, especially in developing countries, where it is seen with conditions of extreme social inequality. Brazil should reach the 6th position among the ten countries with the highest number of elderly population in 2025. This population aging is a significant social impact, which requires changes throughout society. In view of this, it highlights the importance of ensuring the elderly not only longer survival, but also a good quality of life, life satisfaction and happiness. The objective of this study is to identify the understanding of the elderly about the quality of life in old age.

Method:

The study is being developed in the form of intentional prospective quantitative research, with pre-existing questionnaire known as the Quality of Life Scale of Flanagan. The sample is consisted of 214 elderly, residents of Petropolis neighborhood in Lages - SC.

Results and Conclusions:

The study is ongoing. It is observed that the increase in life expectancy has remarkable effects on the well being of the elderly and it may be a period of difficult of biopsychosocial adaptations. However, the third age can also be lived with intensity and great quality of life if the elderly remain independent and autonomous. In this sense, it is necessary planning new strategies to put the elderly as an active participant in them health promotion process, valuing them and encouraging them to find the well-being and in the quality of life in old age.

PALAVRAS-CHAVE: Qualidade de Vida; Idoso; Sobrevida

PP206 - QUALIFICATION OF PRENATAL CARE AND PRECONCEPTION IN A FAMILY HEALTH TEAM: THE EXPERIENCE OF A EXTENSION PROJECT

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This Project was one of the activities from the Liga Acadêmica de Medicina de Família e Comunidade de Sergipe. And aimed to improve the quality of prenatal care indicators (collection in the first quarter, more than six visits per pregnancy, educational activities, participation in the consultations of the fathers) of a team of primary care. Besides, we also aimed to qualify the educational process of medical students through everyday experience of a team of primary care, using meaningful learning.

The project used up the action research method aiming to improve the care of pregnant women and women of childbearing period of an area of UBS Hugo Gurgel in the city of Aracaju. An investigation process (home visit and follow-up visits) held in tandem with the transformation of healthcare practices, both through implementation of new elements for medical consultation, and through health education projects involving women and the community in general, bringing a multidisciplinary approach, working with the staff and other employees of the Unit. Through the following activities: Enables search and follow-up visits, pamphlets and health education lectures, conversation circles with pregnant women and unit staff and a course for pregnant women. The project has provided space for the students become another way of investigation demands of health and care needs within the health unit, as well as contributing agents for services rendered to the community for managing the ESF. They were also able to understand in a deeper way the team work as part of multidisciplinary and unabridged care process of the community.

PALAVRAS-CHAVE: Community-Institutional Relations; Pregnancy; Primary Health Care

PP207 - MULTIDISCIPLINARY REFORMULATION OF THE FAMILY AND COMUNITY HEALTH LEAGUE OF UNB

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Introduction and objective:

The Academic Family and Community Health League at the University of Brasilia UNB (LASFaC) was founded by medical students in 2010. However, the league has come to be closed for lack of new members in 2012. In 2014, scholars from various majors in health decided to reopen the league, establishing the multidisciplinary as one of the pillars for the league consolidation. The reopening of the league aimed answering a demand of students of health and medicine collages of University of Brasilia in the issue of primary care and family and community health strategy.

Methodology:

Cyclical meetings are organized with students of health courses. The construction of the concepts related to primary care is carried out through presentations and critical discussions, with the aid of literature on primary care and presence of speakers. The construction of the concepts related to primary care was carried out in order to strengthen and deepen the knowledge of the topics reviewed.

Results and conclusion:

Increase in participants as well as the growing interest in the subject by scholars who were not members of the league. Increase in multidisciplinary, one of the league's fundamentals, today, LASFaC counts with the participation of students from the following courses: Occupational Therapy, Psychology, Nursing and Medicine. The restructuring of the alloy can contribute to a more ethical, supportive and reflective health professional. The final result is to be able to realize and embrace the complexity of care in primary care, with a positive impact on community health.

PALAVRAS-CHAVE: Atenção primária de saúde; Saúde da família; Extensão comunitária

PP208 - REFLECTIONS ABOUT MEDICAL SPECIALTIES

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Introduction and Objectives:

There are several aspects of professional development that influence the public policies development; The ideal parameter is 1 doctor / 1,000 inhabitants (WHO), but there is no parameter for specialties / inhabitants. In Brazil (2010) the average ratio is 1 doctor / 622 inhabitants. (Below the WHO parameter), but what is the need of every specialty in the country, states and municipalities?

Method:

It was used the work "Supply, demand and need for medical specialists in Brazil. Projections for 2020", conducted by Economía Health Team of the University of Las Palmas de Gran Canaria, Spain, which developed the need for specialty calculation model for 100.000 inhabitant. We used the standard in accordance with the estimated population of the state and municipalities in 2015 and were deploying medical residences programs.

Results and conclusions:

It was possible to estimate absolute necessities of experts for 2020 and 2030, pointing priorities, draw up resolution on the Bipartite Commission (CIB resolution Number 070/2014) and guide residential projects. The priorities are: Endocrinology (54 and 58), geriatrics (137 and 148), Family and Community Medicine (2806 and 3039), neurology (41 and 45), Otolaryngology (74 and 81), pediatrics (240 and 260) and psychiatry (178 and 193). Even if there are differences with the countries that adopt methods of estimates of specialties needs, it will be possible to use a parameter for state public policy references and using Federal Law 12,871, create elements for states and municipalities to share responsibility in the formation of human resources for Cheers.

PALAVRAS-CHAVE: Administração de Recursos Humanos; Formulação de Políticas; Políticas Públicas

PP210 - RELATION OF APOLIPOPROTEIN WITH CARDIOVASCULAR DISEASE IN BANGLADESHI POPULATION

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Introduction & objective:

Coronary heart disease is the commonest cause of morbidity and mortality in developed as well as developing countries like Bangladesh. In this study, apolipoprotein-A1 (apo A-1) and apolipoprotein-B (apo-B) levels were assessed as risk factors for coronary artery disease in Bangladeshi patients.

Methods:

This was a prospective case-control study in the department of cardiology, university cardiac centre, BSMMU, Dhaka in 2012 where study population was 100 with 50 (40 male and 10 female) cases and 50 (40 male and 10 female) controls. The patients and controls were enrolled following the inclusion and exclusion criteria.

Results & Conclusions:

The mean age of study population was 51.4 ± 10.9 years and mean age of the cases and control was 51.3 ± 10.98 and 51.4 ± 10.9 years respectively. The most effected subjects belonged to age group of 45-54 years. The parameter were evaluated among cases and controls included apolipoprotein- B (apo -B) (113.33 ± 25.96 mg/dl vs 104.27 ± 24.30 mg/dl), apolipoprotein A-I (apo A-I) (95.10 ± 20.50 mg/dl vs 113.47 ± 20.96 mg/dl) and apo-B/A1 ratio was (1.25 ± 0.40 vs 0.95 ± 0.26). There was significant relation of coronary artery disease with low apo A-1 level ($p < 0.001$) and apo-B/A1 ratio ($p < 0.001$) was found, but there was no such relation with apo-B level ($p = 0.08$).

Conclusion:

The study revealed statistically highly significant relation of coronary artery disease with low apo-A1 level and apo-B/A1 ratio. But large-scale multicentric study is needed to evaluate the exact influence of apolipoproteins with coronary artery disease patients of Bangladesh.

PALAVRAS-CHAVE: cardiovascular; apolipoprotien; Bangladesh

PP211 - EXPERIENCE REPORT: ANALYSIS OF PROCEDURES AND AMBULATORY SURGERIES PERFORMED IN THE MUNICIPAL HEALTH CENTER MARIA AUGUSTA ESTRELLA

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Introduction and objective:

The Primary Health Care (PHC) has intensified its role in integral and longitudinal attention. The resolution up to 80% of demands qualifies it as care coordinator. There was an increase in Family Health Strategy model PHC of the city of Rio de Janeiro from 2009 (7%) to 2012 (40%) and in the process are inserted residency programs in Family and Community Medicine (FCM), for the qualification of professionals working in PHC. One of the skills appropriate to the Family and Community Doctor is conducting procedures and ambulatory surgeries. The aim of this study is to examine the procedures done in a health unit that is used for training family physicians.

Method:

A quantitative analysis of the procedures performed in the Municipal Health Center Maria Augusta Estrella in the period from June 01st to November 30th was made in order to check the most frequent, discussing the resident in FCM inclusion at this service to their qualified training. Were also evaluated the operating conditions of the ambulatory surgery service, highlighting the strengths and difficulties.

Results e conclusion:

165 procedures were performed in this period. The procedures performed are consistent with those described in the main sources of guidance to perform the procedures / ambulatory surgeries and are essential to the formation of the resident. The performance of procedures makes up the essential attributes to PHC, so there are need to invest in further studies about this skill to improve it.

PALAVRAS-CHAVE: Procedures; Primary Health Care; Family and Community Medicine

PP212 - REPORTING RESULTS USING THE METHOD CLINICAL CASE PATIENT CENTERED

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In the medical interview various clinical skills is shown amid expressions of feelings, ideas and beliefs of the patient. Centered Clinical Method Patient (MCCP) has an individual approach seeks individualization and improving health outcomes for patients.

We had a patient who was experiencing symptoms of sadness and frustration at not finding a "cure" for their condition after experiencing various medical.

In an effort to find a better way to help our patient opted to use the model interview MCCP was known to us, apply to us was difficult because it was presented to us the concern of how to report it to our tutor, for which we turn to the literature deciding to follow as a guide Case Presentation Patient Centered (PCCP).

Using this approach we realized as our patient experienced his illness and identify the shortcomings of the biomedical model and how valuable it was to find the height of the interviews that had happened, it was inadequate doctor-patient relationship consisting of not provide the information you wanted to know.

Experience change in attitude and acceptance of the patient to live in the best possible way with their disease following the recommendations provided him invoking to pharmacological and non-pharmacological treatments available.

PCCP to make our academic activity to verify that our peers was novel way to present this case and our tutors were interested and even suggested we present it as successful experience, for all that, we believe it is necessary to spread it all residences medical families

**PALAVRAS-CHAVE: REPORTING RESULTS; METHOD CLINICAL; CASE
PATIENT CENTERED**

PP213 - RESIDENCIES IN CHAIN: AN ARTICULATION TO THE IMPROVEMENT OF WHOLENESS CARE IN MOSSORÓ-RN

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Introduction and Objective:

Medical Residency is the “gold standard” in the medical specialization. The State University of Rio Grande do Norte, in partnership with the Mossoró Municipal Department of Health, has two Medical Residency programs (Medicine of Family and Community and Gynecology and Obstetrics) and one Multiprofessional Residency. Its connection with the Specialty Outpatient of the Medical School aims to promote health by the integral care. A Multiprofessional and Interinstitutional Chain is consolidated, corroborating the reorganization of the local care practice. We aim to develop doctors concerned to basic chain of health attention and with the constructive vision of wholeness, developing the articulation teaching-assisting and resignifying care.

Methodology:

The Medical Residencies interact in outpatient activities in the scope of Women’s Health, specifically the low-risk pre-natal and teenager. The clinical sessions constitute a theoretical integration space and continuing education, in which protocols are built. Furthermore, the experience in multidisciplinary team promotes the development of essential skills to more effective care and to wholeness health care exercise.

Results and Conclusion:

By the knowledge sharing, residents perform high quality pre-natal, reducing easily avoidable obstetrics morbimortalities and recognizing pregnant who require specialized follow-up and those are inserted in the construction of individual treatment plans appropriate to community demand. The experience in basic attention leads to development of a holistic view in residents by favoring the comprehension of health chain limitations. The integration of residencies in chain provides a teaching-learning by the pairs. Consequently, the health services are improved, reflecting, eventually, in local health indicators.

PALAVRAS-CHAVE: Internship and Residency; Health Promotion; Primary Health Care

PP214 - RESIDENT ASSESSMENT AND EXPECTATIONS ABOUT THE FAMILY AND COMMUNITY MEDICINE SPECIALTY AT UNMSM 2014.

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The set of political, economic and Health Systems changes directly affect the physician's expectative to choose a place of specialist Actually the call to the medical residency has changed to favor of increasing the number of specialists in Family and Community Medicine (MFC) in Peru, however there is a poor response from our young doctors who quit to their specialty or not choose to be MFC and although the reasons are diverse, little is known about the appreciation of our residents on the specialty.

OBJECTIVE: Knowing the appreciation and expectations of the residents entrant to Family and Community Medicine's San Marcos.

MATERIALS AND METHODS: exploratory, cross-sectional study employing qualitative methodology, we use interviews semistructured
Results: We've obtained five answers dimension: MFC residents have a negative view of the curricular system and training plan; it's problematic the lack of Tutors at hospitals, it is encouraging to have the support of older residents who teaching to the newly ingresants, finally they hold high expectations for the specialty and wish the curricular plan to be homogenous national level.

CONCLUSIONS: The lack of curricular plan accords to the true profile of family physician, it puts us in disadvantage compared with other residents and family physician. We emphasize the great altruism and the quality of each resident of the residency in San Marcos, it is clear their commitment made by the specialty improvement. Finally there is a growing expectation to achieve the expansion and growth of the specialty.

PALAVRAS-CHAVE: Expectations Of Residents; Family medicine practice

PP215 - RETROSPECTIVE OF DENGUE EPIDEMICS IN RIBEIRÃO PRETO, 2011-2015

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Introduction:

Dengue is one of the major public health problems in the world. It is estimated that the disease reaches around 50 to 80 million people a year, distributed in over 100 countries around the globe.

The transmission of the disease was first observed in the state of São Paulo in 1987, in a rural village called Ribeirão do Valle. During the summer of 1990, an epidemic of major proportions was recorded, which started in Ribeirão Preto and quickly spread to neighboring municipalities.

Objective:

To analyze the incidence of dengue epidemics in Ribeirão Preto.

Methodology:

A descriptive study of the epidemic years in Ribeirão Preto was conducted: 2011 – 2015, according to the information collected in the Health Department of the city of Ribeirão Preto.

Conclusion:

The totalized numbers of the dengue epidemic in Ribeirão Preto are: 2011 – 23,384; 2012 – 317; 2013 – 13,179; 2014 - 400 e 2015 - 4,949 The high dengue rates show that the control programs have shown to be ineffective. There is a search for the solution through control programs in different means of information and vector eradication.

From a more empirical analysis, it is common to witness a series of poor habits of the population, among other inadequate management, as well as disrespect for the current environmental standards

The future medicine professional has an important role in controlling dengue.

The socio-educational vision of the student body regarding the control of Dengue is small, requiring the integration of theory and practical action with social reality.

PALAVRAS-CHAVE: Dengue; Epidemics

PP216 - RETROSPECTIVE OF ZIKA VIRUS EPIDEMICS IN RIBEIRAO PRETO IN 2015

LUDERS, P.C. ¹; BURANELLO, T. ¹; ABDUCH, P. ¹; DUTRA, M.M. ¹; VIEIRA, M.H.S. ¹; 1 - Centro Universitário Barão de Mauá;

Introduction:

The Zika virus (ZIKV) is a mosquito-borne flavivirus (*Aedes*), similar to other arboviruses, first identified in Uganda in 1947. A great number of cases and some with neurological and autoimmune complications have been reported in a context of concurrent circulation of dengue viruses.

With the international mass events that occurred in Brazil, expanded the stream of people and agents communicable diseases. In February 2015, seven months after the FIFA World Cup in Brazil, The Ministry of Health's began to monitor the registration of cases of undetermined rash syndrome, in the states of Northeast of Brazil. The notifications of ZIKA started in Ribeirão Preto in May of 2015.

Objective:

To analyze the incidence of ZIKA epidemics in Ribeirão Preto.

Methodology:

A descriptive study of the epidemic year of 2015 in Ribeirão Preto, according to the information collected in the Health Department of the city of Ribeirão Preto.

Conclusion:

The totalized numbers of the ZIKA epidemic in Ribeirão Preto in 2015 was 8: May 1, June 1, November 1 and December 5. The ZIKA rates show an increase and that the control programs have shown to be ineffective.

From a more empirical analysis, it is common to witness a series of poor habits of the population, among other inadequate management, as well as disrespect for the current environmental standards

This situation requires the highest vigilance, especially since this disease is not well known and that some questions remain unanswered, concerning the reservoir(s) and modes of transmission, the clinical presentation, and possible complications.

PALAVRAS-CHAVE: Epidemics

PP217 - RIO DE JANEIRO'S FAMILY HEALTH STRATEGY THROUGH RESIDENTS VIEW

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Summary:

The Rio de Janeiro city has been currently passing through a Primary Attention expansion as result of the Family Health Strategy (ESF). In order to promote the health and prevention, the ESF has among its features access, longitudinality , and comprehensive care of its users, using a multidisciplinary team and services offered by the health unit for its reference community. It should ensure improvement in the health condition of the population assisted by this service, as well as their satisfaction degree with the health care promoted to the users.

Mehodology / Case Report:

This study reports the opinion of residents of Rio de Janeiro, which already have in their community, primary care units, either in the form of CMS (Municipal Health Center) or the Family Clinics. It also relates about the population view regarding this health service, the way accessed this unit, began to use, the results in their lives, and if it meets their expectations. Finally, it reports the routine of the care of people who are not yet users of ESF.

Results / Conclusion:

We know that the ESF is still in the process of establishment in Rio de Janeiro but it was observed that even in areas covered with this service, many patients still do not use the range of services offered. And those who are not yet users are unaware of the functioning and purpose of the ESF. The current minority has been growing with the ESF, feeling satisfied by the health system.

PALAVRAS-CHAVE: Family Health, ; Access, ; Health Unit

PP218 - RURAL INTERNSHIP: 90 DAYS AS A FAMILY PHYSICIAN

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Introduction:

The Rural Internship is a curricular subject of the medical school of the Federal University of Minas Gerais. Out of all curricular college route, mainly traditional and hospital-centered, this is the only time that most closely matches the very content of Family Medicine.

Goal:

Report the experience of the internship from the perspective of two graduates whose training was, from the beginning of the course, permeated by influences of Family Medicine, including determining the choice, already defined, of specialization in the area.

Method:

In view of the experience gained through participation in Academic League, organizing Symposiums, presentations at Conferences and conducting extra-internships in the area of Family and Community Medicine, scholars started the work in the city of Jacuí-MG performing appropriate Situational Diagnosis. From initial impressions, formulated and implemented, with the family health team at Health Center Odila Pereira, actions involving the training of community health workers, the adoption of advanced access of organizational principles and establishing SOAP medical records.

Results and Conclusions:

Based mainly on comparing the final papers presented at the concluding seminar of the internship, it is possible to infer that, in fact, the perspective of Family and Community Medicine, already minimally internalized by academics, was differential for the work on primary health care. With a similar look, it was possible to better understand the importance of clinical epidemiology in primary care, scale the reality of the health-disease process and understand the impact of clinical management.

PALAVRAS-CHAVE: Rural internship; Medical education

PP219 - MEN'S HEALTH - KNOWLEDGE BY PHYSICIANS ABOUT PROSTATE CANCER SCREENING ON WEST ZONE OF RIO DE JANEIRO

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Introduction:

With the recent appreciation of access to health services by the male population, family doctors working in the Basic Health Units (UBS) are responsible for the comprehensive health care of man and should be able to deal with issues of gender and socio-cultural and with demand brought by screening for prostate cancer. Their attitudes are fundamental for health promotion, as well as quaternary prevention by avoiding excessive interventionism diagnostic and therapeutic and unnecessary medicalization. Besides being the second most incident cancer in men, prostate cancer has a higher incidence with age and is increasing in Brazil every year. The present study aims to analyze the approach to men's health and, in particular, identify the knowledge and attitudes of professionals regarding screening for prostate cancer in three basic health units in Santa Cruz, West of the city of Rio de Janeiro.

Methodology:

The methodology will be a qualitative research with practicing physicians in the Family Health Strategy (ESF) by answering questionnaires and focus groups and analysis of collected information.

Results/Conclusion:

The conclusion of the study was that, although many professionals have theoretical knowledge of international recommendations against screening in practice opportunities to create the link is lost and personal experiences end up interfering in their decision. We need essential changes in the way that patient and professional health sighted being male.

PALAVRAS-CHAVE: men's health; screening; quaternary prevention

PP220 - SEEKING EXCELLENCE IN FAMILY MEDICINE RESIDENCY PROGRAM AT SÃO PAULO MUNICIPAL HEALTH DEPARTMENT

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INTRODUCTION AND OBJECTIVE

The residency is an extremely practical part of the medical training and has demonstrated needs, such as: 1 - greater integration with primary care and the real health needs of the population; 2 - decentralization of the learning experience from the hospitals to the broader Healthcare networks, that allows the integration of different healthcare practices, in which the resident can deal with complex and unique health problems continuously and longitudinally.

The objective of this study is to describe the structuring and implementation of a Residency Training Program in Family Medicine, where the aspiring family doctors follows an itinerary encompassing all parts of the health system aiming the development of skills needed for an integral and comprehensive education.

METHOD

Research on the scientific literature. Identification and evaluation of existing training programs in Brazil. Visits to potential locations for practice. Meeting with preceptors aiming the presentation of the program and discussion for adjustments. Program implementation. Adjustments due to the perception of residents, preceptors and health professionals involved with the program.

RESULTS AND CONCLUSIONS

Educational program in which the resident is part of a Family Health Strategy Team and joins trainee programs in different areas: Surveillance in Health, Mental Health, Home Care, Out-patient Surgery, Obstetric Center, Epidemiology and Information and Occupational Health.

In addition, the program includes theoretical sessions with active learning methodologies, completion of course conclusion paper, and, in order to develop Urgency and Emergency skills, weekly shifts were planned in the areas of Pre-hospital care, Internal Medicine, Pediatrics, Psychiatry and Gynecology-Obstetrics.

PALAVRAS-CHAVE: Training; Medicine; Family

PP221 - SELF EVALUATION AS EDUCATIONAL MANAGEMENT TOOL IN THE RESIDENCE OF FAMILY AND COMMUNITY MEDICINE

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Introduction:

Curriculum Based on Competencies for Family and Community Medicine (CBCMFC) published in 2015 by SBMFC establishes the core competencies to be developed by MFC Residents in the first and second year of training.

Objective:

To identify the learning needs related to the powers described in CBCMFC residents first year of Family Medicine residency and Community at the University Nine July.

Methods:

We developed an instrument composed of items essentials and Attention fields to Health CBCMFC and applied in 3 residents first year of residency at the University MFC Nine de Julho-SP. Residents were asked to self-evaluate to zero to ten notes on each item. Means for each competency groups were held.

Results:

In the Fundamentals course, residents identified more difficulties in items related to Public Health (note 4.7), family approach (4.8), community-based approach (3.9), continuing education (5.9), research medical and management (2.5), teamwork (5.0), audit quality assessment (2.0) and health surveillance (3.0). Regarding the note field of Health, the areas of greatest difficulty were ENT diseases (1.7), skin problems (2.7), muscular disorders (3.9), infectious diseases (4.6), mental (4,8), procedures (4.5), sexuality grievances (4.8) and the pregnancy and postpartum period (4.7).

Conclusion:

Encouraging self-evaluation skills, it is a promising qualification strategy of learning processes centered on knowledge / specific difficulties of each resident in addition to stimulating the participatory construction of stages and educational processes.

PALAVRAS-CHAVE: Medical Residency; Competency-Based Education; Educational Measurement

PP223 - SICILIAN GP TRAINEES INTEREST IN ABROAD EXCHANGES: A CROSS SECTIONAL STUDY

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Introduction and Objective:

It is known that international health experiences have several benefits on medical trainees and the Vasco da Gama Movement offer different exchange options for GP trainees to attend a primary care practice among different European Countries. Nonetheless, participation rates are quite low in Italy, and extremely low in Sicily.

The aim of the study was to assess knowledge about Vasco da Gama Movement between Sicilian GP trainees and to investigate propension and influencing factors on participating in international exchange programmes.

Methods:

A questionnaire was developed based on literature to measure variables that could influence GP trainees choice to attend an international exchange during their training period. The questionnaire was administered to all trainees, anonymously and voluntarily, that were present at the weekly lecture meeting. Chi square test, T-student and ANOVA were used to assess differences across groups of categorical and continuous variables, respectively.

Results and Conclusions:

155 out of 204 trainee answered (76%) and only 44 knew about VdGM (28,9%). 78 (52%) wrote they would attend an exchange with the current known obstacles, while excluding obstacles participation rates peaked at 94,8% of respondents. Trainees who already joined any kind of exchange programme were more likely to attend one in the current conditions (P=0,031), but surprisingly there was an inverse association with trainee knowing about VdGM less likely to participate on an exchange at the very moment (P=0,04). Most influencing factors were the need of taking personal days off and economical reasons.

PALAVRAS-CHAVE: Global health; International Educational Exchange; Primary Health Care

PP224 - SOCIAL TECHNOLOGIES OF AN NGO IN A MEDICAL SCHOOL: SUPPLYING DEFFIICIENCES OF THE PUBLIC HEALTH SYSTEM AND THE MEDICAL EDUCATION

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Introduction and Objectives:

Ten years ago, a group of medical students founded the local committee of a global NGO, which performs activities in social medicine concerning: Sexual and Reproductive Health, Public Health, Human Rights and Medical Education. In addition, it provides clinical, surgical and research exchanges. Supplement the lack of approach to community health during medical school, developing planning and execution skills of social medicine activities.

Methods:

The committee studies health problems, formulate action plans and goes to public places to perform the activity with population. The actions include about 25 people, sometimes 100 in bigger activities. Before each action the members pass through a capacitation to understand how the social determinants of health influence the population concerning that subject.

Results and Conclusions:

Since then, the group performed over 80 activities of all kinds, such as World Health Day, Campaign Against Tuberculosis and Against Child Abuse. The most notable projects were: Teddy Bear Hospital (activity for children lose their fear of the doctor's figure), Project Against Childhood Obesity, First Gynecological consultation and Nazareth Project (recreational activities and health awareness with seniors in rest homes). By participating in those initiatives, which are not offered by medical school, students experience the contact with people and the social environment. This allows the students recognize their active role when it comes about community health process. Moreover, with this, students can see the users of the public health system in their integrity, understanding the social context in which they live.

PALAVRAS-CHAVE: social medicine; medical education

PP225 - SOLVING RATE OF FAMILY PHYSICIANS RESIDENCY TEAM IN THE UNIDADE ESCOLA SAÚDE DA FAMÍLIA VILA MUTIRÃO - GOIÂNIA GO

Souza CG ¹; Silva BLD ¹; Ávila JP ¹; Marcolino MM ¹; 1 - Pontifícia Universidade Católica de Goiás;

INTRODUCTION:

The family physicians are responsible experts for embracing and continuous cares to all individuals whom looking for them, regardless of age and sex. They provide services to individuals in the familiar, community and social contexts. When they organize the action plans with their patients, they aggregate the physical, psychological, social, cultural and existential factors, always respecting their own autonomy. Thus, the physicians develop their professional role by promoting health, preventing disease and providing curative and monitoring cares.

OBJECTIVE:

To calculate the solving rate of a Family Physicians residency team in the Unidade Escola Saúde da Família (UESF) Vila Mutirão and to compare it with the expected value of Política Nacional da Atenção Básica (PNAB).

METHOD:

Cross-sectional study which analyzed the number of medical consultations and referrals between March and August of 2015 in the UESF Vila Mutirão, which were in the record books from team A.

RESULTS:

During the time slot, 859 medical consultations were performed and just 27 resulted in referrals, making the solving rate of team A remain above 90%.

CONCLUSION:

From the survey and data analysis, it was observed that team A of family physicians residency from UESF Vila Mutirão lies above the value of 85% advocated for PNAB. This reflects the effectiveness of the Family Health Strategy in solving community problems, as well as the medical residency program developed in UESF Vila Mutirão.

PALAVRAS-CHAVE: Internship and Residency; Primary Health Care; Family Practice

PP227 - SPOROTRICHOSIS IN RIO DEJANEIRO: CASES DETECTED IN DERMATOLOGIC ASSISTANCE IN FAMILY HEALTH STRATEGY

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Introduction and Objectives:

Sporotrichosis is the most common subcutaneous mycosis in Latin America and nowadays is epidemic in Rio de Janeiro, that until December of 2009, about 2200 cases had been diagnosed, with the vast majority transmitted from infected cats. In the period of 2008-2011, there was incidence increase of 126,6%. Through the Matrix Support in dermatology at the Family Health Strategy in Rio de Janeiro, along with the Project (Des)Mancha Brasil - UFRJ, we have acted in sporotrichosis detection in primary care in addition to the professional training of the public healthcare.

Methods:

Between 2010 and 2015, our group held a total of 2670 dermatologic consultations in the Family Health Strategy and reported 10 cases of sporotrichosis, confirmed diagnosis by skin biopsy and sent material to the histopathological, mycological and bacteriological studies.

Results and Conclusion:

Family Health is a strategy to bring together experts from the Primary Health Care. It aims to increase diagnostic capacity and resolution of the most common dermatoses. Sporotrichosis is common in our practice and should be included in the differential diagnosis. Its control involves concepts of early identification, and treatment of the patient and, in zoonotic cases, of the source. The notification allows the identification of disease outbreaks, guiding strategies for its control.

PALAVRAS-CHAVE: Matrix Support in Dermatology; Family Health Strategy; Sporotrichosis

PP228 - STANDARDISATION OF ASSESSMENT CRITERIA IN A RESIDENCY PROGRAM OF FAMILY MEDICINE

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Introduction and Goal:

Residency training in the gold standard method to teach physicians. This study aims to verify the instrument of assessment used for tutors of a residency program of family medicine, describing the difficulties and potential of the instrument, and to analyze if the criteria used to evaluate are uniform between the tutors.

Methods:

Descriptive study, using Mini-CEX for clinical assessment, evaluating recordings of simulated appointments. The tutors should completely fill the instrument and were already familiar with it.

Results and Conclusion:

12 tutors participated. Although the appointments were from the same scenario, there was trouble in the classification of the focus point, as well as many tutors did not completely fill the questionnaire. Great amplitude of variation of the grades was observed, mainly on the items "Humanistic qualities / Professionalism", "Clinical argument" and "Organization / Efficiency". In one of the appointments, the variance of the items "Clinical argument", "Orientation abilities" and "Global clinical competency" call the attention. Nonetheless, there was discordance among the grades in the item "Global clinical competency", once it was expected to find grades befitting the rest of the items of Mini-CEX – because the global competency reflects a general assessment of performance. Mini-CEX presents great potential in the residents' appreciation of progress but the results show it could have trouble in the instrument's application. We suggest simulations like these may be played again for serial analyzes and discussions, practicing the assessment of clinical competencies, and though that to improve the instrument of assessment used.

PALAVRAS-CHAVE: Medical Education; Internship and Residency; Family Practice

PP230 - STUDENT'S EXPERIENCE IN THE SUS MENTAL HEALTH CARE

Machado BP ¹; Araújo NR ¹; Sandre BB ¹; Borges PSG ¹; Ferreira RC ¹; Souza AC ¹; Saraiva IM ¹; Silva MM ¹; Andrade GM ¹; Estrela KCM ¹; Zago LV ¹; 1 - Universidade Federal de Goiás;

Introduction and Objective:

The public health has as one of its basic principles the holistic care to the patients. In this sense, mental health is considered an important point of the strategic agenda of the World Health Organization. Medical students of the fourth year in UFG, after studying public policy in mental health services of the Unified Health System, experienced this spectrum knowing the articulation of this field in the city of Goiânia, Goiás.

Methodology:

Psychosocial Care Centers, Social Centers, Income Generation Program, Therapeutic Residence, Psychiatric Hospital and Emergency were visited in from August to November 2015. At each visit, the students had the opportunity to meet the local structure and the multidisciplinary team, having straight contact with users of the service. Interviews were conducted with each unit manager to understand the history of the institution, the proposed treatment plan, as well its main challenges.

Results and Conclusion:

The experience on the mental health system allowed students to understand the new pillars of psychiatric reform and view the contrast between the old hospice model of care, noting the importance of the new vision, which is based on deinstitutionalization, psychosocial rehabilitation by inserting the work, culture and leisure, the rescue of the individual's ability to be independent and ensure respect for their rights and individuality. Unfortunately, it is clear that there's still a discrepancy between the offered services, noticed resistance to the proposed changes and financial difficulties to maintain the units that follow the new model.

PALAVRAS-CHAVE: Education; Psychiatry; Public health

PP231 - STUDENTS EXPERIENCE IN TRANSMITTING BAD NEWS ACCORDING TO THE SPIKES PROTOCOL

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Introduction:

The communication of unfavorable news to a patient implies a negative change in this life. The SPIKES protocol describes six steps to assist in the transmission of "bad news". Thus, the objective of this study is to report the experience of medical students of the sixth semester of UFG in conveying bad news based on SPIKES protocol.

Methodology:

It was attended in October 2014, at the Hospital of UFG, a male patient, 61 years old, that showed typical symptoms of Chagas disease. So, to transmit the bad news, the students followed the six steps of the SPIKES protocol learned in the fifth semester in the discipline of Medical Psychology. The first step (Setting up) was to prepare the environment to provide tranquility to the patient. Then, in the second step (Perception), the students tried to understand what was the patient's knowledge about his health status. In the third (Invitation), they expected the patient to show interest in obtaining information about his condition. In the fourth (Knowledge), they transmitted his diagnosis. The fifth (Emotion), was to respond empathically to the bad news patient's reaction. Finally, in the sixth step (Strategy), they informed the patient what would be their conduct and what were his prospects.

Results and Conclusions:

The transmission of bad news to patients and families requires of the student certain skills, because it involves pain, hopelessness and fears. Thus, the use of SPIKES Protocol humanizes care and improves patient's acceptance to the therapy suggested by the medical team.

PALAVRAS-CHAVE: SPIKES ; communication; Psychology

PP232 - SUCCESS OF EDUCATION INTERVENTION ON HEART FAILURE MANAGEMENT IN PRIMARY CARE

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Introduction and Objective.

Medical education is key to managing chronic heart failure (CHF). The aim of this study was to evaluate the impact of educational intervention on attitudes and understanding of CHF and its management in family physicians.

Methods.

To improve quality of CHF clinical review, we implemented a range of educational interventions (lectures, direct mentoring and on-line learning) for family physicians within 45 primary care practices. All physicians performed detailed physical examinations and completed the special designed questionnaire. Quality of disease understanding and CHF review was measured via validated family physicians experience questionnaires using a 12-point rating scale.

Results and Conclusions.

It has been shown that three main themes emerged from the analysis of the present study: 1) motivation of family doctors, 2) teamwork, 3) family doctors training. Improvements in disease awareness and clinical review were reported by family physicians (n=39). For family physicians, education improved knowledge across 8 key areas with a 3.43 increase on a 12-point scale (5.39 vs. 9.82). The workload was one of the main factors that demotivate family doctors and it should be reduced by reinforcing the role of primary care teamwork in the management of CHF. Focused medical education can improve family physicians knowledge and attitudes to CHF management. This positively impacts upon doctor and patient disease understanding and satisfaction in CHF management in the primary care setting. Our finding highlighted the importance of developing appropriate training for family doctors on the communication skills with emphasis on the skills needed for the behavioral changes and patient-centered approach.

PALAVRAS-CHAVE: primary care; heart failure; education

PP233 - TEACHING ABOUT SPIRITUALITY DURING MEDICAL GRADUATION USING THE TERRITORY

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Introduction:

The medical course of Santa Marcelina Faculty began in 2012, and introduced in its curriculum, in the 1st and 4th semester, the discipline, "Spirituality and Thanatology" aiming to collaborate for a better training of future physicians including holistic care based on integrality and respect.

Objective;

To present one of the tasks used in the discipline to arouse in students the necessary respect to be able to deal with the "different", also in its spiritual and religious aspects, parts of people's culture.

Methods:

Students from the 1st semester, as part of their 4 visits in the Health Care Units during the semester must go for a field visit with the Community Health agents, and map the religious equipments of the territory. In one of the religious centers, the students must interview the local religious leader as well as one of the followers. The questions are relative to the feeling of belonging to their religious faith man, about death, various cults and the role of the health unit.

Results:

The interviews experience and the encounter of the diversity of beliefs and great number of spiritual centers, gives the possibility to students to modify their opinion, as related by their written essay in their impressions.

Conclusion:

The exercise of exploring the territory for graduate students has become an ally in its formation for the learning of holistic care which includes spirituality.

PALAVRAS-CHAVE: Medical graduate teaching; Spirituality; Holistic care

PP234 - TEACHING CARE RELATIONSHIP TO MEDICAL STUDENTS

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Introduction/Objectives:

In the first stages of the medical training, students confront with suffering, illness and death. The university education allows the passage of the profane culture to the medical knowledge, but rarely proposes a framework where the clinical experience can be thought.

Since 1980, the Department of Medical Psychology of the University of Paris Creteil proposes to medical students role-playing training and Balint-like groups in these first times of medical education, when they first meet patients.

Methods:

All students in the third year of Medical College (N=140) required to participate to three sequences (5 sessions each) of training : in the first one, clinical examples illustrate medical psychology concepts ; in the second one (balint-like groups), students discuss their own clinical situations; in the third one, they are invited to experience difficult clinical situations in the role-playing sessions. The groups (of at most 20 participants) are leaded by a general practitioner and a psychologist or psychiatrist. At the end of these three sequences, students must write a report on a clinical case. This report is not graded ; only the student presence is considered for the training validation.

Results/ Conclusion:

The students' participation during the sessions and the quality of the students' reports are nowadays the only evaluation of this training. The quality of cases' analysis point out that the Medical Psychology training helps students to recognise the subjective aspects of medical practice, the importance of doctor-patient relationship and the interest of the patient-centred care.

PALAVRAS-CHAVE: medical training; communication skills; patient-centred care

PP235 - TEACHING SERVICE AND COMMUNITY INTEGRATION AS PRACTICAL ASPECTS IN THE TRAINING OF MEDICAL PROFESSIONALS AT THE FEDERAL UNIVERSITY OF AMAPÁ

PINHEIRO FF ¹; FECURY AA ¹; CORREIA ACC ¹; PINTO ACL ²; SILVA DKB ¹; MOURA AAP ¹; MARQUES APF ¹; KOLCENTY AL ¹; ARAÚJO BM ¹; 1 - UNIVERSIDADE FEDERAL DO AMAPÁ (UNIFAP); 2 - UNIVERSIDADE FEDERAL DO AMAPÁ;

Introduction and Objective:

At the Federal University of Amapá (UNIFAP), the teaching of Medicine follows the PBL model (Problem-Based Learning), the IESC (Teaching Service and Community Integration) a practical tool of student learning, where occurs active interaction between students and members of the community from Macapá. It is necessary to know and share experiences, challenges, advantages and disadvantages of medical students of UNIFAP within an integrated school with the community, using IESC as field of study.

Method:

This was a descriptive study about an experience report in which a group of fifteen students of the third year of Medicine class of UNIFAP, described their experiences in the practices of IESC activities in basic health units linked to the university and home visits. The visits were carried out and monitored in the months July to December 2015, twice a week, in the city of Macapá, AP.

Results and Conclusions:

Evaluating the answers obtained in the experience report, it was observed that following doctors, nurses and other health professionals, students can channel the theoretical study in favor of practical medicine; ensuring a wider learning, differentiated and humane. It allows you to also monitor and care for patients scheduled for home visits, establishing links between academics and patients of the community served. From this pilot study, to better understand the experiences of students from the third year of Medicine UNIFAP with IESC, intending to expand the search for a greater number of students.

PALAVRAS-CHAVE: Home Visit; Education; Health Centers

PP237 - TEACHING THEMES IN PRIMARY HEALTH CARE: A MEDICAL STUDENT VISION

SILVA VXL¹; 1 - Universidade Federal de Pernambuco;

Introduction and purpose

It has been already documented the importance of teaching Family and Community Medicine (FCM) and, consequently, the Primary Health Care (PHC) in the bachelor degree program of Medicine, regardless the specialization chosen after graduation. The teaching of FCM and PHC in medical schools is still facing resistance from teachers and students, even knowing that the teaching of FCM tools has the potential to form general physicians who take care of people in a more embracing manner. This study aimed to recognize the student's vision at the end of an elective discipline on the subject.

Method

The course Themes in Primary Health Care was offered to first-year's graduation students of medicine from the Universidade Federal de Pernambuco, in 15 weekly theoretical meetings, attended by FCM guests, associated with 15 practical visits to the primary care services in the city of Caruaru. At the end of the activities, the students answered a semi-structured evaluation form regarding the content, method and system of the discipline evaluating, their strengths and weaknesses as far as the suggestions for its improvement.

Results and conclusions

94.7% of the students evaluated positively the discipline and would recommend it to a friend. The main strength, indicated by 68.4%, was the presence of FCM guests while the fragilities, mentioned by 47.4%, were the over observational practices. Thereby, it is concluded that the students could perceive the benefits for their professional qualification through the comprehension of the FCM tools.

PALAVRAS-CHAVE: Primary Health Care; graduate medical education; evaluation studies

PP239 - THANATOLOGY FOR MEDICAL STUDENTS LEARNING TO DELIVER BAD NEWS.

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Introduction and Objectives:

Bad news is part of the medical routine, however, its impact on the physician and patient is overlooked. It's known that many medical students aren't prepared for delivering bad news and to face death, as a result of Hedonist Western Culture that tries to dissemble death. Therefore, it was organized a Workshop to awake empathy on medical students to deal with recurrent situations in medical practice, by understanding the psychiatric and psychological mechanisms of communicating bad news and sensitizing the students on patient contact and accordingly decreasing patient, and even student, trauma.

Methodology:

63 medical students attended a lecture that addressed palliative care and a mental view on patient and student facing death. After being briefed on reporting bad prognosis techniques, students attend in a workshop practice with hypothetical situations with actors. They were trained in the ability of delivering bad news, empathy, communication and dealing with death. After it, there was a student "feedback" on the performance, when they used the knowledge gained to help colleagues.

Conclusion and Results:

The practice was successful, and the students understood the importance of clear communication. Also, they were sensitized on death subject, dealing with it more naturally, focusing on empathy to the suffering of the patient with new learned techniques to comfort and avoid traumas. Therefore, even though the mental support isn't always emphasized by medical graduation, it's essential to enable physicians to handle and transmit information more effectively. The students were trained to announce bad news protecting the patients and their own mental health.

PALAVRAS-CHAVE: Medical Education; Thanatology; Delivering Bad News

PP240 - THE BRAZILIAN UNIFIED HEALTH SYSTEM FROM PRIMARY TO HIGH COMPLEXITY CARE

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INTRODUCTION AND OBJECTIVES:

The medical students' approaches to the Primary Care (PC) are still tenuous, since there is still a gap, both in academics and in professional work, between high and low complexity. In this respect, a better understanding about the transition between the levels of care provides technical and personal maturity to the students, especially in decision making.

The present work describes a medical student's experience in monitoring a patient belonging to the area covered by the Maria Neide da Silva Souza basic care unit, located in Mossoró / RN, from the consultation with the family medicine doctor to the high complexity services, that is, from its onset to the resolution of the presented pathology.

METHODS:

Clinical monitoring was performed, supervised by doctors in the primary and in hospital care, with exchange of information between primary and tertiary levels of care.

RESULTS AND CONCLUSIONS:

The present work was proposed after a follow-up consultation of a 51-year-old male patient, complaining of low back pain and paresis in the lower limb. After investigation, an intramedullary schwannoma was diagnosed. Despite the case require neurosurgical care, it's prerogative of the PC continuing patient care, both pre- and postoperatively. In addition, prescribing tests and referring to specialists sometimes delays diagnosis and, in some cases, it's impractical, due to the frequent lack free resources offered by the Brazilian public health system.

PALAVRAS-CHAVE: Continuity of Patient Care; Rehabilitation; Spinal Cord Neoplasms

PP241 - THE CREATION AND EVALUATION OF AN INEXPENSIVE, ANATOMICALLY CORRECT UTERINE MODEL FOR INTRAUTERINE DEVICE (IUD) INSERTION TRAINING

Dassow P¹; 1 - University of Tennessee;

Introduction/Objective:

The intrauterine device (IUD) can safely and effectively provide contraception for up to 10 years for those women choosing to delay or prevent pregnancy. Family physicians are well suited to provide this service for women who choose this method. Skill training for IUD insertion should ideally begin on a simulator that closely mimics female anatomy, yet such simulators can be expensive and difficult to obtain. This study evaluates the utility of an inexpensive, anatomically correct uterine model for IUD insertion training that can be made in a low resource setting.

Methods:

A vaginal/uterine model was constructed with polyvinyl chloride pipe (PVC), modeling clay, and a heat hardened modeling gel. Total cost for construction was approximately \$20US. Eighteen Family Medicine residents used the model for training and were surveyed after the educational session.

Results/Conclusions:

Sixteen of eighteen residents (89%) agreed that using the model significantly improved their IUD placement skills. Seventeen of eighteen residents (94%) agreed that using the model made them confident they could place an IUD safely and correctly. Of those residents who had experience with IUD placement, 12/12 agreed that the model was very realistic. These data demonstrate the utility of this inexpensive uterine model for IUD insertion training.

PALAVRAS-CHAVE: Intrauterine device; Training; Simulation

PP242 - THE CREATION OF THE ARMY MEDICAL FACULTY AND THE IMPORTANCE OF FAMILY MEDICINE AND COMMUNITY DISCIPLINE FOR PROFESSIONAL MILITARY MEDICAL

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The Family Health Strategy is an organizational model of primary health care services (PHC) of the Brazilian Unified Health System (SUS), based on multidisciplinary teams composed of general or family physician, nurse, practical nurse, agents Community health and supplemented by oral health team with dentist technician oral health and oral health agent. This team is responsible for comprehensive and continuous health care for about 800 families living in a rural or urban area, with defined geographical boundaries. Since the conference in Alma-Ata, we have shown the efficiency and effectiveness of PHC. As we have highlighted studies Starfield which to analyze and make comparisons among countries showed that a health system with strong referential PHC is more effective and equitable, more suitable for the population and have lower costs, even in a context of great inequality social (DUNCAN, 2006). Bring ideas of PHC and the specialty of Family Medicine and Community and contextualize them as discipline at the Faculty of Military Medicine, for those entering this academic institution, will be of paramount importance to thought reform and management models, care and financial Health Service of the Army.

PALAVRAS-CHAVE: Primary Health Care; Family Medicine Community; Faculty of Military Medicine

PP243 - THE EDUCATOR ROLE OF FAMILY DOCTOR IN CONFRONTING THE CHILD ABUSE

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Introduction and Objective:

Addressing violence is a current public policy that deserves attention. This paper aims to discuss about the process of designing and building learning object to raise awareness and promote organization in confronting the child abuse in primary health care.

Method:

The method comprises the discussion of the development of a Learning Object for clinical reflection concerning the suspicion of child abuse and the need of implementation of permanent learning. The research method was based on problematization methodology. The content was organized in an interactionist way in order to enable active learning. The informatics tool used to implement the learning object was Weebly.

Results and Conclusions:

The child violence is one of several problems that are the light of many researches and the health workers need to be updated and to reflect constantly their care practice with their peers. Permanent education is necessary in the work process, because it is accepted that the professionals remain tight with the knowledge obtained during their graduation. In this context, the continuing education process enables to address the various categories of health professionals across the country through the benefits of information and communication technologies provided that they have internet access for online education. As a result it is observed that health professional can take on the educator role with building and organizing learning objects, expanding the options of the health education process.

PALAVRAS-CHAVE: Maus-tratos infantis; Educação a distância; Educação Médica

PP245 - THE EFFECTS OF EARLY INSERTION OF MEDICAL STUDENTS IN THE PRIMARY HEALTH CARE IN GOIÂNIA – GOIÁS

Souza CG ¹; Silva RRO ¹; 1 - Pontifícia Universidade Católica de Goiás;

INTRODUCTION and OBJECTIVE:

It is clear the need for transformation of medical training, casting a professional who is able to meet the community's needs. For this, it must be inserted at the beginning of their training in Primary Health Care (PHC), knowing the real system situations. Still, it is at that moment when there will be the identification and reflection of the main population's health problems, making that this knowledge should in future be applied in epidemiological studies. Thus, the intent of the study was to describe the experience lived by academics from the Pontifícia Universidade Católica de Goiás (PUC GO), in their first contact with the PHC.

METHOD:

On the first three semesters of medical school, the academics followed, once a week, different practical and theoretical activities in the Unidade Escola Saúde da Família (UESF) Vila Mutirão, northwest of Goiânia. They were introduced to the structure of UESF and SUS, having the first contact with the patients and with other health professionals, also learning the blood pressure measurement and the practice of health promotion, until the practical epidemiology study.

RESULTS and CONCLUSION:

During the semesters, it was revealed the development of knowledge, skills and attitudes in the management of followed population. Moreover, it was possible to learn about the ethical manner and to meet the individual holistically, considering your needs and understanding how its context interferes in the health-disease. Finally, it was observed that the PHC is a space that promotes communication, exchange of knowledge and the establishment of links between the professional and the patient.

PALAVRAS-CHAVE: Primary Health Care; Higher Education; Health Personnel

PP246 - THE EXCHANGE AS A LEARNING TOOL AND MATURING TO ENCOURAGE THE CHOICE OF FAMILY PRACTICE AS A CAREER.

Cintra EO ¹; Fontão PCN ¹; 1 - Faculdade Santa Marcelina - Medicina;

Introduction and purpose:

The work focuses on the report of a medical student of the third year of graduation at Faculdade Santa Marcelina, located in the eastern zone of São Paulo, Brazil. This student had the opportunity to do an exchange program to one of the best Family Medicine in the world, in Toronto, Canada. It took place in the 80 St. Clinic, one of the six clinics owned by St. Michael's Hospital of Toronto and at the Seaton House, the biggest shelter of homeless people of the country.

The student who has such experiences becomes better see what the necessary changes in the Brazilian medical scenario to achieve a decent healthcare for the Brazilian population. And the student understands that the changes must start with him/her

Methodology:

Observing the everyday life of the 80 Bond St. Clinic in addition to a fantastic growth as a person, presented a more horizontal vision of health. It taught things that the books cannot, which were from extreme importance to the earlier choice in a career in Family Practice.

Results and conclusions:

It became clear that the differences between those health systems, despite apparently the other hand, are small and the changes in the Brazilian health system are just a matter of time.

The experience and the possibility of comparing both health systems enrich the undergraduate and improve the qualification of the future Brazilian doctor.

PALAVRAS-CHAVE: Faculty; Family Practice; Public Health

PP247 - THE FAMILY RISK SCALE AS A STRATEGY FOR TERRITORIALIZATION IN A MULTIPROFESSIONAL FAMILY AND COMMUNITY HEALTH RESIDENCY

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INTRODUCTION AND OBJECTIVE:

The Family Health Strategy (FHS) is presented as the main guidance for the Primary Health Care reorientation in Brazil, regarding the territorialization process as fundamental. Within this context, the family risk scale goes as an approximation tool towards some aspects of the reality of the families accompanied by the FHS. This work aims to exhibit the experience of implementing a family risk scale during the territorialization process.

METHOD:

The Coelho-Savassi scale was used to evaluate familiar risk in 1192 families accompanied by a Family Health Team in the city of Rio de Janeiro, through family record analysis from the Primary Care Information System - SIAB. The data was entered in the EPI Info 7.0 software for analysis.

RESULTS AND CONCLUSIONS:

Through the application of the Coelho-Savassi scale, it was possible to classify the familiar risk profile of the territory and identify important factors for understanding the community's dynamic. However, some difficulties like blank data and out of date records were common. The authors emphasize that field experience is essential to compare and complement the information obtained through such an instrument, since the information collected through the scale does not reflect some important aspects of the community's reality. In the opinion of the present authors, the application of a family risk scale during the territorialization process is a tool that enables the approach of residents and health students towards some aspects of the reality of families and their territories, thereby facilitating the territorialization process.

PALAVRAS-CHAVE: Nonmedical Residency; Primary Health Care; Community Health Care

PP249 - THE IMPACT IN THE TREATMENT OF WOUNDS IN A PRIMARY ATTENTION UNITY AFTER THE INTRODUCTION OF A NURSING RESIDENCY PROGRAM

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Wounds have been treated by nurses since the early days of their profession. The setting of such case study is a Family Health Unit (FHU) composed by 13 teams, in which 8 of them are made up of residents from the Family Health Nursing Residency Program (FHNRP) since March, 2015. The study is based upon evidences found in the Patient Injury Tracking Sheet of such FHU and the Electronic Patient Record (EPR). In the spreadsheet, 34 patients had been registered and all of those had received special coverage before the beginning of the Residency Program. After six months of the Program, the FHU presented 96 registered patients, 80 of those belonging to teams with residents, being 87 of the total patients under special coverage prescription. Based on the EPR data, the unit had used 72 dressings a month before the beginning of the Residency program, whilst the number increased to 156 after 6 months. Besides those changes, teams were able to improve their techniques treating injuries and looked for more advanced technologies. With this increasing number of patients, it can be inferred that those are being evaluated more frequently or that new patients are now attending the clinic, which means an expanded access and the continuity of patient care. That being said, it is considered that the professional qualification under the residency pattern enables the quality of a nurse's job when treating patients with injuries and, that subsequently increases the access to services improving the quality of life of patients.

PALAVRAS-CHAVE: Wound Closure Techniques; Internship, Nonmedical; Health Services Accessibility

PP250 - THE IMPACT OF ADVANCED LIFE SUPPORT IN OBSTETRICS (ALSO®) TRAINING IN LOW-RESOURCE COUNTRIES

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- **Introduction and Objective:** The Advanced Life Support in Obstetrics (ALSO) provider course is a two-day training incorporating lectures, case-based workshops, simulations with mannequins, and mnemonics developed to teach maternity caregivers evidence-based management of obstetrical emergencies. The training goals are to improve patient care and to increase clinicians' comfort managing these emergencies. A number of studies have demonstrated effectiveness in increasing provider comfort with obstetrical emergencies in high resource settings. The objective of this study is to highlight new data regarding ALSO's effect on obstetric outcomes in four low-resource areas.

- **Methods:** Colombian, Guatemalan and Honduran research groups performed single-center, longitudinal cohort studies. A Tanzanian group performed an uncontrolled, prospective trial with direct observations of clinical outcomes.

- **Results and Conclusions:** Following the introduction of ALSO, a Colombian obstetric center had an increase in recorded maternal morbidity and near misses and a corresponding decrease in maternal mortality. A regional hospital in Guatemala demonstrated a sustained decline in overall maternal mortality and mortality from postpartum hemorrhage (PPH). In Honduras, there was a significant decrease in episiotomy rates and increase in active management of the third stage of labor (AMTSL), vacuum-assisted delivery and reported comfort managing obstetric emergencies. A Tanzanian trial demonstrated improvement in PPH management and a halving in incidence of PPH and severe PPH. ALSO training is associated with decreased in-hospital maternal mortality, episiotomy use and PPH. The utilization of AMTSL and vacuum-assisted vaginal delivery increased following ALSO training.

PALAVRAS-CHAVE: EMERGENCY MEDICAL SERVICES; OBSTETRICS; EDUCATION

PP251 - THE IMPACT OF QUALITY IMPROVEMENT TRAINING WITHIN A FAMILY RESIDENCY PROGRAM AT A COMMUNITY REFERRAL HOSPITAL IN HAITI

K. Israel ¹; O. Sainterant ¹; J.P. Joseph ¹; 1 - Zanmi Lasante;

Introduction & Objectives

Zanmi lasante (ZL) implemented the second family medicine residency program (FMRP) at a public community referral hospital in Haiti, two years after the earthquake destroyed his capital. The FMRP had to help the residents developing capacity to identify, analyze problems encountered in the setting and work collaboratively to improve quality of health care delivery and patient safety at lower cost to the system. Our objectives are to discuss the effect of the training on the residents quality improvement (QI) competency and to summarize the impact of the projects on the spread of QI at the hospital.

Method

A yearlong didactic training on continuous quality improvement (CQI) totalizing twenty hours was provided by the heads of the ZL monitoring, evaluation and QI department. The set of QI projects documented through the project description sheet and/or posters were reviewed and are the main sources of data.

Result and Conclusion

9 from a total of 33 QI projects launched at the hospital were completed in 2012-2014. 56% of all projects took place in the OB/GYN department. 78% of the family medicine residents held a leadership role in the QI projects. Nurses and physicians accounted respectively for 44% and 20 % of all personnel involved. 67% of the QI projects met the criteria for having a valid problem statement, 83% had a specific and relevant indicator, and 93% had a SMART objective. 100% of them used a team based approach, had a clear identification and description of the process, a clear mechanism to prioritize interventions.

PALAVRAS-CHAVE: quality improvement; family residency program; community hospital

PP252 - THE IMPACT OF TEACHERS ON STUDENTS AND FAMILY MEDICINE RESIDENTS

Naskovska Ilievska, N¹; Milovic Mihajlovic, M¹; 1 - ZD Maribor;

- Introduction and Objective;

Medical teacher will agree that medicine is a profession that requires, as a principle skill or capability, a lifelong ability to work through difficult and often unique patient problems.¹

Being humanistic in medical education can be achieved through support of the autonomy of students. Autonomy support means working from the students' perspectives to promote their active engagement and sense of volition with respect to learning. Research suggests that when educators are more supportive of student autonomy, students not only display a more humanistic orientation toward patients but also show greater conceptual understanding and better psychological adjustment.²

- Method;

CTPI QUESTIONARRE

Clinical field chosen by students for residency training and the students' assessment of their exposure to and interaction with physician role models were the main measurements. Personality, clinical skills and competence, and teaching ability were most important in the selection of a role model, while research achievements and academic position were least important.³

Learning in controlled situations, in which students act under pressure and anxiety, is likely to be rote, short-lived, and poorly integrated into students' long-term values and skills. In contrast, autonomous motivation, as its name implies, is personally endorsed and reflects what people find interesting and important.⁴

- Results and Conclusions:

We have concluded that family medicine residents and specialists care a lot about the example that they are or have been given by their teachers. The qualities that are most valued are: assertiveness, communication, competence and encouragement. Least liked characteristics were: controlling, conventionalism and directivity.

PALAVRAS-CHAVE: Teaching; Quality Improvement; Physicians, Family

PP253 - THE IMPORTANCE OF EARLY INSERTION OF THE MEDICINE STUDENT IN THE PRIMARY HEALTH CARE FOR THE MEDICAL TRAINING.

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INTRODUCTION AND OBJECTIVES:

Primary Health Care (PHC) is both front door of the Brazilian public health care system, the Unified Health System (SUS), and a proper scenario for various professions to learn. Based on it, the Brazilian universities, in line with the new National Curricular Guidelines (NCG) regarding the courses in medicine, have prematurely been inserting their students in PHC. We aim to show the importance of early insertion of medicine students in PHC as a way of providing contact with practice scenarios that significantly contribute to the formation of critical, reflexive and humanized doctors, besides creating bonds with the community.

METHODS:

This is an experience report by the medicine students from the Multicampi School of Medical Sciences of the Federal University of Rio Grande do Norte, which curriculum predicts their insertion in PHC since the first week of classes.

RESULTS AND CONCLUSION:

The constant contact with the community enabled the creation of the bond university-PHC-community through weekly activities developed by the students in the community; a raise of awareness towards the reality found in the community; a learn-by-doing of the operation of SUS and improvement of communication skills, aligning theoretical and practical knowledge. Thus, the early insertion in PHC has been showing itself as an essential tool to the formation of more humanized and technically competent doctors, allowing, as well, a stronger bond between student and local community. On the other hand, the guarantee of a well-structured basic health care and qualified professionals for receiving these students is indispensable.

PALAVRAS-CHAVE: Primary health care; Undergraduate medical education; Curriculum

PP255 - THE LEVEL OF KNOWLEDGE AND ATTITUDE OF PHYSICIANS ABOUT IMMUNISATION IN ADULTHOOD

Danaci N¹; Yikilkan H¹; Akbiyik D¹; Aypak C¹; Gorpelioglu S¹; 1 - Diskapi Yildirim Beyazit Training and Research Hospital ;

Introduction and Objective:

Immunisation in adulthood is reported to be underused although its safety, high efficiency and cost-effectiveness have been proved in the latest researches. The objective of this study was to assess the level of knowledge and attitude of specialists and residents, currently have been working in Training and Research Hospitals in Ankara from four different specialties; Family Medicine, Internal Medicine, Infectious Diseases and Pulmonary Diseases.

Method:

234 participants completed a self-administered questionnaire. The information obtained included demographic data, status of self vaccination and 15 true/false questions based upon ACIP guide and Turkish National Adult Vaccination Schedule to evaluate the level of knowledge.

Results and Conclusions:

123 of participants were residents and 111 were specialists. The average score of the participants was 8,4. The median of the score which was used to assess the level of knowledge was 8. Since %53,4 of the participants scored below the median, the level of knowledge was considered insufficient. The level of knowledge was higher in those who received information after graduation from faculty of medicine, considered the education to be sufficient, recommended vaccination to the patients more frequently and got vaccinated with tetanus within the last ten years. Yet, the level of knowledge of physicians of infectious diseases was higher compared to other specialties in total scoring. Most frequently recommended vaccines were influenza, pneumococcal and hepatitis B vaccines.

We concluded that to increase the rate of adult vaccination coverage, more education programmes regarding adult vaccination have to be provided to physicians even after the graduation from faculty of medicine.

PALAVRAS-CHAVE: Adult Vaccination; Knowledge; Attitude

PP256 - THE METHODOLOGY OF QUESTIONING CONTRIBUTES TO LEARNING OF DIABETES IN THE FAMILY HEALTH UNIT AT ILHÉUS, BAHIA, BRAZIL.

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Introduction/Objectives:

The curricular component Practices of Integration Education/Service and Community of the medicine course at the State University of Santa Cruz has been using the questioning methodology proposed by Charles Maguerez for local diagnosis of health. Thus, the main health problems of a community become known and are subsequently targeted by actions for solving them.

Methods:

Ten students developed activities in a Family Health Unit in Teotônio Vilela, Ilhéus, Bahia, Brazil residents in the years 2013 and 2014 by performing weekly meetings of four hours between students, teachers and health professionals. The students observed the local realities by answering a questionnaire; the population enumerated three major local health problems. To identify the main complaint was used planning and local programming in health, considering criteria for the prioritization of the most important problem.

Results/Conclusion:

The main complaint was the diabetes (49%; n=21) which was considered the main health problem in an assemblage (n=43). Students organized educational workshops for prevention and health promotion about diabetes performing actions to minimize or delay the onset of the disease. The methodology supported the aim proposed in the critical training of students to perceive the individual as an active subject capable of working in the construction plans and health actions. The later contributed to the students reflect on the construction of practices based on interdisciplinary, humanization and social participation.

PALAVRAS-CHAVE: Problem-based learning; Family Health; Public Health

PP257 - THE ORGANIC GROWTH OF A SOUTH AFRICAN RURAL FAMILY MEDICINE TRAINING PROGRAMME: LESSONS LEARNT OVER TEN YEARS

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Introduction and Objective

Family Medicine was officially recognized as a specialty in 2007 in South Africa. During the subsequent ten years all nine university departments have developed health district training complexes. Of the 87 family physicians that have qualified since then, 32 were from Stellenbosch University, which has four rural training complexes. The goal has been to train and retain competent family physicians in especially rural areas. Objective: To critically reflect on the development of family medicine over the last decade, describe the challenges and lessons learnt, and highlight best practices for moving forward.

Method

Three focussed, collaborative workshops were held between 2014 and 2015, with 78 key stakeholders in the provincial department of health, chief director for rural health, faculty members of the universities of Stellenbosch and Cape Town, and clinicians and managers at the coal face.

Results and Conclusions

The main themes that emerged include: Good collaboration between health services and universities, a shared purpose of training for better quality service, teamwork related to attitudes and relationships, management support, creating training and service posts, making the district hospital the centre of training, and building resilience to retain staff. Challenges include adequate supervision, realizing the 6 expected roles of the African family physician, and communication between faculty and service. A conceptual framework has been developed to standardise training. This may help to inform programmes in similar contexts worldwide, and add to the discourse in rural family medicine training and practice for the 21st century.

PALAVRAS-CHAVE: rural; training; programme

PP258 - THE PATIENT-DOCTOR RELATIONSHIP FROM THE PERSPECTIVES OF MEDICAL STUDENTS AFTER A PROBLEM BASED LEARNING (PBL) SENARIO

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Introduction:

The art of medicine as the patient doctor relationship has a special importance in family medicine and should take part in the medical curricula from very early years of education by a social approach. After that during residency education it should go forward as continuing professional development. PBL scenarios give us a chance to discuss the humanistic, ethic values, communication errors and professionalism around a medical case.

Method:

In our hybrid medical curricula we have 8 scenarios in the first three years of medical education. After a PBL scenario in communication skills education the new entrants of medical school divided into three groups as 1-doctor 2-patient and 3-judge and in a narrative way they wrote an analysis of the scenario from the perspective of a doctor, patient and a judge. We analyzed 75 narratives in a qualitative way.

Results: The students looking from doctors' perspective found the doctors of the scenario unethical. But they noted that "the problems related to health care system and other health care providers should not be shifted to doctors". According to students in patient perspective there is malpractice and they noted that they will proceed against doctors. The students in judge's part mostly said that both part had the responsibility but some noted system failures and few said doctors are guilty.

Conclusions:

Empathy, good communication and professional skills are known to be important but challenging issues in education. PBL scenarios, discussion, reflection and narratives may help educators to enhance social skills.

PALAVRAS-CHAVE: PBL; Patient-doctor communication

PP259 - THE PERCEPTION OF EMPATHY AMONGST FIRST TO FOURTH YEAR STUDENTS OF A MEDICAL SCHOOL

SOARES VLL ¹; TEIXEIRA CT ¹; THOMAZ DC ¹; OLIVER GZ ¹; QUAGLIATO FF ¹; 1 - Centro Universitário Barão de Mauá;

Introduction and Objective

Empathy is an essential factor for a good relationship between a physician and his patient. It is expected to have an influence on the prognosis and the patient's willingness to undergo medical treatment. However, the environment and the academic progress of a student can cause certain perceptual changes that might influence his behaviour towards a patient. The aim of this study is to evaluate the importance given by medical students to empathy in the patient-physician relationship.

Method

For this descriptive study the Jefferson Scale of Empathy (JSE) was applied to 209 students from first to fourth year of the "Centro Universitário Barão de Mauá". Each question can take a value from 1 (strong disagreement) to 7 (strong agreement), and 92 is the score of maximum of empathy, which may range from 20 to 140.

Results and Conclusions

By the question on the difficulty of the physician to view things from the patient's perspective the median was 4. Another statement on how patients value the understanding that the doctor has about their feelings and their therapeutic effect obtained median 6. Students were also asked questions about empathy being a therapeutic skill without which the doctor's success is limited and the empathy as an important therapeutic factor in medical treatment, with respectively medians 6 and 7. Students from the first year had a closer median (90) to a maximum of empathy when compared to other periods, suggesting that these students value more empathy in the patient-physician relationship.

PALAVRAS-CHAVE: Empathy; Medical Education; Physician-Patient Relations

PP260 - THE PORTFOLIO AS A TOOL CAPABLE OF IMPROVE KNOWLEDGE ACCORDING TO RIO GRANDE DO NORTE MEDICAL STUDENTS EXPERIENCE

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INTRODUCTION AND OBJECTIVE:

The Brazilian educational scenario goes through a modification process with breaking of paradigms. Medical education is an area that needs this reorganization, especially the teaching process, which begins in medical school and remains throughout professional career. Within the evaluation process of knowing, active methodologies are capable of stimulating the development of skills and competencies, contributing to the formation of a more reflective and resolute professional. This abstract aims to demonstrate the contribution of portfolio methodology in the consolidation and improvement of knowledge of medical students.

METHODS:

Qualitative work, experience report. During the Learning Programme in Primary Care, a subject of medical school at Universidade Potiguar, two portfolios are requested by the professor during each semester, recording the experiences with theoretical and practical classes in basic health services.

RESULTS AND CONCLUSIONS:

The reading of portfolios is performed by the professor in order to identify strengths and challenges encountered in the experiences, enabling evolutions in the construction of critical and analytical thinking of students, not limited to simple narration of experiences and expanding reflections and alternative resolutions to the problems identified. The implementation of active methodology in medical schools and the encouragement for students to valorize portfolio preparation are means for that knowledge not becoming limited to what is taught in class, but expanding through critical analysis and search for new sources of research on lived experiences. This is a very important tool for discussions, interactions and medical practice of excellence.

PALAVRAS-CHAVE: Medicine; Education, Medical; Primary Health Care

PP262 - THE PROBLEM BASED LEARNING AS AN INNOVATIVE EXPERIENCE IN THE ACADEMIC TRAINING OF DOCTORS OF THE FEDERAL UNIVERSITY OF AMAPÁ

MOURA AAP¹; FECURY AA¹; CORREIA ACC²; PINTO ACL¹; SILVA DKB¹; PINHEIRO FF¹; MARQUES APF¹; KOLCENTY AL¹; ARAÚJO BM¹; SANTANA JMR¹; 1 - UNIVERSIDADE FEDERAL DO AMAPÁ (UNIFAP); 2 - UNIVERSIDADE FEDERAL AMAPÁ (UNIFAP);

Introduction and Porpouse:

UNIFAP since 2010 has been offering 30 places each year for medical school, via selection process and increased by another 30 vacancies, adding to 60 in 2014. Today has 38 effective teachers (63.15% are specialists, masters 21.05%, 15.80% doctors).

Introduction and aim:

Since The pedagogic project of BPA methodology utilizes UNIFAP forge professionals under the new Brazilian guidelines (resolution CNE/CES N° 3, July 20, 2014). Thus, we seek to relate the experience of graduating with the BPA methodology as a means of production of knowledge to point out difficulties and facilities, advantages and disadvantages in adapting the method.

Method:

The BPA through the tutorials sessions promotes active learning, in which the graduate is responsible for finding new information and analysis. This gives opportunity challenging experiences of knowledge tight and compartmentalized that will be reversed in learning to live together and respect one another.

Results and Conclusions:

The method contributes to the increased sense of responsibility; stimulate the reading; use of logical reasoning; for self-assessment of graduating and to feel an independent learner. However faces difficulties as developing the ability with others, criticism and self-criticism; identifying the mistakes and successes of tutor. The BPA allows undergraduate medical education in accordance with national curriculum guidelines through the idea of "learning to do the walking path".

PALAVRAS-CHAVE: Problem Based Learning; Tutorials Sessions; Medical School

PP263 - THE PROBLEM- BASED LEARNING IN THE PRACTICES OF PRIMARY HEALTH CARE IN THE COMMUNITY IN MEDICINE GRADUATION

Silva SCS¹; 1 - Faculdade de Medicina do Centro Universitário de João Pessoa - UNIPÊ;

The discipline Primary Health Care in the Community uses the Problem Based Learning - PBL in teaching-service-community interconnection early inserting the students on practical experiences in the Family Health Strategy of João Pessoa, Paraíba. The identification of priority needs and problems of the population subsidizes the management and planning of actions, making use of tools such as the Health Situation Room, allowing the interdisciplinary team to analyze problems in work processes for decision making. This work aims at describing the experience of the use of active methodology in the practical activities of the second period graduation in Medicine, using the Situation Room device.

The route of the PBL, composed by the points: questioning; learning group; collaborative networks; theoretical consolidation; practice activity and recovery was performed on four face meetings, starting with the identification of the problem when it was found the need for an educational approach about the prevention of Sexually Transmitted Diseases and AIDS among young people in a public high school and elementary school in the territory analyzed. The second point was the group construction of the Situation Room, followed by action planning in collaboration network and the theme explanation to guide students on the lectures subsequently conducted at the school, using banners with illustrations on the topic and guidance on the use of condoms. The experience allowed us to adopt the methodology applied as a relevant alternative for medical training, also being able to develop, in practical experience, cognitive and socio – emotional competences on the student.

PALAVRAS-CHAVE: Problem-Based Learning; Family Health Strategy; Primary Health Care

PP264 - THE PROCESS OF FAMILY CLINIC WORK RECEIVING FAMILY PHYSICIAN PROGRAM OF RESIDENCY

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INTRODUCTION AND OBJECTIVE:

The Family Clinic Zilda Arns is located in the territory of the German Complex, north of the city of Rio de Janeiro and It was inaugurated in April 2010. The Clinic received its first group of resident in General Practitioner in 2012, by the Family Physician Programa of Rio de Janeiro's City Hall and now standing in the third group of residents in 2015. The territory of German Complex is a differentiated field of practice for containing various social classes and population profiles. Although we have found during this time difficulties to maintain residents, because it is still an area of armed conflict. Yet the insertion of residence has generated great expectations and helping professionals working and seeking careers in family health strategy . We currently have three health teams that have residents of family physician and expansion proposals for the next year.

METHODOLOGY:

A quantiquitative descriptive study evaluating the variables of health teams management contract.

CONCLUSION:

These findings emphasize the induction and change in the dynamics of the work process, focused on the protocols of primary health care and the improvement of the practices of care to the user and to the family. The variables and indicators of the management contract, which are also inducers of care lines of protocols, drawn from the electronic medical record, demonstrate the size and evolution of the improvement in the process of the health unit work that opts for the integration of teaching and learning, provides by a program of residency.

PALAVRAS-CHAVE: residence; primary health care; assessment processes

PP267 - THE ROLE OF IFMSA BRAZIL IN LEADERSHIP TRAINING IN HEALTH WITH MEDICAL STUDENTS

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Introduction and Objectives:

The International Federation of Medical Students' Association of Brazil, acronym for IFMSA Brazil, is part of one of the oldest and largest organizations run by students in the world. This institution seeks to fill gaps in the curriculum of universities, enabling academic a greater contact with the current health reality - allowing the development of health leadership skills, starting from resources such as campaigns, projects, courses and exchange programs. This study aims to present IFMSA Brazil as a mean to train health leaders.

Method:

IFMSA Brazil exists in the Federal University of Pará for over 15 years and is organized within an "tripod" consisting of: administrative management, management in health activities and exchanges management.

Results and Conclusion:

The institution creates and perfects us, medical students, in the management skills from the coordination of public health activities to organization of national and international exchanges among medical students. The actions in health sector are useful for providing an understanding of the grievances of public health and to place the future professional in a transformer context, able to scale the problems of their community and act as a health agent working in favor of effective changes. As for the exchanges, they give a chance to extend the vision of health and professionalization. IFMSA Brazil, thus, acts on an aspect still little explored by medical schools: the encouragement and practice of health leadership.

PALAVRAS-CHAVE: Leadership; Health Information Management; Medical Education

PP268 - THE ROLE OF INTERDISCIPLINARITY IN THE FORMATION OF THE HEALTH ACADEMIC LEAGUE OF FAMILY AND COMMUNITY STUDENTS

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INTRODUCTION AND OBJECTIVE:

In 2006 the Ministry of Health to establish broadly health care, proposed National Policy of Health Promotion towards a transversal management, integrated and interdisciplinary. Being interdisciplinary a gap in the training of many professionals, the aim of this paper is to discuss the importance of this context in the Health Academic League of Family and Community (LSFC), of Federal University of Uberlândia.

METHODS:

LSFC consists of 15 health courses academics. Through its teaching, research and extension activities, allows its members to contact the interdisciplinary undergraduate through the integration and sharing of knowledge from different areas.

RESULTS AND CONCLUSIONS:

The integration promoted by the League between Medical, Nursing, Psychology, Dentistry, Physiotherapy, Physical Education and Nutrition courses contributes to a broader and whole training to the participants by providing experiences rarely seen in the graduation. The League is an essential space for the training of general practitioners, able to understand the needs of the population and live in a critical and productive way for the communities. Here interdisciplinarity stands out for articulation among the various social actors involved in the construction of a developing more equitable health with the aim not only of interaction, but forming an ideal combination: the protection, promotion and prevention for life its historical complexity, conceptual and practical. The group realizes every professional, learning to work in teams, enabling personal and professional experiences that contribute to their formation.

PALAVRAS-CHAVE: Interdisciplinary Studies; Family Practice; Health Education

PP269 - THE ROLE OF TUTORING/MENTORING/SUPERVISION IN DISTANCE EDUCATION IN THE SPECIALIZATION COURSE FOR PHYSICIANS IN FAMILY HEALTH (UNASUS / UERJ)

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Introduction:

To develop the work in mentoring/supervision in Health Specialization courses for Doctors Family linked to UNASUS/UERJ was necessary to reflect on the model used in Distance Learning and the role of mentoring / supervision.

Objective:

Analyze the contribution of the tutor/supervisor for adherence to distance education courses

Methodology-reporting experience:

To ensure good adhesion, and facing the impossibility of using communication tools such as sign, was instrumental refocus and restructure the alternative development, respecting their subjectivity of students, such as inversion, used in psychodrama, pedagogy constructivist distance, and other communication possibilities, such as WA/Skype and telephone.

Results:

Since 2011, when I started the first class this course was necessary to use alternative resources, obtaining enough satisfactory results in joining the course. Later with tutor's supervision work in courses for PROVAB and MORE DOCTORS this experience can be shared with the newest guardians of the courses.

Conclusion:

Develop alternative activities in the Distance Learning facilitates not only adherence to the course, such as successful completion, bringing the experiences of students to a share and the implementation of major intervention projects for health unit and its enrolled population.

PALAVRAS-CHAVE: Distance Learning; Mentoring and Virtual Learning Environment; Specialization in Family Health

PP270 - THE STUDENT MONITORING BENEFITS: EXPERIENCE IN SKILLS, ATTITUDES AND COMMUNICATION DISCIPLINE IN THE VILA VELHA UNIVERSITY MEDICAL SCHOOL, IN BRAZIL

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INTRODUCTION AND OBJECTIVE

The monitoring is an academic extension graduation activity, performed by the students capable of orienting other students in a specific field. This activity enriches students bond, and grants to the mentor the possibility to apprehend the knowledge already acquired, improving the teaching-learning process and preparing the mentor to future teaching practice. The aim of this study is to encourage the students to practice monitoring, to develop an awareness about its importance, as well as demonstrate the benefits of its practice during graduation.

METHOD

In Vila Velha University, the Skills, Attitudes and Communication Discipline addresses topics mostly referred to Medical Semiology. During a maximum period of two years, the mentor acts in all precedent periods for eight hours a week. During these hours, the mentor orients students, on a previously chosen subject for the monitoring session.

RESULTS AND CONCLUSIONS

Around 400 students participate on the monitoring sessions offered per semester. The subjects chosen in advance allow the mentor to review and prepare the session, acquiring a better understand on the subjects covered on the session. The monitoring activity introduce the student on teaching experience, promoting a possibility to graduate future doctors and professors. The Medical Semiology is essential for the doctors' practice. It is an opportunity that mentors have to improve their knowledge on the subjects, and their clinical techniques and abilities. It is essential to stimulate the monitoring practice in the academic community to promote better quality of education and better clinical practice.

PALAVRAS-CHAVE: Undergraduate Medical Education; Teaching; Mentors.

PP271 - THE SYSTEMATIC PROCESS OF EVALUATION OF THE RESIDENCE OF FAMILY MEDICINE

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Introduction and Objectives

The evaluation of medical residents and residency programs should be based on transparent and systematic processes to assist resident coordinators and in improving services and training. This study aimed to report the systematic assessment process of the Family Medicine Residency Program and residents from 2013 to 2016.

Method

A descriptive study of its kind experience report.

Results and Conclusions

The residents evaluated each stage through an evaluation form translated and adapted to local conditions, with information on the stages, addressing positive aspects, weaknesses, mentoring, etc. Also, there were quarterly meetings between the coordination and residents to discuss the whole program. As for the resident, the evaluation was performed under three aspects: content acquisition, attitudes and skills and clinical skills. The content evaluation was applied quarterly, through complex clinical cases and questions along the lines of Specialist in MFC SBMFC. The attitudinal assessment was quarterly, conducted by tutors, using an electronic instrument created by Coreme of the Clinical Hospital Residency Program in Ribeirão Preto Medical School. Since the evaluation of skills and clinical skills was held bimonthly by tutors who participated in training workshops to apply the Mini-Cex instrument. At first, the evaluation process has been viewed with suspicion by evaluated. However, its implementation was intended to describe the process of in-service training, demystify the punitive and sensitive nature of the evaluation and build new meanings for the actors involved.

PALAVRAS-CHAVE: Internship and Residency; Family Practice; Health evaluation

PP273 - THE TRAINING AND PRACTICE OF FHS PROFESSIONALS: THE CHALLENGE OF CHILDCARE IN THE CITY OF RIO DE JANEIRO

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This study is a Professional Master's Degree Project in Health Education. Different studies show that there is concern regarding the organization of health professionals when giving children Primary Healthcare (PH). The numerous functions of the professionals involved, such as assistance, educational and administrative activities, generate a high level of fragility with respect to the coordination of child care, which has special requirements(1). We will adopt the analysis of the subject healthcare training and its relationship with the concepts of a child healthcare network, as these are current demands in FHS services(2). Subject: The work process of FHS professionals in the implementation of a line of Child Healthcare. Goals: To understand the work process of FHS professionals in a clinic in the city of RJ, relating to Child Healthcare; to identify how FHS professionals are trained in service related to the childcare network in PH; to describe the potentialities and fragilities of the childcare network in the city of RJ. The study is currently under way and we expect to complete it by 2017. Field of research: A Family Clinic in the city of RJ. A study with a qualitative, descriptive and exploratory approach. Data collection: participant observation and semi-structured interviews(3) with professionals working in the minimum FHS team (Physicians, Nurses, Nursing Technicians and Community Health Agents). The research will include contributions and reflections for the work process, as well as investment in training at work and in the education of professionals in face of the peculiarities required by child care.

PALAVRAS-CHAVE: Child Health; Family Health Strategy; Continuing Education

PP275 - THE USE OF UNIPÊ METHODOLOGY IN MEDICAL EDUCATION AT THE CENTRO UNIVERSITÁRIO DE JOÃO PESSOA

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INTRODUCTION AND OBJECTIVES –

The use of UNIPÊ Methodology refers to a peculiar pedagogical model whose learning is based on real- life or simulated problems, using a recognized approach that has been adopted since the 1960s to reformulate the traditional didactic teaching method, with some variations to suit our local needs. The aim of this paper is to describe a recent experience concerning the use of UNIPÊ methodology in the second half of 2015, in the teaching of medicine by applying the so-called Dynamic of the Stations tool.

METHOD –

It refers to the instrumentalization of one class's curriculum component in the Primary Health Care in the Community II, part of the the second semester of Medical School at the Centro Universitário of João Pessoa, Paraíba, by using an active methodology, held outdoors, to discuss and formulate concepts about the main Health Attention Models, distributed so that students could move in a series of five thematic stations with fixed rapporteurs in each, in charge of exposing the production of the group to the others, followed by the theoretical consolidation by the professor, which performs an assessment at the end.

RESULTS AND CONCLUSIONS –

The methodology promotes significant contribution to the professional education of future physicians, due to the great commitment of participants, deepening the information, according to a work in collaborative network, encouraging each student to manage knowledge by himself with quality, as they are able to observe the possibility of the application of what was learned in a future medical practice.

PALAVRAS-CHAVE: Education; Medical; Problem-Based Learning

PP277 - THE VALORIZATION OF SELF CARE IN THE ELDERLY REGARDING IMMUNIZATION AGAINST INFLUENZA: NURSE'S WORK IN PROMOTING HEALTH.

Peixoto MSBF¹; 1 - Universidade Federal fluminense;

Introduction/problem:

This study seeks to identify aspects involved in the knowledge that the elderly possess in relation to immunization against influenza. This knowledge can direct nurse's efforts in aiding healthcare of the elderly, promoting health education as citizens.

Objective:

To establish strategies for nurse's work with regards to contact at family health centers related to immunization against the influenza virus. Stimulating the vaccinations of the elderly aiming at self care, citizenship and social control.

Methodology:

Descriptive, Experimental and non-documental approach. Searches were made in electronic databases such as BDNF, LILACS, and SciELO, as well as bibliographic collections. The data was collected between May and October 2007.

Results:

Knowledge is the basis for conscious decision-making. Educative actions are the guiding basis which should be developed and maintained for improvements in quality of life and social justice.

Conclusion:

Nurses should work as educators for elderly patient compliance. Organizing the help with advice which reaches the elderly on their terms and encourages them to participate in the decision-making which affects their lives. It is the final term paper for the Health Promotion specialization course of Universidade Federal Fluminense.

PALAVRAS-CHAVE: Epidemiology; Influenza; Patient Compliance

PP278 - THE WAITING ROOM: A FERTILE FIELD TO HEALTH EDUCATION

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Introduction/Objective:

The waiting room area, where the patients are waiting for assistance, offers an opportunity to practice health education. The activities at the waiting room aims to produce a behavioral change in preventing health aggravations. The present study has as objective to report the health education activities in waiting room developed by the students of the third year of medical school of State University of Santa Cruz (UESC) and reveal this area as a health promotion opportunity.

Methodology:

The subjects of the activities followed the subjects of the thematic blocks that the group was studying, being addressed issues like health of adult, women and children. Practices were conducted in 15 minutes, with play activities, using posters, stage play and dynamics that stimulated participation of all through personal stories or questions related to the subject.

Results/Conclusion:

The time before the assistance is, generally, perceived as unpleasant, due to the waiting time, but it is up to the health professionals to make such environment an opportunity to perform health education and interaction between the scientific and the empirical knowledge, due to the exchange of experiences among the population and the health professionals. The insertion of this activity as an inherent practice to graduation provides students to recognize its impacts in population's health, for continue this activity in professional life. The waiting room can be seen as a dynamic territory, configuring as a fertile field for the practice of the health education.

PALAVRAS-CHAVE: Autonomy; Health Education; Primary Health Care

PP281 - TRADITIONAL AND PBL EDUCATION (PROBLEM BASED LEARNING): EXPERIENCE OF A MEDICAL STUDENT

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Introduction and Objective

Medical education has undergone changes in recent years. The classic method - teacher gives classes and the student studies at home has changed, to promote student contact at the beginning of the course. Thus, many medical schools began to use the PBL method of teaching and learning. This report presents the perception of students about the significance of traditional teaching and PBL.

Method

Describes the perception of a student who, after experience in the classical method, he began studies at an institution implementing the PBL as a teaching method. Pointing peculiarities of both, based on past experiences in a two-way study.

Results and Conclusion

Experience the traditional method brought students to greater security in some subjects as the study continued through chairs allowed the correlation of topics. The PBL has led to greater proximity to the experienced situation, making the closest matters within its practical application and encouraging the student to identify and pursue of knowledge required.

Both methods are effective, differing only in how knowledge is transmitted and accessed. Traditional search a general education with the teacher as a fundamental part of the transmission of knowledge. PBL is student-centered, it is no longer a passive recipient of information and goes to seek knowledge more stimulus, to complete their own needs.

It can be seen that the methods have positive points that can be enhanced through the integration of both leading to better production and circulation of knowledge.

PALAVRAS-CHAVE: Medical education; Teaching; Learning

PP283 - TRAINING PROMOTED BY IFMSA BRAZIL ABOUT MEDICAL ASSISTANCE ON VICTIMS OF HOUSEHOLD VIOLENCE

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INTRODUCTION AND OBJECTIVES:

Household violence can be different kinds of violence (physical, sexual or psychological) within a family environment. Although also common in children and elderly, violence against women is seen as the main and the least reported. In medical care, it is common to see the academic unpreparedness to face these situations because the health courses usually do not have classes on the subject. This abstract aims to report the experience of a training on how to deal with victims of domestic violence in primary care, organized by medical students, IFMSA Brazil local officers.

METHODS:

From the importance of the subject in academic education, a training was prepared and given by a gynecologist, where the following topics were exposed: Signs suggestive of violence; the victim's care; the importance of notify and confidence; orientation on legal measures; how and when to report to; where to send a patient; the role of primary care in these situations.

RESULTS AND CONCLUSION:

As expected, students lacked knowledge on the subject and the training was important as a source of extracurricular learning, because students complemented their knowledge and were given means to deal with difficult situations, especially in primary care, which should be the gateway of health services, according to the principle of accessibility. Thus, is possible see there is the need to introduce the subject in medical schools in order to prepare more professionals aware and proactive in their duties.

PALAVRAS-CHAVE: Domestic violence; Primary Health Care

PP284 - TRIAD OF LIVING EDUCATION, TEACHING AND RESEARCH BY MEDICAL STUDENTS AS A TOOL FOR THE FORMATION OF MORE HUMANIZED PROFESSIONALS

Moura LEB¹; Campos JS¹; Silva AC¹; Silva EO¹; Dantas AS¹; Lima NA¹; 1 -
Centro universitário Christus;

Introduction and purpose

The search for medical professionals who act in a more humane way has become an important objective for medical schools around the world. Thus, the use of various techniques in order to achieve this objective has been quite common. This report describes significant aspects of the experience of students who have had extensive contact with patients from the beginning of the course in Medicine.

Method

The agreement of the University with various institutions allows students to monitor multiple patients and understand the peculiarities and needs of each, not seeing them just as patients who need a diagnosis and treatment, but as ordinary people, with fears and insecurities that need an attentive and intensive care.

Results and conclusions

Early contact with the sick allowed an awareness of students, therefore, not so armed with technical knowledge, changed his views about the doctor-patient relationship and could see patients and the medical profession in a more humane way. The experience allowed them an awareness of the importance of a medicine that goes beyond the curative process, it leads to the welfare of the patient, bringing it closer to being healthy.

You can see the dedication of the medical schools in close student of the patient from the beginning of the course enables a change in perception and in the training of students. Research on these experiences can show more enlightening results.

PALAVRAS-CHAVE: RESEARCH; EDUCATION; TEACHING

PP285 - UNDERGRADUATE FAMILY MEDICINE IN NIGERIA :EXPERIENCE FROM THE PREMIER UNIVERSITY

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Introduction

Family Medicine services started in 1957 at the General Outpatient Department(GOPD), University College Hospital (UCH), Ibadan but postgraduate training was not formalized until 1981.Efforts to teach Family Medicine at undergraduate level had met with several obstacles until 2015 when the College of Medicine(COM), University of Ibadan(U.I) became the 3rd Nigerian University to do this.

Objective

To teach the tenets of Family Medicine in the undergraduate medical school and establish an academic department in the University.

Method

Pilot steps: Sequel to proposals from the GOPD, UCH Ibadan, the U.I issued a draft report incorporating Family Medicine into medical education in compliance with Nigeria University Commission (NUC)'s directive since 1978, but failed at implementations till 2004.

The Active process; University of Ibadan, approved review of the undergraduate medical curriculum funded by the Mac Arthur foundation in 2004,which was finalized in 2010.The NUC approved this curriculum in 2012 and the U.I started the implementation in 2014.This curriculum highlights the need for an academic unit of Family Medicine.

Results

Family Medicine undergraduate curriculum emerged as part of the new integrated, system-based, person-centred, community-oriented and competency-driven curriculum. The academic unit of Family Medicine commenced in February 2015 in the department of Community Medicine. Teachings are approved from 2nd to 6th year, comprising 22units of core lectures and 8weeks clinical clerkship. Assessment methods are both formative and summative and term papers include, MCQ, OSCE, MEQ and Viva você.

Conclusions; It is believed that at the end we are "Building Bridges to produce tomorrow's doctors today".

PALAVRAS-CHAVE: undergraduate; Family Medicine; Nigeria

**PP286 - UNIVERSALITY, EQUITY AND INTEGRATION IN BASIC
HEALTHCARE AS EXPERIENCED BY MEDICAL STUDENTS AT THE
FEDERAL UNIVERSITY OF AMAPÁ (UNIFAP)**

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INTRODUCTION AND OBJECTIVE:

Since healthcare reforms which were passed in to the constitution in 1988, the creation of Basic Health Units (BHUs) and, more recently, the formation of Family Health Teams (FHT), it has become possible to treat citizens outside of hospital settings. Healthcare in Brazil has moved on to disease prevention, with health professionals attending to healthcare needs within communities and neighbourhoods, especially in areas of greatest need, with a focus on understanding the patient as a whole and not solely their pathology. Mindful of these changes, here we sought to characterize the perceptions of undergraduate medical students at UNIFAP, as related to the principles and directives of the Unified Health System (UHS), within the module “Interactive teaching and community service” (IESC).

METHODOLOGY:

We conducted a descriptive data collection exercise in which twenty-eight first to fourth year medical students at UNIFAP described their experiences in the practical activities of IESC. These descriptions were collected between February and December of 2015 in Macapá, Amapá, Brazil. The practical activities were realised in the presence of, and accompanied by, local family health teams.

RESULTS AND CONCLUSIONS:

In analysing the responses obtained from the student descriptions we were able to identify the importance of the UHS principles in the lives of the patient population. Of the students who participated, 100% understood that home visits are fundamental in undergraduate training. Furthermore, taken together, better access to services offered by UHS, accompanying patients throughout their clinical cases and a closer doctor-patient relationship, contributed to a more human medical service.

PALAVRAS-CHAVE: Universality; Integration; Basic healthcare

PP287 - USE OF FAMILY APPROACH TOOLS BY COMMUNITY HEALTH AGENT TO IMPROVE THE CONSTRUCTION OF SINGULAR THERAPEUTIC PROJECT

Cariello TF ¹; Meirelles RF ¹; Paiva M ¹; Ferreira R ¹; 1 - uerj;

I/O:

- In Brazil, Family Health Teams, works with Community Health Agents (CHAs) to sustain one of our major actions (Work on the ascribed team's territory). Besides being non-technical health care workers, they have crucial importance in the functionality of our health care system. The lack of capacitation, generates stress, drop in productivity and illness, before complex cases they feel impotent and useless. How to qualify health practices of community agents (non-technical workers in health care) to build a unique treatment plan and integrate them in the health care plan?

- Describe the process of Continuing Education to qualify non-technical Health Care Workers;

- analyze the perception of CHAs on the impact of using the FATs - Family Approach Tools (usually used by family doctors) into their daily work

M:

- Literature review on previous use of the instruments by CHAs in Brazil;
- describe the meetings of continuing education
- Using FATs (Familiogram, life cycles, ECOMAP, family circle), to create Singular Therapeutic Project (STP) of Salgueiro Families in team meetings.
- Evaluate through focal groups, perceptions of CHA about the impact of qualification on the team work process.

R/C:

The use of FATs qualifies the CHAs which leads to more autonomy and valorization of their work. The use of FATs in case discussions inserts the CHA in the care of families, brings paradigm changes on the biopsychosocial vision and facilitates the management of continuity of care by non-technical health workers.

PALAVRAS-CHAVE: Continuing Education; Professional Education; Health Education

PP288 - USE OF TECHNOLOGY TO INFORM TO THE POPULATION HOW TO PREVENT NEOPLASIA AT A UNIVERSITY OF FORTALEZA

Facundo AKB¹; Padilha PS¹; Santana RO¹; Amorim RMS¹; Gifoni DP¹; Soares VG¹; Carvalho RB¹; 1 - UNIVERSIDADE DE FORTALEZA;

Introduction:

Knowing the role of the Internet today and its power to disseminate information quickly, the Oncology League, in partnership with the University of Fortaleza (UNIFOR), created the LION TV, a program that deals with the prevention of cancer. Neoplasia is causing increasing mortality and may be caused by intrinsic factors such as genetic predisposition, or extrinsic factors, such as lifestyle and diet. Acknowledging the epidemiological importance of this disease is required to adopt strategies that convey the information about the subject.

Objectives:

To inform the public about the most prevalent cancers, including themes such as prevention, signs and symptoms that may indicate neoplasia and how the treatment is in a simplified manner.

Methods:

In 2015, under the supervision of faculty members from UNIFOR, the pilot program was recorded, the first of a series that will be elaborated about "health and spirituality in cancer patients", in which experts had a debate. In this same program, members of LION took part in a frame about cancer prevention, containing information on proper care and an explanation of common questions. The main obstacle was to be on camera and put into practice the communication skills developed during graduation and life.

Results:

The experience was rewarding, both for the professionals and for the students. The program has yielded positive comments on social networks, showing the importance of this activity.

Conclusion:

The authors concluded that the available online video was important for the community and exceeded the expectations of the creators. It was enriching for the academic training to participate of this experience.

PALAVRAS-CHAVE: prevention; oncology; communication skills

PP289 - USING VIDEOS IN MEDICAL SCHOOL: EVALUATING STRATEGIES

Sobreira ABF¹; Mesquita DAK¹; Queiroz BMA¹; Paula AA¹; Silva SFR¹; Lima MDB¹; Pereira MRP¹; 1 - Universidade de Fortaleza;

Introduction and Objectives:

According to Marini and Boruchovitch (2014), the pedagogical practices often require changes that prioritize learning over content. Based on this, one must develop permanent learning strategies to acquire information. Keeping that in mind, monitors and teachers of immunology module at UNIFOR medical school developed educational videos that approached the module learning objectives for graduation. This study evaluated the relevance of the use of those educational videos as a teaching and learning tool.

Method:

This is a study of exploratory and descriptive qualitative approach, conducted with students enrolled in the second half of the Medical School of the University of Fortaleza (UNIFOR) during the period from February to July of 2015. 70 students participated in the study, 59% male and 41% female. They answered a standardized, self-administered questionnaire about the educational videos which were presented to them. The questionnaire responses were evaluated by the Likert scale. All ethical principles were obeyed.

Results and conclusions:

The results showed that the insertion of instructional videos contributed to the students' learning process, since those videos provided them with clear and objective explanations about the subjects they were studying, mainly the ones that are considered to be the most complicated. This instrument, while presenting academic informations in a didactic and non-traditional way, allowed the students to feel more interested in the contents they were seeing in the classroom, proving to be a source of knowledge that stimulates curiosity and encourages learning.

PALAVRAS-CHAVE: Education; Teaching; Strategies

PP290 - VACCINE COVERAGE OF NORTH REGION COMPARED WITH OTHER REGIONS OF BRAZIL: INDICATIVE OF THE SITUATION OF THE NATIONAL IMMUNIZATION PROGRAM.

ANDRE LUIZ KOLCENTY ¹; AMANDA ALVES FECURY ¹; ANTONIO CARLOS CAVALCANTE CORREIA ¹; ANNA CARLA DE LIMA PINTO ¹; DYONE KARLA BARBOSA DA SILVA ¹; FELIPE FERREIRA PINHEIRO ¹; ALLAN ANDERSON PEREIRA DE MOURA ¹; ANA PAULA FERREIRA MARQUES ¹; BERGSON MATOS DE ARAUJO ¹; 1 - UNIFAP;

INTRODUCTION AND OBJECTIVE:

In 1973 Brazil was formulated in the National Immunization Program (NIP), whose mission is to control and eradicate diseases. Currently, the PNI provides over 300 million annual vaccinations doses. However, Brazil still presents difficulties to eradicating vaccine-preventable diseases, which shows that obstacles to the realization of vaccination coverage. Because of this, this study sought to compare the parameters relating to vaccination coverage of the North region with the other regions of Brazil in 2015 to monitor the homogeneity of the PNI.

METHODS:

We conducted research through survey data provided by the Government through the electronic portal DATASUS, selecting the options "health care", "immunization", "cover", "northern region" and "2015".

RESULTS AND CONCLUSIONS:

According to data provided by the National Program of Immunization Information System (SIPNI) and published by Electronic Portal DATASUS, vaccination coverage in the North in 2015 was 74.02%, the lowest among all Brazilian regions, with an average 86.76%. States with the lowest vaccination coverage in the country are also in this region, they are Pará with 61.23% and 63.66% with Acre. The results show that there is the challenge of making a high and homogeneous vaccine coverage in different regions of the country. This is due mainly to the specificities of the region, including coastal areas of difficult access, and large territorial extensions. Adding to this is necessary for vaccination teams to update and enhance the search for the target audiences.

PALAVRAS-CHAVE: Immunization coverage; Immunization; North region

PP291 - VALIDATION OF SUPPORT SYSTEM FOR MEDICAL MOBILE DEVICES BASED ON CLINICAL GUIDELINES FOR TUBERCULOSIS – TUBER MOBILE

Oliveira, MMC ¹; Cazella, S.C ¹; Pinto, MEB ¹; Ben, A.J ¹; 1 - UFCSPA;

Clinical decision-making based in evidence available in large text files makes access to information time consuming. The increasing use of mobile devices provided solutions for different needs of society in real-time. Tuberculosis was elected by the Ministry of Health in Brazil as a priority public health problem being tackled. TUBER is a mobile prototype device developed to support tuberculosis management by physician at primary health care. The aim of this study is validation this prototype. The students of Family Medicine Clerkship at Federal University of Health Sciences of Porto Alegre who accepted participate were randomly divided in two groups. One group responded clinical cases based on prototype installed on tablets and the other on guideline text file. The outcomes were time to solve clinical cases, the number of hits on issues and satisfaction with the tool. For prototype is validated, the results were described and compared based on the data distribution and nature of the variables. The data were processed using the statistical software version 0.9.0 PSPP with significance level of 5% and 1% for comparisons between groups. The pilot results indicate acceptance of the tool. The validation of the TUBER application is an interactive tool that encourages learning and problem solving in an agile way.

PALAVRAS-CHAVE: Tuberculosis; Mobile device; Validation

PP293 - VER-SUS/BRASIL AND THE IMMERSION METHODOLOGY AS AN ACADEMIC ENRICHMENT EXPERIENCE

Alves RBC¹; Cavalcante RRV¹; Alves CBC²; Moura EC³; Fassina K¹; 1 - Universidade Federal do Tocantins; 2 - Universidade Federal da Grande Dourados; 3 - Faculdade Presidente Antônio Carlos;

-Introduction and Objective

VER-SUS/Brasil is a project that uses immersion methodology, with duration of 7 to 15 days, in a transdisciplinary way, with participation of graduation students, residents, technicians and social movements. Its goal is to stimulate the formation of workers to SUS (Single System of Health), ethically committed to the system's principles and guidelines and that understand themselves as social actors and political agents, capable of promoting transformations. This abstract aims to display the experience of the third edition of VER-SUS Tocantins, in Palmas city, which took place between January 11 and 17, 2016.

-Method

In order to better organize the project, the participants were divided in groups. Each group experienced different establishments of the healthcare network, amongst technic areas, rehabilitation centers, health units, support nuclei, etc. The participants also had the opportunity of reuniting with Tocantins' state governor and Palmas' health secretary, to whom they reported what was experienced and brought critics, complements and suggestions heard from the system's users and employees. The whole action was registered by the media and was displayed in the state's press, television and virtual news.

-Results and Conclusions

The model of immersion allows the exchange of experiences, opinions, teaching techniques and visions of SUS's reality in different country sites. This enriches the academic formation, preparing the participants to act at the end of graduation. The experience completely broadens the vision regarding the Brazilian public health system, putting its participants in the front line to promote changes both in local and national scenarios.

PALAVRAS-CHAVE: Healthcare; Graduation; Teaching

PP294 - BEING A PRECEPTOR NURSE IN THE FAMILY HEALTH NURSING RESIDENCY PROGRAM – AN EXPERIENCE REPORT

POLICARPO, PF¹; 1 - CLINICA DE FAMÍLIA DANTE ROMANÓ JÚNIOR;

EXPERIENCE TO BE PRECEPTOR NURSE IN RESIDENCE OF NURSING IN FAMILY HEALTHN-AN EXPERIENCE REPORT

Paula Farias Policarpo

Introduction:

The residence in Family Health Nursing in service education mold began in the city of Rio de Janeiro in March 2015, in order to align the theory to the practice. Thus qualifying the newly trained nurse in their activities and duties with active participation of Nurce Preceptor this process.

Objective:

To report the experience as Nursing Residency Preceptor in Family Health modeled education service, in a pioneering project in the municipality of Rio de Janeiro.

Method:

This is an experience report of a Nurse Preceptor of Nursing Residency in Family Health, in the city of Rio de Janeiro. Account of the experience: to be invited to take the governess function, then reports me to continue studying, for how could assist in the professional qualification of a nurse. That would require constant updates and deconstructions. The resident nurse contributes positively to the entire unit, strengthening family program. While preceptor had the opportunity to articulate the insertion resident in teams to develop theoretical and practical activities weekly, polish the resident while the approach to the user, family and social context. I attended training workshops and teaching core.

Conclusion:

I honed my sills to word with multidisciplinary team, following the resident in all cycles of life with focus on the user, family and social context, thus aiming the preparation of nurse for the labor market through job training.

PALAVRAS-CHAVE: PRECEPTOR; RESIDÊNCIA; EDUCAÇÃO EM PÓS GRADUAÇÃO EM ENFERMAGEM

PP295 - WHERE IT ALL STARTS: JUNIOR MEDICAL STUDENTS FOCUSING ON BASIC HEALTH ATTENTION

Brito LF¹; Carriço AM¹; Albuquerque RL¹; Rushansky RC¹; Silva ML¹; Cavalcanti DG¹; Barros VLS¹; Espinhara MAS¹; Santos VCR¹; Figueiredo THC¹; Barreto ACAB¹; 1 - Universidade de Pernambuco - UPE;

Introduction/ Objectives:

Hippocrates, father of Medicine, exalts the relevance to consider the person in their socio-environmental context in order to allow the determination of their general health status. In this sense, we aim to use the concepts of Juan Samaja (epistemologist) to allow the construction of the critic thinking and for the development of abilities needed in the professional life, humanizing the actions to promote and to protect basic health. The medical curriculum of basic health attention (BHA), include practices in Family Health Unities (FHU) in communities as the Alto Jose Bonifacio community (212.462 inhabitants) in the city of Recife (Population 1.620.000).

Methodology:

Basic Health assessment was performed via observations, interviews and review of FHU files. Analysis of the collected data was based on Juan Samaja work, separating the dimensions that compose the conformation dynamics, consolidation and transformation of the social organization.

Results/ Conclusion:

This descriptive research indicates that the television has primordial relevance in the communal-cultural dimension as a mean of auto-conscience reproduction and codes human conduct. In the ecological-political sphere, environmental and sound pollution was noted as well as irregular water supply. Low income and informal work was predominant. In the bio-communal: large families (average 3 children) living in small spaces, houses proximity and low scolarity. In this perspective the participation of medical students to the BHA practices is of fundamental importance as it incites the students to intervene with the intention to improve the quality of life and the health of the FHU community.

PALAVRAS-CHAVE: Education, medical, undergraduate; Family practice; Primary health care

PP296 - 'QUE DROGA DE PROJETO': HEALTH EDUCATION IN THE FIGHT AGAINST DRUG USE

Morcerf, CCP ¹; Nasr, BP ²; Neves, KML ¹; Impagliazzo, SP ¹; 1 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO; 2 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO.;

Introduction:

An educational project, conducted in partnership with the health care team of 'Centro de Saúde Jorge Saldanha' and the local community was proposed because we believe that intervention in a playful, educational and cultural way is an efficient mechanism of drug use prevention.

Goal:

Integrate adolescents with health care workers and medical students in order to reduce the risk factors that initiate drugs abuses.

Methodology:

Qualitative work with experience report. Apply an active participation methodology with artistic and cultural activities and creation of volunteer groups.

Results:

The first step for promotion of health and drug abuse prevention is to show the importance of adolescents in their community. Medical students went at a local school to debate on the effects of drugs on the human body, integrating physiology and mental health. Later, classes were divided into two groups and was organized a contest of questions and answers on issues related to various types of drugs. Drugs fight posters were made by students and displayed on the school wall to show what they learn about it.

Conclusion:

The low acceptance of the traditional method of health education observed by previous activities, led to the realization of dynamic and active methods of teaching. The 'Que Droga de Projeto' contributed to promote health of the local population, improving the quality of community lives that will act directly to combat drugs use.

PALAVRAS-CHAVE: drugs; prevention; education

ESTRATÉGIAS POPULACIONAIS

PP299 - "I AM AN ORGAN DONOR" CAMPAIGN, AN INTERVENTION BY IFMSA BRAZIL AT NATAL, RIO GRANDE DO NORTE STATE

Carvalho RT¹; Vila Nova TAD¹; Costa AKF¹; Morcerf CCP²; Bezerra AA¹; Jácome KRC¹; Oliveira TGF¹; Medeiros MDC¹; Pagelkopf VC³; Brandão RCSM¹; 1 - Universidade Potiguar; 2 - Universidade do Grande Rio; 3 - Faculdade de Medicina de São José do Rio Preto;

INTRODUCTION AND OBJECTIVES:

Scientific advances have made possible to transplant organs and tissues into patients with terminal or chronically hindering organic insufficiencies. The demands for transplantation are always expanding, in contrast to the low number of donations, which is justified by the potential donor's family often forbidding the donor's will to come true because it is usually unknown by them. This abstract aims to report the experience by medical students, IFMSA Brazil local officers, participating on a campaign for demystifying and raising awareness for organ donation.

METHODS:

Medical students first attended a lecture on the subject. Then, the campaign took place in front of a shopping mall in order to approach pedestrians and assess their perception of the organ donation process and the importance of being aware of the deceased's wish to be a donor. Afterwards, they were invited to take pictures with a sign stating "I am an organ donor" on a customized cabin, which had illustrations of all the organs that can be donated, in order to upload on social media and publicly state their wish on being donors.

RESULTS AND CONCLUSION:

The campaign was able to clear the passersby's questions about organ donation and it was a valid experience for the students which strengthened their knowledge. It was evident there is a need to discuss the subject, especially in family environment. This is important as "when people are well-informed, they are capable of advocating for discussion on the subject, promoting donation." (MORAIS, MORAIS, 2012)

PALAVRAS-CHAVE: Health Education; Tissue and Organ Procurement; Directed Organ Donation

PP300 - "PRESCRIBE ONE BOOK" PROJECT

Nogueira FRA¹; Rocha MG¹; Santos NRFM²; Santos SB¹; 1 - Prefeitura Municipal de Cariré; 2 - Prefeitura Municipal de Cariré-CE;

This project was created from the observation of a rural community in Ceará-Brazil, in which the majority of parents do not know how to read or have difficulty reading. This project aims to fill this deficiency, in view of the importance of reading early in life.

The project has existed since December 2015, in a rural community in the city of Cariré-CE, Brazil. During monthly visits to child care at the family health center, children up to 2 years are required to attend workshops of stories with teachers assigned by the community school. At the same time, parents are invited to listen to lectures and answer a questionnaire about the importance of reading habit or storytelling for their children. The project helps 29 children and their parents receive, during consultations, a children's book as a way to encourage reading in childhood. As long as most parents cannot read, they are suggested to browse books for their children and create a story.

Children who read more do better in school. This will improve their chances of having health and life quality. Besides recognizing the importance of reading, parents have trouble reading stories, not just because they have not attended school, but mostly because their parents did not have this habit too. Breaking this vicious circle is presented as a challenge for the family health team.

PALAVRAS-CHAVE: Family Practice; Child Care; Reading

PP301 - THE PERFORMANCE OF NURSES IN EDUCATIONS ACTIONS IN HEALTH IN DEVELOPMENR GROUPS IN THE FAMILY HEALTH STRATEGY

Vidal, TP ¹; 1 - Faculdade São Camilo;

Is research has as object of study the role of nurses in health education activities for performing groups in the Family Health Strategy. This is a literature review of research of national articles. Given this context, the problem arises: What is the relevance of the groups in the ESF, compared to health education carried out by nurses? After the problem was possible to outline the objectives, which are: describe on health education in the ESF and its importance; describe the role of nurses and in health education activities; clarify the effectiveness of the training carried out in the units for performance in activities with groups. The analysis of the study concluded that the topic generates multiple reflections, it is one of the ways to approach the health care team in the community, strengthening the bond, establishing friendships, learning, to improve the quality of life of that individual. However, it is one he notes that nurses and all their staff, need to be engaged in education, promotion and prevention in health, with the aim of improving the quality of life, good adherence to treatment and critical and constructive empowerment of group members .

PALAVRAS-CHAVE: Saúde da Família; Educação em Saúde; Enfermeiros

PP303 - A GOOD SOCIAL NETWORK USE AS STRATEGY TO REINFORCE A COUNSELOR POTENTIAL OF FAMILY PARENTS IN A COLOMBIA'S TOWN

Arenas LC ¹; Rincón J ¹; Reina V ¹; Villarraga P ¹; Zaldúa K ¹; Espitia SM ¹; 1 -
Universidad de La Sabana;

INTRODUCTION/OBJECTIVE:

Over the last decade, the parents role as a counsellor (Understood as a capacity of guiding a behaviour that allows someone to know themselves and their surroundings) has been considered as a health-determining factor. However, this role has lately been delegated to non-familiar institutions and persons, thus weakening the parental sub-system. This problem has been reinforced by one of these, inequity between fathers and children in terms of access and use of Information and Communication Technologies (ICT), also known as a digital gap. The target population was a group of parents (49) in a Colombia's town, who perceived a low potential in themselves as counsellors of their children; their main weakness being the lack of communication with them and lack of awareness of new means to do so, such as the Virtual Social Networks (VSN).

METHODOLOGY:

A need of making an intervention in the Primary Health Care context was identified, focused on improving the parents counselling abilities; and then a VSN group was created, one that would allow them to familiarize with the good use of these technologies and make them appropriate their counselling roles in the context of a proper VSN use.

RESULTS/CONCLUSIONS:

An improvement was observed in terms of the parents perception of themselves as counsellors (89.8%), a progress in their familiar functionality, and a closer relationship between parents and their children, thus strengthening the parental sub-system (57.1%). Using the reinforcement of a counselling role, parents will properly recognize other risks and problems of their family members.

PALAVRAS-CHAVE: Parent Child Relationship; Education; Paternal Behavior

PP304 - A READING SPOT IN A PRIMARY HEALTH CENTRE: PROMOTING CHILDREN'S READING AND WELLBEING

SALGADO-DIEZ, B ¹; WITT, M ¹; BADILLA, E ²; Lutzky, M ²; CARVALLO, T ¹; MIÑO, A ¹; 1 - CESFAM JEAN Y MARIE THIERRY; 2 - BIBLIOTECA LIBROALEGRE;

Language acquisition is a progressive conquest, improved by positive linguistic experiences during childhood; the more satisfactory these experiences are, the better this acquisition will be. Moreover these are related with emotional wellness and intellectual progress that improves children wellbeing. Family environment is crucial for this process. Reading together gives parents and children the possibility to interact free of obligations and to strengthen the emotional links. By other hand, factors such as socioeconomic status, race/ethnicity and parental education can affect children's development of oral language skills. The aim of this project is to enabling a spot for reading and book borrow, within the Primary Health Centre (PHC) to promote pleasant reading for children and their families. During 2014 our PHC was recruited in a major project, where 4 Centres were benefited with a reading spot, by the initiative of Libroalegre Library of Valparaiso. In 2015, the reader spot was implemented. At the beginning, it was consisted of a bookcase with 142 high literary quality books for children, from 0 to 12 year old, nowadays there are 170 books. 4 Voluntaries from the community were recruited for manage the book borrow system. A training program was carried out by the Library team along the year 2015. Up today 167 families are members. 361 book borrows have been done. Practically, there was not lost and damaged books, just 5 and 4, respectively. This experience talks about an intersectoral, participatory process that enables families through literature, improve children's development and wellbeing.

PALAVRAS-CHAVE: Language Development; Child Development; Health Promotion

PP307 - ACADEMIA CARIOCA PROGRAM AS A PRACTICE OF HEALTH EDUCATION THROUGH DIGITAL INCLUSION IN THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

DOMINGOS, JL ¹; WATZL, C ¹; BARROSO, T ¹; 1 - SECRETARIA MUNICIPAL DE SAUDE DO RIO DE JANEIRO;

Introduction:

The health education practices are seen as the embodiment of ideals of instruments for stimulating self-care and health promotion. But before the understanding of the health-disease considering it as the result of factors related to culture, intellect and education is needed. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional integrated Family Health, acts as such a device considering the individuality the participants.

Objective:

To present the health education strategy by incorporating computer classes to participants in the Academia Carioca Program as intellectual development proposal in the Municipal Health Center Doctor Alvimar Carvalho (AP52) with support from OTICs-Pedra de Guaratiba.

Method:

Evaluative analysis and systematic effects of the activity in the behavioral and social attitudes of the 30 participants, 90% of women over 60 years old.

Results and Conclusion:

The computer classes subsidized topics on prevention and health promotion generating global knowledge gain beyond specific. It was greater autonomy in the actions of daily life and a more critical attitude about their health and community needs. Demonstrating greater awareness of the factors that influence the quality of life correlated to the practices of general practitioner. Paulo Freire, thinker of world pedagogy, says: "teach is not to transfer knowledge but to create possibilities for its own production or construction."

PALAVRAS-CHAVE: Health Education; Health Promotion; Family Health

**PP308 - ACADEMIA CARIOCA PROGRAM: ACTING IN CASE OF
AMPUTATION DUE TO PARASITIC DISEASE - EXPERIENCE REPORT
(SMSRJ-BRAZIL)**

JACQUES JEAN ¹; SOUZA ALAMEIDA RM ¹; BARRETO AM ¹; RODRIGUES KROGUER ¹; 1 - SMS/RJ;

Introduction:

Currently, about 94% of amputations carried out by the Unified Health System in Brazil were in the lower limb. Although it is a procedure performed by the higher levels of complexity, it is known that this is closely related to the level of primary care. In this context, the Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the experience of Mr. OFJ, 49 years, registered in the Family Clinic Adelino Simões (AP53). Himself, joined the Program in July 2012, seeking to improve the health and gain muscle strength for the placement of a prosthetic leg.

Method:

Experience story experienced by physical education professional Program and systematized by recording the life story, with elephantiasis, filarial from 1993 to 2008 due to the bite of the Culex mosquito. The last three years did not walk because his leg weighed 135kg. The medical indication was amputation of the left leg.

Results and Conclusion:

He started pre-prosthetic phase with physical activity to overall muscle strengthening and reorganization of the body schema. A year and a half later, he began the prosthetic phase. It is adaptation to the prosthesis doing monitoring. The experience of Mr. OFJ demonstrated the integration of primary care with a greater level of complexity, implementing the practice of integral care to amputee and his commitment to health longitudinality.

PALAVRAS-CHAVE: PRIMARY; ACTIVITY; INTEGRALITY

PP309 - ACADEMIA CARIOCA PROGRAM: EXPANSION OF PHYSICAL ACTIVITY FOR INTERSECTORAL ACTION IN THE TERRITORY OF THE FAMILY HEALTH (SMSRJ-BRAZIL)

NASCIMENTO THIAGO ¹; DIAS RAMOS ¹; DECA C. ²; 1 - SECRETARIA MUNICIPAL DE SAÚDE; 2 - SMS/RJ;

Introduction:

Studies show that regular physical activity associated with healthy self-care practices contribute to effectiveness of health education and promotion practices in the Family Health Strategy. However, factors such as access and distance could influence how your membership. In this context, the Academia Carioca Program, introduced in 2009 strategy, by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the experience of physical education professional Academia Carioca Program Family Clinic Ernani Paiva Ferreira Braga and the Municipal Health Center Doctor Cattapreta in the development of intersectoral actions in order to expand the spaces for physical activity in the territory.

Method:

Study through a situational diagnosis and georeferencing favorable local physical activity. Data were collected and analyzed for their content and interviews with 164 participants.

Results and Conclusion:

In addition to the Primary Care Units, physical activity began to be offered at a local club and evaluation of the features found water aerobics modality was chosen by consensus. The distance in this case, did not contribute negatively to join the practice, and the interest in the most prevalent form is evident in the increasing number of participants (24 to 164). Increased the scope of the shares of Expanded Clinic as leading locations for campaigns and preventive guidelines. In the perception of other health professionals, water aerobics expanded its service territory and approached the community health team.

PALAVRAS-CHAVE: PROMANS; INTERSECTORAL; PRIMARY

PP310 - ACADEMIA CARIOCA PROGRAM: FACEBOOK AS VISIBILITY TOOLS AND PRACTICAL EXPERIENCE EXCHANGE IN HEALTHY FAMILY (SMSRJ-BRAZIL)

Cardoso, J¹; Remédios, JL¹; Crus, IA¹; Tavares, RC¹; Guimarães, JA¹; 1 - SMSRJ;

Introduction:

The massification of internet has spawned the development of tools for bringing people together through democratic virtual spaces. For this purpose, social networks are consolidated as place for exchange of experiences, knowledge and practices. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, acts in the dissemination of information about physical activity and promotion of the actions undertaken in the health service.

Objective:

To present Academia Carioca Program participation in virtual social network through their fanpage on Facebook, created in September/2014, which seeks to increase the institutional capacity of capilarizar benefits to health care. Method: Analysis of all posts held, until January/2016 used to give visibility to the various activities organized by the team of physical education professionals Academia Carioca Program with its participants and supported by other health professionals.

Results and Conclusion:

We made 449 posts activities, 17 videos posted, one with more than 3.000 views and 24 banners of disclosure of health campaigns to motivate population participation. To date, the profile reached 5.889 likes. These figures show that this interactional dynamics adopted by Academia Carioca Program extend its integration with participant population and redefine boundaries in the relationship of trust between the Health Unit and your community. Thus constituting a significant subject of building device and dissemination of knowledge produced for a society with ways to healthier life.

PALAVRAS-CHAVE: Health Communication; Health Promotion; Health Education

**PP311 - ACADEMIA CARIOCA PROGRAM: HEALTH PROMOTION
STRATEGY OF ENVIRONMENTAL IN THE FAMILY HEALTH (SMSRJ-
BRAZIL)**

SOUZA.R¹; FONTE.W¹; RAMOS.A¹; CARVALHO.A¹; CRESPO.C¹;
MARQUES.E¹; GOMES.E¹; JACQUES.I¹; TUPPER.J¹; CARVALHO.L¹;
SALVATERRA.M¹; FERNANDES.N¹; ALBANO.R¹; COUTO.R¹;
NASCIMENTO.T¹; FELIX.V¹; 1 - SMS/RIO DE JANEIRO;

Introduction:

Environmental issues directly affect the population's quality of life and are associated with the existence of certain diseases. So we can not separate the health promotion of the social and environmental context of the community where you live. In this scenario, the Academia Carioca Program, implemented strategy in 2009 by offering regular physical activity oriented by physical education professional and integrated education actions and health services in the Family Health operates in line with this purpose, the expansion of coordination health care.

Objective:

To present the "Gymkhana Recycling", Health Coordination AP 5.3 initiative as playful alternative to engage and educate professionals and residents about the environmental impact caused by mismanagement of recyclable waste.

Method:

All Primary Care Units were responsible for receiving and collect as much predefined recyclable materials to sell into cooperatives and/or eco collection points. Participated in the action, 24 Primary Care Units.

Results and Conclusion:

We collected: 22637.20kg of pasteboard; 2560.50 liters of mineral oil; and 2134.91kg of PET bottle. The practice of activity was the basis for reflection of those involved, most participants in the Academia Carioca Program, making them strategic actors for environmental health. Was useful to consolidate partnerships with the gathering places of the region, for the construction of a co-responsible network aimed at improving the population and community quality of life, as well as emphasizing the role of the public health network represented by Academia Carioca Program that reinforces its broader concept by correlating physical activity to social and environmental context.

PALAVRAS-CHAVE: ENVIRONMENTAL; FAMILY; PROMOTION

PP312 - ACADEMIA CARIOCA PROGRAM: HYDRO GYMNASTICS AS A WAY TO PROMOTE HEALTH LINKED TO A MUNICIPAL HEALTH CENTRE (SMS-RJ)

Nascimento FC ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro (SMS-RJ);

Introduction:

Chronic non-transmittable diseases represents the majority in numbers of diseases to the health systems, demanding wide number of actions to attend the population needs. The physical activity with proven effects, brought together with health services, can compose an strategic access point to the Primary Attention. The Academia Carioca Program implemented by the Municipal Health Secretariat of Rio de Janeiro in 2009, consists on this integration offering regular physical activity guided by a physical education professional.

Goal:

To show the Health Municipal Centre Professor Masao Goto (AP 5.1) experience offering hydro gymnastics modality to people registered on the Family's Health Strategy.

Method:

It is a Community Practice aiming evaluate this activity influence on preventing and controlling health.

Results and Conclusion:

80 participants, with $52,5 \pm$ medium, 30,5 year old, being 77% women, were recruited. The group were previously evaluated on anthropometric and physiologic parameters. After ten months, 47% reduced their corporal mass index; 39% reduced their waist/hip related measurement and 70% reduced their abdominal girth. Between hypertensive, 85% kept the blood pressure levels controlled. Along with the hydro gymnastics, the participants were stimulated to have medical appointments regularly and embrace the auto care practice. Reason that the Widen Clinic is essential for the health control and the physical activities practices linked to it strengthen the longitudinally of the care on family and community's medicine.

PALAVRAS-CHAVE: Health Services Accessibility; Primary Health Care; Motor Activity

PP313 - ACADEMIA CARIOCA PROGRAM: JOINT INTERSECTORAL AND STRATEGIES FOR INCLUSION OF MAN IN THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

ALBANO.R ¹; SOUZA.R ¹; OLIVEIRA.G ¹; 1 - SMS/RIO DE JANEIRO;

Introduction:

Despite the negative rates of morbidity and mortality the man represses their health needs looking little the primary health care service, and when they do it in the hospital care of medium and high complexity. In this context, the Academia Carioca Program, strategy implemented in 2009, by offering regular physical activity oriented by physical education professional and integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the initiative of the physical education professional Academia Carioca Program integrated to Family Clinic Doctor José Ciraudó (AP53) aimed at increasing male participation from intersectoral and supply of sports activities (indoor soccer).

Method:

This is a community test from data collection of the monitoring instruments of the Program and Clinic.

Results and Conclusion:

For the location of the activity, an intersectoral partnership was performed with the St. Benedict Church. Among participants (46) with a mean of 14.5 ± 2.5 years (2% overweight, 8.9% beneficiary of the beneficiaries of "Bolsa Família"; and adults (37) with an average of 45 ± 27 years (33% overweight, 16% were obese, and 30% hypertensive). The indoor soccer has become an extended space of the Family Clinic and its services. Preliminary results show that 100% of the adult participants have blood pressure control and 100% of young people improved their school performance. It is concluded in the perception of other professionals that action has demonstrated the potential to mobilize the male participation in the Family Health Strategy.

PALAVRAS-CHAVE: MEN'S; FAMILY; PROMOTION

PP314 - ACADEMIA CARIOCA PROGRAM: PHYSICAL ACTIVITY AS SOCIAL REHABILITATION STRATEGY FOR HEALTH PROMOTION IN FAMILY HEALTH (SMSRJ-BRAZIL

FERNADES PN ¹; SOUZA RM ¹; ARAUJO M ¹; 1 - SMS/RJ;

Introduction:

The practice of physical activity by the international and national positions is a behavior that contributes to the quality of life of individuals and families, especially when aggregated to public health services. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro, by offering regular physical activity oriented by physical education professional and integrated actions and services of Family Health, it acts in line with this purpose, the expansion of coordination of health care.

Objective:

To present the experience P.O.D., 33 years, registered at the Family Clinic Lenice Maria Monteiro Coelho (AP53). The own, joined the Academia Carioca Program in February 2013, sent to her mother by the family doctor due to obesity, hypertension and limited social life.

Method:

Experience story experienced by physical education professional Academia Carioca Program and systematized by recording the life story. Diagnosed with mild mental retardation as a child, affecting relationship with the social environment and communication difficulties; blood pressure at rest (PAR) 154x110mmHg and BMI 32,6Kg/m²; user drug for hypertension.

Results and Conclusion:

Regular physical activity associated with integral monitoring on the Family Clinic team reduced its weight (BMI 23,05Kg/m²); its PAR is currently 124x76mmHg; and medical supervision suspended the medication. P.O.A. she changed their habits and improve their ability to communicate and interact with members of their community and family health team.

PALAVRAS-CHAVE: PROMOTION; MOTOR ACTIVITY; FAMILY

**PP315 - ACADEMIA CARIOCA PROGRAM: PHYSICAL ACTIVITY
INTEGRATED INTO PRENATAL CARE IN THE FAMILY HEALTH
STRATEGY (SMSRJ-BRAZIL)**

SILVA G.M¹; AZEVEDO.S¹; LIMA.E¹; FERREIRA.C¹; SASSAKI. T¹;
OLIVEIRA.D¹; MATTOS.M¹; HAUAT.F¹; SANTANA.J¹; SANTOS.M¹;
SILVA.M¹; ALVES.A¹; OLIVEIRA.D¹; 1 - SMS/RIO DE JANEIRO;

Introduction:

Public health policies on maternal and child health prioritize comprehensive care to women in pregnancy and childbirth and child in the first year of life to prevent maternal and/or infant mortality. In this context, the Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion, by offering regular physical activity oriented by physical education professional integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the experience of Family Clinic Deolindo Couto (AP53) starts from the formation of the Group of Pregnants as a preventive action and health promotion in pregnancy.

Method:

This is a cross-sectional study with systematic monitoring and participant observation group during prenatal care.

Results and Conclusion:

The inclusion in the group is encouraged as a routine prenatal care, where they perform physical activity and dialogue with various professionals and answer questions. The emphasis on body approach and approximation of the pregnant to professionals, increases compliance and confidence with the health teams. Participated in 136 pregnant women, of which 111 were delivered vaginally (81%) and 25 caesarean sections (19%), with no reports of complications in childbirth and better childcare was perceived by the health teams. The results demonstrate the potential of this initiative, aided by Academia Carioca Program, which allows interdisciplinary strengthening prenatal care, better living woman with her pregnancy and to build a more confident attitude to birth and therefore greater adherence to care prenatal.

PALAVRAS-CHAVE: PRIMARY; PROMOTION; ACTIVITY

**PP316 - ACADEMIA CARIOCA PROGRAM: PHYSICAL ACTIVITY
PRACTICE FOR REDUCING OBESITY IN FAMILY HEALTH - EXPERIENCE
REPORT (SMSRJ-BRAZIL)**

CRÊSPO. C ¹; GOMES.D ¹; GAMBOA.R ¹; 1 - SMS/RIO DE JANEIRO;

Introduction:

From the coping Plan of chronic diseases in Brazil there were several incentives and measures that showed the Health Promotion as an essential reaction their mortality rates. However obesity was the only condition that has not obtained decline among other risk factors. In this context, Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity oriented by physical education professional, integrated education actions and health services Health Family it acts in the expansion of the coordination of health care.

Objective:

To present the experience of Mrs. C.H.A., 38 years, registered in the Family Clinic Edson Abdalla (AP53). At the invitation of the nurse, she joined the Program in March, 2013, seeking to prepare to perform bariatric surgery.

Method:

Experience story experienced by physical education professional Program and systematized by recording the life story (grade 3 obesity, depression and unemployed).

Results and Conclusion:

The activity plan C.H.A. he pointed to the practice of physical activity for the global muscle strengthening exercises alternated with aerobic exercise five times/week. During this period, the routine was complemented with incentives for social and emotional reintegration, and monitoring of the Health Team. After two years there are no symptoms for depression, there was a reduction of 50kg (149,5Kg to 99,5Kg), returned to the labor market and gave up the surgery. The action reveals the obesity coping ability under the Family Health enhanced by physical activity linked to action Expanded Clinic.

PALAVRAS-CHAVE: OBESITY; FAMILY; ACTIVITY

**PP317 - ACADEMIA CARIOCA PROGRAM: PHYSICAL ACTIVITY WITH
AUTONOMY FOR HEALTH PROMOTION TO THE FAMILY HEALTH
STRATEGY (SMSRJ-BRAZIL)**

MORAES VFA ¹; L.THIAGO ¹; 1 - SMS/RJ;

Introduction:

The health promotion aims to investing in individual autonomy for decision-making on health co-responsible manner and coordinated with public services, in this case health. In this context, the Academia Carioca Program, introduced in 2009 strategy, by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the experience of Mr. FB, 59 years, registered at the Family Clinic de Mello Helande (AP5.3) that from the development of their autonomy was invited to voluntarily engage in a collaborative action in the form Supervision Activity Indirect (ASI) Academia Carioca Program.

Method:

Experience story experienced by physical education professional Academia Carioca Program and systematized by recording the life story (he joined in September/ 2012, due to the diagnosis of hypertension and obesity - body mass index (BMI) 33kg / m²).

Results and Conclusion:

One year after performing regular physical activity and changes in eating habits and be accompanied by your health care team, reduced 16,7Kg and its risk stratification in BMI (27kg/m²-overweight); and with medical supervision had their antihypertensive medications suspended. Your participation awakened the sensitivity of physical education professional who recognized its emancipatory process inviting you to integrate and support the ASI. Mode in which helps the other participants in organizing their activities, means to own a stimulus for participatory attitudes in their territory articulated as representatives of the widespread practices by the Family Health.

PALAVRAS-CHAVE: PROGRAMS; PROMOTION; ACTIVITY

**PP318 - ACADEMIA CARIOCA PROGRAM: PHYSICAL ACTIVITY,
DEPRESSION AND QUALITY OF LIFE IN THE FAMILY HEALTH -
EXPERIENCE REPORT (SMSRJ-BRAZIL)**

ALVATERRA M. ¹; SOUZA ALMEIDA RM ¹; HAUAT PATRICIA ¹; 1 - SMS/RJ;

Introduction:

The effects of physical activity has a positive effect on depressive symptoms and perception of quality of life. In this context, the Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion, by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in line with this purpose, the expansion of coordination of health care.

Objective:

To present the experience of Mrs. ISM, 62 years, registered at the Family Clinic Ilzo Motta (AP53). The own, joined the Academia Carioca Program in February 2013, seeking to reverse acute depression frame, severe hypertension and strong back pain.

Method:

Experience story experienced by physical education professional Academia Carioca Program and systematized by recording the life story. Retired faced with idleness and emptiness; lack of friends, of being with people, work, and feel "useful" going to live moments of anguish and sadness

Results and Conclusion.

Mrs. ISM was referred to the program Carioca Academy for his community agent for physical activity found. an enabling environment for social interaction at present, reduced their blood pressure 169x105mmHg to 126x88mmHg; was discharged from psychology; no more back pain, and medical supervision reduced the 2 dose between 3 antihypertensive in the perception of the family health team, the Academia Carioca Program has contributed to the expansion of health promotion and consolidates itself as a space for exchanges and experiences that reestabelecem the necessary conditions for a fuller and healthier life.

PALAVRAS-CHAVE: ADJUSTMENT DISORDERS; PROMOTION; ACTIVITY

PP319 - ACADEMIA CARIOCA PROGRAM: REHABILITATION STRATEGY FOR TRAUMATIC BRAIN INJURY IN THE FAMILY HEALTH STRATEGY - EXPERIENCE REPORT (SMSRJ-BRAZIL)

CARVALHO L. ¹; SANTOS JLS ¹; 1 - SMS/RJ;

Introduction:

The trauma has been the subject of much discussion today and is a major cause of morbidity and mortality and described as a public health problem, mainly affecting the active age population. In this context, the Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion, integrated actions and services of Family Health, it acts in line with this purpose, the expansion of coordination of health care.

Objective:

To present the case of Mr. JTS, 64 years, registered at the Municipal Health Center Maria Aparecida (AP53) referred to the Program which was doing physical therapy to continue his rehabilitation plan.

Method:

Experience story experienced by physical education professional Academia Carioca Program and systematized by recording the life story. Four years ago we had traumatic brain injury after a fall down the stairs leaving you with motor impairment (functional dependence), cognitive and sensory (hearing).

Results and Conclusion:

One year and six months later the results pointed to improving balance and gait, gaining confidence in everyday walking without assistance. With more autonomy, Mr. JTS, already outlines a race and participates with some limitation of football activity. Improved their cognitive ability and physical fitness. Therefore, the importance of interdisciplinary treatment is ratified in the therapeutic plan through effective flows in labor relations a model of care. In this case, the integrated participation of the Academia Carioca Program to rehabilitation services, such as innovation, aims to provide individuals greater independence and quality of life.

PALAVRAS-CHAVE: PRIMARY; MOTOR ACTIVITY; INTEGRALITY

PP320 - USER EMBRACEMENT HAITIAN IMMIGRANTS FOR EDUCATION-SERVICE- RESEARCH INTEGRATION IN PRIMARY HEALTH CARE: EXPERIENCE REPORT

Assis NM¹; Martins LL¹; Souza LMM¹; Nicolao IA²; Souza NM¹; 1 - Universidade José do Rosário Vellano; 2 - Centro de Saúde Novo Aarão Reis;

This work reports the experience of welcome a community of Haitian immigrants by the primary health care under the 'Internship Primary Health Care' of the medical school of Unifenas-BH. The experience took place in the Primary Health Centre Novo Aarão Reis (CSNAR), by the welcome multifaceted strategy made service: 1) dialogue with the Centro Zanmi; 2) active search and home visits by community health agent and internal of medicine, 3) application of questionnaires; 4) presentation of the work conclusion to the community of Haitian immigrants, health professionals of CSNAR, to the academic community of Unifenas-BH and other interested community members. This process enabled the reception of this population by CSNAR, optimized its registration in the National Health System, sensitized health professionals to the importance of developing cultural competence and provided an opportunity to exchange knowledge about the Haitian health system compared to the Brazilian.

PALAVRAS-CHAVE: Primary health care; Welcome; Haiti Immigrants

PP322 - ACTION CARE FOR EYE HEALTH OF THE STUDENTS OF A SCHOOL IN TERRITORY AREA OF ROCK TEAM IN RJ

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Introduction and objective:

The proposed care of the Family Health Strategy (ESF) is focused on promotion of quality of life and includes, among other things, the identification of factors that interfere or put in risk the health of the population (Ministry of Health, 2002). The eye screening in schools enrolled in the academic year 2015 at the age of 04 to 12 years old, at the Escola Municipal Lopes Trovão, in ESF coverage area, of Rocha team in the city of RJ brings as propose the promotion and prevention eye care and includes, among other things, to verify the visual acuity of the students through the application of visual acuity test, based on the Snellen scalet; and forward to specialized examination in the clinic of Ophthalmology, the children with visual deficit.

Method:

Application of visual acuity measurement technique with Snellen Signs Scale. The scale uses symbols in the form of letters or just E, organized in a standardized way of progressively smaller sizes, called optotypes. In each line, on the left side of the table, there is a decimal number that quantifies how much a person is able to see, at a distance of 5m. Visual acuity with correction lower or equal to 0,7. Tests were applied in 8 rounds in a total 4 days.

Results and Conclusion:

Of the total 272 students enrolled, 37 were excluded because they had absense on the analysis period. Of the total of 235 examined (100%), 14 (6%) had visual deficit and were forwarded to the ophthalmology clinic.

PALAVRAS-CHAVE: screening eye; eye health; visual deficit

PP324 - ADVANTAGES AND DISADVANTAGES OF HOME VISITING AS AN INSTRUMENT OF HEALTH VIGILANCE

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INTRODUCTION/OBJECTIVE:

Domiciliary visiting for purposes of health vigilance have been a reality in Brazil's public health system since 1991, due to the implementation of the Community Health Agents program. In the present study, we discuss this practice as applied in the Reeducação Alimentar Project, which consisted of home visits intended to assess the eating behavior and anthropometric data of the population of the Santa Izabel community, in Cuiabá-MT, for later analysis. The purpose of this report is to point out the advantages and disadvantages of domiciliary visiting as an instrument of epidemiological surveillance for some chronic non-communicable diseases and analysis of eating behavior.

METHODS:

Qualitative analysis of the collected data and execution team's and interviewees' testimonies.

RESULTS/CONCLUSION:

Among the advantages observed within this method, we highlight the possibility of establishing a better interviewer-subject relationship and perceiving families' affective relationships and dynamics, through the reception of the interviewer in the family's environment. Furthermore, the active search for the research's subjects allows a larger coverage of the target-population, reaching even those who do not seek primary health care. Regarding the disadvantages, those related to staff training deserve attention, such as the difficulty of assimilation of the benchmarks of the anthropometric measures and the appropriate filling of the form. These difficulties also resulted in failures in biosafety procedures. Although there was a great demand of human resources, the home visiting as an instrument of epidemiologic vigilance showed its effectiveness on attending the Reeducação Alimentar project.

PALAVRAS-CHAVE: Epidemiologic surveillance; Primary health care; Domiciliary visiting

PP326 - ALTMETRICS TO ASSESS THE FEASIBILITY OF Aedes Aegypti INFORMATION PUBLISHED ON THE WEB BY TELESSAÚDERS/UFRGS

Siqueira AC ¹; Possaura A ¹; Camini C ¹; Bastos CM ¹; Vargas RA ¹; Umpierre RN ¹; D'Avila OP ¹; Martins LFP ¹; 1 - TELESSAÚDERS/UFRGS;

Introduction:

In the first three weeks of January 2016, there were 73.872 cases of dengue in Brazil. According to the Ministry of Health, there was a 48.2% increase in the number of cases compared to the same period in 2015. In order to contain the epidemic, the TelessaúdeRS research project of the Graduate Program in Epidemiology of University Federal do Rio Grande do Sul has developed a strategy combining education campaigns and online information. Implemented in collaboration with the Ministry of Health and the Health Office of Rio Grande do Sul, the strategy aims to educate the public about the need to combat the *Aedes aegypti*, which transmits the dengue, Chikungunya, and Zika viruses. Courses and videos provide information on characteristics of the mosquito-borne disease and forms of protection. The channels used include social media like YouTube and Facebook. This paper analyzes the visibility of educational and informational materials produced and made available online by TelessaúdeRS and its partners.

Method:

Quantitative analysis based on alternative metrics of online activities. The research quantifies visits, downloads and evaluations by users of those materials.

Results and Conclusion:

Between November 2015 and January 2016, TelessaúdeRS published 125 materials on the subject on the Internet. Preliminary data indicate that these were visualized by 227,766 users in Facebook®, YouTube® e Twitter®. A strategy with guidelines for combating *Aedes* was well received by web users, showing that social media can be important allies in the dissemination of health information in emergency situations.

PALAVRAS-CHAVE: Aedes; Dengue; Health Communication

PP327 - AN EXPERIENCE REPORT: THE PRACTICE OF LIAN GONG TO UNPRESCRIBE THE SELF-MEDICATION BY PATIENTS WHO SUFFER OF CHRONIC DISEASES.

Costa D R ¹; Luis F R ²; Silva I A S R ³; Santos MZP ⁴; 1 - Residencia de Medicina de Família e Comunidade Fundação de Saúde de Palmas; 2 - Residencia de Medicina de Família e Comunidade da Fundação de Saúde de Palmas; 3 - Faculdade Presidente Antônio Carlos Porto Nacional. ; 4 - Secretaria de Saúde de Palmas;

Introduction and Objective:

The Lian Gong has been created by an orthopedist called Zhuan Yuen Ming, China in 1974 and introduced in Brazil by 1987. Three steps that stimulate the disciplinary practice of rhythmic movements, also improve the blood circulation and energy flow. Considered a mild intensity physical activity, designed to any age or group, can be practiced anyplace, and doesn't require particular shoes or clothes. Exercises are made with people standing, followed by a specially music which is developed to practice using natural breath. The regular practice can help the subject improve his clinical condition, combat the symptoms of stress, anxiety, joint pain and muscle, give him balance, breathing and self-esteem.

Describe the practice of Lian Gong for Hypertensive and Diabetics.

Methodology:

The Capim Dourado group has began at USF 806 South in 2011. Were Idealized by a competent Health Agent, set out to accomplish the Lian Gong in the group of hypertensive and diabetic. In 2014, with the entry of Community and Family Medicine residents on the team, territorial diagnosis had identified potentials such as: qualified proactive ACS, group referred improvement of quality of life with use of the technique, and problems: physical inactivity, obesity, chronic pain, complainant patients, large numbers of diabetic and hypertensives without a treatment adherence.

Results and Conclusion:

Defined the group's objectives, amplified the frequency of the days of physical activity and the construction of an indicator to measure the results. Fulfillment of group members, regular participation, pain decreased, anti-inflammatory use and benzodiazepines, the symptoms of stress, and improved self-esteem.

PALAVRAS-CHAVE: Lian Gong; Family Health Program; chronic diseases

PP328 - AN IMPACT EVALUATION OF A CARDIORESPIRATORY BASIC SUPPORT'S TRAINING TO PRIMARY HEALTH CARE'S PROFESSIONALS IN ARAGUARI COUNTY

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INTRODUCTION AND OBJECTIVE:

The cardiorespiratory basic support has a great relevance to keep patient's life to an advanced support, as first aid. Primary health care professionals must be prepared to this assistance, because they may face this emergency eventually. Therefore, the present study aimed to analyze a cardiorespiratory basic support's training impact evaluation to Primary Health Care's professionals of two teams of Araguari count's Family Health Care.

METHODS:

A cardiorespiratory basic support' structured questionnaire was applied to nine of 16 employees of the service that were volunteers on the training. The knowledge was evaluated before and after the training with the same questionnaire. The data were organized and analyzed with the Student's t Test.

RESULTS:

The pre-training general indices' were 66,7% rising to 97,78% post-training. The training was statistically significant (p value = 0,0050 to 5% of significance, $p < \alpha$). A rise in 44,44% was noticed when we evaluated how to help a victim's breathing technician. About performing the mouth-to-mouth ventilation, it became a 100% of right answers. When asked about the right position to perform a heart massage (77,78%) and the correct body part to a heart massage (55,56%), 100% of the assessed people knew it correctly post-training.

CONCLUSION:

The training improved the Cardiorespiratory Basic Support's knowledge level of the Primary Health Care's professionals, supporting the institutional needs to keep a constant and active permanent education program.

PALAVRAS-CHAVE: Primary health care; Family health; cardiopulmonary resuscitation

PP330 - ANALYSIS OF SOCIOECONOMIC PARAMETERS ON FAMILIAR RISK STRATIFICATION

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INTRODUCTION AND OBJECTIVE:

Health consolidation in Brazil was based on five principles - equity, universality, comprehensiveness, decentralization and social control - that guided the construction of Brazilian Health Unified System. Therefore, the first level of health care was developed. Among its bases, stands out the Familiar Risk Stratification, fundamental key in the promotion of equity. It is an appliance that consists on gathering datas that reflects community health, and, based on socioeconomic and health parameters, prioritize families with greater difficulty. This tool is used on planning actions on health promotion by Family Health Unit. The main objective of this research is understand and discuss the criteria used for the determination of socioeconomic parameters in the Familiar Risk Stratification and classification of families. As specific objective, was analyzed the determination of leader family; per capita monthly income and family's water supply.

METHOD:

The methodology used was systematic literature review of selected bibliography on scientific databases.

RESULTS AND CONCLUSIONS:

Researches showed that some of the parameters used are incompatible with reality. The per capita monthly income of 60 reais (brazilian currency, about 15 dollars), for example, is a amount out of date - stablished before 2009 - that today is not enough for basic needs. The analysis of parameters of water supply and Family Leader of literacy were considered reasonable. It is important to emphasize the necessity of gathering reliable datas. Therefore, it is concluded that the Familiar Risk Stratification is undoubtedly an excellent tool in diagnosing general health of the community, even with its flaws.

PALAVRAS-CHAVE: Socioeconomic Factors; Income Distributions; Health Status Indicators

PP331 - ANALYSIS OF THE APPROACH OF THE GROUP OF IMPLEMENTATION AND SMOKING TREATMENT IN A PRIMARY CARE UNIT TO HEALTH

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Introduction:

In Brazil, it is estimated that around 200,000 deaths / year are caused by smoking (PAHO, 2002). The National Programme for Tobacco Control (NTP) aims to reduce the prevalence of smoking and the consequent morbidity and mortality from tobacco-related diseases. The municipality of Rio de Janeiro has worked in the approach and treatment of smokers, intersectoral and interdisciplinary, meeting program objectives.

Objectives:

To describe the profile of the group approach and treat the smoker and analyze their outcomes.

Method:

A descriptive study of cases treated in the 2nd half of 2015 in a primary care center in the health care (PHC). Data were obtained from medical records and standardized spreadsheet program. a database was drawn up after submitting them to descriptive statistics with simple frequency distribution and absoluta.

Results:

Population: 46 patients, 73% were female. prevalent age range: 18-59 years (64%), 51% with high degree of dependence on very high. We also note that those who started smoking before age 20 (93%) have higher degree of dependence. Non smoking in the last query: 77.7%, of these 91% used nicotine replacement therapy.

Conclusion:

We assessed the implementation of the smoking group as an important device in the area of smoking cessation. We need to move on this approach for a growing number of smokers can quit smoking within the Primary Care.

PALAVRAS-CHAVE: primary care; smoking treatment; Tobacco Control

PP332 - ANALYSIS OF THE HPV PREVALENCE AND MASS VACCINATION

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Introduction:

Human Papillomavirus (HPV) is a DNA virus, encapsulated, belonging to Papovaviridae family with carcinogenic character, associated to cancer of the cervix, second leading cause of cancer in women. HPV is the most common STD among both men and women, affecting mainly between 18-28 years. This disease is characterized by warty lesions, itching, burning sensation, dyspareunia, pain and bleeding. In 2015, the Brazilian government plans to vaccinate girls aged 9 to 13 years, trying to cover the age group that has not yet started their sex life.

Objectives:

To evaluate the magnitude of HPV in women attending a Primary Care Unit in Health, in Fortaleza-CE.

Methodology:

A retrospective cross-sectional study were reviewed medical records of 3438 patients referred from 1 July 2010 to 31 July 2015 at the UBS Mirian Porto Mota in Fortaleza, Ceará.

Results:

The prevalence was 0.23% (n = 8) HPV positive. The average age of these was 32.63 years, ranging from 19 to 48.

Conclusion:

The prevalence of HPV in the population studied was lower than what has been observed in the literature, whereas the variation in prevalence in different populations it is (ranging from 1.4% to 25.6%). Vaccination may be useful when considering the prevalence of 90% of HPV in women with cervical cancer and taking into account the financial expenditure of vaccination is less than the direct and indirect cost of treating this disease.

PALAVRAS-CHAVE: Papillomaviridae; Mass Vaccination

PP334 - AND IF YOUR PET GOT SICK? WHEN THE PET CARE IS THE GATEWAY TO THE HUMAN CARE

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Practice in primary care has increasingly faced the complexity of caring. The comprehensiveness model of health-disease (in which factors such as biological, psychological and social play a fundamental role both in the person's and family's health), has been largely applied. On the other hand, veterinary medicine practices for small animals (pets) have traditionally focused upon the diagnosis and treatment of diseases. Some researchers have claimed that pet health care can also impact on those intimately involved with the animal. Within the systemic paradigm, it has been suggested that there would be a parallel between pet care and child care since they are practices which required holistic models of attention, including the family in its adaptation process to an illness recovery condition. In this report, we claim that veterinary pet care should cover the animal disease process as well as its potential impacts on family homeostasis. Based on such assumption, we argue that the veterinary pet care should be focused upon the human-pet linkage. In this model, the classic features of semiotics, workup and therapy, are complemented by the attention and social and emotional support to tutors accompanying the pet. According to the relational point of view, family network suffers the impact of health situations and disease experienced by the pet and, therefore, guidance and care might be needed. Thus, the techniques involved in pet health care should be redesigned in order to include ideas, feeling and expectations of the pet's tutors through a family-centred veterinary care practice.

PALAVRAS-CHAVE: Professional-Family Relations; Comprehensiveness; Animal Technicians

PP335 - ANKLE BRACHIAL PRESSURE INDEX HELPS TO CLARIFY CARDIOVASCULAR RISK

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Introduction and Objective

Peripheral arterial disease (PAD) causes symptoms, most notably leg pain when walking (intermittent claudication). 70%–80% patients are asymptomatic. Of patients with intermittent claudication, only 7% will undergo lower extremity bypass surgery, 4% major amputations, and 16% worsening claudication, but stroke and heart attack events are elevated, and the 5-year mortality rate is estimated to be 30% (versus 10% in controls).

Method

24 general practitioners from all regions of Slovakia under supervision of specialists - angiologists assessed 2207 consecutive patients over 60 years. We use ultrasound blood flow detector - Doppler probe and a sphygmomanometer to measure brachial and ankle blood press. Then we calculated Ankle Brachial Pressure Index (ABPI).

Results and Conclusions

9,4 % of patients had decreased ABPI < 0,9 and 23,2 % of patients ABPI > 1,2. 67,4 % of patients had normal ABPI 0,9-1,2. By questionnaire of risk factors and complications we detected that patients with decreased ABPI have significantly increased risk of myocardial infarction and stroke. Decreased ABPI is more often in men, smokers, diabetics, suffered by high blood pressure, patients with dyslipidemia and people with lower education.

Patients with lower ABPI are at high risk of stroke and heart attack events so they need further active management of risk factors. ABPI test is a similar and cheap tool for the non-invasive screening of PAD. Examination may help in the further practice not only in the differential diagnosis of lower extremity pain, but also clarify cardiovascular risk.

PALAVRAS-CHAVE: cardiovascular risk; peripheral arterial disease; screening

PP337 - ASSISTANCE TO THE POPULATION CARRIED OUT BY AN ACADEMIC LEAGUE TO COLLECT DONATIONS FOR ELDERLY SHELTER IN ANAPOLIS-GO

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Introduction and Objective

The Academic League of Family Medicine and Community (LAMFA) decided, through its extension direction, to accompany a home for the elderly in the city of Annapolis - Goiás - Brazil: by the name of Mount Sinai. Noting the difficulties encountered by the coordinator of the institution, the league decided to intervene by raising funds for the shelter. In partnership with Brazil Park Shopping promoted a nonprofit Cardiovascular Risk and Diabetes Evaluation Circuit. At the end of the activity, a student exposed the goal of the action by explaining the shelter's situation and asked for donations. Showing society the problems the elderly's shelter was facing was a chance to try to promote quality of life for these people.

Method

The action was developed in shopping throughout its opening hours. Two identical circuits, each with four stations was made. The stations were: identification and pressure measurement, anthropometric measurements, blood glucose and guidance about risks factors, respectively. After the circuit, the participant would be referred to a stand with photos of visits at the nursing home where he would be made the invitation to donate to the shelter (the donation would demand the free and with no obligation).

Results and Conclusions

With satisfactory organization, the activity was dynamic keeping the students always busy with a participant, thereby promoting comprehensive care. Previously, we established a pattern to be followed that would always have the participant's perspective, following it got great success and approval.

PALAVRAS-CHAVE: Community Health Services; Comprehensive Health Care; Health of Institutionalized Elderly

PP340 - ATELIER LIFE: THE EXPERIENCE OF ACS IN CRAFTWORK GROUP CREATION

VILLARINHO ACSR¹; RANGEL RTC¹; MIRANDA DB¹; OLIVEIRA LS¹; 1 - CLINICA DA FAMILIA NILDO AGUIAR;

Introduction and goal:

It's craftwork group developed by ACS, in Family Clinic Nildo Aguiar since March 2012, with the participation of users of various team group. Initially this work aimed to promote the socialization of women who attended the unit complaining of loneliness, sadness and the like.

Method:

Initially, this study aimed to promote the socialization of women who attended the unit complaining of loneliness, sadness and the like. At first, the NASF psychologist accomplished consultations on the drive to unit and headed for the group as a form of therapy. The group currently works as a form of entertainment, a source of income and development of psychomotor skills.

Results and conclusions:

Creativity is part of the group and even use materials past their expiration date in the manufacture of our parts. We participate in the unity of ornamentation in festive celebrations and perform thematic bimonthly atelier. Throughout this period, we observed a significant improvement of various users, both in the family daily contact as in manual skills. The work was increasingly being requested by the buyers, which increased the enthusiasm of users. With the motto sharing, we could even work with some the question of individualism, always encouraging the exchange of experience both, as materials. We expect to continue this significant project, changing lives and transforming dreams

PALAVRAS-CHAVE: acs, craftwork, group

PP342 - AUDIT: RETINOPATHY AND DIABETIC NEPHROPATHY SCREENING IN A FAMILY HEALTH TEAM

César AC ¹; Mendonça LG ¹; 1 - Hospital Odilon Behrens;

Introduction and Objective

The diabetes management in primary care, prevent/delay the onset of microvascular complications. Telephone survey (Vigitel) in 2011, showed the adult prevalence of 5.6%. It is higher in low schooling and older. Diabetic retinopathy (DR) is the 1st cause of acquired blindness in adults. After 20 years of DM2 diagnostic more than 60% have some form of retinopathy. Diabetic nephropathy (DN) is an additional risk factor for such retinopathy. The DN is associated with premature death from uremia or cardiovascular problems. It is the leading cause of chronic kidney disease in dialysis services. The prevalence of macroalbuminuria in DM2 ranges from 5% to 20%. The objective was to audit the screening of DR and DN in January/16, for the period from April/14 to November/15.

Method

Search in electronic medical records System (GESTÃO) information about DR screening - referrals to ophthalmologists - and DN urinary albumin/creatinine ratio isolated and glomerular filtration rate (GFR) from creatinine by the MDRD equation. It followed the recommendations of the AMERICAN DIABETES ASSOCIATION, 2015.

Results and Conclusions

It found a prevalence of 4.19 % (172) of DM2. Of these 55% had forwarding to DR screening; DN for 73.83 % (127) with albuminuria/creatinine ratio and 86.04 % (148) with GFR. Most DN screening rate compared to DR is mainly due to easier find if data records. But to reach the totality in both screens both records in records as linking the patient are needed.

PALAVRAS-CHAVE: Diabetes; retinopathy; nephropathy

**PP345 - ASSESSMENT OF HEALTH STATUS OF PUBLIC SCHOOL
INDIVIDUAL: IMPLEMENTATION OF THE HEALTH IN THE SCHOOL
PROGRAM**

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SILVA, M. L. B. ²; EVANGELISTA, J. L. ²; SANTOS, C. M. A. ²; MARIA, C. C. ²;
MACEDO, R. M. A. ²; PIRES, J. A. S. ²; MAIA, R. C de A. ¹; ALVES, A do S. C.
F. ¹; 1 - UFRN; 2 - USFCII;

Introduction:

The School Health Program encourages the articulation between the sectors of education and health to prevent injuries and illnesses and promote the health of individuals

Objectives:

To assess the health conditions of children and adolescents and youth in a public school.

Methods:

Assessment study of quantitative and qualitative approach. Held at public elementary school level Euripides Barsanulfo, located in Natal-RN by professionals of the Family Health Strategy. Were picked up school data suggested by the ministerial manuals Look Brazil and School Health Program: weight, height, body mass index, sneler test, obesity, vaccination and malnutrition in order to identify problems, monitoring and evaluation of actions.

Results:

Of the population of 80 children, 31 were selected (38.75%) students of both sexes respecting the criteria to be present if the days of looking school to capture the data and performing all measurements even have done the queries sent for specialties. Of this sample, 5 students (16%) had the need to use glasses and two students (6.4%) had other difficulties (nutritional and vaccination schedule). Before it was updated vaccination status, consultations with nutritionist and distributed glasses following ministerial recommendations.

Conclusion:

The survey identified health issues such as immunization, nutritional status and vision problems and managed to fix them. However, it is known that for the promotion of health of individuals is important to conduct a more holistic approach, composing thus a proposal for future work on assessing the health of children, adolescents and young people who are in public schools.

PALAVRAS-CHAVE: Primary Health Care; Health Promotion; School Health Promotion

PP346 - EVALUATION OF A RELATIONSHIP IN GUIDANCE MODEL ACCESSION TO THERAPY IN DIABETIC PATIENTS TYPE 2

Lamounier EJ¹; 1 - Secretaria Municipal de Belo Horizonte;

Introduction and Objective:

Diabetes Mellitus (DM) is a chronic and progressive disease with no known cure and one of the most important causes of morbidity and mortality worldwide. This study aimed to verify the degree of medication adherence of patients with type 2 diabetes after educational intervention, performing guidance on medication adherence.

Methods:

Data were collected through individual interviews in home visits, with the holding of two meetings with patients with type 2 DM conducted of the Facility, the Treatment Adherence Measure Test (MAT). After collecting the questionnaire responses, initiated by reading the guidelines and delivery of a primer on guidelines for medication adherence. From a month from the date of the first meeting was held new home visit for reapplication of the MAT and application issue Haynes et al. (1980). Participated 118 volunteers with Type 2 diabetes, attended by Team 01, the Health Center Etelvina Carneiro, Northern District, in Belo Horizonte. Data collection was carried out between the months of December 2013 and January 2014.

Results and Conclusion:

Adherence to drug treatment for diabetes control after the approach performed in the study was obtained an increased prevalence of 26.3% to 90.7% membership. It follows the efficiency and the importance of being an educator in Diabetes, which consists in carrying out directions and explanations to diabetic patients on medication adherence regularly and periodically, giving a better adherence to therapy.

PALAVRAS-CHAVE: Accession; Diabetes Mellitus; Prescribing

PP347 - DENTAL ASSESSMENT IN THE NEONATE IN THE BASIC HEALTHCARE UNIT

Machado LV ¹; Araujo FM ²; 1 - Clínica da Família Cabo Edney; 2 - Clínica da Família Cabo Edney;

It is important to discuss the role of oral health in the early consultations child. As in the neonatal period the child is subjected to medical appointments and nursing to carry out vaccinations, and overall clinical monitoring, examination dental is also important for a complete and interdisciplinary monitoring of health of the newborn.

This work aims to discuss the importance of dental evaluation in the child's follow-up in the first months of life, especially in the neonatal period.

A dental evaluation is performed by a dentist who evaluates the oral cavity to identify some kind of abnormality. At this time the charge is driven in caring for the oral hygiene of the newborn, and the importance of breastfeeding the proper development of the oral cavity, as well as the risks of using teats, feeding bottles and teats. A dental evaluation consultation occurs after routing done by nurses or medical staff, by spontaneous demand or even by home visits in partnership with community health workers.

It concludes that a multidisciplinary approach is important for the integral care to children's health, which should include the promotion of oral health, including guidance on oral hygiene of children, encouraging breastfeeding and the risks of using pacifiers , teats or bottles.

PALAVRAS-CHAVE: Dental health; Newborn; Dentistry

PP348 - AWARENESS ABOUT THE IMPORTANCE OF EXCLUSIVE BREAST FEEDING UNTIL THE FIRST SIX MONTHS OF LIFE

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INTRODUCTION AND OBJECTIVES:

Exclusive breast feeding brings uncountable benefits in long-term to mother and baby. Stands out the child immunologic protection, the low risk of mother develops breast cancer and diabetes, as well as the fortification of mother and child relationship. However, even with all these benefits, the exclusive breast feeding prevalence until the six first months of life in Brazil is about 38,6%, lower than Ministry of Health reference numbers. This study has the objective of aware the population of Nova Águas Lindas Basic Unit of Health, in Ananindeua, Pará, Brazil, about the importance of exclusive breast feeding until six months of life.

METHODS:

This study is a descriptive experience report done as an intervention project fulfilled with awareness lectures about the theme to Nova Águas Lindas population, mainly to Community Health Agents and pregnant women.

RESULTS AND CONCLUSIONS:

During the lectures, the community participation was very helpful to project execution. Through them, the researchers could clarify many doubts and myths related to this subject. The project could reach more than the expected public, people of different ages participated and increased discussion in a very positive way. Therefore, it is possible to conclude the project brought constructive results to community and exclusive breast feeding until the first six months of life is a topic that involves many doubts to population, being important the realization of other projects with this thematic, in order to instruct people in the best way, promoting protection and support to exclusive breast-feeding.

PALAVRAS-CHAVE: Breast Feeding; Health Promotion; Awareness

PP349 - AWARENESS OF WOMEN IN BELÉM, AMAZONIA, AS TO THE PRENATAL, CERVICAL CANCER AND BREAST CANCER.

Batista NO¹; Ribeiro PCG¹; Lima RR¹; Castro BEPM¹; Oliveira RB¹; 1 - Universidade Federal do Pará;

Introduction:

Difficulty in accessing health services, irregularities in carrying out preventive examinations, lack of knowledge about the disease, are difficulties encountered by the Primary Health Care in the early diagnosis of major comorbidities that affect women. Therefore, the objective was to conduct an educational and preventive action with women from a vulnerability social community of the city of Belém, to explain and teach them to recognize the key signs and symptoms and educate them about the importance of self-examination and the annual preventive.

Methodology:

The stand of attention to women's health was an extension activity. Covering topics such as prenatal care, exam of prevention of cervical cancer (Pap test) and breast. The approach was mainly informative and educational, through dialogue on the topics and distribution of folders.

Results and Conclusion:

About 30 women of different age groups, community residents, were met during the action. Most women who receive guidance on preventive measures were already mothers, unaware of some of these measures and all reported difficult access to health services for periodic consultations, as the only health service working in the community was not enough. Thus, we see the urgent need for measures to expand health coverage for women of this community. Besides the importance of Health Education, actions like this to know the difficulties faced by the people and educate them about health prevention measures.

PALAVRAS-CHAVE: Women's health; Education; Prevention

PP351 - BIOPSYCHOSOCIAL STUDY IN LEPROSY PATIENTS : A SURVEY ON DISABILITY AND PREJUDICE

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The prejudice against leprosy has ancient origin, which makes the stereotype of the disease involved injuries and discrimination. The process of becoming ill was transformed into processes mechanically controlled by protocols. The objective of this work is to demonstrate that the patient needs more attention and integrated access to information about the disease.

The research took place at the University Hospital Julio Muller, a reference center for leprosy in the region and was held in January and August 2014. A questionnaire was applied to twenty patients, containing 25 questions related to the process of becoming ill and the changes that happened in work, psychological and family. For the research was used a color system: green: yes/lot; Yellow: maybe/bit; Red: no/nothing. To fit the research the patient had to already have the diagnosis.

Of the respondents, 75% did not know what it was leprosy before having the disease, these 75% earned less than a minimum wage and all the illiterate respondents did not know what was the disease. Among the patients, 40% had some degree of rejection after diagnosis. 65% of respondents were in working age and only 20% were able to continue working.

The results of this study allow us to affirm that knowledge about what the disease is not well spread in the population, particularly with low education. What contributes to the strong stigma of the disease. Apart from that it's needed to avoid the potentially incapacitating of that disease, making early diagnosis.

PALAVRAS-CHAVE: Leprosy; Biopsychosocial; Prejudice

PP352 - BREAST CANCER SCREENING IN JORDAN.BARRIERS AND CHALLENGES

Wafa Halasa¹; 1 - Ministry of health. NCD directorate;

Introduction and objective:

Globally breast cancer is the most frequently diagnosed cancer in women. Breast cancer rank number one cancer in Jordan. National cancer registration began in 1996 with the establishment of Jordan Cancer Registry (JCR) . National efforts to promote universal screening for Jordanian women are led by Jordan Breast Cancer Program (JBCEP), established in 2005. In the absence of regular systemic screening for breast cancer, mammography is an opportunistic health care service. Objective : to assess knowledge of breast cancer, mammography screening participation rate, barriers, attitudes and perceptions towards mammography screening among Jordanian women eligible for mammography screening.

Methods:

Reviewing national studies, investigating screening rates, knowledge, attitudes, perceptions and barriers towards mammography screening, based on national surveys done in 2006, 2011 and 2014.

Results and conclusion:

Mammography screening is low not exceeding 10%. Results revealed negative perceptions and limited knowledge of study participants on breast cancer and breast cancer screening. Most common barriers were; fear of results, no support from surrounding environment, cost of test and religious belief (fatalism). It is essential for the country of Jordan to work on applying regular systematic mammography screening for breast cancer. Other areas that could be targeted include access to screening in rural areas and removal of current barriers (mainly the need for providing free mammography screening; knowledge and misconceptions related to breast cancer and /or mammography screening in Jordan)

PALAVRAS-CHAVE: breast cancer; mammogram; Jordan

PP353 - BREASTFEEDING AND PRENATAL EDUCATION IN PRIMARY HEALTH CARE AT THE RURAL AREA IN ECUADOR

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Introduction and Objective;

In order to improve infant exclusive breastfeeding rates, in Ecuador was designed and implemented the prenatal education program in the primary health care. The aim of this study was to identify the association of the prenatal education and the early initiation of breastfeeding and exclusive breastfeeding among women at Yaruqui Hospital in 2015

Method;

A cross- sectional study was conducted among 100 women whom had their delivery at the Yaruqui Hospital located in rural area of Ecuador. The convenience sample was selected randomly from the health records in 2015. Data related with prenatal education and breastfeeding was collected from two questionnaires used by the Ministry Public Health and WHO. Univariate and bivariate methods were used to identify the association among the prenatal education in primary care and the early initiation of breastfeeding and exclusive breastfeeding among women

Results and Conclusions;

Of the 100 women 92% were “mestizos”. The prevalence of exclusive breastfeeding was 44%. The prevalence of women who participated in the prenatal education was 54%. The early initiation of breastfeeding was associated with exclusive breastfeeding (OR: 3.65; 95%CI: 1.11 – 11.9) p: 0.04. Prenatal education was not associated with exclusive breastfeeding (OR: 1.22 95%CI: 0.55-2.71) p: 0.76.

Our results indicate that early initiation of breastfeeding is associated with exclusive breastfeeding and the prenatal education in primary health was not associated with exclusive breastfeeding. These results suggest take in to account another variables in the rural area such as a cultural issues as part of the process to improve the prenatal education in primary care.

PALAVRAS-CHAVE: Prenatal Education; Breastfeeding; Rural population

PP354 - BREASTFEEDING CLINIC PROGRAM: SUPPORTING WOMEN AND CHILD THROUGH BREASTFEEDING PROCESS IN A PRIMARY HEALTH CARE (PHC) CENTRE IN VALPARAÍSO

Salgado-Diez, B ¹; Rivas, M ¹; Witt, M ¹; 1 - CESFAM Jean y Marie Thierry;

Breast feeding is one of the most important protector factors for integral child health. The world health organization recommends exclusive breastfeeding (EBF) in children up to 6th month old. In Chile EBF up to 6th month old is around 56% (2013), prevalence that has had an increase after the extension of maternity leave up to the newborn's 24 weeks old (44%, 2012). In the case of Jean y Marie Thierry (JMT) PHC Centre, Valparaíso; in 2014, there was a prevalence of EBF at 6th month age of 30%. Due to the low prevalence reached in JMT, in relation to national data, a breastfeeding Clinic program has been implemented during 2015. It has consisted in weekly meetings between a group of mothers and their infants with difficulties or inquiries about breastfeeding, leaded by a breastfeeding support trained midwife. The aim of this observational study is to evaluate if Breastfeeding Clinic program implemented during 2015 has had impact in EBF in under 6th month infants from JMT. Average of EBF at first, third and sixth month old has been compared between years 2014 (58,2%, 53,4%, 30,3%) and 2015 (74,7%, 69,8%, 48,8%), respectively. T-test has been applied to the independent means. The tree means compared had significant statistical difference. After data analysis is possible to conclude that there was a statistical significant increase in EBF in the period. It could be related to the breastfeeding clinic program implemented.

PALAVRAS-CHAVE: breast feeding; child health; health promotion

PP355 - BREASTFEEDING IN THE PREVENTION OF CHILD OBESITY

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Introduction and Objectives:

The childhood obesity is a chronic disease that affects around 10% Brazilian children and is associated with several comorbidities. Breastfeeding, according to the World Health Organization (WHO), has been showing to be a tool against the progression of this scenario, especially when the Family Health Team (FHT) acts encouraging it. The work aims to relate breastfeeding to the genesis of childhood obesity and other diseases, and point out the role of the FHT as a stimulating agent of this act among mothers.

Method:

Literature reserch (SciELO and PubMed).

Results and conclusions:

Breastfeeding, being usually the first postnatal food contact, is essential for the formation of "metabolic imprinting". Bioactive factors in breast milk are important in adipogenesis and in the regulation of satiety infant. Newborns that are not breastfed effectively have a deficit in the intake of these factors which causes the increased formation of adipose tissue, decrease satiety and early induction of artificial milk diet. Nutritional changes in the infant's diet generates a "metabolic imprinting" that can trigger childhood obesity and comorbidities such as type II diabetes, heart failure and liver disease. Thus, primary care, through health education, has an essential role in guiding mothers about the importance of breastfeeding. Failure to perform this act could result in homeostatic changes and greater chances of children developing the diseases mentioned.

PALAVRAS-CHAVE: breastfeeding; obesity; primary care

PP356 - BREASTFEEDING: FROM A PAINFUL TO A PLEASURABLE EXPERIENCE – AN HEALTHCARE TEAMWORK

Galante, APS ¹; 1 - USF Santa Joana, Aveiro ;

INTRODUCTION:

Breastfeeding is considered one of the fundamental pillars for the promotion and protection of children's health. The WHO recommends it exclusively to the sixth month of life (and preferably, as supplement, up to two years), because of its benefits for the baby and mother's health and welfare. However, this experience isn't always easy, often supported by health professionals, who must be properly prepared.

CASE REPORT:

Woman, 29 years old. G1P0, high-risk pregnancy, didn't attend preparation classes for childbirth. Term pregnancy, eutocit birth, newborn with IUGR. Choice of exclusive breastfeeding. After two weeks, she comes to the Family Physician, referring she wants to stop breastfeeding because it had become a painful experience, with painful breasts and cracked nipples, and also because her daughter cried easily. It was established a multidisciplinary teamwork (between doctor and family nurse), with a monitoring plan for teaching and promoting breastfeeding. The main goal was the learning, development, training attitudes and skills to breastfeeding practice. The mother regularly returned to the Health Unit to strengthen education and observation of the effectiveness of techniques taught. After a few days, it was visible on mother's face the pleasure of breastfeeding again, and also on daughter's one, who increased weight properly.

CONCLUSION:

The decision to breastfeed is personal, subject to a multidimensional factors that influence a woman's life. This case highlights how the success of breastfeeding often involves the intervention of health professionals, in order to achieve a successful establishment of breastfeeding.

PALAVRAS-CHAVE: Breast Feeding; Health promotion; Primary Health Care

PP357 - BUILDING INTERSECTORAL WAYS TO HEALTH PROMOTION IN THE TERRITORIES OF THE FAMILY HEALTH (SMSRJ-BRAZIL)

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Health must be understood broadly where other integrated strategic actors, build a network favorable to their development and their social conditions. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional integrated at Primary Care Units, reinforces that map the public partners and private allows you to perform more effective and transformative plural actions. Objective: Pointing to the importance of a network of partners in the expansion of the health territory from the intersectionality. Method: Analysis of the effects of the joints in the territory and the population of the bond of relationship with the Family Health Strategy in the health region AP 4.0 by means of the monitoring instruments. Results and Conclusion: The actions taken after the situational diagnosis promoted an increase of 18.8% in the number of people who spontaneously joined in the Academia Carioca Program and who have registered at the Health Unit. Noteworthy is also the growth of the formed Partner Network, currently, by 17 employees. Building a network proposed by the working process of Academia Carioca Program shown to have contributed to the increase in the potential of intersectoral Primary Care Units. In this scenario, the integration of actors constitutes health promotion as it democratizes information and decentralizes power, favoring autonomy on best practices that strengthen the links, community life and belonging relationship with the municipal public health service in the territories Family Health.

PALAVRAS-CHAVE: Intersectoral Action; Primary Health Care; Health Programs and Plans

PP358 - CAGE QUESTIONNAIRE FOR SCREENING AND COMBATING MISUSE OF ALCOHOL

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Accordingly to DSM-5, disorders related to alcohol dependency are associated to its abusive use that leads to clinical and social economic damage. Despite the impact of this disease on the subject's life and on the society, studies show that primary care physicians seldom do the properly approach of the issue. Knowing that the first step to elaborate health strategies is tracking problems, questionnaires as AUDIT and CAGE were created to get through the taboo that is the incorrect use of alcohol, one of the most significant causes of mortality on the health system, involved in chronic diseases, violent deaths and car accidents.

Being aware of it all, we decided to apply the questionnaire CAGE on rural community of the Brazilian Northeast called Resistência Potiguar. This questionnaire was chosen because of its practicality and its high sensibility and specificity (46-100% and 63-96%).

Finally, at 40 of the 120 houses of the community, we had positive results in about 50% of the tests what reveals a high rate of dependency as others studies made on similar communities made us expect.

After this first approach professional teams will make groups of psychology support and will develop the local economy on social economy basis in the pursuit of their empowerment, introducing them on the process to heal these and others disorders.

PALAVRAS-CHAVE: Tracking; Alcohol abuse; Rural communities

PP359 - CAMPAIGN "MIRROR, MY MIRROR": PROMOTION ACTS OF WOMEN'S HEALTH MATCHING THE VALUATION OF WOMEN SELF-ESTEEM.

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Introduction and Objective:

The life of the woman with her attributive nuance in relation to family and professional life is a focus on primary care in preventing complications that affect the gender, organically and emotionally. This is the purpose of the campaign "Mirror, my mirror" performed by students and members of the NGO IFMSA (International Federation of Medical Students' Associations of Brazil) - local committee of University of Ribeirão Preto. The aim is to report the development of the campaign and the remarks of the students about the outcome.

Methodology:

The campaign took place in 2015, and was an initiative of members of the Standing Committee on Reproductive Health & AIDS (SCORA), with the help of NGO CEPROAVI (Protection Life Center) of Ribeirao Preto. There was a participation of 87 volunteers from Medicine, Advertising, Psychology, Aesthetics courses, in addition to the Academic League of Gynecology and Obstetrics of UNAREP and the Pastoral. The structure had a space for children, psychological counseling focused on the enhancement of self-esteem, guidance on contraception, screening for breast cancer, as well as makeup and photo session.

Results and Conclusion:

We met 120 women in a disadvantaged community, performed 100 breast clinical examination as well as psychological assistance. We ended with a moment dedicated to beauty and perpetuated it with the photos. It appeared that the suggested activities proved to be effective in women's perception of self-care in reproductive and psychological health. It also reasserted the importance of primary care in the resolution of women's health.

PALAVRAS-CHAVE: reproductive health; primary care; self-esteem

PP360 - CAMPAIGN RSCONTRAAEDES: THE IMPACT OF MEDIA COMMUNICATION

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1. Introduction:

Due to the Brazilian National Emergency Public Health represented by the growing number of cases of Dengue, Chikungunya and Zika virus in Brazil, transmitted by the mosquito *Aedes aegypti*, the TelessaúdeRS/UFRGS was invited to be part of the campaign "RSContraAedes". In December 2015 four means of free services to the population and health professionals were launched: telephone channel, website, mobile app and WhatsApp, through which people can obtain information about signs and symptoms of diseases related to the mosquito and/or make a record of complaints of possible mosquito breeding spots. To publicize the campaign to the population we used a variety of media. This study aims to present and analyze the media used in RSContraAedes campaign and its impact on the number of connections the service.

2. Methods:

Quantitative and descriptive study with a focus on media used in RSContraAedes campaign from December 2015 to February 2016 and its impact on the number of calls to telephone channel.

3. Result:

We made 4,823 calls in two months, and the five days we had more connections represent 38% (1,851) of the total, distributed in decreasing order: 528 calls on February 12, 498 calls on February 15, 443 calls on February 11, 382 calls on February 16, 330 calls on February 17. It was observed that the constant dissemination in different types of media resulted in an increase in calls, with a peak of calls the day before and week after the February 13, 2016, the "D-Day" in which there was national mobilization to fight the mosquito

PALAVRAS-CHAVE: Aedes; Health Communication; Telemedicine

QUESTÕES GLOBAIS

PP361 - VACCINATION CAMPAIGN AGAINST INFLUENZA 2015: INTEGRATED ACTION SURVEILLANCE IN HEALTH AND FAMILY HEALTH STRATEGY

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Introduction:

The Vaccination Campaign against influenza 2015 occurred between May 4 to June 12, with the 09 May (D-DAY), day of national mobilization Vaccination with participation of about 915 health teams of the Family. The target population for vaccination, in the municipality of Rio de Janeiro, was 1,567,059, with a goal of 80%: 1,253,647.

Objective:

To vaccinate 80% of the indicated groups.

Methodology:

In the city, 221 vaccination rooms with 8,000 professionals involved worked offering the vaccine, plus the installation of 298 posts in extramural vaccination, operationalized by the Family Health Strategy, with funding and vaccination of groups at strategic locations in the territory. The campaign took place in an integrative way with disclosure made by the Health Community Agents, demand capture and vaccination.

Results:

At the end of the campaign were vaccinated 1,306,776 people in priority groups (total coverage reached 83.3%) for the Municipality of Rio de Janeiro, especially the groups: elderly (85.6%), postpartum women (121 %) and health workers (95.4%), those with goal achieved.

Conclusion:

The overall goal has been exceeded exceeding expectations highlighting the importance of the integration of primary health care through the Family Health Strategy, Health Surveillance in the planning and implementation of vaccination actions, implementation of extramural posts as order to facilitate access to vaccination, strengthening partnerships in areas that promote adequate vaccination coverage

PALAVRAS-CHAVE: Vacinação; Cobertura vacinal; Saúde da Família

ESTRATÉGIAS POPULACIONAIS

PP362 - CANDLE LIGHT MEMORIAL - VILA VELHA UNIVERSITY (UVV)

NASCIMENTO RC¹; ALENCAR AG¹; CARRERA MG¹; NETTO AF¹; SZPILMAN ARM¹; 1 - Department of Public Health, Vila Velha University;

INTRODUCTION.

It is estimated that 750.000 people are contaminated with HIV in Brazil, which prevalence is highly concentrated in most vulnerable population (men which have sex with other men, injecting drugs users and sex workers). The Southeast region have the higher prevalence of SIDA in the country.

OBJECTIVE.

The project was based on SIDA CandleLight International Memorial and aimed to educate the general population and medical students about the problematic related to HIV/SIDA through health education activities.

METHOD.

It was added medical schools in four states: UVV (ES), FAMINAS (MG), UNIFACS (BA) and USP (SP) in three phases of execution: Training - developed a local coordinators autonomy searching and set the multicenter union, with general understanding about HIV/SIDA, infection and prevention, concept of vulnerability; Retrospective - prejudice, suffering of HIV-positive patient, vertical transmission; and Intervention, where students and local volunteers of each region gathered together to do activities with the population with the purpose of honor SIDA victims and guide the participants about those topics.

RESULTS.

LC UVV action occurred during the classes interval at night period, in the central place of UVV, where circulated about 800 people, with distribution of condoms and pamphlets.

CONCLUSION.

Education campaigns are effective in health awareness about relevant topics in public health as HIV/SIDA. These Intervention strategies decrease the stigmas and prejudices, stimulate self-care through preventive and diagnostic measures of population.

PALAVRAS-CHAVE: HIV; SIDA; HEALTH EDUCATION

PP363 - CAPACITY BUILDING OF CHWS ABOUT CONGENITAL SYPHILIS BY MEDICAL STUDENTS AND MUNICIPAL SECRETARY OF HEALTH OF CAXIAS DO SUL

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Introduction and Objectives:

Brazil believes that the right to healthcare is the State's responsibility. In this context, 20 years ago has created the Brazilian National Health System – known as Sistema Único de Saúde (SUS) – free of charge. Thus, SUS has many professionals, but one of them is very different: the Community Health Workers (CHWs) – they are people who is responsible to visit families in neighborhoods and strengthen relations between the families and the Primary Care Unit. Knowing the importance of these professionals, medical students members of IFMSA Brazil created a project with the purpose to capacitate CHWs from Caxias do Sul about a great local problem: the growth of congenital syphilis (CS) cases.

Methodology:

Two days of workshops to capacitate 200 CHWs. The capacitate had two moments: introducing about CS (40 minutes) and dynamic groups with CHWs and medical students to explain the folder and take doubts (2 hours). This activity occurred through the association with the Municipal Secretary of Health of Caxias do Sul.

Results and Conclusion:

CHWs filled out a form with questions about the knowledge acquired and evaluated the quality of the workshops. “The workshop was good/great”, “the obtainment of knowledge about syphilis” and “provide preventive aspects to families assisted” was the aspects highlighted by 98%, 53% and 70,9%, respectively, of CHWs. With these results, we can say that we fully reached our goals; finally, work such as this should be encouraged because it helps personal and professional development of society and medical students.

PALAVRAS-CHAVE: Congenital Syphilis ; Health Promotion; Community Health Workers

PP364 - CARDIOVASCULAR RISK FACTORS, ACCORDING TO AGE GROUP, IN ADULTS. CUIABÁ-MT, 2014 .

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INTRODUCTION AND AIM:

Exposure to increasingly early cardiovascular risk factors has led to premature deaths, especially in low and middle income countries. Considering that many of the risk factors for cardiovascular disease (CVD) can be prevented and controlled, the study aims at estimating the ratio of some risk factors for CVD in adults in Cuiabá- MT, according to age group using data from VIGITEL-2014.

METHODS:

A cross-sectional study with 1509 adults aged 20 to 59, of both genders, living in Cuiabá- MT Brazil was made. They were interviewed via Telephone Inquiry (VIGITEL) by the Surveillance System of Risk Factors and Protection from Chronic Diseases in 2014. Risk factors such as smoking, obesity, physical inactivity, excessive intake of alcohol, excessively fat meats and diseases such as hypertension, diabetes mellitus and dyslipidemia were analyzed in the categories of 20-39 and 40-59 years of age.

RESULTS AND CONCLUSIONS:

The prevalence of hypertension, diabetes, dyslipidemia, smoking and physical inactivity was higher in the age group 40-59 years with statistically significant difference among age groups ($p < 0.05$). The excessive intake of alcohol and fat meats showed higher prevalence in the lower age group (20-39 years) but statistically significant only for excessively fat meats.

PALAVRAS-CHAVE: Cardiovascular; Risk factors; Hypertension

PP365 - CARING FOR CARERS: THE EXPERIENCE ON THE PROMOTION OF HEALTH OF PREGNANT WOMEN IN GROUP ACTIVITIES

Meireles GS ¹; Da Silva EF ¹; Vidal AA ¹; 1 - Clínica da Família Faim Pedro;

Introduction and Objectives:

This is an experience report on a work with a group of pregnant women attended by a family clinic in the city of Rio de Janeiro. The objective was to implement an educational process for health promotion of pregnant women through group activities in the Family Health Strategy.

Method:

Monthly meetings were held between October 2015 and January 2016 under the leadership of two nurses, aided by community health workers and other health professionals. It applied to Centering approach, where customers are authors of their own care. Every pregnant woman and partner or other companion, were asked in advance for their respective team. The topics to be addressed were chosen by the pregnant women in the initial meeting, using as a brainstorming technique ("brainstorming"). Each meeting had one or more health professionals as moderators, leading the subject of integrative and participatory way, through conversation circles.

Results and conclusions:

At each meeting there was a growing involvement of partners, beyond the perception of autonomy of pregnant women in their own care and demystification on breastfeeding and birthing process and postpartum. The experience has allowed better understand the demands of pregnant women and their families closer ties with them and draw improvement ducts for future meetings.

PALAVRAS-CHAVE: Pregnant women; Health Promotion; Family Health Strategy

PP366 - CARING FOR THE HEALTH TEAM: PREVENTION OF OCCUPATIONAL DISEASES OF COMMUNITY HEALTH WORKERS

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Introduction and goals:

The community health worker (CMW) is a key element in the health care model proposed by the family health strategy, linking between the community and the team and a tool for the population access to the health service. Due to their workplace these professionals are more exposed to occupational risks, being directly related to the appearance of diseases. These occupational risks are characterized not only by accident situations and diseases but also by the rupture of mental, physical and social balance of the workers. This research aims to identify and prevent common occupational risks' situations of CMW at Parque das Orquídeas Primary Care Unit, Parnamirim, Rio Grande do Norte state.

Method:

Qualitative study, experience report. A survey was used to identify the main occupational risks experienced by CMW.

Results and conclusion:

Risk of dehydration, skin diseases, headache, arthralgia, urinary infection and contagious infectious diseases were identified. As such, it was given a lecture addressing the prevention of major disease risk in the exercise of their occupation, then kits were delivered with squeezes and alcohol gel and a coffee break aimed at promoting healthy eating. The lecture contemplated healthy eating, skin protection and biosafety. It was observed the interest and satisfaction of the team regarding this event, because they demonstrated active participation through questions, reports and demonstrations. This research is relevant to public health due to the promotion of the CWM's health and valuing these professionals.

PALAVRAS-CHAVE: Community Health Workers; Occupational Risks; Public Health

PP367 - CARIOCA SCHOOL HEALTH PROGRAM (PSE CARIOCA): THE CHALLENGE OF INTERSECTORIALITY

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The Municipal Education System of Rio de Janeiro has 1457 schools. The Health System has 200 basic units, and Social Development has 61 reference centers. It is the combined efforts of these actors that operationalize the actions of the Carioca School Health Program. Take place different actions about Health Promotion, and guarantee of rights, health, education and social assistance. The PSE Carioca has in its structure: a Committee on Coordination in each Secretariat involved in the Program, an Intersectoral Working Group and 10 Management of Health in School and Kindergarten Regional Nucleus. These Nucleus act intersectoral way to stimulate the local interaction of schools with health services and social development, prioritizing the practice of health promotion in schools, revising protocols and valuing experiences. From the synergy of actions of the involved departments, the promoting of quality of life of the segments of the school community is strengthened. Positive results are identified in partnership with families, with priority given to assisted by Bolsa Família Program (BF) and Carioca Family Card (CFC). Also, it is possible to identify positive results with the monitoring of program actions, mobilization of student leaders forming young multipliers to work together with their peers in addressing topics like health education, equity, and sustainability. The PSE Carioca incorporated strategies and actions that strengthen intersectoral relations favorable to the health promotion, the conquest of the rights of children, adolescents and adults. Family and community ties are strengthened, guaranteeing the protection of students and / or families in vulnerable situations.

PALAVRAS-CHAVE: Health Promotion; Intersectoriality; School Health

PP368 - CARTOGRAPHIES OF DESIRE - DEALING WITH TEENAGE PREGNANCY IN BARRA DO CEARÁ, FORTALEZA- CE

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Introduction –

Morro de Santiago is a highly vulnerable community located on the outskirts of Fortaleza. Its families live among garbage, violence and precarious housing. The community is assisted by UAPS Lineu Jucá, where the Family Health League (LISF) is developing an internship following the work of the teams both in and out of the facility. One of the main health issues is the large amount of people as young as 13 years old who are already mothers.

Methodology and Results –

The LISF helped creating a library and cultural site made by the community called "Aqui tem sinal de vida". In this place, we develop workshops with children and teenagers, uniting craft work and recycling to health issues. Our aim was to get a profile of these young people and build affective maps, socially charting the population, locating their recreational spots, housing, study and matching the information to the epidemiological health data. This map will bring greater visibility of the universe of young people to health teams in their future actions and in their work towards the access to better quality of life and health.

PALAVRAS-CHAVE: teenage pregnancy; Cultural Characteristics; Social determinants of disease

PP369 - CASE REPORT – A RESIDENT FROM DENDÊ COMMUNITY IN FORTALEZA, BRAZIL: THE IMPORTANCE OF FAMILY APPROACH FOR HEALTH PROMOTION

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INTRODUCTION AND OBJECTIVE:

The Family Health Program shows that the approach within the families and the context in which they live is essential for health promotion, disease prevention and recovery. The use of resources for family approach serves to detect new intervention strategies. This study has the purpose to show the importance of family context for health promotion in the Primary Health Care.

METHOD:

Case report of Family resident in the Dendê community, located in Fortaleza, Brazil, conducted by interviewing the index patient. The interviews were made during home visits by medical students from the University of Fortaleza. The following instruments for Family assessment and intervention were used in order to better understand the family dynamics: Genogram, Eco-Map and APGAR. The students made out an intervention plan for the family problems, which was performed at a posterior visit.

RESULTS AND CONCLUSIONS:

The Genogram showed peculiarities in the functioning of the family, especially troubled relationship with the alcoholic husband. The APGAR resulted in 9 points, ranking family in "highly functional" according to reported by the index patient, but during the visits it was found that the family was dysfunctional. The Eco Map has identified weak relationship with the Basic Health Unit. The intervention based on this issues performed by the students was welcomed by the index patient and the family. We realize the importance of understanding the family operation and its dynamics for health promotion in the family.

PALAVRAS-CHAVE: Family Health; Health Promotion; Family Dynamics

PP371 - CAUSES-CONDITIONS THAT CONTRIBUTE TO THE ONSET OF SMOKING AND INVESTIGATION OF NICOTINE DEPENDENCE IN RURAL AREA OF CRETE.

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Introduction and Objective:

Smoking is currently the most important preventable cause of death. The aim of the study was to investigate the circumstances and reasons for starting smoking as well as nicotine dependence in a rural area of Crete and seek correlation with age, and educational level.

Method:

291 people, aged 18-79 years, of which 90.7% men and 9.3% women. Information on the socio-economic profile was recorded and a structured questionnaire about smoking habits was completed. To assess nicotine dependence, the Fagerstrom questionnaire was used in the Greek version.

Results and Conclusions:

5.5% declare illiterate, 40.9% primary education, 47.8% secondary, 5.8% had university education. 7% of smokers have started smoking before the age of 14. In 89.8% of cases, the first cigarette was given by a friend, 3.6% intimate partner and in 6.6% by brother/other relative. Only 39.6% liked first smoking experience. However, 32.4% are now heavy smokers. Smokers reported that they started smoking out of curiosity (59.1%), because they liked the first time (12.9%), to impress those around (14.2%), felt more mature(6.1%), to impress the other sex (9.9%), influenced by television/movies (2.8%). 45.3% (N = 132) showed a moderate form of dependence on nicotine (Fagerstrom 4-6), and 6.9% (N = 20), severe dependence (Fagerstrom 7-10). Males were of lower education level and older age, associated with high levels of dependence on nicotine (p <0,05). These results demonstrate the need for repeated interventions by the primary care physician concerning simple counseling precept, information on techniques for quitting smoking , given special attention in school-age population .

PALAVRAS-CHAVE: smoking; nicotine dependence; prevention

PP373 - CERVICAL CANCER PREVENTION IN PRIMARY CARE: A BIBLIOGRAPHICAL REVISION

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Cervical cancer (CC) differs from the majority of neoplasms for been preventable. Nonetheless, it was observed that CC constitutes a serious health problem worldwide, especially in underdeveloped countries. Furthermore, it is noticed that it covers all levels of assistance; however it is in the basic assistance and specifically in the Programa de Saúde da Família that most of the prevention happen. The objective of this paper is to present a bibliographical revision about the difficulties concerning the prevention of CC encountered in the primary health care (PHC). For the research, we used the databases (10 sources) from Scielo, the Revista Brasileira de Saúde Materno Infantil, the Revista Brasileira de Cancerologia, Electronic Journal Collection Health and to access them we used keywords and restricted the publishing date to the last 10 years. It was observed that the most discussed points, which lead to a major difficulty concerning CC prevention, is the low dissemination of information about the benefits of its tracking and the lacking of a broadly active search by health agents (10 sources). Besides, the structures of the Basic Health Units are terrible, including the existence of several barriers to access them (9 sources). Finally, there is a lack of interdisciplinary between the teams and an ineffective bond with the patients (8 sources). Therefore, the PHC offers potential to expand and qualify the CC prevention in our country, tracking it regularly and effectively with cytopathological exams in sexually active women or over 18, aiming to reduce mortality through CC.

PALAVRAS-CHAVE: cervical cancer; prevention; primary care

PP374 - CERVICAL CANCER SCREENING: ADHESION AND CLINICAL PROFILE IN A LOCAL CAMPAIGN

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Cervical cancer is a chronic degenerative disease that offers a high degree of morbidity and mortality. While it is possible prevent, constitutes a public health problem in developing countries.

Objective: To evaluate the reasons that prevent the adhesion of patients to prevention campaigns.

Methods: Cross-sectional study, developed by questionnaires to 32 patients that participated in a campaign to prevent cancer of the cervix, in a primary Health Center in Belo Horizonte.

Result. Of the 53 invited women, 32 (60.37%) attended. The average age was 42 ± 15 years. The mean time of the last realization of preventive was 2.8 ± 3.7 years, and 5 patients had never taken the exam. The average menarche was 12.5 ± 1.9 years. 12 patients (37.5%) reported using contraception. Shame was cited by 46.88% as greater cause for non adhesion for the exam regularly, 21.88% reported unavailability on the day and/or time offered, 13.13% reported a lack of information. Six patients (18.75%) had gynecological complaints in the pre-test history. The cervix had no macroscopic changes in any of the women who underwent the examination. Schiller's test was not changed in any of the patients. Seven patients (21.8%) had a diagnosis, and 28.5% had candidiasis and 28.5% had dermatitis in vulva, 14.3% had ITU and suspected bacterial vaginosis in 28.7%.

Conclusion: known the reasons that influence women not to perform preventive examinations for cervical cancer is an important step in defining tools for more effective interventions and appropriate to the real need of the female population.

PALAVRAS-CHAVE: Cervix Neoplasms Prevention; Women's Health; Papanicolaou Test

PP375 - CERVICAL CANCER SCREENING: INCONSISTENCIES OF PAP TEST IN BASIC HEALTH CARE IN PROGRAMME AREA OF RIO DE JANEIRO

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Cervical Cancer Screening means a promising strategy for a reduction in malignant neoplasm incidences and mortality related to it. Laboratory inconsistencies related to pap test affect the evaluation of the exam and delay the return of results to patients. The objective of this study was to analyze the laboratory inconsistencies of pap tests carried out in basic care units. A cross-study of laboratory inconsistencies of pap tests, carried out on women aged 25-64 years, attended by the basic care network, between 2014 and 2015, in programme area 5.1, in the municipality of Rio de Janeiro. It was carried out 24801 pap tests in 2014, and 32626 in 2015, within the age group, representing a ratio of 0,53 and 0,41, respectively. In the 1st quarter of 2014, it was registered a percentage of 14,37% inconsistencies per pap requested tests; in the 2nd, 5,39%; in the 3rd, 4,11% and in the 4th, 3,11%. It was observed a decrease in this ratio in 2015 quarters, being registered 1,59% in the 1st; 0,97% in the 2nd; 0,28% in the 3rd and 0,52% in the 4th quarter. It can be seen a significant decrease in the ratio of registered inconsistencies during the assessed period, as complying with the goal of > 1,0% established by SMS – RJ. Identify the temporal evolution of laboratory inconsistencies related to pap tests, carried out on women within the age group, benefits action planning that affects the work process in order to reduce access obstacles and to enable early diagnosis.

PALAVRAS-CHAVE: Cervical Cancer; Screening; Pap Test

PP376 - CHARACTERISTICS OF CASES OF ABORTION ATTENDED AT A UNIVERSITY HOSPITAL

Freitas EAM¹; Reis NS¹; 1 - UNIVERSIDADE FEDERAL DE UBERLÂNDIA ;

Introduction

The study on abortion has the potential to articulate key issues relevant to the field of reproductive health. In Brazil, few population-based studies on abortion characteristics involving representative samples of women.

Objective

To analyze the clinical profile of cases of abortion among women attending a university hospital.

Method

Quantitative approach to study in a public University Hospital, which was attended by 100 women admitted with abortion diagnosis in the period from August to November 2015.

Results

Of the 100 women interviewed the average age was 27.3, minimum of 13 years, SD±6.9. They had schooling up to complete secondary education (49%) did not perform paid work (57%); They were married/cohabitating (75%) of these 60% did not use contraception and 45.4% did not plan the pregnancy. Among unmarried 80% did not plan the pregnancy and 52% did not use contraception. Reported the use of any psychoactive substance (46%), with a prevalence of alcohol use (71.6%). They reported mainly urinary tract infection in the previous pregnancy (25.7%) and current pregnancy (24.4%) among others. Had gestational age ≤12 weeks (81%) of these 33.3% reported previous abortion, 72.8% were first pregnancy. Noteworthy is the number of pregnancies with poor training in the current obstetric history (21.6%).

Conclusion:

It was evident that the majority of women diagnosed with abortion, and other characteristics did not use contraceptive methods, but reported not want to get pregnant, implying the need for reproductive health education activities particularly in primary health care.

PALAVRAS-CHAVE: Abortion; Contraception; Pregnancy, Unplanned

PP378 - CHILD AND TEENAGER HEALTH HANDBOOK SUBUTILIZATION BY CUSTOMERS AND PROFESSIONALS: IS IT A KNOWLEDGE AND APPROPRIATION QUESTION?

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Introduction and Objectives

The underutilization of the Child and Teenager Health Handbook by health care professionals was noted in the family health strategy of Nova Colina-DF, a unit of primary health care of the Unified Health System (SUS). Using these handbooks correctly supports the work process and empowers the customers. Since the interventions directed at the professionals proved more efficient than those made directly with the population, the former was the chosen approach.

The objectives are to motivate and promote the use of the Healthy Handbook by customers by means of the health professionals.

Methods

Margueres's Arc was used, composed by reality observation, key-words definition, theorization, search for solution hypothesis and reality application. Three interventions were held in culture circle of health education based on the Paulo Freire's method and pre and post tests were applied.

Results and Conclusion

The professional participants of the three culture circle had a better performance on post test comparing to the pre test. It was noted that professionals were not aware of the handbook's themes, by the lack of training for using them, disinterest in relation to the content, lack of comprehension of their relevance as an easier work process, besides disinterest from the customers on inquiring professionals about handbook's content. The interventions motivated the professionals to use the handbooks as an informative instrument and to give solution proposals to improve their use. The handbook stopped being considered only a "fill-in document" and became an work facilitator and an informative font to the customers.

PALAVRAS-CHAVE: Family Health Strategy; Health Education; Primary Health Care

PP379 - CHILDCARE: THE IMPORTANCE OF FOLLOW-UP TO CHILD DEVELOPMENT AND GROWTH – MEDICAL SCHOOL STUDENTS REPORT

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INTRODUCTION AND OBJECTIVE

The Brazilian childcare program, called Puericultura, consists in periodical and systematic children follow-up to evaluate their growth and development, check the vaccination booklet, breastfeeding and feeding orientation, and illnesses early detection.

This present study aimed to report the Vila Velha University medical students contact to childcare, highlighting the importance of Primary Health Care education.

METHOD

In April 2015, the medical students with the Barra do Jucu Family Health Team conduct a Puericultura meeting. It was carried out anthropometrics exams, medical appointments, cephalic circumference measurements, vaccination booklet evaluation, and an expositive speech about the importance of adequate breastfeeding and feeding for the child development, with distribution of didactic material.

In order to conduct the activity it was used an anthropometric scale, pediatric weighting scale and tape measure. All data was registered in the Child Booklet.

RESULTS AND CONCLUSIONS

The activity was conducted with lactents, in the age range of six months to one year, and the measures obtained, in general, were classified as eutrophic. The medical appointment follow-up by the medical students proportionated specific knowledge related to childcare. It was observed, as well, the health interaction between the medical students and the families during the educational speech. In conclusion the Puericultura is extremely important for the Brazil's Unified Public Health System (SUS) assisted families. Thus, academics, professionals and health managers should value the Puericultura program, crucial to Primary Health Care.

PALAVRAS-CHAVE: Quality of life; Public Health; Delivery of Health Care

PP380 - CHILDREN S DEATHS OCCURRED BY BRONCHOASPIRATION BETWEEN 2014 AND 2015 IN THE PROGRAM AREA OF THE CITY OF RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE

Bronchoaspiration is an important cause of death in the pediatric population and is influenced by socio-economic, cultural and educational factors. The objective of this study was to trace the profile of infant deaths by aspiration in residents of AP 5.1 in the city of Rio de Janeiro.

METHODOLOGY

A sectional study, contemplating the children's deaths from bronchoaspiration, occurred between January 2014 and May 2015 in residents of the program area 5.1. The information used was obtained by SIM and information taken from the records of the UBS.

RESULTS AND CONCLUSION

In the selected period there were 10 deaths, 60% in those covered by ESF. In relation to maternal profile, 90% were 18 years or older, 50% of them declared themselves darker-skinned, 50% of them declared themselves "at home", 70% had other children, 50% had 4-7 years of schooling, 37, 5% of the mothers were beneficiaries of the "BolsaFamília". Towards children, 70% were born with adequate weight, there was no predominance in relation to sex, 90% were darker-skinned, 70% of cases the death occurred in the postnatal period, 25% had previous hospitalizations, 13% received a visit from ACS, the average interval between birth and the first visit was 21 days and the type of prevalent feeding was mixed (38%). The bronchoaspiration occurred mostly in the household (87.5%), at dawn and while the child slept in the same bed as their parents. This cause of death can be reduced by proper care, guidance and care for the child.

PALAVRAS-CHAVE: InfantMortality; RespiratoryAspiration; Health Profile

PP381 - CINE-HEALTH: TOOL "HARM REDUCTION" AND PROMOTING THE HEALTH OF PEOPLE IN HOMELESS.

Gryzagoridis EBC ¹; DE PAULA HC ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

The population living on the streets is historically marked by difficulties in accessing health services, requiring actions aimed at ensuring access and support the care of this population group. The state of extreme social vulnerability to which these individuals are exposed reflect failures in public policies should promote equity. Our objectives are to discuss the experience lived by the Health Team family from a health education work among the population on the streets and discuss the issue of social exclusion, describing tools used to achieve success in opening dialogue with this population group, favoring those belonging to health services.

It is an experience from systematic meetings with subject welcomed in a Municipal Unit Probation located in the Catchment Area Coordination 5.3, west of the city of Rio de Janeiro or living on the streets on the outskirts of unit health. Every meeting is requested that participants suggest themes, important according to their perception, trying to approach the health problems dialogue or other dilemmas faced on the streets everyday. After viewing the films occur debates and is used as a pedagogical tool in the education process in health technical teaching problem-based learning, in which participants become major generators of knowledge to be encouraged to participate in the entire construction process knowledge.

PALAVRAS-CHAVE: population living on the streets; social exclusion; health education

PP383 - CLEANING TODAY, HEALTH TOMORROW: BASIC HYGIENE EDUCATION FOR CHILDREN DONE BY IFMSA BRAZIL.

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Introduction and Objectives:

The WHO recommends the cleaning of the place where we live, as well as the habits that involve behavioral changes in the surrounding environment, as a way of avoiding infectious and contagious diseases related to hygiene. This summary aims to report the experience of medical students from IFMSA Brazil that organized the campaign: "Cleaning today, health tomorrow".

Methodology:

The activity had children aged until 12 years old as main target audience and consisted on teaching about basic hygiene care. At a square in Belém, Pará, a stage was built in order to create a pleasant environment and to instigate children to see what it was about. By a theater play with drawings, many hygiene myths were clarified. The students showed the correct way of washing hands, taking shower, care with shoes, food cleaning before eating, brushing teeth, among other topics. The participants also had a space to have questions answered.

Results and Conclusion:

The activity was successful by reaching its goal, since children and their parents were participative. Therefore, it is clear that playful ways of approaching kids in order to promote health education is relevant; in a way it shows the whole population more about how they should maintain their health in their daily life. Besides that, approaching kids is even better since they are still acquiring some habits and it is easier to teach them the correct way they should do things.

PALAVRAS-CHAVE: Health Education; Child Care; Hygiene

PP384 - CO-PRESENCE GENERAL PRACTITIONER AND PSYCHOLOGIST: A WINNING SOLUTION IN PRIMARY CARE

Falanga R ¹; Pillot L ²; 1 - General Practitioner; 2 - Psychologist;

Introduction and Objectives

The requests submitted to the General Practitioner (GP) are often due to problems that need a holistic, biopsychosocial approach to be solved. The support of a psychologist to the GP allows a more complete response to the patient's discomfort, also through the integration of the mutual competences, fostering the formative interchange between the two specialists.

Method

The experimental activity "Psychologist at the GP Practice" has taken place between January 2014 and December 2015, in Polcenigo (Pordenone) Italy.

The psychologist was present in the GP practice every Thursday and the visits took place with the following procedure:

- Psychological listening for each person calling to the GP practice.
- Exploration of the significance of any request.
- Psychological frameworking of the observed situations.
- Exploratory intervention when needed.
- Eventual further meeting on call with the psychologist in the GP practice.

Results and Conclusions

The majority of the patients accepted favorably the psychologist's presence, showing to comprehend her specific role. The most frequent discomfort was the difficulty in the grieving process during separation issues.

30 patients (7 males, 23 females) took part in further individual meetings: 5 abandoned the project, 21 advantageously concluded the set of meetings, 4 were sent to a mental health facility.

The joint medico-psychological action prevented, even at early stages, the appearance of somatic and psychic symptoms.

This experimental activity has surely produced health and well-being and limited the expenses for medical prescriptions, diagnostic examinations and specialist medical examinations.

PALAVRAS-CHAVE: Family Medicine; Psychology; Primary Care

PP385 - COLORECTAL CANCER SCREENING PROGRAMME IN A RURAL AREA HEALTH CENTER.

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Introduction and objectives:

Colorectal cancer is the most common cancer in the Europe. It has a high incidence In Portugal, and it has been progressing in recent years. Many studies have illustrated the benefits of screening. Colonoscopy is the method of choice examination for both colon and rectum. This study intends to evaluate the success rate of the screening programme through its organization, implementation and acceptability.

Methods:

We performed an observational and retrospective study in the Unidade de Cuidados de Saúde Personalizados in Penacova, Coimbra, Portugal. participants were in the 50 to 75 age bracket, registered between the 1st December 2014 and 31st December 2015, and included all of the patients in one doctor's file with 1550 users. Data analysis was conducted with SPSS 23.

Results and conclusions:

It included 472 participants, 53, 4% female and 46, 6% male. The colonoscopy was requested to 78, 8% of the eligible patients, of which, 80, 7% were examined. The adenoma/polyp was the most frequent finding. (4, 8%) Carcinomas were detected in 0, 2%. High rates of request and compliance with the colonoscopy were found. A significant number of adenomas/polyps were detected. The removal of these precursor lesions allowed preventing many cancers and reducing mortality rates. These performance indicators also allowed measuring the screening programme quality and its potential long term impact.

PALAVRAS-CHAVE: Carcinoma Colo-rectal; Rastreio; Colonoscopia

PP386 - COLORECTAL CANCER SCREENING – THE REALITY OF A PRIMARY CARE UNIT IN PORTUGAL

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Introduction and Objectives

In 2012, Colorectal Cancer (CRC) was the 3rd cause of death worldwide. In Portugal, the incidence is 7129 cases and mortality 3797 cases / year. Early detection reduces comorbidities and increases survival. Best practice in Portugal is defined by the national guideline 003/2014:“Rastreo oportunistico do cancro do colon e recto”. It recommends FOBT annually in asymptomatic patients, aged 50-74 years. Patients with family or pathological history with formal indication for colonoscopy, are excluded. We intend to characterize adherence to CRC screening by FOBT in our unit.

Methods

We identified all patients aged 50-74 years between 01/01/2014 and 31/12/2014 and studied the clinical records of those who had been requested FOBT. In patients with positive FOBT we studied those who had been requested colonoscopy and results.

Results and conclusions

We identified 4541 patients aged 50-74 years. Only 1350 had FOBT requested and 1160 (86%) had available results. Of these, 984 tested negative and 176 tested positive. Colonoscopy had been requested in 90% of the patients with positive FOBT. Poor adherence can be explained by the type of screening (opportunistic), recent change of screening frequency, and a number of patients screened using only colonoscopy. The 14% FOBT without feedback may be due to non-realization of the same or lack of register. It is up to doctors to inform patients about the screening process, its advantages and disadvantages.

PALAVRAS-CHAVE: Colorectal Neoplasms; Secondary Prevention; Primary Health Care

PP387 - COME GROW HEALTH WITH US: A HEALTH PROMOTION PROJECT WITH ELDERLY THROUGH HORTICULTURE THERAPY AT SÃO PAULO CITY.

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INTRODUÇÃO E OBJETIVO

Primary care focuses on promotion and prevention. Aging process contributes to increase comorbidities. Projects involving environment are great options for activities in health care. Horticulture therapy consists in active and passive gardening and can work as an adjuvant in conventional therapies. Specifically in geriatric population, its benefits includes stimulus to action and hand-eye coordination, improvement of fine motor skills and helps abstracting thoughts related to loss of strength and health. Develop horticulture therapy with one group of seniors who attend a health service in primary care to promote health education and benefits of this therapy by interacting with nature.

MÉTODO

Three meetings were held to discuss main points of dynamic. Activity consisted in five steps: dynamic presentation, vase and seedlings, planting, skills and experience sharing and discussion about horticulture therapy.

RESULTADOS E CONCLUSÕES

Activity was with a group of sixteen elderly. A dynamic presentation was initially performed by participants, in which they introduced themselves and explained their expectations about activity and which benefits horticulture therapy could bring to health. After an explanation about activity, they chose their vase and seedlings, whose options were: parsley, chives, basil, oregano and rosemary. After that, each participant set up his gardener. Horticulture therapy and organic products benefits were exposed and leaflets about this discussion were delivered. Activity ended with participation certificates to all seniors. Therapeutic interaction with nature was effective in a simple way by planting a home garden, showing a way to alter disease process and as an opportunity to implement quality of life and promoting health.

PALAVRAS-CHAVE: Horticulture; Health; Elderly

PP388 - COMMUNITY AGENTS COURSE 2015 IN THE G ZONE OF THE MUNICIPALITY OF MONTEVIDEO

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Introduction:

During the year 2015 took place the Course of Community Agents (AC) in the context of cross-sectoral activities carried out by the G Municipal Health Network of Montevideo represented by public and private institutions of that area. This course renames Community Health Agent (ACS) to highlight aspects of social relevance that go beyond the concept of health. It was free, lasted three months and was headed sixty local men and women interested in community involvement and work capacity. Different strategies for the two-way exchange of knowledge with significant emphasis on participatory techniques, practical guidance by local leaders in the thematic priority systematizing knowledge to facilitate the practice of future AC were performed, all crossed by concepts linked to the rights human, ethical intervention in communities and stimulus of healthy relationships.

Conclusions:

After the experience we have 30 new AC many of which were integrated institutions in the area or are successfully formed with a view to deepening their participation and the development of their own communities.

PP389 - COMMUNITY GARDEN IN THE CONTEXT OF THE FAMILY HEALTH AND HEALTH PROMOTION STRATEGY (SMSRJ-BRAZIL)

Souza, Mozart Jr. ¹; Sorrentino, Flávia Costa ¹; Cláudio Salles Vieira ¹; Santos, Danieli Aparecida ¹; Cardoso, Regina ¹; Fabiana Lopes ¹; Bidao, Franciane ¹; 1 - SMS-RJ CF Otto Alves de Carvalho ;

The ideology of Health Promotion can be understood as a new paradigm that stands out in seeking to generate living conditions legitimized by one of its commitments in the Ottawa Charter on creating healthy environments. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional, integrated into the Family Health encourages linkages between technical and popular knowledge (as Agroecology and health promotion) and the accession of community resources as a coping measure to the current challenges to public health through the rapprochement between the population and the environment. Objective: To recognize the importance of socio-ecological health practices and sustainable development based on the experience of Family Clinic Otto Alves de Carvalho (AP 40) to build a suspended community garden. Method: Perception Assessment of participants and family health professionals through participant observation semi-structured obtained from the experience in locus. Results and Conclusion: All participants in the Academia Carioca Program were responsible for the acquisition and organization of materials for cultivation, reaffirming the collective nature of the action, also occurring among the various professional categories Family Clinic (physical education professional, nutritionist, psychologist, medical and community workers). It was concluded that the garden favored the link between the population and family health team, which through the exchange of experiences contributed to the food and nutritional security of the community in the context of family medicine and community.

PALAVRAS-CHAVE: Health Education; Family Health; Health Promotion

PP390 - COMPARATIVE CHARACTERISTICS OF SOME PARAMETERS OF DIABETES MELLITUS AMONG IMMIGRANT PATIENTS AND ISRAELI-BORN PATIENTS

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Background

There is a variety of native and foreign-born diabetes patients from all over the world in Israel. Combination of genetic and acquired factors leads to high-rate spreading of diabetes mellitus consequently, there exist certain differences in a number of features of the disease typical for Israeli-born patients and for immigrants.

Methods of research

The research is retrospective which has been conducted within a population of diabetes patients aged over 40 years in a group of immigrant and a group of Israeli-born patients. (119 immigrants and 65 Israeli-born patients) Parameters checked were: background diseases, family history, a kind of treatment, risk factors and complications.

Results

In the group of immigrants the percentage of male patients with negative family history was much higher than the percentage of male patients with positive family history of diabetes mellitus. (16.8% vs. 6.5% respectively). Relating immigrants with positive family history, micro-vascular complications were 3 times more prevalent than macro-vascular complications. (30.3% vs. 9.2% respectively) In the group of Israeli-born patients there was a significant difference in the level of micro- and macro-vascular complications among the patients with positive and negative family history. (32% vs. 12.3% for macro-vascular and 27.7 vs. 10.8% for micro-vascular complications)

Conclusions

1. The percentage of males suffering from diabetes mellitus with negative family history is much higher than that with positive family history. (16.8% vs. 6.5%)
2. The level of micro-vascular complications among immigrants with positive family history is 3.3 times higher than the level of macro-vascular complications among immigrants with positive family history of diabetes mellitus. (30.3% vs. 9.2%)

PALAVRAS-CHAVE: Diabetes Mellitus; Emigration and Immigration; Risk factors

PP393 - COMPUTERIZATION OF VACCINE REGISTRATION: IMPLANTATION OF SI- PNI SYSTEM IN VACCINE ROOM - EXPERIENCE REPORT

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Introduction and Objective:

This is an experience report on the implantation of SI- PNI platform record in a virtual environment, the doses of vaccines given, held in the immunization room of a family clinic in the city of Rio de Janeiro. The purpose of the system is to allow any room vaccines in the national environment, access to vaccine data of adults and children, reducing the incidence of unnecessary revaccination for loss or misplacement of registration cards.

Method:

From November 2015 to January 2016, the technical working in the vaccination room individually performed the registration of every child and adult, recording these data by a computer connected to the Internet, with the date of all vaccines administered in the period and previously held doses, with lot and manufacturer. It is also measured during the implementation process, the average service time of each patient in the room, using the system.

Results and conclusions:

During daily practice, there was the importance of access to records by a device that can be used to rescue doses, in any region of the country, after its full implementation in the other rooms. Stresses the importance of constant updating, the correct record of doses applied to prevent unexpected events and post vaccine adverse events and access to these records are not restricted to the applicator unit.

PALAVRAS-CHAVE: vaccine; vaccination; immunization

PP394 - CONNEXION BETWEEN BREASTFEEDING AND SUITABLE WEIGHT AMONG CHILDREN WITHIN A CITY IN THE BRAZILIAN'S NORTHEASTERN COUNTRYSIDE

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INTRODUCTION AND OBJECTIVES:

The World Health Organization (WHO) establishes that exclusive breastfeeding must be offered up to 6 months old, there are several benefits of breastfeeding for children. This paper has the goal of identifying links between breastfeeding and suitable children weight in an area assisted by “Estratégia Saúde da Família” (ESF).

METHODS:

Quantitative descriptive study, using research data from “Introduction to Children’s Integral Health in José e Maria neighborhood, Petrolina-PE”, executed in 2015 by the Academic League of Family and Community Medicine from Univasf. In this research 161 families were interviewed, 172 of the 226 children attended the inclusion criteria (between 6 months and 9 years old). The data were entered in Microsoft Excel and analyzed in BioEstat 5.3 software.

RESULTS AND CONCLUSION:

The results showed that most of the children weren’t exclusively breastfed up to 6 months old (69,77%) and had suitable weight (91,28%), according to WHO’s chart. Amongst the children whom were exclusively breastfed up to 6 months or more 6,12% weren’t in the suitable weight percentile; while among the ones that weren’t exclusively breastfed up to 6 months, 11,11% were in the unsuitable weight percentile. It was noticed a high number of children which weren’t exclusively breastfed up to 6 months, this reassures the need of approaching this subjects in prenatal and post childbirth care, by the ESF. Furthermore, it was also noticed that children deprived from exclusive breastfeeding up to 6 months had worse results regarding suitable weight.

PALAVRAS-CHAVE: Breast Feeding; Health Promotion; Child Health

PP396 - CONSTRUCTION AND USE OF THE BIRTH PLAN FOR USERS OF A CHILDBIRTH SUPPORT GROUP IN A HEALTH CENTER

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Introduction and Objective:

Pregnancy and childbirth are physiological events permeated by social and cultural aspects. The institutionalization of delivery care improved mother and children mortality rates, but many interventions related to it proved unnecessary, invasive and harmful. Prenatal care and childbirth support groups can encourage women to build a Birth Plan (BP), document in which they write their wishes and beliefs for birth from the best available evidence. The objective is to understand the BP building process by women who participated in a childbirth support group, the presentation of the BP at the hospital, and also the perception of women about how it was received by the staff.

Method:

Qualitative study of women in the primary care network of Florianópolis-SC who participated in the Childbirth Support Group during their pregnancy. Semi-structured interviews were done, and were analyzed by the Bardin content analysis's method.

Results and Conclusion:

Seven women were interviewed, six of them wrote the BP and four had shown it at the birth moment. The women reported the importance of building the document which helped them feel more confident and secure. One of the interviewed who presented the document at the hospital said that its acceptance was professional-dependent. The construction of the BP should be encouraged to pregnant women as a way of health education and empowerment for childbirth. It is believed that the more women write and present the BP at the moment of birth, the more professionals's care will hear the needs of the population served.

PALAVRAS-CHAVE: health education; social group; pregnancy

PP397 - MEDICAL APPOINTMENTS AND THE INTERNET: A NEW SCENARIO

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Introduction:

In recent years, the Internet has revolutionized the world of communication and transformed the way people meet and communicate, however the overabundance of information does not always guarantee quality of it Objective Providing a space for medical guidance and promotion of healthcare in Internet directed to the community, to facilitate accessibility to information and scientific knowledge of high quality. Analyze the "who, why and what for" the use of this modality and discuss the benefits and potential harm to health.

Method:

A specific web page that has a query form in which users can submit their doubts and questions freely and confidentially designed; They are answered the same orientation in email specialists in Family and Community Medicine.

Resultas:

They were received and answered 615 questions. The most corresponded to inquiries made by women (72%). 70% were inquiries made by people between 20 and 40 years. The most frequent reason for consultation was gynecological in 73% of cases, with the questions contraception and the possibility of more frequent pregnancy.

Conclusions:

With this information it is possible to outline strategies using this tool because each time more forcefully presented as a complement to traditional medical practice or as a place that is used to search for medical information. On the other hand, know them characteristics of these users also enables the planning of new programs in the service of education and health care.

PALAVRAS-CHAVE: internet; consultation; health education

PP399 - CREATING HEALTHY ENVIRONMENTS FOR PRIMARY STUDENTS IN PRESIDENTE PRUDENTE: THE MEDICAL STUDENT'S VIEW

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Introduction and Aim:

The improvements in health care models, health promotion practices became prominent, including actions with primary students, helping to build healthy environments. Thus, the aim of this study was to report the incorporation of relevant practices for creating healthy environments and to increase the biopsychosocial looking for students from primary school.

Methods:

It was performed conversation circles with undergraduate students, mostly of medical school, and primary students, addressing issues related to nutrition, personal hygiene, environment and conducting drug therapy against worms. The University of Western Sao Paulo establishes contact between the academic and community since the first semester, gradually increasing the bond and complexity of the activities throughout the course, covering health promotion practices with a view to improving quality of life of people enrolled area.

Results and Conclusion:

From the development of educational and therapeutic activities and discussions between academics and school yielded a positive and collaborative interaction to empower individuals as to adopt more healthy lifestyles in their daily lives, resulting in improved quality of life, strengthening the popular education in school environments. Educators and school administrators were satisfied to have received the academics. The students - undergraduate and children, have interacted fruitfully and reported satisfaction for the most part. In conclusion, the project have demonstrated to be effective for the creation of healthy environments, in a way that the autonomous processes could be enhanced through promotion activities to health proposed by undergraduates.

PALAVRAS-CHAVE: Health Promotion; Education, Medical; School Health

PP400 - CUCA FRESCA GROUP - MATRIX SUPPORT TEAM PROMOTING HEALTH IN PRIMARY CARE

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Introduction and objectives:

We work as a matrix support team in a high psychosocial risk territory with great demand for care to vulnerable patients. The Family Health Strategy team asked us to help them deal with this situation. The main problems presented by these patients are: depression, loneliness, poverty, disempowerment, lack of social network, chronic diseases and anxiety. As a strategy we created a support group to respond to this demand.

Our goals are:

Improve people's life quality and abilities to cope with life challenges; rebuild social support network; promote health and self care.

Method:

Open group once a week for 1 hour and a half inside the health unit, with the following techniques: talking circle, community therapy, stress management, corporal movements, meditation and relaxation.

Results:

At the end of each meeting we encourage the patients to express their feelings and the impact of the group on their lives. The most used words to express their experience are: peace, friendship, hope, strength, love, happiness, empathy and acceptance. After one year since the beginning of the group most of the patients referred an improvement of life skills quality, greater social network and a decrease in anxiety and depression symptoms.

PALAVRAS-CHAVE: Social Support; Primary Health Care; Self Care

PP401 - CARING FOR CHILDREN IN TRAFFIC: A CONTRIBUTION FROM ACS

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Introduction and goal:

This is a work of education and traffic awareness, developed by community health agents, having as target children. The work aims to disseminate warning information and care of the child in relation to traffic; disclose basic rules of child care; teach through a big joke how to behave in relation to traffic.

Method:

The study was conducted with children 3-7 years old, it was made the unit a scenario simulating a street where children dressed up cars and others were pedestrians, use a light to teach colors and their meanings in traffic . We are using music related to the topic.

Results and conclusions:

We identified after the presentation, the children were able to understand road signs and obey what determine the safety standards of pedestrian and driver's dynamic and entertaining way, promoting the teaching through a moment of fun. With this experience we observed that children become more aware ace signs, being multipliers of what they learned in the activity, including influencing the attitude of their families in a positive way.

PALAVRAS-CHAVE: Family Health Strategy; Health Education; Community Health Workers

PP402 - CARE IN ORAL HEALTH FOR ELDERLY

LIMA, PSLS ¹; 1 - LAR DOS IDOSOS SANTO ANTÔNIO DE PÁDUA;

INTRODUCTION AND OBJECTIVE:

The oral health of the elderly is compromised by several factors, including: chronic diseases, physical barriers, limited mobility, fear and belief of denture wearers and thus needs assessment and dental care. Improve and gain access to institutionalized elderly to dental care. Orienting caregivers and healthcare professionals of the institution on the approach and care for oral hygiene of these seniors.

METHOD:

Organization and planning by the nurse of a long-stay institution for the elderly (LTCF) of Belo Horizonte through contact and partnership with the Oral Health Team of a Basic Health Unit - UBS for being implemented with instructions about care in ideal oral health and necessary to all institutionalized elderly through two meetings providing Handbook with recommendations for caregivers and health professionals about oral hygiene directing as how comfortable position to perform the cleaning, flossing and caring for dental prostheses .

RESULT AND CONCLUSION:

The oral health education obtained caregivers and health professionals Facility good results for the care of daily oral hygiene at all institutionalized elderly. There was an evaluation of all seniors with identification of treatment needs minimizing suffering and diseases of the oral cavity. So I brought security for caregivers and health professionals from ILPI contributing to the promotion and prevention of diseases related to oral health of institutionalized elderly.

PALAVRAS-CHAVE: CUIDADOS; SAÚDE BUCAL; IDOSOS

PP403 - EMERGENCY CARE OF ELDERLY IN INSTITUTION FOR ELDERLY LONG STAY (LTCF)

Lamounier EJ¹; Lima, PSL S²; 1 - UNIFENAS; 2 - Lar dos Idosos Santo Antônio de Pádua;

INTRODUCTION AND OBJECTIVES:

Periodic need good care of decent housing for the elderly in a Long Term Care Institutions for the Elderly - ILPI focusing on some important points and essential to quality of life for institutionalized elderly. Reduce mortality from preventable causes sudden. Prepare and guide all caregivers and healthcare professionals to meet some emergency situations.

METHOD:

Training in two meetings in ILPI of Belo Horizonte, performed by a doctor who specializes in primary care and a nurse by delivering emergency care for the elderly such as falls, bed sores, choking, convulsions and fainting. Explanatory Booklet was provided and posted on all the institution environments containing illustrations and guidelines of some emergency situations to save lives.

RESULTS AND CONCLUSION:

After guiding and answer questions carers and health professionals felt safer before one of these emergency situations. They were more prepared to act and call for help in the face of such situations. In this sense there is a reduction of exposure to risk getting a good integrity to the health of institutionalized elderly, providing a decent standard of living.

PALAVRAS-CHAVE: CUIDADOS; EMERGÊNCIA; IDOSOS

PP404 - DENGUE, CHIKUNGUNYA AND ZIKA: PREVENTING, COMBATING AND DETECTION OF THE MAIN SYMPTOMS IN MEDICAL TRAINING

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Introduction and Objectives:

According to the World Health Organization, Brazil has suffered in 2015 an epidemic of Dengue, Chikungunya and Zika (DCZ). These diseases have in common the vector, *Aedes aegypti*, and present similar symptoms as fever, asthenia and headache. The objective is to present the relevance of the training of Medical Students (MS) of Pontifical Catholic University of Goiás, in this area, with users of a Unit of Family Health Care, about how to prevent, combat and detect the main symptoms of DCZ in order to reduce its incidence.

Method:

Through an activity of integration between theory and practice, MS crafted pamphlets and banners to distribute and attach in the Health Unit with information on ways to combat the vector, prevention, diagnosis and treatment of diseases.

Results and Conclusions:

After the MS distributed the flyers, they clarified theme questions about the diseases and amplified not only the public's knowledge but their own as well. They found that people with information doesn't put them into practice, believing that only their action would make no difference in the diseases outbreak. The practice of combating *Aedes aegypti*, made it possible for MS realize that the main obstacle to the elimination of the diseases is the omission of the population, since the fight against vector is simple and often advertised in the country's media, however, is highly neglected. Therefore, it's a responsibility of MS the task of raise awareness about the importance of each does their part in fighting against DCZ.

PALAVRAS-CHAVE: Dengue; Chikungunya Fever; Zika vírus

PP405 - DEPRESSION AND FUNCTION CAPACITY OF ELDERLY RESIDENTS IN LONG-STAY INSTITUTION

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The Brazilian age scenario has been in discussion since the beginning of the century. Life expectancy has increased to 78 years in 2030, 7.74 years longer than in 2000. The percentage of institutionalized elderly in developed countries is higher than in Brazil. However, they live less in Brazil, due to quality of life. Unattended depression related to high functional dependence is a constantly overlooked factor, explaining the difference of perspective. Functional assessment determines not only the functional impairment of elderly, but also their need for aid, which relates to isolation and denial in reducing perception of the environment, affecting this environment and contributing to the development of diseases, including depression. Students of a medicine program in Araguari-MG observed and statistically verified these statements in weekly visits to a Long-Stay Institution (LTCF), in 2015, to evaluate depression and its relationship with functional capacity in elderly, through multidimensional evaluation. A correlative and comparative study was held, considering the variables: severe depression, mild, absent and not dependent, dependency and high dependency. The subjects were 32 elderly (17 women and 15 men), average age of 69 years. The exclusion criteria excluded 16 residents (10 women and 6 men) for inability or refusal to answer. The used tests were Pfeffer Questionnaire (PFAQ), Geriatric Depression Scale (GDS), Berg Balance Scale Test and Shumway-Cook & Woollacott Assessment (2003). Correlation between functional capacity, depression and LTCFs was identified. The brief perception of the presented symptoms and prevention of clinical findings was evident, anticipating a worsening of symptoms.

PALAVRAS-CHAVE: Idoso; Capacidade Funcional; Depressão

PP406 - DEPRESSION IN CHILDHOOD : A STUDY IN SPECIALIZED CENTER OF ANÁPOLIS

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Introduction and Objectives

Childhood depression has been regarded as permanent and pervasive, affecting a lot of functions and causing significant psychosocial damage. As soon the condition appears, the damage tends to be higher. It is estimated that children and adolescents affected by depression have a huge risk of recurrence to adulthood. It is important to highlight the need for special attention of the people who live with children such as teachers and parents. They should remain vigilant to any manifestation that can reach out to the diagnosis of childhood depression. This study aimed to identify and characterize the incidence and prevalence of childhood depression on Psychosocial Child Support Center (CAPSi) Anapolis-GO.

Methods

Observational and descriptive research was used in an epidemic where the information evaluated were collected from medical records allowing retrospective evaluation of patient history in CAPSi.

Results and Conclusion

From the data analysis it was found that the diagnosis of depressive episode is most common in adolescence than in childhood, females were slightly more common with depressive episode. Most patients had no clinical comorbidities, but the most prevalent diseases were headache and migraine. The main psychiatric comorbidities were Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder. Most cases of suicide attempts have occurred with patients older than 14 years. Clearly, studies of depression in this age group are scarce in Brazil and abroad, in addition, the mental health of children and adolescents in Brazil has become a matter of public health recently requiring further study.

PALAVRAS-CHAVE: Child Psychiatry; Depression; Childhood

PP409 - DEVELOPMENT, IMPLEMENTATION, EVALUATION OF A TRAINING INTERVENTION FOR PRIMARY CARE PROVIDERS ON BRIEF BEHAVIOUR CHANGE COUNSELLING, AND ASSESSMENT

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Intro and Objective

Unhealthy behaviour is a key modifiable factor that underlies much of the global burden of disease and primary care morbidity. Chronic diseases such as heart disease, type 2 diabetes, lung diseases and some cancers are linked to underlying behavioural issues such as tobacco smoking, alcohol abuse, physical inactivity and unhealthy eating.

Evidence shows that brief behaviour change counselling (BBCC) by primary care providers (PCP) can be effective in helping patients to change risky lifestyle behaviours. However, the capacity of South African PCP's to educate and counsel patients on lifestyle modification is generally poor. The aim of this research was to analyse the current situation, design, develop, implement and evaluate the effectiveness of a training intervention for PCPs to offer patients BBCC on the lifestyle risk factors associated with NCDs

Method

The ADDIE model provided a conceptual model for the research. The steps of the ADDIE are: Analysis of learning needs, the Design and Development of the training programme, its Implementation and Evaluation.

Results and Conclusion

Current training on behaviour change counselling for primary care providers in the Western Cape is not sufficient to achieve competence in clinical practice. A best practice BBCC training programme was designed, developed and implemented in our context, targeting either clinical nurse practitioners or primary care doctors. The training was effective at changing PCPs clinical practice, in the short term. Training also changed PCPs perception of their ability to offer BBCC, and increased their confidence to overcome certain barriers to implementation, for instance time constraints

PALAVRAS-CHAVE: health promotion; Motivational Interviewing; education

PP410 - DIABETES PREVENTION AND CONTROL: AN ACTION OF MEDICAL STUDENTS FROM IFMSA BRAZIL

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Introduction and Objective:

Diabetes is a metabolic syndrome of multiple origins recognized by the increased blood glucose level. It has a high prevalence and is considered as a public health issue. Thus, the campaign "Stop Diabetes: Take over Control" was held by members of IFMSA Brazil - CESUPA local committee, aiming to aware the population about the risk factors for the development of the disease.

Methods:

After planning meetings, the interested students were trained on 20th November 2015 by an endocrinologist, who taught them about risk factors and diabetes diagnosis, the importance of lifestyle in its prevention and how to use a glucometer properly. The action took place in a Social Center, on 21st November 2015, where were set up stations to measure blood pressure, waist circumference, blood glucose level and BMI calculation. Normal values were informed and orientation was provided to make clear every doubt. With this approach, a good interaction has been established with the local community.

Outcome and Conclusion:

It was extremely positive, as well as the main doubts of the population were answered; sixteen participants reached an audience of forty-five people. A private conversation was performed with each single patient to guide them about their health, nutrition and physical exercises. The community has shown great interest and gratefulness, asking if the action could be done other times. A profile of the analyzed group was traced, alerting them specifically about the impact of diabetes on quality of life, highlighting the major risk factor and ways of prevention.

PALAVRAS-CHAVE: Diabetes; Care; Prevention

PP411 - DIABETIC FOOT - NEVER ENDING STORY OF EDUCATION

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Introduction and Objective

Diabetic foot is a devastating complication of diabetes. It is defined as a foot affected by ulceration associated with neuropathy and peripheral arterial disease of the lower limb in a patient with diabetes. The prevalence is 4–10% in the diabetic population.

Method

Both our case reports illustrate that for neglect of preventive examinations at the family doctor a diabetic foot became the first symptom of diabetes.

Results and Conclusion

45-year-old patient was hospitalized because for sepsis of unknown etiology. Present ulcer of the left foot led to until unknown diagnosis of diabetes mellitus with diabetic neuropathy without serious peripheral arterial disease. Ulcer healed promptly.

The 70-year-old man, unfortunately avoided the preventive examination at the family doctor. Diabetic foot developed after an accident on holiday, when he stepped on a sea urchin. Several months of unsuccessful ulcer healing followed diagnosis of diabetes mellitus and treatment started. Osteolysis of I. metatarsal suggested for osteomyelitis. The surgeon planned the amputation, but after many years of neglect screening, the prostatic specific antigen (PSA) test and biopsies confirmed prostate cancer. The patient is now undergoing radiotherapy and hormonal therapy.

Good management of diabetes and healthy lifestyle helps to keep this disease under control. It is important to educate the diabetic patient properly on how to care for his feet. Our aim is: the foot of diabetic patient will not become diabetic foot. In educational activities of family doctors in Slovakia is an helpful website under a National Program of Cardiovascular Diseases.

PALAVRAS-CHAVE: diabetic foot; education; National Program of Cardiovascular Diseases

PP413 - DISASTER-CAUSED DAMAGE LEVEL OF ORIGINAL HOME BRINGS ABOUT THE QUALITATIVELY DIFFERENT PROBLEMS IN DAILY LIFE OF ELDERLY RESIDENTS IN TEMPORARY-HOUSIN

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[Introduction and Objective]

Four years have passed since the Great East Japan Disaster, government intends to demolish temporary housings. When left temporary housing, residents might have fewer supports than present and face to further problems presumably depended on the status of original home. We aimed to analyze how the difference of problems in daily life relates to the collapsed level of original home for reducing their future problems.

[Methods]

Subjects were 58 residents (age 75.1 ± 7.0) in temporary housings, Fukushima, Japan, and were divided into three groups: A, 19 subjects with collapsed home; B, 21 with half collapsed; and C, 18 with no collapsed. Interview consisted of the semi-structured questionnaire of 29 question items over thematic of environment, volition, habituation and performance with 4-point scale between "many problems" and "extremely well". For statistical analyses, we combined 4 scales into two groups as "Problem" ("many problems"+"some difficulty") and "Good" ("well"+"extremely well"). Basic information of QOL was obtained using SF-36.

[Results and Conclusion]

Higher scores were provided ($P < 0.05$) by A in performance of "Managing basic needs (food, medicine)", B in environment of "The basic things for life and self-care" and C in volition of "Doing desired activities". Concerning QOL, scores of SF-36 showed no difference between residents, although B and C gave significantly lower scores than national standard values ($P < 0.05$). Results indicate that the quality of problems differs among residents, apparently dependent on the collapsed level of original home. Precise assessment of difference in problems will serve to better support for their future life.

PALAVRAS-CHAVE: need assessment; disaster; aged

PP414 - DISCARD OF DRUGS TO USERS OF A HEALTH CENTER IN BELO HORIZONTE / MG - A PROPOSAL.

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INTRODUCTION/ OBJECTIVES:

With the increasing knowledge about the control of diseases, the proliferation of generic drugs, as well as media coverage and ease of access, there was an increase in the consumption of these products by the population and, consequently, an increase also in need to discard. The study aimed at users of a Health Center (HC) in Belo Horizonte: know the interest in the topic; know the class of drugs that is more leftover; verify the most common destination for leftover drugs; provide guidance regarding the risks to health and the environment associated with the improper discard; provide information about possibilities for proper discard of drugs.

METHOD:

Participants were volunteers, users of the HC, of both sexes, older than 18 years. The researchers developed a questionnaire with objective questions and the volunteers were interviewed at the reception of the HC. After each interview, users showed interest in the topic and could answer your questions. They also received a primer.

RESULTS:

The sample included 112 subjects, 90 females (80%). 24 individuals were older than 60 years. Most respondents had incomplete primary education. 98% said that have leftover medication at home and analgesics are the most. This result shows the importance of this study and points to aggravating factors that merit attention of dispensing sectors of medications and the doctors at the time of prescription. There was an increase in the number of medications with expired delivered to the competent HC sector and the users have become multipliers of information.

PALAVRAS-CHAVE: health center; drugs; information

PP415 - DISTANCE LEARNING ABOUT WOUND TREATMENT: THE IMPACT OF LESSONS IN THE ACTIVITIES OF NURSING PROFESSIONALS IN BRAZIL

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This study evaluates the satisfaction of participants in an online course developed and taught by TelessaúdeRS/UFRGS about Evaluation and Wound Care in Primary Health Care. The criteria used for the evaluation take into account the impact of the course on nursing teams. This is an observational study using the SurveyMonkey® online questionnaire as a tool. Out of the 200 participants of two editions of the course who obtained a final average grade above 8 (Criteria for inclusion in the research), 110 (55%) responded to the questionnaire sent to their emails. It was noted that the course had a positive impact on the work of 92.73% (102) of respondents. The other 7.27% (8) of professionals claimed to not have observed changes. As for the results of the course on work organization, 60.19% (65) of the professionals reported that there was a significant change, 26.85% (29) claimed the change was reasonable and 12.96% (14) did not observe any changes. The study results indicate that courses focused on the daily practice of primary health care professionals, offered through distance education strategies, can produce positive changes in the work process of those teams and improve the quality of healthcare. Other studies, with more robust evaluation methodologies, must be made in order to test this hypothesis.

PALAVRAS-CHAVE: Health Education; Public Health; Brazil

PP416 - EARLY INTERVENTION PROGRAMS FOR BABIES RISK OF A FAMILY CLINIC IN RIO DE JANEIRO

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EARLY INTERVENTION PROGRAMS FOR BABIES RISK OF A FAMILY CLINIC IN RIO DE JANEIRO

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Background:

The Essential Stimulation Group was formed to interdisciplinary monitoring of risk infants between 2-12 months and their caregivers through health education proposal in the Realengo neighborhood located in the city of Rio de Janeiro.

Objective:

The objective of this study was to evaluate the psychomotor development and nutrition of infants and instruction for proper use of the child's vaccination booklet regarding the monitoring of care.

Methods:

The Family Health Support Centers directed from the matricial support of groups and based from the AP 5.1 Risk Babies. The interdisciplinary assessment was the first encounter with direct intervention. Subsequently, educational booklets built with nutritional knowledge, physical therapy and speech therapists to guide caregivers in stimulation of babies by indirect intervention were used.

Results:

The project demonstrated consistent approaches prioritized to provide a welcoming environment for the execution of the work, suggesting progress in motor development, promoting breastfeeding and creating healthy eating workshops, and develop activities that provided incentives for listening, speaking and language. Furthermore, it was possible to carry interconsultation and additional referrals to care, when it was realized some important dysfunction.

Conclusion:

The project enabled the development of the skills of the principles of basic counseling, taking into account the mother's mind, offering information material for easy handling and implementation, as well as practical help. In this way it was possible to suggest favorable performances to neurodevelopment and nutrition

PALAVRAS-CHAVE: CHILD DEVELOPMENT; MATRICIAL SUPPORT; INTERDISCIPLINARY CARE

PP417 - HEALTH EDUCATION AS SPEAKER IN HABITS OF ADOPTING HEALTHY FOOD

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Health education through groups is a great follow-up strategy users in primary care, especially those affected by chronic diseases such as hypertension and diabetes. This study reports the experience and expose the results of a health education group performed at a family clinic in the West Zone of Rio de Janeiro. It was built in questioning the method which allowed to know eating habits of the subjects and sensitize them on the importance of healthy eating. It took place on 27 and 28 January 2016 as facilitators with the health team. The issue was discussed in three stages: initially the patients were evaluated - weight, height, waist circumference, blood pressure, recent surveys and drug prescription. The second time was the workshop of Myths and Truths and later the oral health of technique brought the importance of oral health and conducted assessment in all, finally there was snack with fruit salad. Participated in 30 subjects aged 40-86 years, most are hypertensive and accompanied by the Family Clinic. In assessing the body mass index of more than half (20) are overweight and evaluating waist circumference 18 at high cardiovascular risk. It is concluded that therapeutic groups gives opportunity process of nutritional education, changes in lifestyle and better treatment adherence. It is the health team to adopt in their daily practice health education process within the health promotion context of its users.

PALAVRAS-CHAVE: Educação em saúde; Promoção da saúde; hábitos Alimentares

PP420 - EDUCATION ABOUT EXCESSIVE CARBOHYDRATE INTAKE FOR DIABETIC PATIENTS.

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Introduction and Objective:

The patient with type 2 diabetes is a patient who requires a lot of care, especially regarding their diet, since excessive intake of carbohydrates in your diet can aggravate their illness. The objective of this study was to educate about the consumption excessive of carbohydrate foods from the extension project of the diabetic's friend.

Methods:

The survey was conducted through an interview with some patients in Non-Governmental Organization "Diabetic House" in Belém do Pará once a month between Septembers to December 2015. The interview focuses on the most common foods that may cause significant harm to the health of the diabetic patient. In addition, after the interviews were held a lecture for the patients interviewed to educate as to carbohydrate intake in your diet.

Results and Conclusion:

Although the vast majority report having a good diet in relation to harmful foods such as fried foods and artificial products, there is still a small proportion of patients who do not have the same behavior as the nutrition of other. The education goals in diabetes is to improve metabolic control, preventing acute and chronic complications and improve quality of life at a reasonable cost. Health professionals have an important role in health education, by providing the tools necessary for the management of diabetes. Therefore, the performance of extension projects and the acting of health professionals to practice prevention and health promotion is needed

PALAVRAS-CHAVE: Carbohydrates; Diabetes Mellitus; Education

PP421 - EDUCATION IN HEALTH : CHRONIC DISEASES - DIABETES

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Introduction and Objectives:

Diabetes mellitus is a chronic disease characterized by elevated glucose on blood. Beyond financial costs, diabetes also carries costs associated with pain, anxiety, inconvenience and lower quality of life that affects patients, their families and society due to decreased productivity at work and retirement precociously. Viewing this data is necessary to take information about diseases like diabetes to the population, trying to modify the lifestyle of the people, so that it reduces the number of patients.

Methodology:

To describe the results the descriptive experience report was chosen. The report is based on experiences lived by medical students During classes for one month.

Results and conclusions:

The participants were very communicative, reported many positive aspects of the talks, interrupting the academic to say: "It's not often you have someone so polite and dedicated talking with us, offering us all. "" it was very important to know all about diabetes. It was great opportunity. "Through these transcripts, we see the importance of activity for users and as demonstrate the need for moments in which can be heard and informed about issues related to their health. This event led the students to be more next to the population, and may implement the proposal of SUS in their level of care promotion and prevention in health and generating learning how to be a good relationship patient doctor, where the individual should be treated as a whole, regardless of any variable.

PALAVRAS-CHAVE: Diabets; chronic disease; Medical Education

PP423 - EDUCATIONAL ACTIVITIES IN PHYSICAL THERAPY IN THE CONTEXT OF DIABETIC NEUROPATHY

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Introduction and Objectives:

Diabetes mellitus is a disease of the endocrine system that carries repercussions in various organs and biopsychosocial aspects of diabetic individuals. This is due, in particular, the complications like peripheral diabetic neuropathy, which is present in more than half of the diabetic population. However, it is sometimes unknown by patients. Therefore, this study aimed to show for diabetics about this complication and the contribution of physiotherapy in this area.

Methods:

In the purpose to achieve our goal, we have realized educational activities once a month between August to December 2015 with the patients in the Non-Governmental Organization "Diabetic House" in Belém do Pará.

Results e Conclusion:

During the actions, patients have received information on the incidence and definition of neuropathy. The most diabetics unaware of the existence of neuropathy, however, was a great number of people who reported the presence of symptoms related to this, such as paresthesia, hyposensitivity and deficiency in the body balance system. In view of this situation, the following actions aimed home exercise practices to stimulate the sensitivity and improve balance, which received good patient acceptance. It because the activities proposals spending low cost materials such as towels, abrasives, sponges and cotton, and in addition also show good effectiveness in controlling neuropathic symptoms. Thus, the importance of educational actions in the daily lives of diabetics can change their quality of life. Moreover, physical therapy can help maintain the functionality through the prevention of complications associated with the illness

PALAVRAS-CHAVE: Education; Physical Therapy; Diabetic neuropathy

PP424 - EDUCATIONAL ACTIVITY ABOUT ALTERNATIVES OF WATER AND FOOD TREATMENT IN A COMMUNITY WITH LIMITED ACCESS TO BASIC SANITATION

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Background & AIM:

Domiciliary incorrect habits in the management of water and treatment of food can affect people's health. A knowledgeable individual has the autonomy to conduct cost-effective choices that offer better protection to his health. In order to provide intervention strategies to a community with poor sanitation in the city of Belem, an informative educational activity about water and food care was carried out.

Methods:

The intervention plan was constructed with the aim of matching the epidemiological profile observed in the community based on information from the health care team responsible for that area. The activity addressed the correct treatment of water and food, with food cleansing workshops, and demonstrations of food and water treatment techniques, seeking to apply methods applicable to the reality of the community. In addition, we discussed the consequences of improper water and food care, such as intestinal parasites and the identification of signs and symptoms of the same, highlighting warning signs that require medical attention.

Results & Conclusion:

The activity was attended by approximately 300 people, all community residents. The lectures and workshops included all age groups. The demonstration of the SODIS method, the construction of alternative filters and food cleansing workshops had higher public approval. In conclusion, the proposed activity delivered coping strategies to a community facing difficulties, using alternative methods, offering them autonomy and health promotion and therefore improving their quality of life.

PALAVRAS-CHAVE: Health Promotion; Health Education; Health Promotion

PP425 - EDUCATIONAL ACTIVITY ABOUT METABOLIC SYNDROME IN A COMMUNITY IN THE CITY OF BELÉM.

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Background & AIM:

Metabolic syndrome (MS) is a disorder characterized by a set of metabolic and cardiovascular risk factors commonly associated with obesity (especially abdominal obesity) and insulin resistance. However, the general population is not very knowledgeable about the subject. With the aim of orienting and sensitizing people about SM and its risk factors, an educational activity was carried out in a community in the city of Belém.

Methods:

The intervention plan was constructed around the epidemiological profile observed in the community, based on information from the health care team responsible for that area. Blood pressure, blood sugar and abdominal circumference measurements were carried out. The activity consisted of a lecture about SM, followed by a game in which direct questions were asked relating to what was discussed in the presentation. Later, the participants elaborated dishes that they considered healthy and unhealthy that were later used to realize nutritional counselling compatible with the reality of the community. In the end, participants watched a play that told a story of a person who had all the classic signs of a metabolic syndrome and her difficulty in following medical counsel. The play ended with a moment of reflection among the participants about the future of that person.

Results & Conclusion:

Approximately 200 community residents from different ages groups participated in the activity. The audience was receptive and amazed by the impact and the importance of a healthy lifestyle. The project was successful, as the methodology was accepted and the participants were made aware of the topic in question.

PALAVRAS-CHAVE: Prevention; Education; Health

PP426 - EDUCATIONAL GROUPS AS HEALTH PROMOTION SPACE, EXCHANGE OF KNOWLEDGE AND REFLECTION

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Introduction and Objective:

The Support team for Family's Health (NASF) is a team of professionals that aims to support the Family's Health Teams. Among the main activities, we have the educational practices in group as a basis for creation of health promotion spaces, exchange of knowledge and reflection. The objective of the following work is to share the experience of the nutritive reeducation group composed by registered and employees of the Clinic of Family Souza Marques, Madureira's neighborhood, Rio de Janeiro - Brazil.

Method:

The group was idealized and planned by the NASF's team composed by nutritionist, psychologist, social worker, physical education teacher, speech therapist and physiotherapist and shared with other professionals. The group is opened, the disclosure is performed by all professionals of the health's unit, it happens every two weeks, has duration of approximately two hours in which activities are carried out as: anthropometry, sharing of life experiences, chat about a certain theme in health, determination of goals of lifestyle's changes and creation of themes to be worked out in the next meeting.

Results and conclusions: -

It has been observed throughout the meetings that the group FRIENDS OF BALANCE besides create a space of stimulus of change eating habits and lifestyle, promotes space of awareness, reflection and living together. Besides this aspect, is being important as practice of matricial support for the professionals involved in the group activities.

PALAVRAS-CHAVE: Educational groups; NASF; Primary Care

PP427 - EDUCATIONAL INTERVENTION IN FAMILIAR CONTEXT

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Introduction and objectives:

Family Health Strategy was created to expand health care to the family environment. For that, Community Health Workers became responsible to provide integral assistance and to prepare, in accordance with families, intervention plans based on principles of health promotion and health education. This work aims to perform a family intervention, looking for problems that affect the health of the accompanied family to promote improvements, always seeking to encourage the family to participate on the self-care process.

Methodology:

Experience report realized in M.L.V.'s residence, in Comunidade do Dendê, Fortaleza, from march to September of 2015. Data were collected embased in fases, such as evaluation, counseling, agreement, assistance and support. Confidentiality was assured.

Results and conclusion:

Throughout the visits, we could understand better the family situation. As M.L.V. has some health issues, such as diabetes, hypertension and overweight, we evaluated her alimentary habits and adjusted it to reduce sugar, salt and calories. We still suggested accessible recipes and did some of those with her. About her arthritis, we oriented exercises to relief her pain. For the medicines, we made a box in which they could be better organized by day and time of use, minimizing forgetfulness. Every visit, we measured her weight, blood glucose and pressure to accompany the results of the proposed interventions. Along the visits, we realized how important is the role of the health professional on the assistance of families, promoting guidance and better adherence to their treatments, putting the family members as protagonists on the health-disease process.

PALAVRAS-CHAVE: Health Education; Health promotion; Primary Health Care

PP428 - EDUCATIVE PRACTICES WITH HYPERTENSIVE OLD PEOPLE IN COMMUNITY OF JARDIM BAHIA, IN PAULO AFONSO, BAHIA, BRAZIL.

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The systemic arterial hypertension (SAH) is a chronic disease, with multifactorial causes and sometimes asymptomatic during a long period, factor of risk to cardiovascular and cerebrovascular affections, and is constantly associated to lifestyle. Moreover, it is characterized by mainly reach the population over 65 years old and the low adhesion to treatment of this public. Therefore, this job has the objective to explain, with educative activities, the importance of the therapeutic of SAH, that includes practice of physical exercises, weight control, low ingestion of sodium, alcohol abstinence and other drugs, and to stimulate the autonomy of old people to treatment. The execution of this project was in neighborhood Jardim Bahia, in Paulo Afonso, Bahia, viable by partnership of Medicine course of Universidade Federal do Vale do São Francisco with the Basic Health Units of this local. The event was divided in these moments: reception of participants; practice of stretching and relaxation; healthy and accessible coffee break; and education dynamics, in that was possible to know the previous knowledge and to elucidate the doubts of people, to exhibit the real quantity of sugar and sodium in foods and to show playfully the repercussions of SAH in the human body. Furthermore, was realized the demonstration of prepare and the delivery of samples of one alternative to substitute the common salt: the herbal salt. The activity was very positive, because permitted the change of experiences and knowledge between the participants, as also the incorporation of shared practices by the public.

PALAVRAS-CHAVE: Hypertension; Food Habits; Health Education

PP429 - BIOPSYCHOSOCIAL EFFECTS OF BREASTFEEDING IN HIV-POSITIVE MOTHERS AND POSTURE OF HEALTH PROFESSIONAL

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The aim of this study was to know the perceptions of the experience of not breastfeeding in HIV-positive women and the professional attitude of those who offer health care. This was a qualitative study with eight mothers, who attended at the center of testing and counseling in a medium-sized city of Sao Paulo state. An interviewer and a non-participant observer, guided by semi-structured questionnaire containing demographic questions and relating to non-breastfeeding experience, conducted the interviews. Interviews with professionals evaluated training, conduct and impressions in care. The speeches were transcribed and analyzed using the technique of content analysis. Of the women' speech emerged the following categories: acceptance, frustration, sadness, awareness of the risks, disagreement regarding the diagnosis, helplessness, anger, despair, masking feelings, demonstrating subsequent implications of breastfeeding reverse. Regarding the professional aspects were identified related to the distance of these with care. It was concluded that feelings and meanings are mixed in the speech of mothers, but caution and fear for the baby infection have been prevalent about the frustration for not breastfeeding. The study also revealed desensitization of professionals.

PALAVRAS-CHAVE: Breast Feeding; HIV; Health Personnel

PP430 - ELDERLY FALL PREVENTION: RISK FACTORS AND HEALTH PROMOTION IDENTIFICATION.

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INTRODUCTION AND OBJECTIVE

Falls are a really common and devastating event for elderly people. It can indicate a beginning of an illness or signalize a weakness, besides increasing the health system costs. The aim of this study is to present elderly falls main risk factors and preventive measures, and to promote better quality of life.

METHOD

The Vila Velha University Medical students performed an educational Speech for 20 elderly people in a Public Health Unity, in Brazil, providing information about the main falls risk factors, as well as, physiological changes related to senility and how to handle them. Preventive measures Illustrations and explanations were presented and afterwards a checklist was used to identify the risk factors on the participants' residences.

RESULTS AND CONCLUSIONS

50% of the elderly people presented at the speech have already suffered some kind of injury caused by avoidable falls. Among the main causes of falls, 40% were related to postural hypotension, 30% to use of inappropriate shoes, 20% to fall during taking a shower and 10 % to associated comorbidity, such as labyrinthitis. Notice that 90% did not practice any physical activity. The elderly population in Brazil has been increasing each year, impacting the assistance offered by the public health system services. A fall can be decisive in a senior autonomy rupture, intervening directly to his quality of life and dependency level. The risk factors identification facilitated the performance of the health professionals, ensuring the elderly people more security and life quality.

PALAVRAS-CHAVE: Health Education; Public Health; Old Age Assistance

PP432 - EMPOWERMENT OF PAPER IN PRACTICE ASSISTENTIAL FOR HEALTH OF THE RIGHT TO EFFECTIVE

Nascimento BABF¹; Silva CC¹; Sobral Neto JP¹; Carvalho MVG¹; 1 - Faculdade Asces;

Introduction and Objectives

The concept of the right to health goes beyond the simple notion of the supply of health services is closely linked to human dignity, autonomy and fundamental rights of the individual. Without knowledge of their rights, the population does not exercise its role of evaluating the services, which reflects negatively on the relative understanding the needs and demands of your health. The study aims to discuss the empowerment tool to induce the user's emancipation in health services.

Method

This is an integrative literature review. It was used as a source of research databases LILACS and BDEF. The following descriptors were used: right to health, empowerment and health education. Where the inclusion criteria, were available text, Portuguese language, publication year 2005-2014.

Results and conclusions

The articles analyzed bring empowerment as a complex concept that refers to the mobilization process to promote the growth and autonomy of individuals. The practice of empowerment within the care units may help in the design of actions to overcome the existing power inequalities, it is realized that it is not the economic weakness that relieve the user of their right to health, but the lack of information. Incorporate the empowerment in our healthcare practice means replacing a reductionist perspective that understands the user as "marginal" service by adopting a new position where the user's singularity is considered and their rights are recognized.

PALAVRAS-CHAVE: Right to health; Patient participation; Health education

PP433 - ENVIRONMENTAL PLANNING STRATEGY IN THE CARE AND HEALTH PROMOTION FOR THE ELDERLY

Miranda, FB ¹; 1 - SMS RJ/CMS Dr^o Rodolpho Perissé;

Introduction:

In Brazil the elderly population grew from 9.5 in the year 2000, for 11 of the total population in 2010, according to data from the Brazilian Institute of geography and statistics-IBGE (2010). The percentages have been rising, too, in the State of Rio de Janeiro. The elderly population came in 13.3. Second Cassol (2012) thinking on the quality of life of the population is to associate the existing relationship between the environment and health, in the process, the relations between society and space can be favourable or detrimental, so your compression is critical. The objective in this paper identify the relationship between health and environment of elderly regulars HIPERDIA group "active life".

Methods:

The sample was built by 47 seniors selected for convenience. The survey was conducted in the clinic of the family of the Vidigal. For the collection of data was used a social-environmental and health survey of elderly regulars and registered in the electronic health record. The data was quantitatively and qualitatively.

Results and conclusions:

The search for active ageing eou healthy has led to population of the third age the subsidiary spaces in order to attend promotion and protection, in addition to reducing damages to the problems arising from this. Most of their stories, to describe what they feel to be in the group, claim that remain the sense of joy and exchange of experiences between friends, meet more people, prevent loneliness and guidelines on essential health for quality of life.

PALAVRAS-CHAVE: elderly; quality of life; health and environment

PP434 - EPIDEMIOLOGIC PROFILE OF THE OBESE AND OVERWEIGHT POPULATION IN A NEIGHBORHOOD OF CUIABÁ, MATO GROSSO, BRAZIL.

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INTRODUCTION/OBJECTIVE:

According to WHO (1988), the Body Mass Index (BMI) is the most useful tool, despite its low accuracy, to measure obesity at a population level. Obesity is, currently, the most important nutritional disorder in developed and developing countries. This disorder is associated to the development of chronic diseases and greater risk of premature death. This article aims to stratify the population of a neighborhood in the city of Cuiabá - MT, among gender and age group, in accordance to the classifications of BMI.

METHODS:

Prevalence study with an alleatory sample of 285 individuals aged greater than 18 years, living in the Santa Izabel neighborhood, in 2015. BMI was determined through mensuration of height (m) and weight (kg).

RESULTS/CONCLUSION:

From the 285 individuals analysed, 182 were women and 103, men. This populational sample covered from 18 to 93 years old. Women presented higher BMI (average and standard deviation 28,3±6,4); while men, greater weight (72,1±16) and height (1,69±8). It was observed similar overweight prevalence between men and women: 38 men (36,89% of all men) with average age of 50±19 and 57 women (31,31% of all women), 52±16. 90 people (31,57%) presented some degree of obesity (BMI>30), among them there were 72 women (39,56% of all women) with average age of 47±16 and 18 men (17,47% of all men), 54±20. In the studied sample, we obtained a majority of individuals showing overweight or obesity. It is urgent the necessity of attention to initiatives that change this scenery, before the development of associated chronic diseases.

PALAVRAS-CHAVE: Body Mass Index; Obesity; Population Surveillance

PP435 - ESTIMATING THE RISK OF DEVELOPING TYPE 2 DIABETES: SCREENING PRIMARY HEALTHCARE PATIENTS

LOURO, M.H. ¹; ROCHE, M.E.T. ¹; 1 - UNIGRANRIO;

Introduction and Objectives

According to World Health Organization, about 240 millions people suffered from Diabetes Mellitus (DM) in 2005, and this index may increase in the following years. Southern and Southeast regions of Brazil showed a high prevalence of DM, due to bad diet habits and lifestyle. Plenty of people do not have the essential knowledge concerning their health quality, such as blood glucose levels (BGL's). Based on that matter, the Finnish Diabetes Risk Score (FINDRISC) questionnaire is a screening tool to estimate risk of type 2 diabetes. It evaluates patient's health status and various potential risk factors for diabetes. Therefore, the study aims to search for patient's BGL in order to prevent and treat them.

Methods

All participants were from Nilza Cordeiro Herdy Ambulatory. The FINDRISC was applied and related with the risk of developing Diabetes Mellitus in primary care patients.

Results and Conclusion:

400 people took part. They all had FINDRISC assessments and a preliminary blood glucose test. The risk of developing type 2 diabetes increased with age. The prevalence of participants at high risk was of 65% in men and 60% in women. 75% presented high levels of glucose. From the population over 65 years, 67% presented hyperglycemia. A considerable number of patients had dysglycaemia or was at risk for developing type 2 diabetes. The questionnaire is a reliable, valuable and easy to use screening tool in primary healthcare surveillance.

PALAVRAS-CHAVE: diabetes; screening; risk

PP437 - EVALUATING THE IMPROVEMENT OF TUBERCULOSIS CONTACTS IN A PROGRAM AREA OF RIO DE JANEIRO: INTERVENTION PROJECT.

Linhares SRS ¹; Porto OM ²; 1 - Secretaria Municipal de Saúde do Rio de Janeiro; 2 - Centro de Referência Professor Hélio Fraga;

Introduction:

The activity to control contacts should be considered an important tool to prevent illness. One of the essential steps planned in the Tuberculosis Control Program has as purpose to diagnose the latent infection of tuberculosis active in those individuals. In Brazil, this activity must be made fundamentally by the Primary Care. The services has to be structured so that this practice of great repercussion for TB control is optimized. Regarding its strategic importance, the validation of contracts is still low in Brazil (near 60%), meanwhile, in developed countries the application of this control measure and surveillance covers nearly 90% of this individuals.

Objective:

To analyse through the matrix intervention the evolution of the validation of contacts in two units of the CAP 3.1 in 2014.

Methodology:

It will be used as database the Information of Diseases Notification System, the green book register of Tuberculosis and the electronic medicals records to elaborate the planification matrix. The same was subsequently reviewed and modified, in consideration of the viability of the data collector for the construction of indicators.

Final considerations:

It puts in evidence the need for training of the Family Health teams working in the Primary Care for the proper approach to contacts. For the Tuberculosis control actions to be effective it is necessary the continuous and permanent accompaniment of the quality of the actions developed by the professionals of the Primary Care having one of the most important conditions the integration and sensitization of these professionals.

PALAVRAS-CHAVE: Tuberculosis; Latent Tuberculosis; Primary Health Care

PP438 - EVALUATION OF ACCOMPLISHMENT OF THE VACCINATION SCHEDULE OF ADOLESCENTS FROM A PUBLIC SCHOOL

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Introducion and objective:

To analyze the prevalence of vaccination coverage in a group of 67 adolescents from a public school in the city of ananindeua-pa.

Methods:

This is an epidemiological, sectional, observational, descriptive study. it was done by analyzing the information contained in the vaccination cards of students. on the day of action, a screening was initially performed to check for weight and height of young people, and then the questionnaires were administered to adolescents and their parents or responsible. after analysis of the vaccination cards, new ones were distributed with the labeling of vaccines needed and the time-bound for the immunizations. in the final step, students who had delayed vaccination records were submitted to immunization by competent professionals working in family health strategy. in addition, young people and those responsible by them received orientation on the importance of vaccines.

Results and conclusion:

The prevalence of adolescents with vaccination card was 64.1%, and among the total of young people, only 17.9% had vaccination coverage. the vaccine with the highest demand was yellow fever (88.1%), followed by mmr (79.1%), tetanus and diphtheria (td) (73.1%) and hepatitis b (47.8%). Our findings demonstrated deficiency of compliance with the immunization schedule in adolescence, which highlights the need for the implementation and performance of the school health project in order to orient and sensitize adolescents and those responsible by them regarding the importance of continuing the immunization schedule, besides supplying vaccines at the school to achieve the goals proposed by the ministry of health of brazil.

PALAVRAS-CHAVE: Adolescent health; vaccination; school health services

PP439 - EVALUATION OF POPULATION MEMBERSHIP FROM MICROREGION NORTHWEST OF MINAS GERAIS TO THE INTRODUCTION OF VACCINE HPV TO CALENDER NATIONAL IMMUNIZATION

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INTRODUCTION AND OBJECTIVES

Belonging to the family Papillomaviridae, HPV (Human Papilloma Virus) has more than 200 variations. The subtypes 16 and 18 participate in 70 % of cases of cervical cancer. The recombinant vaccine consists of HPV types 6, 11, 16 and 18, being introduced in about 51 countries. In Brazil, in 2014, began the extended scheme of three doses (0, 6 and 60 months). The objective of this study is to assess the adhesion of population of micro-region Northwest of Minas Gerais after first dose of vaccine, comparing results between campaigns of 2014 and 2015.

METHODS

It is a cross-sectional descriptive study of quantitative approach. For data collection, were used health information systems.

RESULTS AND CONCLUSIONS

It was established a target to vaccinate 80 % of the target population defined for each year. In 2014, girls were between 11 and 13 years. In 2015, between 9 and 11, and, from 2016, 9-year-old girls. The first dose of 2014 reached 87.3% of 4.9 million girls of 11-13 years old living in the country. On micro-region Northwest of Minas Gerais, the total coverage was 94.66%. This micro-region covers 13 municipalities, two of which did not reach the goal. The coverage of this micro-region to second dose of 2014, first and second doses of 2015 was 68.38 %, 62.18 % and 41.61 %, respectively. Note, therefore, that after the first campaign, population membership has been lower each dose. It is suggested measures to stabilize the achievement of goals in this region.

PALAVRAS-CHAVE: Papillomaviridae; Papillomavirus Vaccines; Immunization schedule

PP440 - EVALUATION OF QUALITY OF LIFE OF ELDERLY ENROLLED IN THE PROGRAM WEDNESDAYS HEALTHY

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ABSTRACT

INTRODUCTION AND OBJECTIVES:

The aging population is a major public health challenges in Brazil and worldwide. The progressive aging of the population creates impact on all sectors of society, by making necessary studies for assessing the quality of life for seniors and their determinants. To assess quality of life and trace the demographic profile of the elderly participants in the Healthy Program Wednesdays, domiciled in Manaus/AM.

METHODS:

This study is a cross-sectional, descriptive and analytical, involving 50 elderly aged above 60 years with a mean age of 68.76 years, who responded to scales measuring quality of life of the World health (WHOQOL-BREF and WHOQOL-OLD), composed of multiple domains, and a sociodemographic questionnaire.

RESULTS AND CONCLUSION:

The elderly subjects showed satisfactory quality of life with the WHOQOL-BREF , obtaining total average 71.15 and a slight decline in same with the WHOQOL-OLD, had committed the results by facets: sensory functioning and autonomy. The instruments have proved useful for assessing quality of life, despite the subjectivity of the topic and the multiple facets involved. However, it is necessary and more detailed studies with larger samples to determine with greater certainty the aspects that influence the quality of life for seniors.

PALAVRAS-CHAVE: Health Promotion; Quality of life; Elderly

PP441 - EVALUATION OF QUALITY OF LIFE OF SYSTEMIC HYPERTENSIVE INDIVIDUALS OF THE BASIC HEALTH UNIT IN PALHOÇA – BRAZIL

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Introduction and objective:

The Hypertension shows a high prevalence, but only half of the diagnoses receive an appropriate treatment, which creates a negative effect on quality of life (QOL). The knowing of QOL allows better accession to the treatment and a better life expectancy. Objective to evaluation of quality of life of hypertensive patients carried by a Basic Health Unit in Palhoça, Brazil.

Methodology:

Cross-sectional study, with 134 hypertensive patients, from June to November, 2015. QOL MINICHAL and Instrument of Physical Activity Evaluation forms applied. Comparisons between the averages of tests T ($p \leq 0.05$) and Confidence interval 95% were calculated in the SPSS 20.0 program. Approved by the Research Ethics Committee of University of South Santa Catarina.

Results and conclusions:

Female prevalence (59.8%), average age of 64.9, unemployed (78.4%), tobacco smoking rate of 16.4%. Physically active (46.2%), irregularly active patients (41.5%) and 6,1% sedentary persons. Hypertension below 159/99 mmHg (78.8%), obesity (32.8%), heart disease (17.9%) and 76.8% use up to 2 pharmaceutical drugs. Mental State domain of QOL at average 9.6 and somatic manifestation 5.7. The Mental State domain is associated to a worse QOL of hypertensive patients that show low income, moderate/severe hypertension and heart disease ($p < 0.05$). Yet, somatic manifestation domain shows a worse QOL of patients age 60 and over, taking more than 2 pharmaceutical drugs, low level of physical activity and heart disease ($p < 0.05$). The best quality of life is associated to individuals under 60 years old, to regular physical activity, controlling of blood pressure levels and morbidity.

PALAVRAS-CHAVE: Hypertension; Quality of Life; Physical Activity

PP445 - EXPERIENCE ABOUT EDUCATION HEALTH PROMOTION IN FOOD FOR CHILDREN DURING A HEALTH FAIR IN A COMMUNITY OF BELÉM, PARA, BRAZIL

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Background and Aim:

A healthy diet in childhood is essential for growth, development and maintenance of health. Inadequate eating habits bring about harm to health immediate and in a long-term. This survey reports the education promotion experience in health food with children and was performed with the extension project "Health Fair 'Educação'", in a health fair in the Parque Amazonia Community.

Methodology:

The health fair was developed in the morning, on 11/14/2015, in the Parque Amazonia community. The activities were developed by academics of the Courses: nutrition, medicine, nursing and physical education. The resources used were two playful activities about mounting healthy meals and identification of nutritious food, the use of illustrative images for painting and educational games that stimulate learning was an important elements in the approach to the subject. In addition, the importance of adequate nutrition was emphasized so a healthy lifestyle maintained in childhood, ensuring more healthy adults.

Results and Conclusion:

The results were categorized into: understanding of nutrition, food preference and knowledge about healthy eating. It was found that there was a better acceptability by children, who kept attention while the subject was addressed during the activities causing positive change in the perception of lower after the use of playful tools. It follows that the forms of playful approach were an excellent tool to develop health education activities, with a nutritional emphasis, awakening creativity and attention of participants, enabling a more human intervention in prevention and health promotion for children of this community.

PALAVRAS-CHAVE: Nutrition Programs; Health Education; Health Promotion

PP446 - EXPERIENCE AND RISKS OF GETTING A PSYCHIC DISORDER IN PREGNANT ADOLESCENTS TREATED AT FAMILY HEALTH UNITY IN OLINDA, PERNAMBUCO.

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Introduction:

20,8% of Brazilian population is formed by teenagers – 10 to 19 years - (YAZLLE, 2014). The Unified Health System shows that 26,5% of pregnant living in the country were adolescents (MANDU, 2000). There is a risk of depression, anxiety and desire to commit suicide. (FREITAS; BOTEAGA, 2002).

Objective:

Analyze quantitatively the risk of adolescents to develop a psychic disorder and to study qualitatively the the subjective impact occurred in pregnancy.

Method:

The research field was the Families Health Unities COHAB-Peixinhos and Sítio Novo-Salgadinho, em Olinda, Pernambuco.

Instruments:

Quantitative (social questionnaire and the QMPA, screening to mental disorders) and qualitative (semi structure interview). Situation of the sample: 26 adolescents: 16 pregnant (AM = 18,4 years) e 11 not pregnant (AM = 15,8 years).

Results:

Among the pregnant, 9 use irregularly preservatives, 8 are in the second gestation, 11 did not plan, 12 considered the pregnancy inconvenient, 9 did not take birth control pill, 11 pregnant showed risk to psychic disorder and the Odds Ratio of 1,51 pregnant / not pregnant. Analyzing thematically the results (BARDIN, 2011) were found Registration Units (RU): 4 RU – depression and the pregnancy has been a bad situation. 2 RU: there was not birth control, rejected the pregnancy, resignation, do not want to abort, there is a familiar stress and they want to give a birth.

Conclusion:

The integrality between the health mental, the Hebiatry and the Health Education in Basic Health System is relevant to promote health of this population and to prevent risks.

PALAVRAS-CHAVE: nager pregnancy; hebiatry; mental health.

PP447 - EXPERIENCE REPORT ABOUT SUS EDUCATION IN PUBLIC SCHOOL OF MANAUS – AMAZONAS.

Freitas NS ¹; Filho MDFFL ¹; Feghali BA ¹; Reis PM ¹; Freitas MC ¹; Silva JS ¹; Motta CS ¹; Machado VA ¹; 1 - Universidade do Estado do Amazonas;

Introduction:

The ignorance of users on the operation of the Unified Health System (SUS) of Brazil results in the improper use of the system and the burden of attendance in secondary level institutions. Thus, the link between basic education and primary health should be encouraged, involving the community and local institutions. Objective: To reduce the burden of attendance on the secondary level institutions of Manaus' SUS, through the health education, fostering articulation of the educational institution with the other reporting units in the health district.

Methodology:

The field of experience is Carvalho Leal Elementary School, with ninth grade and one other special (Avançar). Contents are inserted into the regular schedule in accordance with the current issue. The frequency of academics is weekly, changing as requested by teachers. The main contents were SUS and sexual education.

Results and conclusion:

Was shown that there is space in schools for health education, especially with regard to the use of SUS education due to lack of this type of educational approach. Students showed much interest in themes, presenting as potential knowledge multipliers. Any difficulties encountered were evaluated and solved for the next cycle. Changes in SUS is possible considering the system can be learned at all levels of education. Remove the monopoly of higher education and enter the subject in middle school can be a useful way for the emergence of learning possibilities, generating empowerment in the population, shared knowledge and full enjoyment of the right to health.

PALAVRAS-CHAVE: Health Education; Unified Health System; School Health

PP448 - EXPERIENCE REPORT OF EVENT OF HEALTH PROMOTION AND PREVENTION OF BREAST CANCER WITH EMPLOYEES DURING PINK OCTOBER CAMPAING

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Introduction and Objectives:

Breast Cancer is the most common neoplasia among woman after non-melanoma skin cancer, corresponding to about 25% of new cases per year. Its control is a public concern. The breast self-exam is a strategy for early detection, because it's able to identify dangerous alterations, showing the relevancy of its divulgation and enlightenment. The study goal is to report the experience of an event made to bring awareness to the employees about Breast Cancer Prevention.

Methods:

It was performed a lecture to the employees of the University of Fortaleza in October, enlightening the importance of prevention and early detection of Breast Cancer. To perform the lecture, the students were previously reunited to study the newest relevant publications concerning breast cancer. The lecture was conducted by students and professors, focusing on breasts self-examination, mamograms and breasts clinical examination. Manequins with various types of breasts, were used to allow the participating women to palpate and learn possible alterations. Informative flyers regarding breast cancer were distributed.

Results and Conclusion:

It was observed a deep interest by the female employees participating, by elucidating doubts and testifying, corroborating the contribution of Pink October Lecture bringing awareness about Breast Cancer. It was observed that woman had very few notion of breast clinical examination importance, being the manequins essentials in the demonstration of great self-exam. It can be concluded that Pink October Lecture Is necessary to spread information about breast cancer, because it brings awareness to early detection and the avoidance of late diagnose with worse prognosis.

PALAVRAS-CHAVE: Breast cancer; Woman Health; Prevention

PP449 - EXPERIENCE REPORT OF THE PROCESS EDUCATIONAL IN HEALTHY HABITS FOR CHILDREN OF PUBLIC EDUCATION PRIMARY AND SECONDARY MACAPÁ

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Introduction and Purpose:

The personal hygiene refers to a set of practices and rules relating to the preservation of health and prevention of diseases in the body through cleansing, disinfection and conservation of tools, spaces and objects. So, in this work is reported experience in an educational campaign about healthy habits in the socioeconomic and cultural context in 34 group children between 6 and 10 years, held at Macapá's school EMEF MARIA LUIZA BELLO DA SILVA in August 2015.

Method:

Applied, for 4 (four) hours, educational activities such as mini lectures by scholars of participatory Medicine of UNIFAP with technical terms translated into popular language about oral health, hygiene of the hands, eating habits, physical activities and the appropriate child development, proper handling of food, besides fun activities on subjects such as competitions with prizes, game of questions and answers and practice of painting and drawings about erroneous activities discussed.

Results and Discussion:

Experience provided to know the peculiarities of the group, plan comprehensive and significant guidelines to the public and develop strategies for maximum adequacy to the instructions developed. It observed that the main doubts presented by children are also present in their responsible and which was obtained good effect in school with satisfactory adherence of educators, being all used items donated to the institution for similar educational actions are developed later routinely.

PALAVRAS-CHAVE: Health Promotion; Healthy habits; Public School

PP450 - EXPERIENCE REPORT: EXHIBIT "WHAT DOES 'REPRODUCTIVE HEALTH' MEAN FOR YOU?"

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Introduction and Objectives:

Reproductive health provides a satisfying and safe sex life. It allows people to decide if, when and how many children they want, and includes the rights of having sexual health as enhancing life and interpersonal relationships. The theme is related to a large range of services, techniques and methods that contribute to the human health and reproductive health throughout life. The objective of this campaign is to introduce and increase the knowledge of Reproductive Health.

Method:

An Exhibition was held for 4 days at PUCPR Londrina University. Some pictures were exposed with comments from several academics about "Reproductive Health" and what it meant to them. These concepts were previously collected and transcribed into these images, without the need of being correct. When visitors came to the exhibition, they were asked whether they really think such concepts were true, and then students started to talk and guide them about the importance of the Reproductive and Sexual Health.

Results and Conclusions:

The exposure occurred as expected. The academic community benefited and it was exposed to the concept of rights covering reproductive health as well. In addition to images and comments analysis, the concept of the term by the law was discussed. The exhibition was used as an introduction to the theme and empowered people's knowledge about reproductive health that it is seen as a simple term, but it is also full of concepts and scientific importance, which is essential to medicine and to patient care.

PALAVRAS-CHAVE: reproductive health; reproduction; sexuality

PP452 - EXTENSION PROJECT FOR DIABETES MELLITUS PATIENTS: AWARENESS ABOUT DANGERS IN SELF-MEDICATION

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Introduction:

Self-medication is the practice of taking non-prescription drugs in order to treat self-recognized or self-diagnosed conditions and symptoms. The national average drug intake without medical supervision is 76.4%, exceeding the global average which is 50%. Self-medication can be very harmful in the treatment of chronic diseases such as diabetes mellitus (DM). The most common reasons for not consulting a doctor are quick relief, facility to buy medicines in drugstores and previous experience. This practice may cause the use of wrong drugs, inappropriate dosages, incorrect techniques, adverse reactions and dangerous drug interactions, like the use of insulin associated with acetaminophen, which increase the risk of hypoglycemia. The goal of Diabetic's Friend Extension Project (PEAD – “Projeto de Extensão Amigo do Diabético”) was to offer awareness about dangers in self-medication for patients diagnosed with Diabetes Mellitus.

Methods:

This was an extension project executed by PEAD, in “Casa do Diabético”, localized in the city of Belém, of Pará, of Brazil, which target audience were patients diagnosed with DM. Firstly a questionnaire was applied and then lectures were given based on the answers of the questionnaire.

Results:

Out of the 63 patients (age between 37 and 81 years old), self-medication was practiced by 44 (69.8%) subjects. Only 45.5% of the respondents perceived risks of self-medicating. Through the lectures based on these answers, all of them became aware of the dangers in self-medication in the end of the project.

Conclusion:

In this extension project, diabetic patients were benefited by knowing the risks of self-medication.

PALAVRAS-CHAVE: Self-Medication; Education; Diabetes Mellitus

PP453 - EXTRINSIC RISK FACTORS OF FALLS IN ELDERLY: HOUSEHOLD EVALUATION IN A COMMUNITY IN ARAGUARI-MG

SANTOS AGA ¹; MACHADO AP ¹; DUARTE AA ¹; SILVA AB ¹; NETO AGM ¹; CAIXETA AR ¹; SALGE AR ¹; COSTA ACC ¹; SOUZA AL ¹; SANTOS AG ¹; PINTO, MR ¹; SILVA KC ¹; BATISTA JD ¹; WALTER KC ¹; FREITAS EAM ¹; 1 - FACULDADE DE MEDICINA IMEPAC ARAGUARI/MG;

INTRODUCTION:

Studies with Brazilian elderly show that falls happen in 30 to 40% of this population, with bone fracture in 12% of the cases, resulting in lost of independence to one or more daily activities. Most times, falls became a challenge, as they are caused by environmental factors.

OBJECTIVE:

To identify the environmental risk factors of falls in elderly homes registered at a family health unit.

METHODOLOGY:

Quantitative study conducted in November 2015, at a family health strategic unit in Araguari, MG, Brazil. The presence of environmental risk factors to falls at 53 homes were evaluated.

RESULTS AND CONCLUSION:

The risk factors found were: slippery floor (57%), irregular or with holes (40%); soil gap (91%); bathroom with slippery floor (50%) and lack of safety bars (75%); loose mat (68%); poor lighting (29%); objects in high places (54%); obstacles (32%); pets (60%); 8% for the beds were low and 30% were high. Environmental risk factors are evident in the frequent fall in the home of elderly. With the increase of life expectancy, it is important the implementation of measures and educational activities to prevent diseases and provide better living and health conditions to elderly people, encouraging their independence and active participation in the local community. In this sense, we conducted a teaching action in the homes of the elderly, through guidance to the whole family to adjust the environment in order to reduce the extrinsic risk factors and prevent possible falls.

PALAVRAS-CHAVE: Elderly; Falls; Risk factors

PP454 - FACILITATORS AND BARRIES FOR THE IMPLEMENTATION OF A SELF-MANAGEMENT MODEL IN A PROGRAM OF CHRONIC PATIENTS WITH HIGH BLOOD PRESSURE

QUINTERO Y ¹; ALFARO DC ¹; ULLOA M ²; PLAZAS M ¹; 1 - UNIVERSIDAD DE LA SABANA; 2 - NIVERSIDAD DE LA SABANA;

Introduction:

High blood pressure is currently one of the problems in public health more relevant , with a high burden on quality of life, mortality and economic impact. Education programs based on self-management are more effective than traditional education, since they improve the quality of life, reduce health care costs and prevent the progression of chronic non-communicable diseases

Objective:

To identify facilitators and barriers that are perceived for the participants of the traditional program, for implement a self-management model in the program of attention of noncommunicable chronic diseases.

Method:

It was made a participatory action research where patients who attend the traditional program of chronic noncommunicable diseases were included. The information was collected through observation and focal groups. Triangulation was performed for researchers and data. The credibility was given confirming the findings with the participants after the collection and analysis of data

Results:

There were barriers that emerged of each one of the 5 elements of self-management model. These were: difficulties in the definition of the disease, inadequate control of blood pressure, economic difficulties and negative social influence. As well as facilitators like: good practices, identification of a network support, remember the treatment properly. From these categories some strategies emerged to overcome barriers and thus implement a model of self-management in the chronic hypertension program.

Conclusions:

The participatory-action research allowed knowing the facilities and the barriers that has the program of arterial hypertension. As well as the possibles strategies to eliminate the limitations to implement a model based on self-management program.

PALAVRAS-CHAVE: self –management.; education; Arterial Hypertension

PP455 - FACING ALCOHOLISM IN A COMMUNITY: EXPERIENCE IN A FAMILIAR APPROACH

Oliveira RSC ¹; Jeronymo JHP ¹; Nogueira LB ¹; Ferreira CIB ¹; Pasqual GW ¹; Gulin AS ¹; 1 - Universidade Positivo;

Introduction and objective:

The abusive consume of alcohol is one of the most harmful elements of today health worldwide. The problematic use of this substance appears in a top ten list of health problems that need to be prioritized by the Family Health Program of Brazilian government. It's well kown that the family has a fundamental role in the treatment process of any chemical dependence. In a comunity analyzed by medicine students from Universidade Positivo, using the Participatory Rapid Appraisal, it's been identified a high prevalence of families that have alcohol dependents. Based on this, an intervention was proposed using the concept of health education, so that relatives could obtain more information about the problem and the resources available for medical and psychological assistance.

Method:

The recruitment of relatives interested was made by Community health workers. Five meetings of one hour each were programmed, without the dependents, in the community health center. The proposal was to promote an exchange of experiences after a short explanation of a topic by a skilled professional invited to mediate the conversation. They approached topics related to the alcoholic enviroment: codependency, support groups, dealing with the dependent, situations of violence and treatment.

Result and conclusions:

Despite being a serious problem in the community, there was no regular adherence and the project did not go on. However, the experience exceeded its purpose in alerting the worrying prevalence of the disease, its consequences within the family, and most important, the need to find new ways of intervention.

PALAVRAS-CHAVE: Alcoholism ; Family Relations ; Self-Help Groups

PP456 - FAMILY APPROACH FOCUSING IN SELF-CARE AND HEALTH EDUCATION.

Pinheiro, A.M¹; Sampaio, T.S¹; Gondim, A.B¹; Pompeu, M.M.R¹; Morais, M.B.A¹; Pinheiro, D¹; 1 - UNIFOR;

Introduction and Objectives:

The Basic Care involves many tools, in which the "Home Visit" is known as a methodology for its actions. Identify family issues and initiate the intervention plan, according to the "5 A's Methodology", was the intention of this study.

Methodology:

This study is an experience report about the life of the patient J.F.S, resident in the community of Dendê, Ceará State, Brazil. Three interviews were conducted in the patient's residence, by second semester medicine students, in september of 2015, with the purpose of health promotion and the development of self-care. This "Home Visits" were made in addition to an approach started in the first semester of 2015, using family's assessment tools.

Results and Conclusion:

In the "Avaliation" Stage, was identified the need of an intervention plan due to the neglect of health treatment. The "Advise" was important so the patient could feel encouraged to accomplish the self-care. As a "Agreement", a consensus has been established that the patient should go on with the treatment once stopped, and also make changes in his lifestyle. Performing the "Assist" stage, the group of students has gone to the "CSF Mattos Dourado", a health center, to inform about the availability of the medical care for the patient. The "Arrange" was made to reforce the agreement. Making an analysis, the execution of studies focusing on the Health Education is really important, seeing the patient in the context that he is in, and not only the disease he has.

PALAVRAS-CHAVE: Health Care; Health Promotion; Home Visit

PP457 - FAMILY PHYSICIANS' AND PEDIATRICIANS' PERSPECTIVE ON CHILDHOOD OBESITY

Unalan PC, Güven FB, Geyik Ş, Fansa S, Ozturk EN, Çelebi IK. ¹; 1 - Marmara University School of Medicine Department of Family Medicine, Marmara University School of Medicine Students;

Introduction:

The childhood obesity is identified as an increasing danger in Turkey and all around the world. Physicians' opinions and attitudes have an important effect on the fight against the childhood obesity.

Aim:

Is to evaluate the opinion and attitudes of the pediatricians and the family physicians working in public hospitals, about CO.

Method:

This survey was carried out with a 24 questions questionnaire. Statistical analysis was conducted using chi-square and t tests for independent samples.

Findings:

68%(n=93) of participants are female, mean age is 30.8 ± 5.6 , mean experience in the profession is $6,5\pm 5,4$. 37% are family physicians, 63% are pediatricians. Only 45%(n=61) stated that they feel prepared for the management, 13.3% implied that it could be difficult if patients come from different cultures, 64.7% (n=90) complaint about time limits for diagnosis and treatment, 79%(n=19) of physicians who feel unprepared themselves are willing to learn more about the issue, 69% of participants reported 'the lack of motivation' as a barrier to the treatment of patients. Female physicians are less prone to dispatch the overweight or obese children and they strive to give a continuous counseling and treatment to the patients (%75,3 versus %53,7 $p=0,029$) . Pediatricians think that the childhood obesity is managed more easily than adulthood obesity (40% versus 22%, $p=0.05$) and they feel more prepared (54% versus 20%, $p=0.02$), family physicians think that they have more time to provide information.

Conclusion:

Although physicians evaluate that childhood obesity as a very important disease, they do not feel themselves qualified at diagnosis / treatment and they need more knowledge.

PALAVRAS-CHAVE: childhood obesity; screening; awareness

PP458 - FISHERMEN LABOR RISK ANALYSIS FROM EXTRACTIVE RESERVE CANTO VERDE, CE-BRAZIL

Tiradentes AA¹; Lara HL¹; Leite SMV¹; Pinheiro MR²; Vieira SL¹; 1 - Faculdade de Medicina - Universidade Federal do Ceará; 2 - Faculdade de Enfermagem - Universidade Federal do Ceará;

Introduction

The Extractive Reserve Prainha do Canto Verde relies on artisanal fisheries for its livelihood. The history of the community begins in 1870, when the first occupancy reports arise. In 1976, a land grabbing process started a movement to remove about 1,000 people from the community. In 1989, the Commission for the Defense of Human Rights helped the villagers create an association to defend themselves against real estate speculation and fight for better living conditions. In 2009, the Extractive Reserve (RESEX) was created.

Methodology

During our work in RESEX throughout 2015, we heard complaints related to musculoskeletal disorders. In this context, we've decided to track and record the work of artisanal fishing developed in this location, photographing it, in order to give visibility to the occupational risks to which fishermen are submitted. This tool will be useful for the work of the local Health Family Team in mapping strategies for prevention, diagnosis and treatment.

Results

Family Health League hopes to create a tool to help fishermen's struggle for better quality of life and access to health, as well as make public to the scientific community and the State the occupational hazards to which these workers are exposed, so that further studies and public policies arise.

PALAVRAS-CHAVE: Occupational Medicine; Musculoskeletal Diseases; Fishing Industry Effluents

PP460 - FOTOESTIMA PROJECT: A BEAUTIFUL WAY TOWARDS HEALTH PROMOTION

Melo BML¹; Morcerf CCP¹; Guimarães AB¹; Sousa CA¹; Taulois MM¹; 1 - Universidade do Grande Rio Professor José de Souza Herdy;

Introduction and Targets:

Photography does not simply play a registering role, but may have a great capacity of changing the way people recognize themselves, which bridge the gap between them and the outward world. The major aim is to set up photo shoots that rescue the individual self-esteem, memory and identity. Discuss with the scientific community the value of emotional a social health and how photography can be used on it.

Methods:

Qualitative work, experience report.

Results and Conclusions:

The FotoEstima Project was created by medical students as a conclusion work to Health and Society discipline on 2014, its activities were initiated on 2015 in partnership with an ONG that helps women that have been through difficult time. The Project has two different moments, which one marked by a visit. During the first one the students form small groups with specific responsibilities: get to know those women and their needs; make their hair and makeup, extolling their beauty; make a photo shoot using them as models; and talk about ordinary health problems in their communities. On the second visit they receive their pictures and discuss with the students about the way they used to see themselves and how important it is to have self-esteem. Accomplishing these activities the team expects to have improved women health by working their emotional and social questions. It is essential to encourage students to participate of extension projects that allow them to treat the whole person, not only the disease, giving the student a complete education about what really is being healthy.

PALAVRAS-CHAVE: Education, Medical; Health Promotion; Photography

PP461 - GENDER RELATED CARDIOVASCULAR RISK FACTORS IN ADULTS. CUIABÁ-MT.

Boiça LGO¹; Martins MSAS¹; Durante GD¹; Guimarães LV¹; Segri NJ¹; 1 - Universidade Federal de Mato Grosso - UFMT;

INTRODUCTION AND AIM:

Cardiovascular diseases (CVD) are among the leading causes of death worldwide and accounts for approximately 17.5 million deaths per year. In Brazil, CVD was responsible for 28.1% of all deaths in 2013. In addition to illnesses such as hypertension, diabetes, dyslipidemia and obesity, factors related to lifestyle such as smoking, physical inactivity, excessive intake of alcohol and excessively fat meats has been recognized as important predictors of cardiovascular risk. The objective of the study is to estimate the prevalence of risk factors for CVD in adults in Cuiabá- MT, according to their gender using data from VIGITEL- 2014.

METHODS:

A cross-sectional study with 1509 adults aged 20 to 59, of both genders; living in Cuiabá- MT Brazil was made. They were interviewed via Telephone Inquiry (VIGITEL) by the Surveillance System of Risk Factors and Protection from Chronic Disease, in 2014.

RESULTS AND CONCLUSIONS:

The risk factor for CVD with the highest prevalence was the consumption of excessively fat meats, both for males (56.4 %) and for women (37.2%), with statistically significant difference between genders. Men showed higher percentages in the consumption of alcohol (29.5%) smoking (15.6 %) and diabetes (7.6%). There were significant differences between genders in relation to smoking and alcohol consumption ($p < 0.05$). Women had a higher prevalence of obesity (25.5%) hypertension (24.1%) dyslipidemia (16.3%) and physical inactivity (11.5%) with a statistically significant difference in dyslipidemia.

PALAVRAS-CHAVE: Cardiovascular; Risk factors; Hypertension

PP465 - GROUP WORKSHOP OF WORDS IN THE CLINIC OF THE FAMILY NILDO AGUIAR-RJ: A CASE STUDIES

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Introduction:

The Group Workshop of Words in the Clínic of the family Nildo Aguiar was created for children between 3 and 7 years with complaints of difficulties in speech and language development in the neighborhood of Realengo, Rio de Janeiro.

Goals:

The objectives of the proposal refers to the prevention and promotion of speech and language development through the practice of activities that prioritize the cuspid auditory stimuli, and thin, global psychomotor and cognitive. The work shows to be effective in the elucidation of diagnosis of hearing loss, and can support the necessary referrals to audiological field evaluation.

Method:

The group is formed with the matrix done by reference groups using delay's identification in speech and language development. The sessions take place over 10 meetings guided by specific assessment protocols. For each meeting are explored themes inherent in the activities that integrate family, hygiene, food, jobs that include sensitivity, holidays, letters and numbers.

Results:

The results point to an improvement of aspects of communication both in the moving aspect of the articulation as in the structure of language and vocabulary improvement compared to the initial assessments.

Conclusion:

The project enables the development of communication skills in a therapeutic, but not mechanistic, proposal inside a playful context with a lot of communication and positive models.

PALAVRAS-CHAVE: child development; Interdisciplinary care; language development

PP466 - GROUPS AS A THERAPEUTIC STRATEGY IN PRIMARY HEALTH CARE: AN INTERDISCIPLINAR PERSPECTIVE IN THE PRODUCTION OF HEALTH CARE

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The growing demand of users in psychological distress and / or vulnerability psychosocial who make clinical follow-up in primary care unit (UBS) led to the creation of a therapeutic group in order to address the mental health issues. The therapeutic group aims to promote health and quality of life for participants, and it is an important tool of matrix support what is proposed to qualify the professional Family Health Strategy (FHS) in the management clinical psychological and social issues of its reference customers in that it promotes, through the facilitation of meetings by professionals Health different specialties, the driving and construction interdisciplinar collective activity, with theoretical and technical contributions from diferente categories. The group allows users to collectively deal with the impressions and experiences that mobilize affective and subjectively, in the form of conversation wheel, providing exchanges of experiences that stimulate reflection and self-knowledge of the participants and thereby stimulate the expansion of social network extending between them. The meetings take place every two weeks always on the same days of the week, lasting up to two hours, in the interface in psychology with the mediation with other health knowledge production areas such as: physical education, nursing, pharmacy and medicine. From the group interventions we find it possible to develop the practical skills such as active listening, creativity and empowerment, of professionals and users, contributing to the promotion of health and quality of life for them.

PALAVRAS-CHAVE: Primary health care; Therapeutic group; Mental health

PP467 - GROUP OF WOMEN: ANOTHER LOOK AT CARE

LORDELLO CMS ¹; ROMANO VF ²; ESPERANDIO EG ²; 1 - Clínica da Família Victor Valla, Rio de Janeiro; 2 - Medicina da Família e Comunidade, Universidade Federal do Rio de Janeiro;

Women today assume different roles in society, fight figures inside and outside their homes. Therefore, numerous experiences of violence and illness. In this sense, the interest of three health professionals to gather a group of women in a community in order to create a sharing network of experiences and mutual support. Given this experience, this study aims to describe the practice of share experiences in health Women Arara Group in Manguinhos, municipal district of Rio de Janeiro. The work is characterized by a qualitative research, type of research action, which are held fortnightly meetings in the homes of users. These meetings also involved two professional health referral health facility planning, the Family Clinic Victor Valla a resident doctor and a dentist, and a professor at the Federal University of Rio de Janeiro. Themes are worked previously agreed with the participants developed dynamics associated with triggering questions for the discussion of issues. As a result, what we can see is that women have appropriated the space and recognized him as a place of welcoming listening, enabling sharing and working complex issues. From this experience, what can be concluded is the importance of creating listening spaces, which has shown its ability to cope on issues related to the feminine universe, valuing communication as a powerful promotional tool and protect the health and life.

PALAVRAS-CHAVE: Ação em saúde; Atenção primária; Grupo de mulheres

PP468 - TECHNICAL GROUP ON TUBERCULOSIS: A SUCCESSFUL EXPERIENCE

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By taking the Tuberculosis Program CMS Nurse Edma Valadão could see that our biggest obstacle stood and is still in the case of abandonment, the active search is performed with great success, however our dropout rate needed to be rethought . Thus arises the idea of creating a technical group. The group was formed by professional technicians and an ACS for each team. To make professionals for the treatment and monitoring of TB cases the unit, focusing on the important role of the ACS in achieving the TDO. The Group is comprised of technical professionals of the unit and a ACS of each team. The meetings take place every month where we discuss all cases of TB drive (where treatment and cases of abandonment) and prepare rescue strategies for each case of neglect in particular. The discussion group on the operational strategy of the ODD and the importance of building such a practice in the unit in order to minimize cases of abandonment. Each ACS brings to discussion the TB cases your team. The DOT has been the essential tool for building rapport between the patient and the healthcare professional. If it is not possible to perform TDO the case should be discussed jointly by the healthcare team, the patient and the group. Dropout cases are reconsidered as a team and perform the active pursuit of these cases. Tuberculosis continues to deserve special attention from health professionals and society as a whole, as it continues to be an important worldwide health problem, requiring the development of strategies for their control.

PALAVRAS-CHAVE: Tuberculose; Abandono; Tratamento supervisionado

PP469 - HEALTHY LIVING GROUP: BETTER QUALITY OF LIFE FOR HYPERTENSIVE AND DIABETIC PATIENTS

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INTRODUCTION

THE HYPERTENSION AND DIABETES MELLITUS ARE RESPONSIBLE FOR THE ESCALATION OF CHRONIC DISEASES TRANSMITTED NOT, IN ACCORDANCE WITH HIGH RISK CARDIOVASCULAR MORBIDITY AND MORTALITY. PRESENTS A GREAT CHALLENGE FOR PUBLIC HEALTH SYSTEM DUE TO HIGH PREVALENCE AND COMPLICATIONS ASSOCIATED WITH, AMONG THEM ACCIDENT STROKE AND ACUTE MYOCARDIAL.

GOALS

IMPROVE HYPERTENSION CONTROL BLOOD AND DIABETES MELLITUS WITH EFFECTIVE ACTIONS, AND DYNAMIC LUDIC IN PROMOTION AND PREVENTION, AIMED AT REDUCING THE DISORDERS CAUSED BY THESE PATHOLOGIES

METHODOLOGY

STUDY AND CLINICAL EPIDEMIOLOGICAL, PERFORMED WITH 261 PATIENTS OF THREE TEAMS OF THE ESF CMS JORGE BAY BANDEIRA.DE MELLO, THE AUGUST PERIOD 2015 TO FEBRUARY 2016. THE USED DATA WERE OBTAINED FROM THE PROGRAM VITA CARE THROUGH SEX IN STRATIFICATION, AGE And PATHOLOGY.

RESULTS

OF 261 PATIENTS ACCOMPANIED BY GROUP LIFE HEALTHY, 68 WERE MALE m (26%), 193 FEMALEf (74%), AGE OF PATIENTS WAS ACCOMPANIED BETWEEN 25 AND 84ANOS; 174 HAD HIPERTENSION (66.6%), 52 DIABETIC (20%) AND 35 IT WAS HIPERTENSION AND DIABETES (13.4%), 32% OF PATIENTS ATTENDED MORE OF A IECTURE. THE GROUP IS OPEN TO ALL COMMUNITY WITH THE ACTIONS OF DEVELOPMENT DYNAMICS ludic, VIDEOS, DEBATES AND STATEMENTS. GROUP EFFECTIVELY CONTRIBUTED TO REDUCING DISORDERS, NUMBER HOSPITAL ADMISSIONS AND DEATHS. IT WAS OBSERVED THE QUALITY OF LIFE IMPROVEMENT WITH THE HABITS OF HEALTHY PRACTICE TAKING THE EFFECTIVE USERS SATISFACTION.

PALAVRAS-CHAVE: HYPERTENSION; DIABETES MELLITUS; Family Health Strategy

PP470 - HANSEN'S DISEASE CAMPAIGN: IMPORTANCE OF EARLY DETECTION

Szpilman ARM¹; Ribeiro TV¹; Nóbrega LB¹; Falcão APF¹; Jacintho GP¹; 1 - Department of Public Health, Vila Velha University, Vila Velha, Brazil;

INTRODUCTION AND OBJECTIVE

The Vila Velha University medical students attend an internship in the Public Health System, participating in all Family Health Unity activities, and collaborating to national campaigns organized by the Health Ministry. The aim of this study is to describe the medical students' participation in the Hansen's disease and Anthelmintic Administration National Campaign performed in a Public School, in Vila Velha, Brazil.

METHOD

The first day of the campaign, September 2nd 2015, the medical students went classroom by classroom promoting an educational activity, exposing information on Hansen's disease and anthelmintic administration, distributing the authorization forms and explaining about the campaign. On September 9th 2015, the medical students received the forms filled in by the children's parents, performed the physical exam on the students with disease suspicion, and administrated the anthelmintic to the students who parents authorized the administration.

RESULTS AND CONCLUSIONS

It was possible to inform the students and their teachers on Hansen's Disease and Anthelmintic administration and to demystify some taboos. There were 395 students divided into 14 classrooms. All the students present received the anthelmintic. The students whose form was filled in by the parents indicating presence of skin lesion not related to birth were examined, only two cases were referred to the unity, and one case was confirmed as Hansen's Disease. Early detection on Hansen's Disease is essential for disease control. National Health Campaigns are necessary and extremely important, especially with children from public schools, who have limit access to health information and medicaments.

PALAVRAS-CHAVE: Quality of life; Public Health; Delivery of Health Care

PP471 - HARMFUL SMALL DETAILS: THE IMPACT OF MISTAKES DURING CAPILLARY GLYCEMIC MEASUREMENT AND INSULIN ADMINISTRATION

Arruda CM ¹; Fonseca AAA ¹; Mendonça RG ¹; Neto PAG ¹; Ricci JA ¹; Xavier CA ¹; Cruz NS ¹; Gontijo BC ²; 1 - Universidade de Itauna; 2 - Universidade Federal do Oeste da Bahia;

INTRODUCTION AND OBJECTIVES:

The inadequate monitoring of the capillary blood glucose and insulin administration precautions may affect both glycemic control and the diabetic patient in several ways. Regarding the capillary glycemic monitoring, it is commonly observed the contempt for the attention needed with the reagent stripes, glucose meter and the puncture technique. As for insulin therapy, failure to observe the correct handling, either with its storage, preparation or application, is able to affect negatively the therapeutic effect of the medication. The main objective is demonstrate the importance of caring in diabetes treatment.

METHODS:

Literary review based in data of PUBMED and SciELO platform.

RESULTS AND CONCLUSIONS:

Among the recommendations on capillary glycemic monitoring, must be observed the gathering of relevant impact among the following: - The use of non calibrated glucose meters, resulting in wrong values, wich can be altered up to + 29% and -37% compared to the real values. - Lack of finger hygiene at the place of measurement, being found glycemic variations up to 287% of the real glucose; - Lack of drying the fingers after using 70% alcohol before the puncture wich can increase glucose levels up to 8 mg / dl. In insulin administration, the incorrect homogenization of NPH insulin, has variations between 5-214% relative to the control dose. Simple orientations, such as the use of calibrated glucose meter, hygiene and proper drying of the glucose measurement site as well as correct homogenization of NPH insulin have great importance following the diabetes treatment.

PALAVRAS-CHAVE: insulin; diabetes; hypoglicemic effect

PP472 - HEALTH COMMUNICATION THROUGH THE AUDIOVISUAL SUS SERIES

Floss, M¹; Lima, NS²; Carvalho, AR³; Rosa, FC⁴; Prado, EV⁵; 1 - Universidade Federal do Rio Grande; 2 - Universidade Federal do Maranhão; 3 - ; 4 - Universidade de Passo Fundo; 5 - UNASUS/UFPel e VEPOP/SUS;

Introduction and Objective:

In 2015 an audiovisual project was developed about the Brazilian Unified Health System (Sistema Único de Saúde, SUS). The project called "SUS Series" ("Série SUS", in Portuguese) emerged in the context to empower the Brazilian Population in their right to Health utilizing the tools of audiovisual communication. The aim of this abstract is to show the results and outcomes of the project.

Method:

For this abstract it will be used the analysis of the data produced by Facebook and YouTube social media of the Series. The data was collected in september of 2015.

Results and Conclusions:

Until September of 2015 the three episodes produced are: Have you ever heard someone talking very highly of SUS?, Why is SUS like this? and The principles of SUS. Between June 2015, when it launched the first episode, and September of that year, when performed at last count, the project totaled 60,288 views of the videos on YouTube and Facebook social networks. In addition, the videos had 2005 shares and 200 comments. The Facebook page, until September 2015, had 2462 likes, and 621 users registered on the YouTube channel. The project has grown rapidly with over 2,000 shares on Facebook, with an audience ranging from 13 years to over 65 years. Some commentaries referred that the videos were being used in the local health councils to discuss the organization and functioning of SUS. These results show the importance of the Serie SUS for health education and communication.

PALAVRAS-CHAVE: Health Communication; Human Rights; Education

PP473 - HEALTH DIAGNOSIS OF A TERRITORY WITH THE DATA FROM THE E-SUS REGISTRATION BY MEDICAL UNDERGRADUATES.

Morato MQ¹; Guido RA¹; de Lima CA¹; Felinto FP¹; Marão K¹; Terra EM¹; Bertolini G¹; Ponnet L¹; 1 - Universidade São Francisco;

Introduction and objective.

Undergraduate medical students at the San Francisco medicine school in Bragança Paulista do a Primary Health Care (PHC) intership in the public health units of the city in the 9th semester training. The Ministry of Health is restructuring the information of PHC-services on a national level: all users are being registered in electronic files containing data on living conditions and patient information.

The objective of this study is conducting a health diagnosis, describing and analyzing living and sanitation conditions of the enrolled population of micro-area 1 from "Madre Paulini" health unit in Bragança Paulista.

Method.

A community agent registered and computed all household in micro-area 1. The students analyzed all data on living and sanitation conditions with Excel.

Results and Conclusion.

Of 542, living in a total of 777 rooms, 84.13% has its own property, 100% lives in brick houses in urban areas, of which 92.4% of the houses is coated. Only 84.14% of households has electricity and 15.86 % did not answer this question. 99.32% refers drinking water via the public system. 99.32% refers public water sewing system available. Knowing living and hygiene conditions of the houses of users is essential for PHC-providers as some conditions are directly linked with diseases. To achieve a community health diagnosis good data collection and entry is vital, as well as training of the health agents to do so. A community health diagnosis can benefit the population as specific action plans can be created.

PALAVRAS-CHAVE: Primary Health Care; Health Services Research; Graduate Medical Education

PP474 - HEALTH EDUCATION AND PRIMARY CARE: MORE THAN EVER

S. MA ¹; 1 - Hospital Municipal Carlos Tortelly;

This study analyzes the concepts that guide educational practices carried out by professionals working in basic units in the city of Niterói (RJ). The study was an analysis of health concepts; the health education process and its relationship with primary care. Health education is seen as a priority activity in the primary care level and includes different approaches in its career historical trajectory. In the 1990s when primary care gains a certain centrality in the national public agenda, health education features prominently in primary health spaces. In 2012, the dialogic and participatory approach to health education acquires some legitimacy with the institutionalization of Popular Education in Health Policy, and directs the educational activities in a broader logic and critical reading of reality. In this perspective, to understand the dynamics of educational practices carried out in the basic units of the city of Niterói, it is necessary to identify the conceptions that health professionals have both health and health education as primary care. Therefore, the research was based on document analysis, bibliographic thematic review and interviews with professionals operationalize educational practices that institutional space. The survey results indicated a practice still hegemonic centered on the disease and the gaps in professional training of nurses and doctors in relation to a health education approach comprising a broad view of health, referring to the pursuit of participation, autonomy and the transformation of the reality of users.

PALAVRAS-CHAVE: Primary Health Care; Health Education; Public Health

PP476 - HEALTH EDUCATION FOR COMMUNITIES QUILOMBOLAS: LITERATURE REVIEW.

LEITE, D. S ¹; MARTINS, A. L. F ¹; FERREIRA, J. F ¹; BATISTA, K. N. M ¹;
ROSÁRIO, M. J. A ¹; 1 - UNIVERSIDADE FEDERAL DO PARÁ (UFPA);

Introduction and objective:

Known currently as quilombo communities, the remaining populations of quilombos are scattered throughout Brazil. Conduct a literature review of articles related to health education for quilombo communities published in the last five years.

Methodology:

The searches were made: Pubmed / Medline, Scientific Electronic Library Online (SciELO) Latin American and Caribbean Health Sciences (LILACS), BIREME, bank theses and dissertations of Higher Education Personnel Improvement Coordination (CAPES) / National Council for Scientific and Technological Development (CNPq). The descriptors, researched on the website of the Health Sciences Descriptors (DeCS) were Maroons, health education, health maroon, primary prevention, knowledge, vulnerable communities, health care of maroon and family health.

Results and conclusion:

Upon careful reading of the sample were selected 4 items: Lack of hypertension and its determinants in southwestern Maroons of Bahia, Brazil. Health promotion in northeastern maroon population: educational intervention analysis in sickle cell anemia. Experiencing racism and violence: a study on the vulnerabilities of black women and the search for prevention of HIV / AIDS in remaining quilombo communities in Alagoas. Health education in quilombo communities. Few studies found in the literature on the subject: health education for quilombo communities. Thus, further studies are needed, it is an important tool to guide the community and to perform it is necessary to consider the cultural population representations, target and seek to build knowledge in order to guide the population on all the factors that They are related and may be the likely cause of the disease.

PALAVRAS-CHAVE: Communities vulnerabilities; Health education; Primary Prevention

PP477 - HEALTH EDUCATION FOR ORPHANED CHILDREN : UNITING SOLIDARITY WITH HEALTH PROMOTION

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Introduction and Objectives:

Brazil is a country with immense social inequalities. It becomes quite evident when the large proportion of the population's living standards is evaluated, particularly of children. The number of orphans in the country which do not always receive the best education in the institutions where they live is still high. This study's aim to bring knowledge of health education for orphans and also their caregivers from educational and recreational dynamics.

Method:

An orphanage in need was chosen in Fortaleza, with 40 children of both sexes and ages between 7 and 11 years old. The theme "drug war" was approached due to the request of caregivers. Were used instructional videos and games involving this theme, such as "hopscotch on drugs".

Results and Conclusions:

The experience was rewarding for authors, caregivers, and, especially, children, since most of them experienced sad and violent drugs related episodes. They showed knowledge on the subject and reflected about issues that it causes to society and health. Finally, they made it clear that they would rather avoid its use. Needy children, nostalgic of family members, who were enjoying the attention given were noticed. It was also possible to donate personal care and study materials, food and toys for all children, leaving them very happy. The time allowed teaching, learning and joining solidarity to health promotion, which reinforces the significance of health education for children and youth, especially in needy population.

PALAVRAS-CHAVE: Education; Health; Drugs

PP478 - HEALTH EDUCATION FROM THE PERSPECTIVE OF HEALTH PROMOTION FOR THE FAMILY HEALTH STRATEGY PROFESSIONALS

Prado GS¹; 1 - Secretaria de Saude de Itajai-SC;

ABSTRACT

It is expected that from the perspective of contemporary Health Promotion, Health Education should be an education for freedom, to strengthen the consciousness of the individual about himself and his reality. A dialogue between the technical knowledge of the scientific and professional users is needed in order to occur and enable full reflexive actions in health services. From this perspective, the educational aim is to build autonomy, empowerment, and a new conception of health by the health professional. The approach of this research was qualitative, from professionals of the Family Health Strategy involved with Health Education. Initially open interviews with professionals were held and subsequently a workshop with the methodology's problematization under the support of the Arc of Maguerez . From the results of the interviews, five categories were created that were worked in the group: the concept and implications of health education, health design, pedagogical practices, complicating the process of educational practice; themes, and empowerment. Data interpretation was based on the author Paulo Freire, and others who have their bases from the socio-political commitment of Professional of Basic Care. The process developed in the workshops allowed a qualitative understanding of the team towards a health education collaborator with emancipation.

PALAVRAS-CHAVE: Health Education; Family Health Strategy; Health Professionals

PP480 - HEALTH EDUCATION INTERVENTION IN THE CONTEXT BETWEEN COUPLES: SELF-DISCIPLINE MAINTENANCE.

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Introduction:

Health education can be understood as an important aspect to improving living habits and health of populations. The “Conversation Wheel” strategy allows interaction between the researcher and the participants, as a kind of group interview, where qualitative information is produced.

Objective:

To analyze Conversation Wheel's performance as a strategy to promote health education in medical students.

Methodology:

This is an experience report of the implementation of the Conversation Wheel strategy made up of students of the 1st year of medical school at the University of Fortaleza. At first we carried out a situation analysis to identify the main problems, which were analyzed and studied the main problems that the new academic facing in their routine, being chosen as its theme the lack of self-discipline in routine studies of these students. In the second phase, students were placed in a circle, and to encourage their lines, put up probing questions in a box so that everyone could contribute to the group discussion.

Results and Discussion:

In the beginning, there was resistance of students to participate, but during the dynamic could be seen good results and great contribution, highlighting the persistence as the most important pillar for self-discipline. They were reported various experiences and the same, when positive, served to add other improvements in how to conduct self-discipline.

Conclusion:

It was possible to realize the importance of the relationship between students horizontally with democratic participation, causing one to learn from each other. Proving the effectiveness of Conversation Wheel in health education.

PALAVRAS-CHAVE: Education; Health; Students

PP481 - HEALTH EDUCATION ON ASTHMA: A SOCIAL ACTION RELEVANT AWARENESS TO THE POPULATION

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- Universidade de Fortaleza;

INTRODUCTION AND OBJECTIVE:

Asthma is an airways' chronic inflammatory disease common at all ages that affects about 300 million people worldwide and is the major cause of hospitalizations. Therefore, the League of Dermatology, Allergy and Rheumatology (LIDAR), from the University of Fortaleza (UNIFOR), accepted our advisor's invitation, Dr. Fabiane Pomiecinski, to participate of a public social action about the most prevalent allergies in communities, focusing on asthma.

METHODS:

The group met to talk about the action. The space and the material (banners, leaflets and equipment to perform the lung function deficit test) were provided by our guiding supported by the Brazilian Association of Allergy and Immunopathology (ASBAI). The conducting activity's location was the ground zero of Barra do Ceará, determined by the central event organization, called "Well Global Living - Fortress", a Globo's project that provides free health services whose target audience was the Fortaleza's metropolitan area population.

RESULTS AND CONCLUSIONS:

The social action occurred on October 30, 2015, with more than 1000 visitors. The project also had a partnership with SESI / EC Green System Mares, medical alloys of many universities and associations and medical societies. Our stand received many curious visitors because they had doubts about their health problems and did not know basic information about asthma (symptoms, ways to prevent and to treat). We also offered a pulmonary function test, peak flow, to people with asthma's symptoms. We concluded that citizens need more education and public awareness in health and should be the focus of social actions.

PALAVRAS-CHAVE: Health; Education; Community

PP482 - HEALTH EDUCATION ON HYPERTENSION, DIABETES AND PROSTATE CANCER: EXPERIENCE REPORT ON BLUE NOVEMBER CAMPAIGN

Morcerf, CCP ¹; Nasr, BP ¹; Melo, BML ¹; Souza, DC ¹; 1 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO;

Introduction:

High blood pressure is a disease with high prevalence in Brazil and because of that, it's a common cause of outpatient visits in the universities. It has slowly evolution, leading to serious complications if not treated properly. To facilitate the understanding of causes and prevention of hypertension, health care students and doctors conduct educational activities in Blue November.

Goals:

Disclose the activity of integration between health care students held to promote educational activities with a focus on men's health, raising awareness of risk factors and prevention of hypertension.

Methodology:

Report of experience activities with integration of medical, dental or nursing students of Grande Rio University.

Results:

Were confectioned educational banners about hypertension, diabetes and prostate cancer, which were exposed during the event and subsequently set out in Outpatient University. The event had blood pressure measurement tents, medical appointment and groups for orientation. The activity took place in celebration of the Blue November and encompassed beyond prostate cancer, important aspects on human health such as blood pressure and diabetes. The event addressed the importance of multidisciplinary team and integrative medical practices to combat hypertension and diabetes.

Conclusion:

Educational activities and events involving transmission of knowledge about hypertension for patients are essential for prevention and maintenance of patients health. The participation of students in this educational process is important not only for the expansion of knowledge, but to fight complications of the disease.

PALAVRAS-CHAVE: education; hypertension; multidisciplinar

PP483 - HEALTH EDUCATION ON OSTEOPOROSIS IN A ACADEMIC LEAGUE MEETING

Silva DG ¹; Dutra ACF ¹; Azevedo CBS ²; Morais GF ¹; Guerra LELS ¹; Santos LF ¹; Severino MMC ¹; Borges MCC ¹; Feitosa SL ¹; Cintra PVC ¹; Rezende VLM ¹; 1 - UniEvangélica - Centro Universitário de Anápolis; 2 - UniEvangélica-Centro Universitário de Anápolis;

INTRODUCTION AND OBJECTIVE

In August 2015 the Academic League of Family and Community Medicine (LAMFA) of University Center of Annapolis - UniEVANGÉLICA attended the XIV Meeting of the Academic Leagues (ALS), promoted by the Faculty of Medicine of the Federal University of Goiás (UFG), in Shopping Station in Goiania - Goiás, in order to identify previous knowledge of the participants on osteoporosis, assess the risk factors by applying the Osteoporosis Risk Assessment Instrument (ORAI), advise about prevention and raise public awareness about osteoporosis and its individual impact.

METHOD

The activity was organized into two stations, with the first held identification, BMI calculation, qualitative and quantitative analysis of risk factors and application of ORAI for women. The second station was focused on informing about eating habits and physical activities, giving greater emphasis to those who had higher risk of osteoporosis. Women between 40 and 50 years were oriented on perimenopause and seniors about the risk of falls.

RESULTS AND CONCLUSIONS

Addressing the public by asking about their prior knowledge was proved to be a good strategy, patients felt that it was an open environment for questions. The second station was efficient when using the ORAI results to make individualized guidance. Few knew the main risk factors and ways to prevent osteoporosis, although much was familiar with the concept of it. The activity met the objectives, although it was quite challenging for the academics to explain the mechanism of osteoporosis in a simple and accessible way, helping to promote bone health and preventing the disease.

PALAVRAS-CHAVE: Comprehensive Health Care; Osteoporosis; Health Promotion

PP484 - HEALTH EDUCATION ON THE HIPERDIA GROUP: A COMMUNITY HEALTH AGENT LOOK AT CMS DR. RODOLPHO PERISSÉ

Miranda FB¹; 1 - Faculdade de Medicina - UFRJ/Mestrando Profissional em Atenção Primária à Saúde;

Introduction:

The HIPERDIA group is consolidated by means of working professionals in the family health strategy. In this context, the community health agents (ACS) have been regarded as key characters in the implementation of public policies in this action programme, geared to the reorientation of the model of health care (Ministry of health, 2008).

The objective of this work was to identify the contribution of the ACS in the activities carried out under a professional look in the Group of regulars, as well as doing a critical analysis on these contributions.

Methodology:

The study consists of a case studies experienced by the insertion of the ACS in the meeting, performed in the period from September to December 2015. This is an account of experience, under a qualitative perspective and descriptive character, developed in the clinic of the family in the neighborhood of Vidigal.

Conclusion:

Considering the different tasks of the ACS, you can identify a relative highlight those related to collective health surveillance. If, on the other hand, this is an important aspect of the work process, for its potential to identify situations of greater vulnerability, it is known that individual actions based on stratified risk group strategies have a reduced impact on the quality of health of the population. It is obvious that the ACS has a vital role, not only for facilitating the access of the population to health actions and services offered, but mostly for being the link between the health teams and the local community, facilitating the diagnosis of situations of risk and acting as an agent of transformation.

PALAVRAS-CHAVE: The family health strategy; Community health agent; Hiperdia

PP485 - HEALTH EDUCATION: CULTURE CIRCLE ABOUT PRIMARY HEALTH CARE ON FAMILY PRACTICE OF NOVA COLINA

FILIPPE RIBEIRO MARTINS¹; ALINE PIMENTEL CALDEIRA¹; FABIO GURGEL FARIAS ARAUJO¹; ALANA DOS SANTOS¹; YASMIM EMANOELLE DE PAULA MACHADO¹; JACQUELINE ELENE DE FARIA TOLENTINO¹; RICARDO DEL NEGRO BARROSO FREITAS¹; KARINNE SILVA E SOUZA¹; HILDETE DOS REIS COSTA¹; 1 - Escola Superior de Ciências da Saúde ;

Introduction and Objective

The access to the Unified Health System (UHS) must be preferably through the Primary Health Care that includes protection and promotion of health. The Family Health Strategy (FHS), strengthens this assistance model, in which understanding is fundamental. The family physicians of Nova Colina-DF identified the community's lack of knowledge about the treatment offered by UHS, hindering the services' performance.

The objectives are sharing knowledge with the population about UHS, Primary Health Care and the clinic's routine; empowerment; strengthening the bond between clinic and community.

Methods

This work is an Experience Report on health education based on Paulo Freire's method, destined to Family Practice customers. A culture circle was used as method. A musical parody as to facilitate the first contact with population. Informative pamphlets were distributed. A lack of knowledge about UHS and the clinic's routine was noted, which involves social a series of social determinants. It also highlights the Community's Agent importance on bonding community and FHS's co-responsibility on prevention.

Results and Conclusion

A total of 113 patients participated on the project. The music aroused their curiosity. Many of those did not answer the first questions made by the students. Health professionals helped answering questions about the activity. Bonding between clinic and population was increased and empowered, due to better understanding of their rights and duties in health care. The continuation of the project is suggested to benefit students and professionals as well as improving UHS functionality.

PALAVRAS-CHAVE: Health Education; Primary Health Care; Family Health Strategy

PP486 - HEALTH EDUCATION: INTERVENTION IN THE FAMILY'S CONTEXT.

Surimã RN¹; Oliveira LC¹; Pinto LM¹; Ferreira VM¹; Pinheiro D¹; Werneck AFV¹; 1 - Universidade de Fortaleza;

INTRODUCTION:

The family doctor, from family visits, should be able to plan, organize, develop and evaluate actions that respond to community needs.

OBJECTIVE:

By carrying out this work, we know more concretely how is family physician's role and together the family that follow, seeking to establish a therapeutic plan with the family so that the child weaning gradually substituting breastfeeding for other foods.

METHODS:

This work is a case study of educational intervention in family health, being structured on the basis of the methodology of the 5 A's: analysis, advice, agreement, assistance and monitoring. The work was put into practice through three residential visits carried out by medical students at the University of Fortaleza, with the help of their teachers.

RESULTS AND CONCLUSION:

Analyzing the everyday of the family, we noticed that Mrs V. still didn't introduce solid foods to his son, who is already one year and seven months old. Besides, the patient suffered from arthralgia, which she didn't treat because she feared that the medication will harm his son because of the breast milk, and she refuses to stop breastfeeding until her son is two years old. So, we advised her to introduce new tastes and textures in a gradual process, according to a research made by the students. We concluded that, after the time we were with the family, the patient had progress, because the child was eating more solid foods, but she was still a little resistant in stop breastfeeding her son in a gradual way.

PALAVRAS-CHAVE: Health education; Family; Intervention

PP487 - HEALTH EDUCATION: THE RELATIONSHIP BETWEEN SEXUALITY AND SPORT

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Introduction:

The project proposes to carry out health education through the integration of students of medical school and high school students from state schools in Bragança Paulista, using sport as a tool and approach analogy to better approach to sexuality.

Objective:

To contribute to improving access to health information and training to teens regarding sexuality and sexually transmitted diseases.

Methods:

This was a descriptive exploratory field study with a quantitative approach. Data collection will take place through questionnaires about sexuality and sexually transmitted diseases, to be applied before and after the approach to the subject.

Results:

The study covered 113 teenagers, with 29.2% of these have already had sexual intercourse, respectively 54.54% male and 45.45% female. At first when asked about the risks of not using condoms, 38.15% of female responses take into account the risk of pregnancy, 34.2% the risk of contracting STDs and 27.6% the risk of transmitting STDs. As for males, 36.79% of respondents contemplated the risk of pregnancy, 33.01% the risk of contracting STDs and 29.24% the risk of transmitting STDs.

Conclusions:

The issue arouses interest in young people, and despite having the knowledge and importance as condom use, they do not use it in all sexual relations. The work exposed the real questions and needs of information of adolescents, providing a concrete learning about sexuality.

PALAVRAS-CHAVE: Sexuality; Adolescent Health; Sports

PP488 - HEALTH EDUCATION: “GOOD HYGIENE PRACTICE”

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ABSTRACT:

Health education includes knowledge and practices focused on disease prevention and health promotion, based on scientific and popular knowledge, promoting autonomy of the subjects involved, making them active and transformers of their own life and / or social environment (SCHALL; STRUCHINER, 1999). This is an experience report lived in the first half of 2013 by scholars of the second stage of UNAERP Medical School regarding the practical teaching in primary care and the community health agents under faculty supervision titled " Good Hygiene Practices ".The activity was directed to children belonging to the age group of 6 to 7 years old, from the EMEF schools “Professor José Rodini Luiz” and EMEF “José Delibo” from the Family Health Unity area “Paulo Pimenta de Mello – Jardim Zara”.The activity occurred at a time of integration between children and medical students, using a method where they would put paint in their hands, and the children had to blindfolded wash their hands as usual. Right after that the kids would have their eyes uncovered, and check the cleaning of hands. It also addresses the importance of oral health by tooth brushing and games with illustrative materials. The moment was relaxed and allowed a reflection about the theme involved and also the difficulties and advantages of performing practices in public health broadly articulated to the health system, applying the knowledge acquired.

PALAVRAS-CHAVE: Child Health; Health Education; Hygiene

PP489 - HEALTH FAIR AS A METHOD OF HEALTH PROMOTION AND PREVENTION IN A SOCIALLY VULNERABLE COMMUNITY

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Background & AIM:

The Family Health Strategy (FHS) is a part of Primary Health Care in Brazil and proposes the reorganization of health services, with the premise of a paradigm shift to the concepts of health promotion and prevention. In Belém, only half of the population is covered by the ESF, due to the lack of access to basic health services. The program aims to improve the quality of healthcare and the quality of life of a socially vulnerable community in the municipality of Belém, carrying out activities re health promotion and prevention in the format of a health fair.

Methods:

The event was organized by a multidisciplinary team and offered blood pressure checks, blood glucose measurements, anthropometric measurements, blood tests to assess lipid profile, and nutritional and medical advice. In addition, the activities were dynamic, informative and educational relating issues of comprehensive health care of children, women, adults and the elderly, including day-to-day individual and community healthcare.

Results & Conclusion:

The health fair had an audience of about 600 people of varying age groups. During the fair numerous cases of untreated patients were observed which confirmed the need for greater attention to socially vulnerable communities through strategies aimed at the prevention and treatment of preventable chronic diseases. Furthermore, the technical team can reflect on the real needs of the local population, and the coping strategies that the community has developed to confront the difficulties experienced.

PALAVRAS-CHAVE: Health Promotion; Health Education; Social Vulnerability

PP490 - HEALTH INTERVENTION IN JARDIM GRAMACHO METROPOLITAN LANDFILL

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Introduction and Objective:

Jardim Gramacho Metropolitan Landfill, the largest open-air dump in Latin America deactivated in 2012, poses serious social problems in the community as violence, drug trafficking, soil pollution, infectious diseases and low self-esteem of its inhabitants. The main target is to develop the local population's vision on the meanings of Society, Health and Self-esteem, in order to evince individuals' potential. Moreover, the Project contributes to the humanistic and ethical education of medical students.

Method:

Qualitative Work, Experience Report

Results and Conclusions:

There was a great team of professors, healthcare students, and members of "The Doctor Clowns Project" performed by Unigranrio medical students, at the "IDE Organization" in Jardim Gramacho Community. The group used a Play as a resource to teach children about the importance of hands washing for healthcare and ludic activities targeting health promotion and diseases prevention, besides social inclusion of youth in need. The Project also focused on the woman beauty, which was praised in photo sessions, by holding plaques on which words of appreciation or devaluation were written, based on how they see themselves. Furthermore, stories about great women in global society were told, in order to bring back will to fight. The volunteers also distributed basic food baskets to all families. Based on the need for ethical and humanistic medicine, it is important to develop in the student a critical sense of social responsibility, since solidarity and compassion are key values that build a physician in an holistic way.

PALAVRAS-CHAVE: health; education; humanization of assistance

PP492 - HEALTH PROJECT: PROMOTING AND ENCOURAGING HEALTHY HABITS, EMPHASIZING GOOD NUTRITION AND PHYSICAL ACTIVITY.

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INTRODUCTION AND AIMS:

Having a healthy nutrition has as aim the prevention of chronic non-communicable diseases (CNCDs). In order to prevent these diseases, such as arterial hypertension, cardiopathies, diabetes mellitus and neoplasia, some new practical diets were proposed. Regular physical activity is also essential non-medical conduct and in the prevention and treatment of the CNCDs. Therefore, the aim was to perform educative activities in Bairro Martins in Rio Verde, Goiás, Brazil, with the intention to raise awareness of the inhabitants of the mentioned neighbourhood of the themes mentioned above as well as to promote an improvement in their quality of life.

METHOD:

It regards an experience report of descriptive content. During the event, the population was surveyed about their life habits. This event was based on the steps of Maguerez Arch: observation of reality, identification of key-points, theorizing, hypothesis of solution and application to reality. An action plan was developed in order to encourage an improvement in quality of life.

RESULTS AND DISCUSSIONS:

An expressive number of overweight people and CNCDs in the neighbourhood was noticed based on the collected data, which led the authors to choose the theme "healthy habits". A nutritionist and a physical educator took part in the event, explaining the food pyramid and alternative and easy ways of doing exercise at home. The importance of this project relates to the avoidance of the deterioration of pre-existing clinical conditions or the appearance of new ones, helping to prevent and/or control their risk factors and encouraging non-medical treatment.

PALAVRAS-CHAVE: chronic disease; quality of life; awareness

PP494 - HEALTH PROMOTION IN MEDICAL EDUCATION - NATIONAL DAY OF SMOKE FIGHTING

Ribeiro GRB¹; Ribeiro LRB²; Cosac TB¹; Mota CAS¹; Mendonça JC¹; Nascimento GT³; Prudente SC¹; 1 - Pontifícia Universidade Católica de Goiás; 2 - Centro Universitário de Volta Redonda - UNIFOA; 3 - Universidade Federal Fluminense;

INTRODUCTION / OBJECTIVES:

The National Day Against Tobacco is celebrated on August 29, aiming to raise awareness of the population about the harm caused by tobacco. In Brazil, the National Programme for Tobacco Control, coordinated by the National Cancer Institute José Alencar Gomes da Silva (INCA), acts contributing to the decrease in mortality and incidence of tobacco-related diseases in the country. Members of the Academic League of Clinical Emergency Federal University of Goiás made a campaign against smoking, intending at the prevention and tobacco control in the cared population.

METHODS:

The campaign was carried out in the Araguaia Shopping Health Space and offered the following services: medical triage, blood pressure measurement, evaluation of blood glucose and oximetry, BMI calculation, application of the Fagerström test and referral to medical care in cases of high dependency or very high dependency of nicotine, classified according to the test. Held also in medical triage, orientation to health about smoking, diabetes, arterial hypertension and obesity.

RESULTS / CONCLUSION:

About 70 calls were made and it became clear that most had tried cigarettes, and of these, more than half smoke / smoked for many years. Of those who smoke / smoked for a long time, more than half decided to quit smoking after understanding the harm caused by tobacco or by knowing someone who had an illness due to smoking, however, most stopped smoking after being diagnosed with some disease tobacco-related. There was also a minority could not stop smoking because of the high nicotine addiction and were referred to the doctor.

PALAVRAS-CHAVE: Smoking Cessation; Health Promotion; Medical Education

PP495 - HEALTH PROMOTION IN THE COOPERATIVE OF THE COLLECTORS GLICERIO

Pinheiro, PML¹; Campos, AG¹; Garanito, AA¹; Santana, E¹; M agalhaes, LG¹; 1 - Associação Saúde da Família;

Introduction

This project is part of the shares of UBS- Sé in conjunction with Environment Programme Green and Healthy Family Health Strategy, which aims to promote health of collectors of São Paulo, considering environmental issues of the territory. Issues related to solid waste in central municipality are complex and the collectors are vital to the process of selective collection in the city and with little visibility for citizens. On the other hand, are workers exposed to risk situations and environmental vulnerability as a result of their work. Thus, the macro view, the project aims to strengthen the process of selective collection of the territory served by UBS through the improvement of health conditions of members. Goals are health promotion with the cooperative; promote actions for postural health practices, regulation of vaccines, zoonoses and oral health; carry out actions to improve the physical conditions of the workplace.

Methodology

The methodology used was the decision making according to the demands presented by members, were held conversation circles, lectures, educational workshops and cooperative organization of joint efforts.

Results

69 cooperatives were attended by 30 educational meetings, three blood collection campaigns, 6 vaccination campaigns and 5 joint efforts for cleaning with planting landscape species.

Conclusions

With the actions taken to date, was strengthened the bond between the UBS professionals and collectors of COOPERGLICÉRIO, which helped improve the health and work.

PALAVRAS-CHAVE: Health promotion; primary care

PP496 - HEALTH PROMOTION PRACTICES IN AMAZONAS'S COMMUNITIES PERFORMED BY UEA CIDADÃ DURING 2015

COSTA, M. G. ¹; MOTTA, C. S. ¹; OTANI, R. H. ¹; SOUZA, A. R. M. ¹; SALAZAR, G. K. M. ¹; COSTA, F. R. P. ¹; FARIAS, S. A. B. ¹; ALVES, D. P. F. ¹; NASCIMENTO, L. R. ¹; 1 - Universidade do Estado do Amazonas;

Introduction and Objectives

Health Promotion is defined as community empowerment process to work on improving their quality of life and health. UEA Cidadã is a program of Universidade do Estado do Amazonas, which introduces academics to public health practice in the community. The provided services are blood pressure measurement, capillary blood glucose test, BMI, oral health, in addition to guidelines and educational lectures. Among the objectives, the highlighted ones are: health promotion by healthy habits and primary prevention, integration of academics of various health fields, providing interdisciplinary training, besides identifying the program's range in the state.

Method

It's a retrospective study of actions performed by UEA Cidadã during 2015 in the capital and countryside of Amazonas State. The data were obtained through program's digital files, record book and registered data of every attended patient during the activities. Accounted points: amount of community activities, the main achieved areas of the capital and the number of individuals reached.

Results and Conclusions

In total, 79 actions were performed, 71 in the capital (89.87%) and 8 in the countryside (10.13%). The attended municipalities were: Rio Preto da Eva, Presidente Figueiredo, Iranduba and Itacoatiara. In the capital, 20 actions in the south were accounted, 14 in the west, 14 in the east, 11 in the north, 7 in the midwest and 5 in the south-central. The population attended was 3081. Finally, the strengthening of relations between the Project and the community was observed, as well as the expansion of partnerships that goes beyond health field.

PALAVRAS-CHAVE: Health promotion; Primary Prevention; Public Health Practice

PP497 - HEALTH PROMOTION WITH THE INFECTOLOGY LEAGUE IN THE JOURNEY OF CITIZENSHIP PUC GOIÁS

Ribeiro GRB¹; Ribeiro LRB²; Mendonça JC¹; Cosac TB¹; Mota CAS¹; Nascimento GT³; Prudente SC¹; Prudente LA⁴; 1 - PONTIFÍCIA UNIVERSIDADE CATÓLICA DE GOIÁS; 2 - Centro Universitário de Volta Redonda - UNIFOA; 3 - Universidade Federal Fluminense; 4 - Pontifícia Universidade Católica de Goiás;

INTRODUCTION / OBJECTIVES:

Journey of Citizenship is an event organized by the Catholic University of Goiás (PUC Goiás) in partnership with the Goiânia City Hall through Municipal Health Secretary. The second edition, occurred between August 20th to 22nd, 2015, it was offered to the population of Goiânia and metropolitan area numerous free services in the areas of culture, leisure and health. the members of the Academic League of Infectious Diseases ("Liga Acadêmica de Infectologia" - LAIN) from PUC Goiás held an information service on the major infectious diseases, advising on their care and prevention.

METHODS:

The event took place on the Institution's Convention Center, from 8 a.m. to 17 p.m. The activities offered by LAIN included: photo exhibition of culture media with pathogens found in some volunteers objects such as handbags, sunglasses, rings, cell phone, etc. - Having further guidance on hygiene methods that would prevent the spread of these agents; Information on the main sexually transmitted diseases, with an emphasis on aggravation and ways of prevention; Distribution of condoms, aimed at increasing prevention and health promotion to the present citizens.

RESULTS / CONCLUSION:

It was three days of event, attended by hundreds of people at the stand of LAIN, receiving various guidelines and, through private conversations with medical students, many individuals were able to answer questions about the intimacy and related STD's taboos, emphasizing thus, the importance of these events in the prevention and promoting health.

PALAVRAS-CHAVE: Health Promotion; Infectious Diseases; Prevention

PP498 - HEALTH PROMOTION: POSSIBLE ACTIONS IN THE TERRITORY OF THE PRIMARY HEALTH CARE IN BRAZIL

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This study discusses the Health Promotion according the Ottawa Charter (1986) and its relationship with the Family Health Strategy in Brazil. The objective was to identify the possibilities of the actions of health promotion in the territory of the Primary Health Care, also called basic attention and that it configures itself as a proposal for change in the health care model, in addition to the medical assistance to consider the real health needs of the population and the need for integration of practices. This is an analysis of health practices in APS correlated to the principles of health promotion such as: the holistic conception of health with a gaze of the multicausal health-disease process; equity; intersectoriality; social participation; Empowerment; and the sustainability of actions. As a result this study points out the possibilities of other actions in health promotion actions in health promotion as the elaboration of healthy public policies, the reorientation of the services, the implementation of intersectoral actions, the strengthening of community actions, the development of personal skills, the creation of healthy environments; and not only the activities of health education aimed at the control of non-transmissible diseases and injuries, even before its relevance. Notes that health promotion is not limited to the health sector, and in this way, the actions should be guided in speeches on the social determinants of health. Thus, we should reflect how to mobilize the implementation of these actions in the midst of the territory of the Family Health Strategy.

PALAVRAS-CHAVE: Family health; promotion of health; social determinants of health

PP499 - HEALTHY CHRISTMAS CAMPAIGN: AN ACT OF SOLIDARITY

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INTRODUCTION/OBJECTIVES:

The Healthy Christmas campaign was conducted in December, driven by the Christmas spirit and solidarity. The action assisted the poorest areas in Goiania, both in material goods and in access to health. The objective was to collect toys, food and clothing to help underprivileged families.

METHODS:

The campaign was organized by medical students members of IFMSA Brazil and was promoted by posters in college and on social networks and there were two collection points for donations. The distribution of grants was made in three places: at the Saint Therese of the Child Jesus Parish, where people were assisted by medical and biomedical students and underwent anthropometric assessment, blood-pressure and blood glucose measurement and also received food and toys; at the Sanitary Landfill in Aparecida de Goiania and at the Residential JK, where food, clothes and toys were distributed.

RESULTS/CONCLUSION:

More than 50 families (approximately 150 people) were assisted and received health promotion regarding obesity, diabetes and hypertension. Those with high blood pressure or high blood glucose were instructed to seek medical attention. Finally, the experience allowed the personal and professional growth of the medical and biomedical students involved in the campaign and managed to remind us how important and special is to do an act of solidarity on a date that is this pure feeling.

PALAVRAS-CHAVE: Health Promotion; Collections; Social Work

PP501 - HEPATOPROTECTION: A NEW PROTECTION STRATEGY TO LIVER DISEASE

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INTRODUCTION AND OBJECTIVES:

The State of Pará had only three centers of diagnosis and treatment for viral hepatitis in the capital, so that the long distance to the centers favored low reporting and increased complications of these liver diseases. Our intention is draw educational strategies for the prevention of viral hepatitis and other liver diseases by the Primary Health Care, decentralize treatment, and integrate various health attention levels in order to better care line of liver diseases and reduce morbidity.

METHODOLOGY:

Doctors of Liver Group performed training of health workers, nursing technicians and primary care physicians in strategic municipalities as to liver diseases, especially viral hepatitis, to the creation of the H agent in order to facilitate the dialogue between the community and the service health in relation to liver disease. In addition, the team led to the development of rapid tests in basic health unit, and creation of new centers of treatment.

RESULTS AND CONCLUSIONS:

Achieved an increase in the number of educational activities and prevention of viral hepatitis with training for primary care professionals, performing rapid testing with serology for confirmation of positive tests and notifications of these diseases, as well as expansion of treatment poles. This strategy of facing the virus hepatitis together with the primary care provides precece therapeutic targeting and diagnosis concerning primary care preventing the spread of virus in large-scale and reducing the impact of diseases of chronic infection, enabling improvements in overall assistance in relation to liver disease in the state of Pará.

PALAVRAS-CHAVE: Hepatitis Virus; Primary Health Care; Health Education

PP503 - HIV/AIDS: THE ACTION OF MEDICAL STUDENTS OF THE BARRETOS SCHOOL OF HEALTH SCIENCES IN AWARENESS OF THE DISEASE

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Introduction and Objective:

Sexually transmitted infections (STIs) are considered as one of the most common public health problems worldwide. Regarding AIDS, according to the Health Ministry, in Brazil on 2012 were reported 39.185 cases. Observing the epidemic by region, in southeastern of Brazil there is Barretos, a city that hosts the largest rodeo event in Latin America; also the city with the highest incidence rate AIDS in the State of São Paulo. For this reason, in 2014, a group of students of the Barretos School of Health Sciences, in accordance with the City's Health Department, promoted a campaign for guidance and prevention of HIV/AIDS and STIs. The aim was to educate and raise awareness about HIV/AIDS; clarify its limitations in order to highlight the importance of talking about the problem with respect and improve prevention.

Methodology:

The campaign took place during the Country Festival and included the participation of 122 students, divided into 10 groups, one for each day of celebration. It was discussed with de population the transmission, treatment and prevention handing kits with male and female condoms and lubricant, along with a folder for information.

Results and Conclusion:

The campaign counted the distribution of 144 thousand male condoms and 356 female condoms. It's estimated that 146,746 people were covered during the festival. The public understood the campaign and at every opportunity the participants highlighted the importance of talking about the problem with respect, because the stigma that HIV carries is still a limiting factor for a worthy social life.

PALAVRAS-CHAVE: HIV/AIDS; campaign; Prevention

PP504 - HOME VISIT. A FAMILY HEALTH STRATEGY

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Introduction:

The Ecuadorian Institute of Social Security, IESS, since 2011, has more than 100 family physicians to work with the strengthening of Primary Health Care. These doctors are responsible for promotional activities and health prevention, which includes home visits.

Objective:

Spread the results obtained in Ambulatory Care Center of the Ecuadorian Social Security Institute the Ecuador after four years of experience in home visits.

Methods:

It is a qualitative research of experiences both members of the health system that perform home visits as patients beneficiaries of this service. Were randomly interviewed 30 families who received the benefit of home visits, as well as members of the health team.

Results and conclusions:

By implementing home visits has been democratized the access and health care, and has reached beneficiaries who first time came to this health center. The introduction of this strategy has overcome the gap in the right of access to comprehensive health services to consolidate the articulation of Complementary Public Health Network, as well as strengthen the response capacity of all levels of care. This practice allows an individual care and the contextualisation of the familial health in economic and social terms. The home visit is the principal means for the health team to interact with family, and community environment.

PALAVRAS-CHAVE: Home Visit; Family Health Strategy; Primary Health Care

PP505 - HPV VACCINE - PUBLIC POLICY ON THE PREVENTION OF CERVICAL CANCER

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Introduction and Objective:

Infection by human Papillomavirus (HPV) is common and can affect the mouth, oropharynx, cervix, vagina, vulva, penis and anus. Some serotypes cause persistent infections, developing precursor lesions of cancer, especially cervical cancer. The objective is to compare the incidence of cervical cancer in Canada, where the vaccine against oncogenic serotypes of HPV has been offered by the public health system since 2007 and in Brazil, which adopted the vaccine in March 2014.

Method:

The collection and interpretation of data were obtained from the National Cancer Institute, Public Health Agency of Canada and Canadian Cancer Society. The collected data was obtained between December 2015 and January 2016.

Results and Conclusions:

The incidence of cervical cancer in Canada in 2015 was approximately 1,500 new cases, corresponding to the 11th most common cancer in the female population, whereas in Brazil, in 2015, it was approximately 15,590 new cases, corresponding to the 3rd type of cancer in the female population. It was noted that in Canada, where the vaccine is available for girls from 9 to 26 years old since 2007, and fully implemented in 2009, the incidence of cervical cancer was 90% lower than in Brazil, where the public health system introduced vaccination only in 2014. Condoms are still the main way of preventing HPV infection, but the free vaccination emerged as efficient and effective preventive measure in the programs for cervical cancer.

PALAVRAS-CHAVE: Uterine Cervical Neoplasms; Papillomavirus Vaccines; Epidemiology

PP506 - HUMANIZATION AND ETHICS IN HEALTH PROMOTION: EDUCATION PROJECT FOR INTEGRAL HEALTH OF CHILDREN (PESII)

Moura LEB¹; Campos JS¹; Silva AC¹; Firmino LC¹; Martinez LC¹; Amorim LS¹; 1 - Centro universitário Christus;

Introduction and objective:

Health education has been approached by several projects to encourage healthy behavior in people. The Education Project for Integral Health in Childhood (PESII) of a charity association for children in Fortaleza, Ceará aims to promote health. It receives medical students and tutors to exercise care, involving them in the study of ethical and humane principles. The objective of this work is to relate the experience of medical students in health education activities carried out in this association.

Methods

Scholars developed health promotion activities. Themes like nutrition and vaccination in children were highlighted. Contact with the parents made in advance informed them about the activity and their participation; the pursuit of knowledge and the dynamic organization on the topics through health education practices with children and their parents were the goals.

Results and conclusion:

The contact with students gave the academics proximity to medical practice. Besides the information worked with children and their parents, the academics incorporated concepts that the doctor-patient relationship like the respect to individual beliefs and the need for overlapping formality with responsibility. The need for affection and humility was felt when caring for the human-being as to his individuality. The reflections on the experiences during the project, showed that the experience provided rich learning about the doctor/patient relationship, since, through the interaction with the community, principles of ethics and humanization in health were exercised, experiencing a little of the reality of Medicine and its challenges.

PALAVRAS-CHAVE: Health education; Health promotion; Vaccination

PP507 - HYPERTENSIVE AND DIABETICS PATIENTS' DELIVERY OF CARE: THE IMPORTANCE OF GROUP ACTIVITY IN HEALTH PROMOTION

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INTRODUCTION AND OBJECTIVE

The Vila Velha University Medical students, with the public health unity professionals, promote preventive actions and health promotion activities to the assisted population. The aim of this study is to describe a continuous hypertensive and diabetic's patients follow-up managed through the HiperDia group.

METHOD

It was organized three HiperDia Group meetings, once a month, in the Health Unity. The blood pressure and the post-prandial capillary glycaemia were checked. The first meeting, there were ten participants. It was performed a dynamic Myths and Truths questioning and an Educational Table showing the quantity of salt and sugar found in some common foods. The second meeting, Alcoholism and Smoking were discussed, as both cause and accelerator of the disease's natural course. There were five patients. At the last meeting, it was discussed gastric complications for this assisted group, with fourteen patients present.

RESULTS AND CONCLUSIONS

The activities were well received by the patients, who showed involvement and interest. In all meetings, the students answered several eventual questions about possible future complications of these chronic illnesses. The health team described the activities as a great channel to show the patients the importance of health habits choice, done in a quick, easy way, catching the patients' attention. It shows that working in a team facilitates achieving success on improving patients' quality of life. Achievement of adherence and support from the patients is critical in management of these diseases progression, with direct impact of the patient's well-being.

PALAVRAS-CHAVE: Quality of life; Public Health; Delivery of Health Care

PP509 - IF HEALTH, A RADIO PROGRAM

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Introduction and objectives:

IF HEALTH project is a radio program idealized by students who are members of the NGO IFMSA Brazil (International Federation Of Medical Students Associations) from the Local Committee of UNAERP. It was developed with the intention of transmitting information and clarifying the doubts concerning health – aims the periodic attendance with doctors; warn about risks, guide and prevent some diseases and alert about basic health cares. Furthermore, this project allows a major interaction between participants and the collaborative courses.

Methodology:

The programs are recorded once in every two weeks and in each recording session it was chosen a current and relevant theme for the discussion. These are recorded in the radio station itself with the assistance of the students and coordinators from the courses - Journalism and Publicity and Advertising – and are available on the web site www.jornalismounaerp.com.br/radio. Such discussions can happen through interviews with professionals of a specific area, questions previously collected or vignettes with quick information doubts.

Results and Conclusion:

The possibility of different subjects warrants the program the diversity of themes and the inclusion of students in a different project, which motivates knowledge and helps the understanding of the topics discussed. Thus, the spread of medical knowledge with benefits to the community is joined to the interest of deepening the intellectual training of future physicians. As the radio is transmitted online through the website, we can reach an unlimited number of people to take questions and bring information concerning subjects of action and public health.

PALAVRAS-CHAVE: Preventive health; Public Health ; Communication

PP510 - IFMSA BRAZIL'S UNITED BY A BLUE - USING A SOCCER FIELD TO BRING PROSTATE CANCER AWARENESS TO THE POPULATION

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Introduction and Objective:

Prostate cancer is the second most common between men - it represents something around 10% of the cancer rates around the world, however, those rates aren't going to drop anytime soon if we don't take actions because there's a huge preconception of going to the doctor and, when necessary, taking the prostate exam - the gold standard for diagnosis of the disease. To break this bias we devised a different campaign, seeking to use a common Brazilian passion, soccer, to bring people together and raise awareness to this critical topic.

Method:

A descriptive report kind study was conducted about the awareness campaign "United by a Blue", held on November 21th, 2015, at Belém, Pará, consisted on raising awareness to the prostate cancer issue and at the same time educating people using a differentiated approach needed for an issue as delicate as this

Results and Conclusions:

Primarily we aimed to impact mostly men of all ages and secondarily their families who could stimulate them to go to the doctor when necessary. We directly impacted over 10.000 peopler that were watching the game at the field since we distributed over 5000 flyers and more than 10,000 blue mustaches (symbol of the campaign). The campaign was a success, the target audience exceeded 3.000.000 people on social networks, and approximately 50.000 who watched the game on live TV. We were able to get interviewed after the campaign to talk about prostate cancer, bringing awareness to even more people.

PALAVRAS-CHAVE: Prostatic Neoplasms; Awareness; Prevention & Control

PP512 - IMPLEMENTATION AND MONITORING OF A PHYSICAL EXERCISE GROUP IN PAULO AFONSO, BAHIA, BRAZIL.

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Several studies show that the practice of moderate-intensity exercise is associated with significant reductions in cardiac events and mortality due to various causes. With purpose of improving life quality and health of a population enrolled in the Primary Health Unit in Jardim Bahia, Paulo Afonso, state of Bahia, through moderate-intensity walks along the neighborhood streets in order to reduce sedentary habits, comorbidities, and osteoarticular pains in this population. A screening evaluation, based on detailed medical history and physical examination, was performed to select individuals who could carry out the walking practices. The monitoring is performed during the execution of the activities through the Borg scale. The walks occur in the morning shift with the participation of the entire project team. Finally, we are verifying the obtained results through a new physical evaluation after every 3 months of activities. It is expected not only achieving the project objectives, but also obtaining a significant participation by individuals who are able to practice the activities throughout the period of implementation and continue the performance of physical exercise after the end of the project, as well as encouraging the practice of physical activity among those who did not attend the activities.

PALAVRAS-CHAVE: Sedentary Lifestyle; Exercise; Primary Health Care.

PP514 - IMPORTANCE OF CHILD EDUCATIONAL ACTION FOR A NEW CITIZENSHIP CONCEPT AND VISION RANGE OF INTEGRAL HEALTH

Neto TPL¹; Marianelli M¹; 1 - Universidade Vila Velha;

Introduction and Objective:

Children's poor health in Brazil is concerning. Questioning whether this is a result of socio-economic and cultural issues or a crisis in the current public health model. A tendency in which children do not have basic information/guidelines that allows full potential health is observed. Aiming, therefore, to show the influence and importance of educational actions. Not only in mobilizing the population, but in the formation of a new identity for these children, attempting to create a new citizenship concept shown in integral health.

Methods:

Thirty-eight children, from 6 - 12 years old, from the Benevolent Association of Children and Adolescents (ABECA) - Barra do Jucu, Vila Velha, Espírito Santo - Brazil took part in educational activities. Identifying and discussing issues holistically, such as hygiene notions, sexuality, sexual abuse, and family relationships. These children were divided according to sex and age, in order not to jeopardize the integrity of the study.

Results and Conclusion:

Nine to twelve year olds, regardless of sex, showed more precarious integral health, reporting cases of family conflicts, difficulties in understanding the theme sexuality, sexual abuse, and lack of interest in performing basic hygiene due to not understanding its importance. Whereas, boys and girls from 6 - 8 year old, argued that good hygiene isn't encouraged, as well as never having basic body care knowledge in an integral manner. This study shows the importance of educational actions, and attempted to understand the children's present-day conditions, and causes of the current health scenario.

PALAVRAS-CHAVE: Education; Ethics; Prevention & Control

PP515 - IMPORTANCE OF MEDICAL HUMANIZATION FOR THE ADHESION TO TREATMENT AND HEALTHY PRACTICES FROM THE POINT OF VIEW OF MEDICAL STUDENTS.

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Introduction and objectives:

Medical humanization is essential for the professional to establish a relationship with the patients based on mutual trust, making it more likely that they will follow the treatment and recommendations of healthy practices, such as physical exercise and healthy diets. Objectives: to demonstrate the impact of medical humanization on patients attachment to pharmacological treatment and healthy practices in general.

Methods

In a Basic Health Unit (BHU) in Fortaleza, Brazil, second-year medical students observed and took part in medical consultation. Subsequently, they had a meeting with their teacher to reflect on the outcomes of their experience.

Results and Discussion

Following the consultations, the students observed, reflected and learned a lot about health humanization and community knowledge. A rich moment happened when a BHU pediatrician while consulting an infant patient talked his mother into encouraging the child to do physical exercises. The doctor even indicated a sports school in the community. This fact demonstrated how the acquaintance with the work place is important to professionals in health promotion. Another profitable moment was during another consultation, when a doctor prescribed certain medication for a patient, she refused to take it. The doctor patiently warned her about the importance of the drug to her treatment, but left her free to decide whether to take it. The group reflected on how these attitudes demonstrated how a sound relationship can be built based on the attention to the patient. Trust and respect are fundamental for continuing the search for a healthy life.

PALAVRAS-CHAVE: health promotion; teaching; humanization

PP516 - HEPATITIS B AND C IMMUNIZATION IN ADOLESCENTS: EXPERIENCE REPORT IN A SCHOOL IN PARNAMIRIM-RN

SANTOS CBC ¹; CARVALHO KRS ¹; JUNIOR SAO ¹; 1 - Secretaria Municipal de Saúde de Parnamirim / RN;

INTRODUCTION AND BACKGROUND:

This paper describes the experiment conducted in the Municipal School Professor Homero de Oliveira Dantas, in the municipality of Parnamirim-RN, before conducting immunization against Hepatitis B and health education, because of low vaccination coverage in adolescents aged between 11 to 19 years and the vulnerability of this group to keep unprotected sex with multiple partners.

METHOD:

The target audience were teenagers enrolled in the Municipal School Professor Homero de Oliveira, the municipality of Parnamirim-RN. The multidisciplinary team has developed an action covering activities related to planning and carrying out periodic vaccination campaigns Hepatitis B.

RESULTS AND CONCLUSIONS:

Among the 270 adolescents who participated in the action, 215 attended the school with the vaccination card. Of these, 47 had the vaccination date for hepatitis B were applied 148 doses, of which 68 received the 1st dose of vaccine, 33 received the 2nd dose, and 67 received the 3rd dose. At the end of the action, an educational lecture was developed emphasizing the importance of knowing this pathology and the importance of prevention, focusing on vaccination and the use of male and female condoms. We believe the successful action, as it has been shown to promote effective and positive changes, seeking to improve the quality of life of adolescents.

PALAVRAS-CHAVE: Educação em Saúde / Health Education; Hepatite B / Hepatitis B; Imunização / Mass Vaccination

PP518 - INFLUENCE OF AGE, SEX, RACE, INCOME AND EDUCATION IN THE CARDIOVASCULAR HEALTH SCORE. A CROSS-SECTIONAL ANALYSIS OF ELSA-BRASIL BASELINE DATA.

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Background/Aim:

The American Heart Association (AHA) launched a strategy based on primordial prevention to reduce cardiovascular burden. To achieve this goal, the AHA adopted a score to measure cardiovascular health (CVH) in populations. The score includes smoking, body-mass index, physical activity, diet, cholesterol, blood pressure and fasting glucose data. We analyzed the distribution of the CVH score in the multicenter ELSA-Brasil cohort study baseline and its association with demographic and socioeconomic characteristics.

Methods:

We analyzed 13,356 ELSA-Brasil participants without cardiovascular disease, aged 35-74 years. The CVH score ranges 0-14 points (2 for each factor). Optimal scores are defined as ≥ 10 points. We estimated adjusted relative score differences (aRSD) using quasipoisson regression models. Positive aRSD values indicate higher CVH scores. The main model included age, sex, race, monthly income and educational level.

Results:

An optimal score was found in 2,486 (18.6%) participants. In the main model, age (aRSD:-21.3%; 95% confidence interval [95%CI]:-22.9% to -19.7% for age strata 65-74 compared to 35-44), sex (aRSD:+5.8%; 95%CI:+4.8% to +6.9% for women compared to men), race (aRSD:-7.2%; 95%CI:-8.6% to -5.7% for Blacks compared to Whites), monthly income (aRSD:+6.9%; 95%CI:+5.0% to +8.8% for \geq USD3,320 compared to

PALAVRAS-CHAVE: Doença Cardiovascular/Prevenção & Controle; Prevenção Primária; Características da População

PP519 - INTEGRATIVE PRACTICES IN THE CONTEXT OF PRIMARY HEALTH CARE: NETWORK MODEL INTEGRATED FOR THE ATTENTION BASIC

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INTRODUCTION AND OBJECTIVES

The Integrative and Complementary Practices (PICs) are the systems and therapeutic resources that seek to stimulate the natural mechanisms of disease prevention and health recovery. In recent years, such therapeutic practices has been increasingly inserted into the reality of the Unified Health System (SUS). This study aims to describe the services necessary for structuring a network of PICs to offer integrated Primary Care in a municipality.

METHODOLOGY

Descriptive and observational study, built from the query to scientific articles and study of the National Primary Care Policy, Health Promotion, and Integrative and Complementary Practices.

RESULTS AND CONCLUSION

For universal access to PICs, the structuring of a specialized network in Primary is required (ABs) using the system of reference and counter. From the actions of the Family Health Teams, the Community Health Agents and professionals Basic Health Units (UBSs), where the physician should evaluate whether or not the additional treatment with any of the PICs offered in health services. For this to happen there needs to be an integrated network AB, which oferte such initiatives. As model network, noted the example of the municipality of Recife-PE. Users AB are referred to the Integrated Care Units Health and the Centers of Support for Integrative Practices, mirrored drives in the Centers of Support to Health and operating in matricial the ESF. The universalization of access to PICs in the SUS is of fundamental importance for the strengthening of preventive health model recommended by the system.

PALAVRAS-CHAVE: Complementary Medicine; Primary Health Care; Health Promotion

PP520 - INTER-SECTOR HEALTH PROGRAM REGISTRATION IN RIO DE JANEIRO PUBLIC SCHOOLS NETWORK: A DESCRIPTION OF ITS FIRST YEAR IMPLEMENTATION

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The School Health Program of Rio de Janeiro planning the monitoring and the evaluation of health promotion, prevention and attention to school health. In early 2015, in order to accomplish a better monitoring and a periodic evaluation, the managers of the health, education and social development programs have joined up and implemented an information system to improve and complement the existing ones. A single register for several actions through an electronic form should be filled by every director of the 1.455 school unities network of Rio de Janeiro. The form contains 25 variables and the results are consolidated in 11 Excel spreadsheets, according to the Regional Coordination of Education. The objective of this study is to describe the proposed innovation of the PSE Carioca record, a simple exploratory analysis of records from March to December 2015 was carried out through the bank supplied by executives of the School Health Program in the city of Rio de Janeiro. Data were collected and analyzed after approval by the Research Ethics Committee under number CAEE: 46890515.8.0000.5238 in August 2015. We performed 30.450 records matched the amount of 50.554 actions, which meet monthly an average of 520 197 students of the city system, with participation of 458 family health teams. The information about the PSE Carioca analyzed were established and monitored in a better way from the single record. What enabled the quantification and description of the listed actions, facilitating the evaluation and guidance for planning and possibility of qualification of the program's actions.

PALAVRAS-CHAVE: Program Evaluation; School Health; Intersectoral Action

PP522 - INTERVENTION ON TEENAGE'RS AWARENESS ABOUT ULTRAPROCESSED FOODS AND ITS CONSEQUENCES ON HEALTH IN CUIABÁ, MT

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INTRODUCTION/OBJECTIVE:

Teenagers have been classified as a risk group that requires specific strategies to promote healthy eating habits and intervention on their low intake of fruits and vegetables. The authors attempted to change some adolescent's food habits through lectures, visual demonstrations of the amount of sugar and fats of industrialized foods, putting side-by-side junk foods with its contents of the cited ingredients, and a question-and-answer game with them about the subject. This article's objective is to describe this activity as a method to develop adolescent's consciousness on healthy dietary habits.

METHOD:

The target-population consisted of 84 students between 11 and 15 years old, of high socioeconomic standard, in a private elementary school in Cuiabá, MT. A five multiple-choice questions questionnaire was used to measure the children's previous knowledge on the subject. There was also a later analysis of the teenager's participation during the activities.

RESULTS/CONCLUSION:

The highest number of mistakes on the questionnaire applied was on the question regarding the daily limit of sugar intake recommended by the World Health Organization. Fortunately, the percentage of correct answers increased from 31% in the questionnaires applied before to 96.7% after the presentation. The children actively participated with a great number of questions, showing their prior knowledge on the subject. The activities were successful, mainly because the children were very receptive to new information and open-minded about change of habits. Furthermore, their ability to learn quickly, their high socioeconomic standard and the favorable school environment allowed the great impact of the attempt.

PALAVRAS-CHAVE: Adolescents; Food habits; Industrialized foods

PP523 - INTERVENTION PROJECT IN A SCHOOL OF LOW-INCOME CHILDREN

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INTRODUCTION AND OBJECTIVE

Located in Belo Horizonte/Brazil, State School “Professor Carvalho”, the only local public school, receiving students from several other poverty-struck areas, was the environment of the project. Lack of care, and youth abandonment, are serious issues in its coverage area, and we aimed to change local youth’s lack of future perspective, both in healthcare as in personal/professional aspects, seen as important social determinants of health.

METHODS

Weekly gatherings from September to December/2015 were developed, consisting in discussion groups, participative presentations and quizzes, avoiding classical forms of presentation, generally tiresome. At first, subjects were suggested by the project team, and then we engaged in subjects the students brought, which affected them more. We discussed: school violence and bullying; drug use and traffic; contraception; Sexually Transmitted Diseases; health promotion; professions and university access. Finally, a tour was organized to the Annual Professions’ Day in a local university, where undergraduates present their professions-to-be, helping high-schoolers decide their future.

RESULTS AND CONCLUSIONS

Results were positive, despite the difficulties encountered - low governmental help; scarce resources and time; non-adhesion. Nevertheless, the project managed to modify future perspectives of some students, as they reported. Many thanked for the knowledge acquired or the guidance in professional future. One claimed that the project team paid students more attention than school staff. Final evaluations led to the conclusion that interventions are necessary, and low-income students are willing to learn and thrive, requiring only care, dedication and attention.

PALAVRAS-CHAVE: Health Promotion; Health Education; School Health

PP524 - INTERVENTION PROJECT IN THE COMMUNITY: PRESENTATION OF A PRIMER ON CHILD CARE

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Introduction:

To offer quality health care to children is one of SUS (Unified Public Health System) priority goals. When a child is born, its family receives a booklet which provides the main guidelines about its growing and development. This strategy, however, has proved not to solve all parents' doubts.

Goal:

To promote prevention and health actions, by means of health education.

Methodology:

We have worked out a questionnaire in order to raise the main doubts regarding child care from 0 to 2 years, focusing the most important issues in this area (feeding, hygiene, immunization, development and growing) and this questionnaire was filled in during 34 medical appointments at the Cuiabá-MT Family Clinic (PSF-Family Health Program), at CPA II District, from August to September 2015, during the curricular activities of the Course of Medicine of UFMT (Federal University of Mato Grosso) (medical internship).

Results and conclusions:

More than 90% of parents presented doubts about hygiene, 88,2% about feeding, 29,4% about immunization, 5,8% about growing and development. Notwithstanding the guidelines received during the medical appointments, most parents did not have satisfactory knowledge about the main issues in child care. Based on the answers, a succinct and illustrative primer was prepared answering the most frequent doubts and a lecture was given to the community parents trying to answer their questions.

PALAVRAS-CHAVE: Child Care; Family Health Strategy; Child Health

PP525 - INTERVENTION PROJECT “BEING A MAN” – PSF (FAMILY HEALTH PROGRAM) FAMILY CLINIC (CENTRO AMÉRICA AND CPA 1 DISTRICTS)

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Introduction:

The project aims at improving the health quality of the masculine population and their adherence to SUS (Unified Public Health System). Owing to institutional and cultural obstacles, men are usually resistant to prevention and self care, making worse their health conditions, with higher costs to the health system.

Goal:

To promote primary prevention and health actions, by means of health education.

Methodology:

We have worked out a questionnaire to identify the epidemiological and cultural profile of CPA 1 and Centro América Districts from Cuiabá-MT Family Clinic, considering the 20 to 60 year-old age group, besides identifying their demands in health.

Results and conclusions:

We have interviewed 30 patients (55% from CPA 1 and 45% from Centro América), most of them being 60-80 years old. Centro América's patients are 40-60 years old, while the other age groups prevail at CPA 1. The brown population prevails, with numbers similar to the black and white populations together. Most patients are from Mato Grosso. The main co-morbidities found were Systemic Arterial High Blood Pressure, Gastritis, Dyslipidemia, Diabetes and Osteopenia. Most hypertensive patients (86%) lives in CPA 1, while the majority of patients without co-morbidities lives in Centro America. About 45% of the patients get all their medicines at the SUS, 19% have to buy them and the remaining ones buy part of the medicines. Most patients attend more than 4 medical appointments per year, which differs from the expected, owing to the history of low adherence of the masculine population.

PALAVRAS-CHAVE: Self care; Men; Primary prevention

PP526 - INTERVENTION TO CARGIVERS OF A RURAL COMMUNITY

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The role of caregiver has shown high risk of stress and depression and a higher prevalence of chronic diseases. Family support is key to provide care assistance to the patients. The caregivers' role provide a profound alleviation for the costs on the public health systems through the health care and long term services that the caregivers provide to their relatives. Yet the caregivers are a vulnerable to several diseases related to the role they are playing. Thus, the purpose of this study is to describe the burden for caregivers and the impact of several educative strategies to mitigate such issue in the rural area of Tenjo, Cundinamarca. For this purpose ten caregiver will be assessed by home visits on which the Zarit Scale will be carried out before and after the implementation of the mitigation (educational) strategies. As part of the strategy, it will be seek to connect the current policies and Governmental public health of payments to the activities the caregivers do. The visits have already started and are close to be finished. The preliminary results show that more that 50% of the surveyed caregivers have a moderate to elevate burden.

PALAVRAS-CHAVE: caregiver; support; burden

PP529 - KATUANA AND COMPONENTS OF THE METABOLIC SYNDROME

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The components of the so-called metabolic syndrome (MS) increase the risk for cardiovascular diseases¹. The prevalence of MS in the country varies 28.9% to 29.6%², but there aren't studies in river's communities. The objective is to analyze the frequency of MS components changed in the archipelago Combú. The study is part of the "Katuana do Combú - vulnerability to DM2 and HAS in Archipelago Combú.", Belém, Pará, Brasil, approved by the Research Ethics Committee of the Institute of Health Sciences/UFPA. Registration of Community Agents Health was used to find residents aged ≥ 30 years. Data on identification, past medical history and lifestyle were collected during home visits by standardized questionnaire. At the University Hospital were conducted anthropometric measurements, blood pressure and blood samples. MS was defined in accordance with the NCEP - ATP III. Of the 655 people, 243 were interviewed, but only collected 174 surveys, 28.1% of these met the MS criteria, the mean age was 50.4 years; 63.2% women; 6.1% smokers; 22.4% consumed alcohol; 91.6% had not undergone physical activity in the last two weeks; 44.8% with $IMC \geq 30$ Kg/m²; 77,5% with CA high; 87.7% with low HDL; 59,1% with $LDL \geq 100$ mg/dL; 83,67% with Triglycerides ≥ 150 mg/dL; 46,9% with ≥ 100 mg glucose/dL. Most of the community fills some SM criteria and frequency similar to the general population.

PALAVRAS-CHAVE: Metabolic syndrome; cardiovascular diseases; Amazon

PP530 - KNOCK AT THE RIGHT DOOR: AN INTERVENTION AIMING THE CORRECT USE OF HEALTH SERVICES

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Introduction and objective:

Access to health system is normally misused by the population, which harms the quality of healthcare. Joinville's Health Secretariat planned the activity "Bata na porta certa", which aims to instruct the community to look for the correct place according to their needs. IFMSA Brazil joined them by raising awareness regarding this topic at a public school in Joinville, with students at their 6th to 8th year of elementary school, since they can give this information to their families and influence their lifestyle.

Method:

First, a pretest about health services was applied to the students to evaluate what they already knew about this topic. After that, the students were divided into small groups, in order to feel more comfortable, and had a slideshow presentation and moment for questions. After this, another test was applied.

Results and conclusion:

The activity had a nice outcome, since the students showed interest and participated. By comparing both tests, results showed that the students learned how to use public health services properly. This activity, if applied for more people, can help reducing the overlapping of patients in the wrong health service and, thus, increase the quality of healthcare

PALAVRAS-CHAVE: Awareness; Health Promotion; Health Services

PP531 - KNOWLEDGE AND PRACTICE OF ADMINISTRATIVE COLLABORATORS OF A PRIVATE UNIVERSITY ON THE PREVENTION OF CERVICAL CANCER

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Objective:

To assess the knowledge of administrative collaborating in a Private university on the Preventive examination.

Methodology:

Field research with a quantitative approach, with 50 administrative collaborating 25-64 years of a private University of the West Zone of Rio de Janeiro, in the period from August to September 2015 ..

Results:

66% of respondents are in the age group 25-40 years Unmarried, with a steady partner, 50% have a child, most 72% have higher education and 90% health insurance. To evaluate the behavior and practices of women regarding the prevention of cervical cancer. 90% had adequate knowledge about the Pap smear and 78% reported that it is very necessary and do periodically even if healthy, but we still find 12% of the collaborators who are more than three years without taking the exam two of which interviewed despite being of reproductive age have never made the .Observou up about examination about HPV, that 94% of women did not know that the virus is the main oncogenic agent and ignorance about the number of partners to be related to cancer of the cervix.

Conclusion:

The result was satisfactory, but it is noticed during data collection the need for more information about the vulnerability in relation to the number of partners and HPV for cancer of the cervix.

PALAVRAS-CHAVE: cervical cancer; pap smears ; Nursing

PP532 - KNOWLEDGE OF CHARGE OF HPV VACCINATION ABOUT

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Objective:

To identify the knowledge of women responsible for adolescents 9-13 years about the importance of HPV vaccine.

Methodology:

It was a qualitative study of its kind search field, descriptive about knowledge, adherence and prevention of HPV vaccine among fifteen women accounted for teenagers who are between the ages of immunization vaccine against papillomavirus, in a health care facility in Rio January after ethics committee SMS / RJ 941.966.

Resultado present low socioeconomic level, work activities, most are Protestant and married. Religion was an impediment to dialogue about sex, sexually transmitted diseases and condoms, as this responsible defends the doctrine that sexual life can only begin after the wedding. Responsible have superficial knowledge about the vaccine and HPV disease especially in relation to prevention, and not make the correlation of disease to the pap smear, which aims to detect abnormalities in the cervix, which can be directly linked to the virus HPV.

Conclusion:

It is troubling that those responsible even though they have their daughters immunized, some just the first dose of the vaccine knowing the goal and purpose of papanicolaou, and as a consequence, not periodical testing and transmit that opinion to their teens . There is need for greater outreach and health education on HPV and cancer prevention vaccine in schools, Health and media drives to improve awareness particularly in charge of adolescents

PALAVRAS-CHAVE: Papillomavirus; Cervical cancer; KNOWLEDGE

PP533 - KNOWLEDGE OF SCHOLARS FROM PUBLIC INSTITUTION IN FORTALEZA ABOUT HEALTHY EATING

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INTRODUCTION AND OBJECTIVE:

Obesity is currently a worldwide public health problem with increasing incidence in children and pathological consequences; such organic, such functional. Its genesis suffers remarkable influence on eating habits developed at a young age. Thus, this paper describes the activity held in public school in Fortaleza-CE, whose objectives were: to evaluate knowledge about benefits and harms of food, to promote the perception of eating habits and to educate for obesity prevention.

METHOD:

Scholars between 7-11 years, spontaneously, responded to questions about what is " healthy food " and its implication for health. Finally, they built a food pyramid, placing pictures of various foods according to their need and importance for the body.

RESULTS AND CONCLUSIONS:

The experience proved to be highly relevant given the degree of involvement of children, which, at times, were unaware or ignorant of the dangers of foods considered by them as "tasty". For satisfaction of the makers, many scholars proved to be conscious about the importance of eating properly, using even theoretical foundation in their responses, as stated by some children: 'It is a great source of vitamin', 'it fattens', 'source of calcium to strengthen bones'. Therefore, the project was highly successful, providing knowledge of the perception of many children for the term "healthy eating", imparting knowledge of healthy habits and, finally, highlighting the importance of nutritional education in public schools; which is a practice that, today, needs more family and government intervention, in order to obtain adhesion of these habits in childhood.

PALAVRAS-CHAVE: Pediatric Obesity; Health Promotion; Food Habits

PP534 - KNOWLEDGE, AWARENESS OF EBOLA VIRUS DISEASE AMONG RESIDENTS OF A LAGOS NIGERIA GATEWAY COMMUNITY TO OTHER WEST AFRICAN CO

inemAV¹; 1 - Dept of Community Health and Primary Care College of Medicine University of Lagos;

Background:

Ebola Virus Disease (EVD) is one of the most dangerous Viral Hemorrhagic Fevers. Early in 2014, there was an outbreak affecting several West African Countries. By August 2014, there were recorded infections in Lagos, resulting in panic and issues of social distancing. This study therefore aimed at assessing the level of knowledge, attitude and types of preventive practices against EVD among residents of a Lagos gateway community to other West African countries.

Methods:

The study was a cross sectional community based descriptive study. A Multi stage sampling method was used to select participants and an interviewer administered questionnaire was used to collect information from 441 participants. A 97% response rate was achieved. Data analysis was carried out using Epi Info 3.

Results:

The mean age of respondents was 31.46±9.6 years. Almost all (99.1%) had heard about EVD from the television and religious places. These were the most common sources of information. This study showed that about two thirds (64.9%) of respondents had good knowledge of EVD while 71.35% of respondents showed a positive attitude towards EVD. About three-quarters (75.3%) reported good Ebola preventive practices. In this study respondents' level of education affected their knowledge, attitude and practice ($p < 0.05$).

Conclusion:

Well-tailored health campaigns including survivor stories should be intensified through TV and religious places where most respondents heard about EVD.

PALAVRAS-CHAVE: Ebola Virus Disease; Knowledge, attitude and practice (KAP) ; Lagos State

PP536 - KNOWLEDGEABILITY OF SYSTEMIC ARTERIAL HYPERTENSION IN ECONOMIC CLASSES AT PARQUE AMAZONIA I COMMUNITY, IN BELÉM, PARÁ, BRAZIL

Alves AMA¹; Andrade FEF¹; Gomes LNRS¹; Assunção LM¹; Gaia MYC¹; Maia RCM¹; Cavalcante SDN¹; Corrêa VPD¹; Moura GR¹; Negrão MA¹; Lima MNA¹; 1 - UFPA;

Introduction and Aims:

Systemic Arterial Hypertension (SAH) is an important factor that leads to cardiac, renal and vascular impairment. Social circumstances interact directly with physiological conditions to determine propensity of different diseases, therefore, it was fundamental to identify socioeconomical classes inserted within the Parque Amazonia I community, in order to correlate their knowledge about SAH and economical profiles.

Methods:

Individual questionnaires based on knowledge about hypertension, education levels and possession of assets were applied to 41 participants, aged 18 years and over. Based on their answers about SAH, a score was used to evaluate knowledge, where scores ranging from 0-5 were classified as Bad and 6-9 were classified as Good. Results were analyzed with Microsoft Excel.

Results and Conclusion:

Of all interviewed, 60.97% were categorized in D-E economical class, 24.39% in C2-class and 12.19% in C1-class. 41.46% had results scoring their knowledge of SAH as Bad, 56.09% of the results scored Good. In D-E participants, 40% presented knowledge evaluated as Bad and 60% Good. In C2-class interviewees, 60% were scored as Bad and 30% Good. C1-class had 60% scored Good and 40% Bad. B2-class participants were scored 100% Good. In general, it is terrifying that knowledgeability of almost half of the interviewees of a disease such as SAH, with high morbidity and incidence rates, were scored as Bad. Classes D-E and C2 had very close results and scored higher indices than C1-class. It is essential to increase population's knowledge of SAH, considering its morbidity, mortality and its high incidence at regional and national levels.

PALAVRAS-CHAVE: Hypertension; Health Education; Health Promotion

PP538 - LASFAC AND THE COMMUNITY SERVICE

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Introduction and objective:

Saúde Integral is a community project operated by professors and students at the University of Brasilia. Students from LASFaC-UNB (Academic Family and Community Health at the University of Brasilia) and health professionals, along with volunteers, view transform the community limitations in opportunities to live healthy. The goal is to allocate students in practical scenario with professionals from the Estratégia de Saúde da Família and promote awareness and empowerment to participate in decisions involving the disease process.

Methodology:

The first step is to approach the community by territorial strategies. The second step, "staying in the field", is the stage of interaction with the subjects, when developing surveys of information and guidelines on visits and house calls. Third, leaving the field gradually. This occurs at the end of each semester. This project takes self on a community called "Sol Nascente", at Distrito Federal. The project is formed by students and professionals in medicine, psychology, occupational therapy and nursing.

Results and conclusion:

Noticeable integration of education, service and community. The project allowed community participants to share feelings, to create, and learn differently the health guidelines made available to each attended home, and encourage them as well, to link with the health service. The Saúde Integral project is grounded in a dialogical approach that results in the strengthening of bonds between people through shared learning and reflection principles of our national health system.

PALAVRAS-CHAVE: Atenção primária de saúde; Saúde da família; Extensão comunitária

PP539 - LIFE QUALITY: A CAMPAIGN PROPOSED BY MEDICAL STUDENTS IN THE APPROACH OF HEALTHY AGING PROCESS

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Introduction and Objective:

The senescence is part of a natural phase of transition of the mature human body, which leads to loss of functional reservations and psychosocial implications that make an elder person more susceptible to illnesses. This process depends on how the elder person is inserted on society and how are the social perceptions of this stage. Therefore, it becomes necessary the appreciation of a social support networks to the elder person, with the purpose of rescuing the image of an experienced figure and worthy respect, so that the health and good quality of life can be achieved. The objective of this campaign was to evaluate how the visit in a home for elderly, promoted by participant students from IFMSA BRAZIL – UNAERP committee, was impactful in their lives and aging process.

Methodology:

On April of 2015 in the city of Ribeirão Preto – SP, at the “Grandpa’s House Institution”, with the participation of 55 academics of medicine, it was organized an action entitled “Life Quality”. During the event several activities were accomplished, as ladies embellishment, singing and dancing groups, bingo games, apart from dialogues between the local residents and the volunteer students.

Results and Conclusion:

Oriented to revalue these spaces of social support to the elderly individual, we achieved with our action the revaluation. We also achieved the reframing of the elderly figure as a human being worthy of respect, thus acting on health promotion for the elderly through the reconstruction of healthy ties, as well as improving their quality of life.

PALAVRAS-CHAVE: Active aging; Aging; Elderly

PP540 - LIFESTYLE AND USERS' ALIMENTARY HABITS WITH NON-COMMUNICABLE CHRONIC DISEASES (NCCD) OF RIO VERDE, GOIÁS, BRAZIL

Silva ACR¹; Fontana AP¹; Santos BL¹; Lima GO¹; Ferreira JC¹; Gurian JG¹; Miranda JF¹; 1 - Universidade de Rio Verde;

Introduction and objective:

The NCCD are considered the main mortality cause and they were responsible for 69% of hospital expenses in Brazil. Therefore, it aimed to present the main aspects related to the lifestyle and to the users' alimentary habits with NCCD registered until July of 2015 in Estratégia Saúde da Família (ESF) of the Bairro Popular, of Rio Verde, Goiás, Brazil.

Method:

It's a retrospective cross-sectional study, with quantitative approach, which was conducted by the search for individuals registered in the ESF, selecting those with NCCD and subsequent application of the questionnaire. This study was approved by Committee on Ethics in Research, protocol: 7990115.6.0000.5077.

Results and conclusion:

In the initial search it was obtained a total 1792 individuals, of these, 558 presented some NCCD. Of the total sample, 35% (n=195) were interviewed, of these, 61% female, 45% between 62 and 80 years old, 75% had an income from 1 to 3 minimum wages, 54% accomplished two to three meals a day and 50% occasionally ate fruits and vegetables, 72% did not practice physical activity furthermore, 75% reported no use of tobacco and alcoholic beverage. It perceives the need for early, simple and effective interventions related the alimentary habits and lifestyle, mainly related to the practice physical activity. Therefore, it is seeking to adopt actions with focus in prevention and control of the NCCD, in order to improve the life quality and reduce health costs.

PALAVRAS-CHAVE: alimentary habits; chronic disease; lifestyle

PP542 - LONGITUDINAL COMMUNITY DIABETES MELLITUS SCREENING STRATEGY: AN EXPERIENCE IN BRAZILIAN PUBLIC HEALTH SYSTEM

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Introduction and Objectives:

The identification of subpopulations at risk or with established chronic diseases is a fundamental aspect of the Family Health Strategy. Based on this, Brazilian Health Ministry has established criteria for diabetes mellitus (DM) screening in asymptomatic individuals. According to data from the Brazilian research PNAD 2008 (Pesquisa Nacional por Amostras de Domicílios), the prevalence of DM in people with ages over 15 was 5% in the state of Rio Grande do Sul (RS), a Brazilian southern state. However, 1.94% of diabetics were observed by the Family Health Team of Pinhal Alto in the city of Nova Petrópolis, countryside of RS with population over 2,000. This experience aimed to clarify if this population had, in fact, less diabetics than expected or if this health team had not diagnosed all the diabetics of its population.

Methods:

Between June 2009 and June 2015, community health agents received a folder with the screening criteria for DM and oriented the population who fit the criteria to do the hemoglucotest in a nurse appointment. Depending on the result, the patient was oriented to repeat the test in 1 to 3 years or visit a doctor to confirm and treat the DM.

Results and Conclusion:

With this strategy, the prevalence of DM in the aforementioned population rose and achieved 5,07% in 2015. Therefore, this experience suggests that, combining the attributes of Primary Health Care with epidemiologic local data, longitudinal community diabetes mellitus screening strategies could be implemented for asymptomatic patients without a diagnosis.

PALAVRAS-CHAVE: Mass Screening; Diabetes Mellitus; Primary Health Care

PP543 - LUDIC EDUCATIONAL ACTIVITIES AS A TEACHING TOOL AND PREVENTION OF ENTEROPARASITOSIS

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Introduction/Objectives.

Parasitic infections have a high prevalence in developing countries. Educational activities in health diffuses knowledge about prevention and control of parasitoses. Extension Project of Parasitology Laboratory Open for Community and Field Activities (LAPAR/UESC) aims at the development of recreational and educational activities that allow the target audience a dynamic understanding of parasitic problems.

Methodology:

Action took place among November 2015 and January 2016, with children 4-6 years of a public school (Ilheus-BA). Lectures were given to parents to instruct them on the proper way to collect the feces and importance of the exam in three samples. Later on, feces samples has been received, processed and analyzed for the diagnosis of parasitic diseases. After the study of local community profile, educational games were developed; puppet theater, in a focused approach to the prevention of parasitic diseases.

Results/Conclusion:

Extension projects of LAPAR had been existed for 12 years, and in the last two years they has helped approximately 3,000 individuals, involving schools, kindergartens, NGOs and small villages in southern Bahia. Educational activities inserted and developed in university extension projects intended to contribute to the prevention and control of parasitic diseases. Although the project has already occurred this school before, it is noticeable that it still does need continued actions of sensitization of parents / students as a more effective participation in all stages of the project as widespread knowledge results in people's habits change, a result of teaching and learning, and culminates in improving the population's quality of life.

PALAVRAS-CHAVE: Primary Health Care; Parasitosis; Health Education

PP544 - LUDIC METHODS AND SOCIAL EVENTS IN HEALTH EDUCATION: AN EXPERIENCE FROM A FAMILY HEALTH STRATEGY UNIT AT CURITIBA.

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INTRODUCTION AND OBJECTIVES

The interaction between the family health team and the community is of fundamental importance to create a strong bond that allows efficient knowledge transference. The Dom Bosco Unit in Curitiba-PR (Brazil) has incorporated social events in the Family Health Strategy Unit routine to achieve such role.

METHOD

The adolescent world was reached out through beauty contests named “Miss Teenager” in four editions: 2006, 2007, 2010 and 2012. Adult health was approached through “Women Day” and “Men Day” events in 2014 and 2015. Also in 2015, the team participated at the September 7th Civic Parade in costumes symbolizing the mosquito *Aedes aegypti*, in order to sensitize the community about the importance of controlling such vector.

RESULTS AND CONCLUSION

The organization and execution of “Miss Teenager” involved the whole community. Every year there were 12 candidates, about 200 participants and theater and dance young groups had the opportunity to perform at the show. Unfortunately, this event had to be suspended due to increase in patients at the Unit, therefore reducing available time for organization. An average of 60 women and 100 men participated at Women Day and Men Day, respectively. Besides medical assistance, there were lectures about health and beauty care, physical activities and attractions such as fashion shows with community members, photo sessions, Muay Thai presentations and juice stands. The implementation of these actions was well received by the community, with positive feedback regarding reliability in medical staff, and even inspiring other Units to follow the same model.

PALAVRAS-CHAVE: health education; community; primary healthcare

PP545 - BREAST CANCER PREVENTIVE APPROACH: RATES OF ACHIEVEMENT FOR MAMMOGRAPHIES ON WOMEN BETWEEN 50 AND 70 YEARS ON A PRIMARY CARE UNIT DESPRAIADO I

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INTRODUCTION AND OBJECTIVE

The breast cancer is the most prevalent type in Brazilian women. The cure with breast conservation are possible if early diagnosed without axillary involvement. Self-examination, clinical evaluation and mammography are the standard screening for prevention in women from 50 to 70 years in Brazil. This study has as objective to establish the mammography's rate achievement in women from 50 to 70 years attended in a Family Health Unit in the city Cuiabá – MT.

METHODOLOGY

This is an observational study of transversal research based on medical records analysis of patients attended in Unidade de Saúde da Família Despraiado I from 2013 to 2015.

RESULTS AND CONCLUSION

We analysed 137 medical records of women in the age range from 50 to 70 years. Of these 36,47% underwent mammography, just a 16,06% obtained a request to hold of mammography, no records of its realization. There was no information on the achievement of mammography by patients in 65 (47,47%) medical charts analyzed in this study. In 2013, 55.6% of women from 50 to 70 years, underwent mammography in Brazil central-west region, rate significantly higher than that obtained in this sample (36,47%). Research performed in the state of São Paulo, demonstrated that the regular completion of mammography not brought changes in relation to survival of breast cancer. This affirmation was completed in our study, once the slow rate of implementation of mammograms brought not the incidence of cases of breast cancer in the studied sample.

PALAVRAS-CHAVE: Mass screening; Mammography; Breast Neoplasms

PP546 - MAN PRE-NATAL CARE PROJECT: THE SUPER DAD PROJECT

Ministério da saúde- caderno de atenção ao pre natal de baixo risco¹; 1 - Semsas;

Introduction:

Among the strategies considered as priority by the health system women care and the realization of pre-natal care becomes an essential part of this process. The adherence of women to pre-natal care, despite the difficulties encountered in the health network has increased, and the future dads participation is essential for the success of this program.

General objectives:

Increase parents participation in the pre-natal care stimulating an active fatherhood;
Improve service to men aged 20 to 45 years, making early detection of diseases and stimulation of healthy habits;
Increase the bond between the health unit and family;
Stimulate the bond between mother-child-father, increasing the participation of the same in caring for the baby;
Decrease vertical transmission of diseases such as Syphilis and HIV.

Methods:

Two medical appointments on the same day as the pregnant woman, they stay together all the time. Then we request tests for both, we use the test recommend by the health system and other according the need. We stimulate man to participate in the pregnancy group.

Results and conclusions:

The project has been ongoing since 2015 and we don't have numbers to prove the general feeling that we have. The future dads are more comfortable to participate in the consultation, they return more in the others consultation and clear their doubts, we also have some cases of venereal diseases that the women don't tell in individual appointments. The future fathers and mothers show themselves very happy with the initiative.

PALAVRAS-CHAVE: Pre-natal care; Family health; Father responsibility

PP547 - MATERNAL KNOWLEDGE ABOUT MOTHER-CHILD CARE BASED ON BARKER'S THEORY

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Introduction:

Noncommunicable diseases (NCD) such as cancer, diabetes and systemic arterial hypertension are a world health care problem due to its increasing incidence, difficult adherence to intervention and incapacitating complications with high treatment costs. In 1989, David Barker published "The Fetal Origins Hypothesis", presenting new risk factors to NCD that since have been the basis for scientific innovation: the prevention of such diseases through mother child care during the first thousand days of living. This work intends to evaluate the knowledge of mothers about general care (GC) and care directly related to Barker's Theory (BT) during the first thousand days, looking for areas of improvement for perfect health education.

Methods:

Transversal descriptive study with consecutive non probability sampling compounded of 400 parturients admitted at a major hospital in south Brazil (95% CI).

Results and conclusion:

BT showed a worst performance than GC ($p < 0,001$). Age average and school level related to bigger GC knowledge, while per capita income associated to bigger BT and GC knowledge ($p < 0,05$). Biggest unfamiliarity points were temperature considered to be a fever (9,7%), correct sleeping position for the baby (17,7%), use of medicine during gestation (23%), relation between care during the first thousand days and neoplasm (6,5%), kidney disease (10,8%) and osteoporosis (28,3%). The low knowledge level of mothers about care during the first thousand days is noted, specially those related to Barker's Theory. It can easily be embodied into their routine, making health education focused on this a fundamental strategy of prevention for noncommunicable diseases.

PALAVRAS-CHAVE: Primary Prevention; Child Care; Health Education

PP548 - MEDICAL EDUCATION IN THE SEARCH FOR HUMANIZATION

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Introduction and Objective:

The Unified Health System is increasingly concerned with the humanization and because of the importance of this in health care, medical education has been undergoing significant changes on the preparation of future doctors. In order to reach this goal, in 2011 the Curriculum Guidelines for Undergraduate Program in Medicine were created. In this context the Problem Based Learning arises and the University of Rio Verde, through the application of this methodology, allows the student to get closer to the population. Medicine Integrated to Community Health (MICH) is an academic discipline and a cornerstone in the medical humanization consolidation. Thus, the aim of this paper is to demonstrate how this academic discipline promotes humanization.

Methodology:

To describe the results a descriptive experience report was chosen. The report is based on experiences lived by medical students during classes for six semesters.

Results and conclusions:

It is true that MICH achieves the humanization, so often neglected in the medical field. The objective of the MICH is to build doctors who are empathetic to the suffering of others, going beyond diagnosis and treatment. This incorporates perfectly with the statement of Cassel (1991): "The medicine's task in the XXI century will be the discovery of the person ...". The Maguerez's arch is directly involved: observation of reality that identifies problems, key points, theorizing, hypothesis and application to reality. Thus, the search for knowledge is eternalized from the moment that it stimulates the different intellectual abilities of each person making the academic the protagonist in the struggle for changes in the community.

PALAVRAS-CHAVE: Problem – based learning; Medical education; Humanize

PP549 - MEDICAL STUDENTS INTERNSHIP EXPERIENCE: AN EDUCATIONAL ACTIVITY ON PUBERTY AND SEXUALITY IN A PUBLIC SCHOOL OF A BRAZILIAN UNDERSERVED AREA

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INTRODUCTION AND OBJECTIVE

The Vila Velha University Medical School Students organized an educational activity on Puberty and Sexuality in a public school of a Brazilian underserved area. It aimed to discuss and problematize with teenagers about puberty and sexuality, in order to reduce the teenage pregnancy and the sexually transmitted diseases.

METHOD

The educational activity on Puberty and Sexuality took place in a public school of an underserved area, in Vila Velha, Brazil. There were 40 teenagers from 11 to 15 years old. It was presented by the medical students a speech approaching some subjects: Sexuality and Puberty Concepts; Body Changes; Teenage Pregnancy and Contraceptive Methods; STD/AIDS prevention. The students demonstrated the teenagers how to use some contraceptive methods, with the male and female reproductive system models. Besides that, the teenagers received pieces of paper to right down some questions in order to grant anonymity.

RESULTS AND CONCLUSIONS

The activity lasted almost two hours because of the teenagers' participation. They wrote down and asked aloud many questions, answered by the medical students. The principal, pedagogues, teachers and employees were implicated, promoting reflections and discussions among them. It is extremely important to perform activities about puberty and sexuality in public schools, because it is a theme that most parents avoid to discuss with their children. For many teenagers, it can be the only contact with the subject for a while. Educational Activities on sexuality may affect decreasing the teenage pregnancy and the sexually transmitted diseases, reflecting and changing their attitudes.

PALAVRAS-CHAVE: Health Education; Public Health; Sexuality

**PP552 - MODIFIABLE RISK FACTORS FOR TYPE 2 DIABETES MELLITUS
AND ITS CONNECTION WITH BEHAVIOR RECOMMENDED IN PARQUE
AMAZONIA I COMMUNITY, BELÉM-PA**

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Introduction and Objectives:

Diabetes Mellitus type 2 (DM2) has become an epidemic. In Brazil, in 2010, there were 54.000 direct deaths and 68.000 deaths associated with diabetes as well as 72.000 internalizations in the first half from 2010 to 2012, costing 65 million reais in 2011. Thus, it is necessary to identify the prevalence and profile of DM2 risk factors in the community served by Parque Amazônia I Family Health Strategy.

Methods:

Anthropometric measurements were performed and 15 questions in a questionnaire of knowledge and practices about diabetes were applied to 40 individuals, aged ≥ 18 years old, residents in the Terra Firme neighborhood, during the Health Fair of "Educação" project.

Results and conclusion:

Of all surveyed, 22.5% were hypertensive, 47.5% reported dyslipidemia in a routine examination, 64.3% had BMI ≥ 25 and 96.3% of them had abdominal circumference increased, 47.5% were smokers and just 5.3% keeps the practice today. Of the hypertensive, 24.1% changed eating habits to prevent weight gain. Of the dyslipidemia, 31.6% performed physical activity and 41.3% changed eating habits for weight and cholesterol control. Of the obese, only 37% practiced running or walking and 65.5% changed eating habits to lose weight. Although 45% of the study population has a slight risk for developing DM2, there is great exposure of these individuals to risk factors, reflecting an inadequate lifestyle. Therefore, it is the role of health managers to strengthen health education measures, aiming the DM 2 prevention, with long-term strategies for protecting, promoting and supporting healthy lifestyles.

PALAVRAS-CHAVE: Diabetes Mellitus; Risk Factors; Life Style

PP553 - MONITORING AND STRENGTHENING THE ADHERENCE OF WOMEN THE TO COLLECT OF CYTOPATHOLOGICAL

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Introduction and goal:

Strengthening and qualification of primary attention network, as well as the magnification enabled achievement of intensification exam cytopathological, whose goal early detection of cancer of cervix of the uterus in women 25-64 years.

Method:

In the situational diagnosis of health of a Family clinic in Rio of Janeiro city in the área programmatic 5.1, was identified barriers to approach health of women related to screening of cervix the of uterus cancer. Strategies have been implemented to strengthen adherence of women 25-64 years are the population target for achievement exam cytopathologic, example elaboration of instruments of monitoring and defaulting active search.

Result and conclusion:

The health unit during the period from May to December 2015 accomplished 1567 exam cytopathological cervix of the uterus in women 25-64 years and the population women in the same age group reflect the indicator contributes to evaluation of the offer exam the population female with greater risk of developing cervix of the uterus cancer, incorporating the analysis only women who will accomplished the exam from SUS.

PALAVRAS-CHAVE: Cervix Neoplasms Prevention; Primary Health Care; Women's Health

PP554 - MULTIDISCIPLINARY STRATEGIES IN HEALTH AIMED AT IMPROVING THE QUALITY OF LIFE OF DIABETIC PATIENT

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Introduction:

Diabetes Mellitus 2 is a chronic disease that is a major public health problem due to the high prevalence, morbidity and mortality. In this context, the work of a multidisciplinary team is necessary in the pursuit of improving the quality of life of patients.

Objective:

To promote promotion and health education through multidisciplinary extension actions taken by Extension Project Diabetic Friend (PEAD).

Methodology:

The PEAD was carried out in the ONG House of Diabetic in Belém of Pará, in January 2014 until December 2015, after approval by the Federal University of Pará (UFPA). Participated in the projects: medical professionals; academics of physiotherapy, nutrition and biomedicine from UFPA and State University of Pará; Academic Leagues and Diabetes Association of Pará.

Result:

Through of the union Tripod: research, education and extension were carried out research that led to publications and gave literary basis for the realization of effective actions, respecting the individuality and the environment, and correlated them with the world. Furthermore, the organization and periodic implementation of educational activities have created links between PEAD team, House of Diabetic and the patient, strengthening the bond and respect between the various areas of health and between professional and patient. Assisting to prevent injuries resulting from disease and creating health promotion.

Conclusion:

The realization of multidisciplinary strategies, framed in extension projects such as PEAD, help to spread even in the University, the union of the need for health team aiming prevention and health promotion.

PALAVRAS-CHAVE: Diabetes Mellitus; Extension; Health Promotion

PP555 - MULTIPLICATION OF INFORMATION ABOUT THE FUNCTIONING OF PRIMARY HEALTH CARE IN SOBRADINHO-DF THROUGH MIDDLE SCHOOL STUDENTS.

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Introduction and objective:

The Health Centre 2-Sobradinho DF (CSS-02) is a doorway to the Unified Health System (SUS) to decentralize services and provide care according to their complexity. This knowledge as well as understanding of the Centre's routines by the community is essential to its proper functioning. Students who accompanied CC-02 activities realized that the community was not well informed and decided to accomplish a health education with students so they could multiply that information.

Methods:

The intervention was grounded on the method of Arco de Charles Maguerez and popular education of Paulo Freire. Conversation circles were held between 2nd year students of medical school and students between 13 and 15 years. It was also used a standardized script with topics about prevention and health promotion, SUS complexity levels and CSS-02 services.

Results and conclusions:

The study included 60 students from Sobradinho. It was found that just a few students knew about CSS-02 services and their information were vague and related to experience of relatives with chronic diseases. Most of them use the center only to vaccination or to receive medications and independently of their complaints they still look for hospitals and does not recognize the importance of prevention and health promotion. It is recommended the involvement of the Centre's staff in the process so that health education can firm in basic care. It is expected that students multiply the discussed knowledge, being fundamental the continuity of a regular project about education in health.

PALAVRAS-CHAVE: Health Education; Health Promotion; Primary Health Care

PP556 - MULTIPROFISSIONAL SERVICE MODEL RESTRUCTURING IN CONTROL OF OBESITY IN USERS UNIMED SANTA BARBARA AND AMERICANA

¹; QUINTEIRO, G

INTRODUCTION AND OBJECTIVE:

Obesity is defined by the World Health Organization as an abnormal or excessive accumulation of body fat that can reach levels that may affect health. It is a chronic, inflammatory, endocrine-metabolic, heterogeneous and multifactorial, leading to a decrease in the quality and life expectancy. Obesity is considered one of the world's health problems, and in Brazil it is estimated that 50% of the adult population is in the overweight or obese range. This project aims to restructure the network of support and medical care, psychological, nutritional and physical educator to patients diagnosed with obesity.

METHOD:

Development of a continuous improvement project in health using the cycle of Plan-Do-Study-Act as a tool to reorganize assistance strategy for obese patients.

RESULTS AND CONCLUSIONS:

Realising the clinical management of beneficiaries with obesity diagnosis through the promotion of self-management, planning multidisciplinary interventions, and monitoring of clinical goals allowed the change in the profile of this sedentary community for active, average weight loss 0.56 kg / week and increased in 66% of the membership activities. The new service systematization aims to propose to the beneficiary a set of educational activities and evidence-based multidisciplinary care to assist the management of their clinical condition and improving their quality of life.

PALAVRAS-CHAVE: Obesity; Primary Health Care; Episode of Care

PP557 - MUNICIPAL NURSERY'S CAREGIVERS TRAINING FOR IDENTIFICATION AND CONDUCT REGARDING DOMESTIC VIOLENCE

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Introduction / Aims:

Domestic violence primarily affects children, causing serious consequences for their physical, psychological and social development. Therefore, the management of this issue is extremely important and requires the participation of qualified professionals.

Objectives:

Provide advice on child abuse and its consequences through the discussion of this issue with caregivers of a Municipal Nursery, located in suburb of Sorocaba, contributing to the breakdown of the violent family relationships cycle.

Methods:

A questionnaire was applied to 35 caregivers to assess their knowledge about child abuse. The data was used to conduct an open discussion, aimed at answering questions and reflecting about domestic violence and its biopsychosocial implications.

Results and Conclusion:

Questions 1 to 5 of the questionnaire, which addressed identification, conceptualization of child abuse and ability of caregivers to deal with the victims, showed that most participants believed to have moderate knowledge on these issues. However, in question 19 that comprehended the existence of the notification form, 65.7% reported to ignore the existence of this file. The main reasons for underreporting appointed were fear of retaliation (47.7%), lack of information (22.8%) and difficulty to prove the assault (14.2%). Consequently, it was possible to infer that the intervention carried out was only the beginning of discussion and reflection on this topic, which is so polemic and yet so little explored. Highlighting therefore not only the importance of interventions by health professionals in the community but also promoting health and the coordination between health and education sectors.

PALAVRAS-CHAVE: caregivers; child abuse; child care

PP558 - NEOPLASMS OF LUNG, COLORECTAL OR GASTRIC: TRACKING ON PRIMARY HEALTH CARE

Maia EF ¹; Pires ACT ²; 1 - UnaSus - Unifesp; 2 - Unasus - Unifesp;

Introduction:

Worldwide, cancer, known for many centuries, it was considered a disease of wealthy countries. However, just over forty years this view has been changing, with most of the losses caused by this disease is observed in developing countries. The World Health Organization (WHO) estimates that in 2030 there will be 27 million new cases of cancer in the world, 17 million deaths from cancer and 75 million living people affected by this disease.

Objective:

To compare methods of neoplasms screening of lung, stomach and colorectal, could be applied in primary care.

Method:

A bibliographic review of the literature was performed on digital database, such as Scielo, LILACS, PubMed, MEDLINE, using the following keywords: cancer, Brazil, primary, basic, psf, lung, colorectal, gastric, diagnostic , screening and Symptoms.

Results:

For lung cancer, chest examination techniques were compared as radiography, computed tomography (CT) and conventional CT low-dose, the latter being more sensitive but also more prone to false positives. The colorectal neoplasia was to compare object occult blood in the stool (OOBS), conventional colonoscopy and capsule endoscopy. For gastric cancer were evaluated an algorithm that risk for this type of cancer compared patient characteristics, as well as search for a serum marker and esophagus-gastro-duodenoscopy (EGD).

Conclusion:

Lung cancer CT low-dose chest demonstrated itself as a more sensitive technique. Already colorectal cancer, OOBS, for gastric cancer shows a good prospect tracking, can be investigated both TFF3 serum marker, as with EGD.

PALAVRAS-CHAVE: Primary Health Care; Tracking; Neoplasms

PP559 - NETWORK CONSTRUCTION, STRENGTHENING TIES: EXPERIENCE REPORT

OLIVEIRA, LS ¹; MIRANDA, DB ¹; GUEDES, MCRG ¹; PAULUCCI, IC ¹;
MALAQUIAS, CP ¹; 1 - CLINICA DA FAMILIA NILDO AGUIAR;

Introduction and goal:

The family health strategy work on the logic of the network construction with other sectors with goal accomplish strategic planning with participative management to resolve the problems experienced by the community assisted promoting intersectoral action. The network construction event, strengthening ties and intersectoral educational activity that arose through meetings of the Administration Committee of the Family Nildo Aguiar Clinic.

Method:

Accomplished bimonthly meetings with the participation of schools, local leaders, tutoring assistance, CREAS, CRAS, NASF, Association of residents, NGOs, UPP and other local devices. During the meetings was discussed the problems of the territory and the role of each institution to contribution of the resolution and follow-up of the issues at stake. based actions are planned in the strategic schedule of the health department in line with the needs of the territory. The event takes place every year where they meet all parties involved to show the potential of the territory together with the activities carried out by each institution.

Results and conclusion:

The intersectoral event contribution network, strengthening ties, beyond the search for solutions to found problems in the community, brings the same health unit generating a sense of responsibility for the health - disease process, and inform the services available in the territory.

PALAVRAS-CHAVE: Intersectoral Action ; Family Health Strategy ; Health Promotion

PP560 - NEW METHODOLOGIES: ACADEMIC REPORT ABOUT TEACHING SUS AT BASIC EDUCATION

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Introduction and Objective:

Health Education is a valuable tool of the medical profession, helping to transform the social comprehension of the binomial health-disease. Therefore, using active methodologies in higher education is a condition sine qua non to develop great professionals. Thus, to reinforce the importance of health education directed to basic attention; to aware students of their roles as health agents; and further discussions about the role of the doctors in SUS, are the main objectives of this project.

Method:

Qualitative research of phenomenological base, developed at Universidade do Estado do Amazonas, with members of the extension project "Avançar em Saúde", using the semi structured interview with triggering questions as a resource. As a criterion for inclusion were considered the students with at least one given class and, as a criterion for exclusion, those with unfinished classes.

Results and Conclusion:

The results show that an experience with health education through active methodology encourages the reflection about the role of the doctors in basic attention, as well as provides representations of the binomial health disease based on the biopsychosocial approach. It's concluded that modifying the way of teaching health is the biggest challenge for higher education teachers, once clearly there's a need to transform the praxis in health. As for the students, remains to understand the change of the resolutive focus of medicine, giving space to preventive medicine and requiring wide discussion about new methods of teaching.

PALAVRAS-CHAVE: Health Education; Unified Health System; Primary Health Care

PP562 - FOLLOW-UP OF ELDERLY PATIENTS IN THE FAMILY HEALTH STRATEGY: A LITERATURE REVIEW

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The world is aging, aging once considered a phenomenon today is part of the reality of most societies. It is estimated that for the year 2050 there are about two billion people living in sixty years and more in the world . This paper discusses the health care of the elderly provided by Family Health Teams - FHS. Aims to identify the strategies used by the Family Health Strategy in monitoring the elderly. This is a qualitative, descriptive and bibliographical. We conducted the research through the pursuit of specific descriptors elderly and family health in the Virtual Health Library, using the inclusion criteria for selection. We selected five articles that were related to the theme of the study. All articles mention the main highlight the lack of training of professionals trained to work with seniors. It is a major challenge for public policy highlight the social importance of aging, which is likely to facilitate the inclusion of content of interest in the training of health professionals.

PALAVRAS-CHAVE: elderly; promoting healthy aging; health care

PP565 - ORGANIZATION OF THE MENTAL HEALTH SERVICE AT CPA II FAMILY CLINIC – PSF (FAMILY HEALTH PROGRAM)

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Introduction:

The need of a new mental health policy arised from the replacement of the hospital-centered pattern. Primary health care plays a fundamental role, once it puts together services with different levels of complexity. The active record search used by the Research Group on Mental Health from Federal University of Mato Grosso, identifies individuals with some kind of mental distress.

Goal:

To identify people in mental distress at the Family Clinic, team III from CPA II District in Cuiabá-MT.

Methodology:

We have used the active record search, containing nine dichotomous questions, which could be answered by any family member, to identify the target public. The records were filled in at the medical appointments, for three weeks.

Results and conclusions:

A total of 129 people, corresponding to 30 families, were interviewed, and 121 people (93,8%) answered positively to one or more questions, especially those related to the use of psychotropic drugs. On the other hand, a positive answer to the question about attending medical appointments with a psychiatrist wasn't prevailing. Thus, it is possible to identify two contradictory situations: most of the population suffers from some kind of psychiatric disorder and the main weaknesses found in the area of mental diseases are the lack of specialized monitoring and the out-of-control use of psychotropic medications. Mental health within the scope of primary health care is unsatisfactory in every way and, therefore, actions to promote health in this field are extremely important to reassure the new mental health policies.

PALAVRAS-CHAVE: Mental Health; Family Health Strategy; Adult Health

PP566 - OSTEOARTHRITIS, DEPRESSION AND THE WAITING TIME FOR TREATMENT.

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Introduction and Objectives:

Knee osteoarthritis (KA) is a degenerative disorder of the articular cartilage which is associated with several other problems. The study aimed to determine the severity of patients with osteoarthritis, the prevalence of depression and the waiting time for treatment.

Methods:

This study included patients who seek orthopedic clinic at Saint House hospital in Fortaleza-Ce and after the physical and imaging exams received diagnosis of KA and surgical indication as treatment. We applied the Lequesne questionnaire (LQ), Geriatric Depression Scale (GDS) and another questionnaire to obtain the waiting times (WT) for surgery.

Results and Conclusion:

61 patients over age 60 were included. There was an association of high scores of Lequesne (SL) with female sex ($P=0,026$) and high scores with advancing age ($P=0,035$). Of total, 60% of patients were classified as extremely severe according to the SL and 29% as very severe. About WT, 80.32% waited 1 to 5 years to undergo surgery. Of total sample, 60% wanted to answer the questions for GDS. After applying the GDS, it was found that 73% had depression, furthermore the higher the SL the higher the scores of the GDS ($P = 0,004$). This analysis concluded that several patients seek for medical help when they are in later stages of osteoarthritis. Besides, depression is associated with the disorder and with its severity. Therefore, the WT for surgery must be shorter. The LQ is easy to apply and should be applied by any family medical doctor to detect osteoarthritis in its early stages.

PALAVRAS-CHAVE: Osteoarthritis; Depression; Lequesne

PP567 - OSTEOPOROSIS IN MEN – DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA) IN A CLINIC OF PRIMARY CARE SERVICES

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Introduction and Objectives

Osteoporosis is characterized by decrease of bone mass and degeneration of the micro-architecture of the bone, increasing the risk of fracture. With high prevalence amongst the elderly, it is a major Public Health concern, with strong implications in patients' quality of life. Usually related with postmenopausal women, it is underdiagnosed in older men, in whom the risk of morbid-mortality is higher. The DXA exam is recommended for men older than 70 years. Our goal is to identify those with higher risk of bone fracture and take preventive measures. Our primary aim is to determine the rate of men older than 70 years that did DXA in our clinic of primary care services, in order to assert the quality of preventive care.

Methods

Using medical records dated between 1st January 2009 and 31st December 2015, we selected male patients older than 70 years with a DXA exam prescribed. For this end we used MedicineOne® and Excel® software for data processing.

Results and Conclusions

Only 3,35% from the total 955 men, had a DXA exam prescribed. From those, 59,4% were receiving treatment. We concluded that the prescription of DXA in men was low. Our aim is to promote a quality cycle in our clinical practice, focusing in education of health care professionals, with the final aim of increasing the rate of realization of DXA in men older than 70 years in order to try to improve our preventive medical care.

PALAVRAS-CHAVE: Osteoporosis; Men; Densitometry

PP568 - OUR HEALTH WITH MORE TASTE: A REPORT OF AN EXPERIENCE OF BUILDING AN ENVIRONMENTALLY SUSTAINABLE GARDEN IN A UBSF

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Health promotion allows people to gain more control over their own quality of life. By adopting healthy habits, not only individuals but also their families and communities, they gain a gift, a right or a feature applicable to their daily life. Added to this, one of the specific goals of the National Health Promotion Policy is to enhance and optimize the use of public living spaces and health improvement to the development of health promotion activities. From this assumption and with the goal of promoting the health of the population and at the same time enjoy the whole área that was not used in a UBSF before, we developed the project "Our Health with More Taste". The execution of the project took place from the construction of an environmentally sustainable and community garden, developed in three stages. First it discussed on the main idea with managers of UBSF. After signed the partnership, it started the second stage where we defined, together with professionals and population, the goals and the schedule of our actions. The third stage was the execution itself of the project (construction of the garden). The live experience provided and aproximation of academics and professionals with the community by involving residents of the ascribed place of the project, aiming teamwork towards a health promotion action, ecologically sustainable and that might support other activities of promotion and education of health, and encourage the community about the environmental sustainability importance.

PALAVRAS-CHAVE: Educação em saúde; Atenção Primária a saúde

PP569 - OVERWEIGHT IN PEOPLE WITH HYPERTENSION ATTENDED IN A FAMILY HEALTH BASIC UNITY IN ARAGUARI, MINAS GERAIS

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INTRODUCTION AND OBJECTIVE:

The systemic arterial hypertension (SAH) represents a serious health problem that together the adopted lifestyle by the population it causes many types of diseases. The overweight and the distribution of body fat associated to the hypertension are risk factors to cardiovascular problems. This study identified the overweight tax of the hypertensive patients who were attended in a health unity.

METHOD:

It is a descriptive study with a sample composed by 32 hypertensive individuals registered in the Brasília Health Basic Unity in Araguari, Minas Gerais from August to November in 2015. They were analyzed through the questionnaires, sociodemographic data and anthropometric measurements.

RESULTS AND CONCLUSIONS:

It was observed that 32 of the people with hypertension, 18 (56,2%) were women and 14 (43,8 %) were men between 46 to 91 years old. About the waist circumference (WC), there was a high percentage of individuals in this condition, with higher prevalence in women, it is 14 (73,6%) women and 5 (26,4%) men. The Body Mass Index (BMI) demonstrated that 62,4% people had the body mass value above recommended. By the obtained results it was possible to evidence the relation between the predisposition to the development of the arterial hypertension and the cardiovascular problems by overweight and the increased waist circumference. The information was useful to make a correct guidance about the SAH consequences and obesity and the ways to prevent and the disorders resulting from pathology.

PALAVRAS-CHAVE: Hypertension; Waist circumference; Overweight

PP571 - PAP SMEAR COVERAGE RATE AND THE MAIN FINDINGS IN CERVICAL SCREENING PERFORMED IN A HEALTH UNIT FAMILY IN THE COUNTRYSIDE

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Introduction:

Cervical cancer is a major public health problem, especially in developing countries. It is one of the most common types of cancer in the female population. Despite the great potential for healing the incidence is related to exposure to risk factors and the lack of effective screening programs such as Pap smear.

Objective:

To determine the coverage Pap smear and the main findings in cervical screening performed in a health unit family in the countryside. Methodology: An exploratory study, which analyzed the medical records of patients who underwent the Pap test in a health unit family in the countryside Uberlandia, Minas Gerais, Brazil. In that health unit there are 215 women enrolled within the coverage area of this total 93 women underwent the Pap smear.

Results:

Predominated women aged 20-39 years (45.5%), the test results showed benign cellular changes such inflammation (98%), squamous metaplasia (40.8%), microbiology: lactobacilli (80.6 %), candidiasis (9.6%) and Gardnerella (3.2%). The Pap smear coverage rate in that health unit was 44% below the recommended the WHO, this low coverage may be related to several factors as difficult access because it is rural, few team members, which makes the active search, in addition to lack of transportation. The main findings of the tests were benign alterations, with no cases of CIN I, II and III or cancer. Suggests to health education activities and active search in order to elevate the coverage rate and lower female morbidity and mortality.

PALAVRAS-CHAVE: Papanicolaou Test ; Family Health ; Women's Health

PP572 - PARASITOLOGY LABORATORY OPEN FOR COMMUNITY AND FIELD ACTIVITIES: INTESTINAL PARASITES DIAGNOSIS AND HEALTH PROMOTION

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Introduction/purpose:

Despite techno-scientific advances, intestinal parasites compose the list of public health problems in Brazil. Its high prevalence has shown evident in low-income populations to the detriment of the poor conditions of sanitation and hygiene, allied to the lack of information on transmission, enabling a greater occurrence. The aim of this study was to analyze the prevalence of infection by intestinal parasites in children 4-6 years of age enrolled in the School Emilia de Brito Correa, Ilheus, Bahia, as well as carry out recreational and educational activities in health in the population of children and parents / guardians.

Methodology:

The project was carried out from November 2015 to January 2016, in which 156 collectors were distributed for children of the institution, and emphasized the importance of holding the collection of 3 samples per student. Samples were sent to the Parasitology Laboratory of the State University of Santa Cruz and submitted to fecal examination by Mariano and Carvalho method and readings in optical microscope to identify helminth and protozoan. The delivery of the sample results to parents occurred simultaneously with the health education action with children and adults.

Results/Conclusion:

The prevalence of infection was 77.7% in the samples, being 63.2% multiinfested frequent. The most prevalent parasitic in this population was *Endolimax nana*(32.6%), followed by *Entamoeba coli*(21.4%) and *Giardia lamblia*(16.3%). The most prevalent helminth was *Trichuris trichiura*(11.2%). Based on these results is necessary, the intensification of educational activities of this kind, aimed at improving hygiene conditions and mitigate severe cases.

PALAVRAS-CHAVE: Parasites; Primary prevention; Primary care

PP574 - PATTERN OF INJURY AND MORTALITY IN A PEDIATRIC PATIENTS ATTENDING EMERGENCY DEPARTMENT OF BPKIHS

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INTRODUCTION AND OBJECTIVE:

Injury represents a major and increasing global health concern. Historically, infectious diseases have accounted for a large majority of childhood morbidity in low and middle-income countries (LMICs). This trend is transitioning, and according to the World Health Organization (WHO), injuries are now the leading cause of death among people ages 1-40. The WHO reports that 950,000 deaths a year in people less than 18 years of age are attributable to injuries, with 95% of these deaths occurring in LMICs.

METHOD:

This is a retrospective cross sectional study done in Emergency Department of B.P.Koirala Institute of Health Sciences. All Pediatric patients aged less than 16 years were included in this study with history of Trauma from January 1st 2013 to 31st December 2013. The details of the patient were taken from computerized medical records of the hospital. Demographic data, Pattern of injury, Mode of injury, Diagnosis and outcomes were tabulated in Microsoft excel.

RESULT AND CONCLUSION:

During one year period there were total 3958 pediatric patients enrolled in this study with history of Trauma presented in emergency Department. Male: Female=3.6:1, Mean age 9.6 ± 3.2 years, fall injury & RTAs common modes and fractures of limbs, soft tissue injuries and cut injuries were common patterns. About the outcomes, Total 66.6% were discharged from emergency, 32.4% were admitted. Mortality was only 1% ($p < 0.001$). Injury is a serious problem for children in Low Income countries like Nepal. Data can be used to identify modifiable risk factors to develop and implement new Injury Prevention initiatives with the goal of reducing childhood injury and death.

PALAVRAS-CHAVE: Pediatric trauma; Injury; fractures

PP576 - PERCEPTION OF DIABETIC PATIENTS OVER THE NEED FOR A LIFESTYLE CHANGE

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INTRODUCTION AND OBJECTIVE:

Diabetes Mellitus (DM) is a chronic condition with high incidence and prevalence in the world population which leads to impaired quality of life and high costs of treatment. Changes in habits are essential for disease control and prevention of its grievances. This study aimed to analyse the importance of patient's awareness about the relevant factors for its control in a group of patients seen in endocrinology care task force.

METHOD:

Cross-sectional analytical quantitative study conducted by the League of Metabology, Endocrinology and Nutrology of the University of Fortaleza in an endocrinology care task force in Aratuba, Cear , Brazil. Diabetic patients responded semi-structured questionnaire containing data such as age, gender, adherence to a balanced diet, physical activity and its importance for the control of DM. The patients signed the Free and Informed Consent Form. The incomplete questionnaires were excluded. Data were analysed using the SPSS Statistics Base software.

RESULTS AND CONCLUSIONS:

21 patients were analysed, 80.95% were women and 19.05% men, ages ranging 13-77 years, mean 45 years. When asked if have a balanced diet, 42.8% said yes and 57.1% said no, while 71.4% recognized the importance of a balanced diet for the diabetic. Asked about physical activity, 38.1% patients practiced exercises and 61.9% did not practice it, with 76.2% recognizing their importance for diabetic control. We conclude that, even knowing about the importance of diet and exercise in diabetes control, most of the sample analysed does not perform such practices.

PALAVRAS-CHAVE: Diabetes Mellitus; Perception; Diabetes Complications

PP577 - PERMANENT EDUCATION AS A VALUING TECHNIQUE OF THE INDIGENOUS TRADITIONAL VISION

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-Introduction and Objectives

Historically, the Indigenous People's Oral Health Care represents a challenge to health teams. Since the non-indigenous health professionals base their work in western academic formation, the interethnic shock process becomes evident, indicating that the contact between different cultures can promote estrangement. In order to comprehend the other and establish good relations, it's necessary to evaluate each element that composes this process. With this referential, the project PET – Indigenous Health, from the Federal University of Tocantins, proposes to perform actions that will rebound effectively in the quality of life of indigenous communities of Tocantínia – TO, Brazil.

-Method

Initially, visits to Salto Village took place, in order to elaborate a situational diagnosis of the region's oral health and also promote a recovery of the traditional brushing techniques from the Xerente people, through conversations with mothers and local leaders. Then, with the participation of dentists, preceptors, indigenous health assistants and teachers, ludic activities were performed, in the format of interactive lectures, with children from the village who, at the end, were asked to draw illustrations that reflected the discussed information.

-Results and Conclusion

Through strengthening of bonds and valuing of the population's knowledge and vision over their own health process, in this case reflected in children's imagination, a historical survey about the traditional practices of oral hygiene from the Xerente people was performed. Furthermore, a permanent education via was established, opening ways to enhancing the region's oral health care.

PALAVRAS-CHAVE: Health of Indigenous Peoples; Oral Health; Healthcare

PP579 - PHYSICAL AND MENTAL WELLNESS: PA TUAN CHIN WITH THE PARTICIPATION OF ACS

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Introduction and goal:

It's craftwork group developed by ACS, in Family Clinic Nildo Aguiar since March 2012, with the participation of users of various team group. Initially this work aimed to promote the socialization of women who attended the unit complaining of loneliness, sadness and the like.

Method:

Initially, this study aimed to promote the socialization of women who attended the unit complaining of loneliness, sadness and the like. At first, the NASF psychologist accomplished consultations on the drive to unit and headed for the group as a form of therapy. The group currently works as a form of entertainment, a source of income and development of psychomotor skills.

Results and conclusions:

Creativity is part of the group and even use materials past their expiration date in the manufacture of our parts. We participate in the unity of ornamentation in festive celebrations and perform thematic bimonthly atelier. Throughout this period, we observed a significant improvement of various users, both in the family daily contact as in manual skills. The work was increasingly being requested by the buyers, which increased the enthusiasm of users. With the motto sharing, we could even work with some the question of individualism, always encouraging the exchange of experience both, as materials. We expect to continue this significant project, changing lives and transforming dreams.

PALAVRAS-CHAVE: PA TUAN CHIN, MENTAL WELLNESS

PP581 - POPULAR EDUCATION: A WAY TO ORIENT THE EDUCATIONAL PRACTICES IN PRIMARY CARE

Pagliari GE ¹; 1 - CMS Vila do João/Secretaria Municipal de Saúde;

This work, according to the theoretical-conceptual and methodological perspective of popular education, maintains that such role strengthens a pedagogical action that democratizes the relationship between the health services and the population. For it is important to consider the popular ways of dealing with health, which could be part of this wider vision, analyzing how popular classes see health, disease and cure. It is an extremely complex view permeated by conceptions of the world, life and death, social justice, a sound environment, happiness, well-being and transcendence. It should be considered that, when people do not follow medical prescriptions, or when they look for an alternative in home-made treatments, this may be happening for a number of reasons, jointly or not: economical, cultural, family and so on. In an approach based on a wide health conception, the center of the process lies in dialog, in discussion, in order to get acquainted with people's lives and their problems, before providing any kind of orientation. It is exactly in this world of practices and small movements, little or not at all visible, that popular education tries to act, in the sense of unveiling both the processes of oppression and the potentialities of popular subjects.

PALAVRAS-CHAVE: Health Education; Primary care; Community Participation

PP582 - POTENTIAL RABIES EXPOSURE INCIDENTS & VACCINATION PREVALENCE AMONGST TOURISTS AND EXPATRIATES IN PHNOM PENH, CAMBODIA

Kane LJP ¹; 1 - NHS;

My aim is to determine the prevalence and characteristics of rabies vaccination and potential rabies exposure incidents amongst foreigners in Phnom Penh, Cambodia.

Data collection was done on a convenience sample population outside main tourist sites in Phnom Penh during August 2014 through a questionnaire-based survey.

A total of 57 questionnaires were completed. 63% of participants were tourists with the remainder being expatriate workers. The prevalence of rabies vaccination was 44% in tourists and 55% in expatriates. Half of those questioned reported coming into close contact with a possible rabies host animal. 25% of these had a potentially significant rabies exposure incident - defined as a lick, bite or scratch - most commonly from a dog, cat or rodent. These incidents most frequently occurred whilst outdoors, followed by home, hostels and restaurants. Only one participant reports seeking medical attention post-exposure which was after a serious dog bite. There was no difference in the rate of exposure incidents between unvaccinated and vaccinated groups. Tourists were less likely to report a significant potential rabies exposure incident than expatriates (16% vs 38%).

There is little data on potential rabies exposure incidents amongst travellers and expatriates in the tropics. Compared to other studies, Cambodia has a high prevalence of rabies vaccination amongst foreigners. This study highlights a high potential rabies exposure prevalence amongst foreigners, especially expatriates. It seems likely this would be replicated across SE Asia. This should be considered when counselling travellers on appropriate vaccination regimen.

PALAVRAS-CHAVE: Rabies; Vaccination; Travelers' Health

PP583 - PRACTICE OF EXCLUSIVE BREASTFEEDING IN A POPULATION OF LUANDA, ANGOLA, AND ASSOCIATED FACTORS

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Introduction and Objective:

Exclusive breastfeeding (EB) until six months is one of the measures of highest impact in the prevention of infant deaths. The determinants of breastfeeding practices are complex and differ between populations. The objective of this research is to identify which factors are associated with the prevalence of EB in a population of Luanda, Angola.

Methods:

Cross-sectional, population-based study, with data collected in 2010 in the municipality of Cacuaco, suburban area of Luanda. Children under two years and their mothers were included. Prevalence ratios were estimated (PR) using Poisson regression according to a hierarchical model.

Results and Conclusions:

749 children were surveyed, including 274 children under six months and their mothers. The prevalence of EB in children under six months was 51.5% (95% CI 46.3 to 56.6%). Of the 25 independent variables tested, four were associated with EB under six months: number of prenatal visits (PR 1.11 [95% CI 1.04 to 1.18]), maternal occupation (others versus autonomous) (PR 1.54 [95% CI 1.05 to 2.26]), child's age (months) (PR 0.77 [95% CI 0.71 to 0.84]) and child's sex (female versus male) (PR 1.34 [95% CI 1.02 to 1.76]). Our findings show good prevalence of EB under six months in the study population, which is considered relevant in a context of high infant mortality. Determinants for EB practice, never surveyed before in Angola, have been identified. These data should be useful for planning actions aimed at improving child health through the promotion of EB in Angola and other countries.

PALAVRAS-CHAVE: breastfeeding; nutrition processes; Angola

PP584 - PRACTICES AND CUSTOMS IN THE ADMINISTRATION OF MICRONUTRIENT SUPPLEMENTATION IN CHILDS UNDER THREE YEARS

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Introduction and Objectives:

A quality food in micronutrient and a adequate supplementation assures in the childs a optimal growth in aspects physical, cognitive and affective. Therefore, a child malnourished will present a higher risk to get sick and not accomplish proper physical and intellectual development; impacting well in their quality of life. Hence the importance of addressing the problem of malnutrition and anemia as an investment for the future development of a country. The objective of this research is evaluate the practices and customs in micronutrient supplementation in children under 3 years in the field of home of the health center.

Material and Methods:

A descriptive, crosssectional study retrospective, a form of home visits provided by the Ministry of Health was used.

Results and Conclusions:

All replied that supplements administered together with meals; 96% responded that it is exclusively used by the child; 67% saves properly and of the respondents who not saved properly (33%), 28% replied that they keep on the refrigerator, without a permanent place or defined (also 28%), 17% on the table and 22% in a comfortable; 32% had complications that were constipation (61%), bad taste (28%) and stools black(11%); 67% have continued administering despite complications. It can be seen that most people in the field of health center Surquillo administered the multimicronutrient supplements according to the information provided by health workers, however, there is a proportion that has not been informed about or resist to abandon their customs.

PALAVRAS-CHAVE: Micronutrients; Supplements; Childs

PP585 - PREVALENCE AND CONDITIONING FACTORS FOR BREASTFEEDING IN SÃO MIGUEL ISLAND

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- According to the 2005/2006 National Health Inquiries, Azores is the Portuguese district with the lowest breastfeeding rates (BR): 25% and 10% at 3 and 6 months, respectively. Objective: To determine the prevalence and conditioning factors for breastfeeding in São Miguel Island.

- An observational, analytic and retrospective study was conducted, applying a questionnaire to a specific population of São Miguel's Health Care Unit between 15/09/2014 and 15/03/2015. The studied population was obtained from a convenience sample. We interviewed mothers of infants between 6 and 12 months of age.

- BR at birth was 74.2%, decreasing to 17.7% at 6 months. The largest decrease in the BR was of 21%, at the end of the first month ($p < 0.001$). The three major reasons for breastfeeding cessation were: not enough breastmilk (71.7%); mom disliking breastfeeding (26.1%); and baby crying due to hunger (17.4%). We found an association between the 6th month BR and marital status ($p = 0.026$), family income ($p = 0.025$), the mother's professional status ($p = 0.020$), previous breastfeeding experience of at least 3 months and 4 months ($p = 0.019$, $p = 0.009$) and exclusive breastfeeding during the first month. We can conclude that women who have an outside job, those with a higher monthly income and those who are able to keep exclusive breastfeeding for the first month are the ones who breastfeed longer. The success of BR at 1 month is a predicting factor for BR at 6 months. Therefore, our goal is to assist mothers, especially during the first month of motherhood, in order to increase BR.

PALAVRAS-CHAVE: breastfeeding; exclusive breastfeeding

PP586 - PREVALENCE OF COMORBIDITIES IN THE ELDERLY ACCORDING TO BODY MASS INDEX

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Secretaria Municipal de saúde de Cuiabá;

Introduction and Aim:

Obesity is a chronic disease which is directly or indirectly interrelated to some other pathological situations which contribute to morbidity and mortality such as dyslipidemia, Diabetes Mellitus (DM) and Arterial Hypertension (AH). Body Mass Index (BMI) represents a way of presuming the volume and fat distribution and it is considered to be obese the individual who presents BMI higher or equal to 30kg/m². This study aims at identifying the prevalence of global obesity through BMI, and its association with DM and AH, and any kind of dyslipidemia in elderly people seen at UBSF (Family Primary Health Care Unit) Serra Dourada.

Methodology:

A hundred elderly people aged 60 years or above with previous diagnosis of dyslipidemia, DM and AH from the UBSF were analyzed through medical records from January/2011 to August/2011. The BMI of these patients was calculated by using the formula weight (kg)/height² (m).

Results and conclusion:

Obesity was identified in 21.2% of males and 39.6% of females. In obese males, a higher prevalence of AH was observed when compared to men with BMI < 30kg/m². The women presented a higher frequency of AH and dyslipidemias, compared to women with BMI < 30kg/m². The results reveal differences in relation to gender, with men presenting lower prevalence of obesity and if obese, lower prevalence of comorbidities. The data obtained through this study contribute to amplification of the anthropometric indicators of the elderly and metabolic alterations associated with obesity.

PALAVRAS-CHAVE: Family and Community Medicine; Primary Health Care; Obesity

PP588 - PREVALENCE OF FLU VACCINATION IN BRAZIL'S PUBLIC SYSTEM AMONG THE YEAR 2010 TO 2014

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Introduction and Objectives:

Flu is a common disease, mainly caused by the influenza virus, capable of outbreaks. Vaccination is cost-effective strategy to prevent aggravation. This study aims to evaluate the prevalence of influenza vaccination in Brazil between the years 2010-2014.

Methodology:

This is a quantitative study with cross section approach held in Brazil between the years 2010-2014. We used a study population composed of the anti influenza vaccine doses made by SUS in Brazil. Data were obtained from the DATASUS system, of secondary order, in the database category in the National Immunization Program (NIP).

Results and conclusions:

It was found that between 2010 and 2014 were applied 62,276,863 doses of influenza vaccine, with an average of 12,455,372.6 per year. Their geographical distribution is heterogeneous, and Southeast 45.6% and the North with 6% of the applied dose. Immunization against influenza is divided into categories: during vaccination campaigns, out of vaccination campaigns and in pregnant women. Out of vaccination campaigns accounted for 24% of cases during campaigns contains 72.7% of the doses, and immunization of pregnant women 3.3%. It was found that some regions are more protected by the immunization against influenza and vaccine application occurs most frequently during vaccination campaigns. However, more research in this area should be undertaken to assess the effectiveness of vaccination in preventing disease as well as its side effects.

PALAVRAS-CHAVE: Vaccination Protection from Influenza; Epidemiology; Public Health System

PP589 - PREVALENCE OF OVERWEIGHT AND OBESITY AMONG CHILDREN IN A LOW INCOME NEIGHBORHOOD IN FORTALEZA

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Introduction and Objectives:

Obesity, recently, has become a major problem of global public health, especially when it affects children. There are several factors related to childhood obesity, including the socioeconomic status and gender. The purpose of this population-based study was to determine the prevalence of overweight and obesity among children in a low income neighborhood in the city of Fortaleza, Ceará.

Methods:

This is a cross study quantitative, in which we evaluated the BMI of children aged 1 to 18 years during a campaign of Social Action taken by a local hospital of the State Health Network. These children were divided into groups according to their age.

Results and Discussion:

73 children were evaluated, of those 17% (12) were overweight or obese. The group of preschoolers, 2-5 years consisted of 28.7% (21) of the sample. Among them, 10% (2) were obese and females. The school group of 6 up to 11 years comprised 42.4% (31) of the sample. Of those 19% (5) were overweight or obese and 9.5% (1) were females. Between 21.9% (16) of teens, 25% (4) were overweight and female.

Conclusion:

The prevalence of obesity in this group was high. It attaches itself to risk factors such as physical inactivity, inadequate diet, high intake of fastfood and unhealthy food. This issue should be properly addressed and treated. If not, it can lead to high morbidity in adulthood, favoring the development of chronic diseases.

PALAVRAS-CHAVE: Overweight; Obesity; Children

**PP590 - PREVALENCE OF OVERWEIGHT AND OBESITY IN ADULTS
RESIDENTS OF PARQUE AMAZONIA COMMUNITY, BELEM, PARA,
BRAZIL.**

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Introduction and Aims:

The prevalence of overweight and obesity nowadays is one of the major public health problems. According to WHO, between 1980 and 2013, the proportion of obese adults in worldwide increased from 28.8% to 36.9% among men and from 29.8% to 38% between women. Obesity is a multifactorial disease influenced by genetic factors, neuroendocrine, metabolic, psychological, environmental, social and cultural factors. The aim was to study the prevalence of overweight and obesity at Parque Amazonia community, Belém(PA).

Methodology:

Cross-sectional survey and descriptive nature with qualitative approach was performed accomplished with the extension project "Health Fair 'Educação'" at the community, on November 14, 2015. 42 residents, with age >19 years, 13 male and 29 female were evaluated. The measure of the body weight was obtained with a portable scale high precision and for the evaluation of stature, a tape. BMI was calculated by the body mass divided by the square of the body height. For nutritional diagnosis of the participants a table of body weight criteria according to BMI from WHO was used. Statistical analysis: Microsoft Excel.

Results and Conclusion:

Prevalence of 40.47% for overweight, 23.80% obesity, 21.43% healthy weight and 14.28% underweight. An Increased rate of obesity and overweight in females (18/29) was found. In conclusion, the study shows a significant prevalence of overweight and obesity (64.27%). Overall, it's important to consider the importance of preventive and educational work among the residents, to provide a change of habits in adults who do not know the risks related to obesity.

PALAVRAS-CHAVE: Obesity; Overweight; Prevalence

PP591 - PREVALENCE OF PROBABLE SLEEP APNEA IN PRIMARY CARE IN A DISTRICT OF ISTANBUL

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Introduction and objective:

Although obstructive sleep apnea (OSAS) could be a life threatening condition, it is mostly under diagnosed. Our aim was to investigate the prevalence of probable OSAS in Pendik (Istanbul / TURKEY) using the Berlin questionnaire and STOP-BANG questionnaires.

Method:

The probable prevalence of OSAS was assumed to be 37.5%. 996 subjects were needed to achieve a 95% confidence level of sample representation with a 3% margin of error. 157 primary care physicians practicing in Pendik district of Istanbul (Turkey) were visited, of whom 139 granted access to their records. Nine subjects, aged 40 and above, were randomly chosen from the records of each physician. Subjects were called by telephone and asked to undergo the Berlin and STOP-BANG questionnaires.

Results and conclusions:

503 attendants completed the Berlin questionnaire. The prevalence of probable OSAS in Pendik was 35.8% according to the Berlin questionnaire and 49.6% according to the STOP-BANG questionnaire, which fewer attendants completed (n=241). When backward logistic regression was applied: the risk for OSAS increased 3.9 times when subjects reported waking up with shortness of breath according to the results of the STOP-BANG questionnaire, whereas the risk increased 2.3 times in the presence of neck circumference over 40cm and 1.7 times in subjects over 50 years of age according to the Berlin questionnaire. One out of three people had high risk for OSAS in Pendik. Although Berlin and STOP-BANG questionnaires were promising in our study, there is a need for a reliable screening test in primary care.

PALAVRAS-CHAVE: obstructive sleep apnea; prevalence; adult

PP592 - PREVALENCE OF OVERWEIGHT AND OBESITY IN CHILDREN THROUGH THE HEALTH IN THE SCHOOL PROGRAM

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ABSTRACT

The study aims to determine the prevalence of overweight and obesity in children between six and ten years old in municipal schools in a region from Mossoró/RN through the School Health Program . It is descriptive, cross-sectional cut, quantitative and observational epidemiological survey drawn from the Collective Activity Map, a database from e- SUS approach. The study population included all children between six and ten years of age, of both sexes, studyin between the first and sixth year of primary school, comprising a population of 197 individuals. During classifying were used BMI curves for age and gender according to the curves drawn in 2007 by WHO. After applying the exclusion criteria, the sample was limited to 167 children, of these, 75 were boys and 92 were girls. Among the objects of the research it was found in 13.33 % of overweight boys and 19.56 % girls. Obesity was diagnosed in 13.33 % of boys and 7.6 % of girls. Severe obesity was seen in 6.66 % of boys and 3.26 % girls. As described in other populations, there has been a tendency of changing nutritional profile, characterized by increasing prevalence of overweight and obesity in children.

PALAVRAS-CHAVE: Obesidade Infantil; Programa Saúde na Escola; Sobrepeso

PP593 - PREVENTION OF COMPLICATIONS IN DIABETIC PATIENTS. EXPERIENCE IN AMBULATORY CARE CENTER IN QUITO ECUADOR.

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Introduction.

In the Social Security Institute of Ecuador, IESS, since 2011 were included more than 100 family physicians to support in primary health care. In the Batán Ambulatory Care IESS center was organized a group patients diagnosed with diabetes under medical supervision and with the support of health services for participate actively in prevention programs the diabetes disease complications.

Objective: To disseminate the results obtained after five years of experience forming the support group of patients with diabetes disease.

Methods:

Depth interviews with key informants and focus groups, which questions the impact of work done in the Support Group of patients with diabetes, the degree of complications during this time and how to deal with these complications. It is a qualitative study.

Results and conclusions

The pertenecer to a support group for patients with chronic diseases, especially diabetes is the best setting for training, education and prevention of acute and chronic complications of patients with diabetes. The support group encourages active and informed participation of the patient as an element essential for care self The main function of the support group is to ensure that each patient receives the training (knowledge and skills) necessary for good control of the disease, and are an invaluable tool for the prevention of diabetes among relatives the patients.

PALAVRAS-CHAVE: Diabetes; prevention & control; Education

PP594 - PRIMARY CARE INTERVENTION ON SYSTEMIC ARTERIAL HYPERTENSION AND DIABETES MELLITUS IN ELDERLY PEOPLE

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INTRODUCTION AND OBJECTIVE

The Systemic Arterial Hypertension and the Diabetes Mellitus can be associated to the elderly people, who are more susceptible to complications due to these diseases. The aim of this study is to describe an intervention organized by The Vila Velha University medical students with the Family Health Unity team, in order to elucidate the elderly on important subjects related to their chronic conditions.

METHOD

The students with the Health Community Agents performed home visits to invite the elderly people and to create professional-user bond. The educational activity was organized in two meetings, 40 and 57 participants, from 62 to 89 years old, respectively. The blood pressure and the capillary glycaemia post-prandial were checked. The themes discussed were: concepts, risk factors, prevention, chronic complications, and treatment adherence. The students showed some foods, suggested some receipts and practices to be incorporated. At the end of each meeting, a dynamic intervention with body self-stretching techniques, breathing control and relaxing movements was performed, encouraging exercising.

RESULTS AND CONCLUSIONS

The participants felt better and motivated by the socialization with the students, the unity team and the other elderly people in their community. 51 from the 97 participants (52,5%) showed values considered altered, and were conducted to the health team to assist them. It was noticed that the participants had little information on the diseases, which reflects on the possible complications. Interventions, like the one described, become pertinent in the Primary Health Care scenario, improving complications prevention and reducing public expenses.

PALAVRAS-CHAVE: Quality of life; Public Health; Delivery of Health Care

PP595 - PRIMARY HEALTH CARE AND FACEBOOK® CONTRIBUTION AS AN INFORMATION TOOL IN HEALTH

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Introduction and Objectives:

Due to the ease of dissemination of information, the Internet has become one of the communication channels most used by health professionals to transmit information to the general public. This document aims to present and describe some types of actions in the field of Internet TelessaúdeRS/UFRGS - research project of the Graduate Program in Epidemiology at the University - campaigns to disseminate health promotion.

Methods:

Quantitative and descriptive research; It focuses on the dissemination of press releases and information on issues of primary health care to the population through social networks. Identify and characterize the content posted by TelessaúdeRS / social networks UFRGS in 2015.

Result:

During the period, the project published in Facebook 938 content primary care. Among them, the three most common and the most popular ones are: 107,811 shared an infographic with bacterial meningitis and positive evaluations; graphic piece of information to pregnant women and microcephaly About Zika 441 and shared 94 positive evaluations; and a graphic piece made for the disclosure of correspondence course of mental health and share 39130 positive evaluations. The results show that Facebook can be an alternative channel for the dissemination and exchange of health problems.

PALAVRAS-CHAVE: Health Promotion; Telemedicine; Internet

PP596 - PRIMARY HEALTH CARE ON PREGNANCY: EDUCATIONAL GROUPS

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Introduction and objective:

Sometimes, in primary care, prenatal care is limited to the clinical care due to difficulties in implementation of educational activities and orientation groups. The aim of this study is to describe a course for pregnant women, organized by a group of Vila Velha University medical students, in order to share information, support women and their families, hence, contributing in the quality of care in pregnancy, childbirth and postpartum.

Method:

In association with health community agents, the students performed home visits in the community to invite pregnant women and their partners to attend the course. The course was divided into three weeks with a two hours meeting per week. The themes discussed were: the importance of prenatal care, immunization, changes in the body and diseases during pregnancy, birth signs, and breastfeeding. The themes were explained with PowerPoint slides and demonstrations. At the end, there was a group dynamic and socializing. Three months after the course, new home visits were performed to follow up the newborn and strengthen the guidance provided throughout the course.

RESULTS and CONCLUSIONS:

The participants showed interest in learning, shared living and experiences of past pregnancies and sought to find answers to their doubts. The course was able to provide continued contact, creating greater intimacy and closeness among them. During the post-course visits, security and greater ability of mothers regarding to the child's care was noticed and they reported that the course was crucial for their behaviour, since, most of them were first time mothers.

PALAVRAS-CHAVE: Pregnancy; Primary Health Care; Prenatal education

**PP597 - PRODUCTION OF EDUCATIONAL VIDEOS TO COMBAT THE
AEDES AEGYPTI MOSQUITO: EXPERIENCE REPORT BY THE
TELESSAÚDERS/UFRGS TEAM**

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Producing scientific information on the *Aedes aegypti* mosquito in video format and in language accessible to the Brazilian population. The challenge of the campaign was to do so in an emergency setting, in the shortest time frame and the lowest possible cost. This work, as an experience report, aims to describe the various actions taken by TelessaúdeRS/UFRGS – a research project of the Graduate Program in Epidemiology of Universidade Federal do Rio Grande do Sul - for the production and dissemination of videos related to the *Aedes aegypti* mosquito, which transmits the Zika, Dengue, and Chikungunya viruses. Here we describe the activities carried out by the professional team in the medicine, tele-education and communication fields. The production of the videos has involved a simple and objective workflow: Idea - script - recording - editing - review and publication. Members of the multidisciplinary team have worked as producers and presenters of the campaign. The initiative also invited volunteers, including doctors, health professionals, and endemic diseases combat agents. Filmed mostly in the streets, in risk areas, the videos show the local reality and teach the population how to counter the proliferation of *Aedes* mosquitoes in their homes. Due to the collaborative work of all professionals involved, the TelessaúdeRS/UFRGS team managed to produce 20 educational videos in just 30 days, with basic equipment and few financial resources.

PALAVRAS-CHAVE: Health Education; Aedes; Zika vírus

PP599 - PROFILE EPIDEMIOLOGIC TUBERCULOSIS IN THE INDIGENOUS POPULATION OF STATE RORAIMA

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Introduction and objective:

Tuberculosis is an infectious disease and harm public health. Despite an apparent control achieved in the last century, today we can see a global epidemiological context rather critical. The variables of analysis to be guided it is necessary new strategies of WHO, together with the health policies of Brazil. The main objective of this study was to construct an epidemiological profile of TB in the indigenous population of the state of Roraima.

Methodology:

This was a documentary study, quantitative, descriptive and transversal cut in the sample included the infected population data and tuberculosis outbreak notified compulsorily in the state of Roraima, coming from SINAN, SIH-SUS YES, SITE -TB, comprising the period from 2005 to 2014 as preliminary data, however, the search will continue until July 2016.

Results and conclusions:

We counted 159 new cases of TB in indigenous the study period. The prevalence of new cases of TB in indigenous was found in the municipality of Alto Alegre. The male and aged between 15-39 years were the most affected groups. In the last three years there was a reduction in carrying out smear and increased treatment dropout. The use of the results of this research can contribute to the planning of new interventions for the control of TB in the indigenous population of Roraima state.

PALAVRAS-CHAVE: Tuberculosis; Indigenous health; Epidemiology in Roraima.

PP600 - PROFILE OF HYPERTENSIVE PATIENTS REGISTERED AND MONITORED BY THE HIPERDIA PROGRAM IN GOIÁS

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Introduction and Objectives:

The Hiperdia Program is intended for registration and monitoring of patients with hypertension and / or diabetes mellitus treated at Brazil's Health Unic System (SUS), allowing to generate information for the acquisition, dispensing and regular distribution of medication to all patients registered. The aim of this research is to present the profile of hypertensive patients registered and monitored by Hiperdia in the State of Goiás by year, age and sex.

Methodology:

Quantitative study of cross-sectional design. It considered the total of registered hypertensive Hiperdia in the period from 2002 to 2012, analyzing the quantitative variables of the data found. The data used is from secondary origin, extracted from the DATASUS database.

Results and Conclusions:

Between 2002 and 2010 there were a total of 221,362 registered hypertensive patients in the system, with prevalence of females with 141 066 cases (63.72%), and in the age group 55-59 years, with 30 013 cases (13.56%). The year with the most people registered was 2002 with 27,441 (12.4%), in 2012, signed up 12,479 (5.64%). From the study, it can be concluded that over the years there has been a significant reduction in the number of registered hypertensive which may mean an improvement in health or lower demand by patients. It is also necessary preventive measures for the population at risk (women between 55 and 59 years), encouraging good life habits, such as balanced and adequate diet and physical exercises.

PALAVRAS-CHAVE: Primary Health Care; Hypertension; Primary Prevention

PP601 - PROFILE OF MATERNAL DEATHS OCCURRED BETWEEN 2009 AND 2014 IN A PROGRAM AREA IN THE CITY OF RIO DE JANEIRO

Souza IS ¹; VILLAR ASE ¹; Macharet HR ¹; Vommaro F ¹; Rocha MS ¹; Salles TC ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

INTRODUCTION AND OBJECTIVES

Maternal mortality, predominantly in developing countries, is mostly preventable. Direct obstetric causes have been responsible for about two thirds of these deaths. It is attributed to the low quality of obstetric care and family planning. The objective of this study was to trace the epidemiological profile of maternal deaths of residents of PA 5.1 between the years 2009 and 2014.

METHODOLOGY

In a sectional study, with a study population of 42 declared maternal deaths (chapter XV of ICD-10) in residents of the program area 5.1, occurred between the years of 2009 to 2014. For this purpose, the data source used was the SIM and for analysis, we used the software Tabwin.

RESULTS AND CONCLUSION

There were 42 deaths from maternal causes, where 47.62% occurred in women between 20 and 29 years, 42.86% were of mixed race, 66.67% were single, 50% had education similar to the high-school level, 47.62% were housewives. Regarding the time of death, 71.43% occurred within 42 days after delivery. Regarding the causes of death, the majority of deaths (19.05%) were due to hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16), followed by pregnancy ending in abortion, 16.67% (O00-O008) and the same percentage for complications predominantly in the puerperium (O85-O92). From the identification of maternal mortality profile it is possible to know the areas of greatest vulnerability, as well as the strategic actions necessary for the improvement in health services, whether in the primary, secondary or tertiary.

PALAVRAS-CHAVE: Maternal Mortality ; Epidemiology; Underlying Cause of Death

PP603 - PROFILE OF SYPHILIS CASES IN PREGNANCY IN A PROGRAMME AREA OF THE CITY RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE

Gestational syphilis is considered easy to control, given the easy diagnosis, effective treatment and low cost. However, it still has a high prevalence in developing countries, favoring the occurrence of congenital syphilis. The study aimed to outline the profile of pregnant women with syphilis living in PA 5.1.

METHODOLOGY

A sectional study of cases of syphilis in pregnancy, notified in 2014 in the residents of program area 5.1. The SINAN 2014 was used as the data source. The analysis was performed with the TabWin software version 3.

RESULTS AND CONCLUSION

Of the 244 cases, 77% were from the UBS area. There was appropriate, concomitant treatment, for pregnant women and sexual partner, in 53% of cases, with better percentage in the case of UBS area, 60% x 50% in UBS out of the area, or even 10% in area hospitals. The main factor related with the low fitness was not the partner of treatment (62% vs. 97% for treatment of pregnant women), with the lack of contact with the mother being the main reason. Pregnant women with syphilis were mostly dark-skinned (53%), with incomplete primary education (21%), 20-29 years of age (54%), with predominance of diagnosis in the 1st quarter (36%). The most prevalent clinical form was the tertiary (29%). The knowledge and better understanding of the main characteristics of these women with syphilis during pregnancy, as well as the limiting factors to an appropriate treatment, help to identify the most vulnerable populations in order to ensure better tracking and management of the case.

PALAVRAS-CHAVE: Syphilis; Health Profile; Primary Health Care

PP604 - PROFILE OF USERS ASSISTED IN A TESTING CENTER AND COUNSELLING, THE RIO DE JANEIRO MUNICIPALITY

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Introduction and objective:

THE rapid diagnosis of HIV infection, syphilis and viral hepatitis is made exclusively with rapid tests validated by the Ministry of Health Rapid diagnosis is performed in special situations such as: Vulnerable population groups; partners of people living with HIV / AIDS; occupational biological accidents and other special situations. The objective was to profile the users of a Testing and Counselling Centre, a Basic Health Unit in the city of Rio de Janeiro.

Method:

We used quantitative methodology. To draw the profile in relation to sex, age, positive result of rapid diagnostic tests for HIV, syphilis and Viral Hepatitis in the period from January to May 2015.

Results and conclusion:

We served 471 people during the period. Regarding gender, 68% are female and 32% male. Regarding age 0.6% are under 15 years, 29.7% are 15-24 years old, 30.8% are 25-34 years old, 11.7% are 35-44 years old, 12.3% It has 45-54 years and 14.9% are 55 or older. About positive results were found 2.7% for HIV, syphilis 3.8% to 0.2% for hepatitis B and 1% for hepatitis C. It follows that access to early diagnosis is a key factor for better adherence treatment. It was observed that the prevalence of syphilis is high compared to other tested diseases and is an important public health problem in Brazil.

PALAVRAS-CHAVE: Counseling; Earlier diagnosis; Screening programs

PP605 - PROJECT FULL HAND: HEALTH EDUCATION IN SCHOOLS ABOUT HAND WASHING

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Introduction and Objectives:

The hand washing workshops, when applied to children, initiate the creation of essential health habits in the prevention of numerous diseases. However such activity when done in a playful and creative way multiplies the child's ability to join and learn from the story tellers, dance and educational songs about the proper way to wash their hands. This paper aims to share with the scientific community to experience the project "Full Hand" with school children in the prevention of infectious and parasitic diseases.

Methods:

Qualitative work, experience report.

Results and Conclusions:

The project operates twice a year in schools of the cities of Maceió and Rio de Janeiro with the participation of medical students and teachers. It consists of making an interactive theater where the characters simulate daily situations of the child and include moments of need for hand washing. During the interaction is conducted a children's choir with songs about the correct steps of hand washing, the importance and the consequences of not performing that. Drawings are distributed to color containing the characters from the theater, "Little Hand, Little Friend Teacher and Microbe", where kids are encouraged to paint and comment about the profile, the right and wrong attitudes of the characters. Afterwards soaps are distributed and children receive practical guidelines about hand washing. The theater and music obtained wide acceptance of the schoolchildren, facilitating the interaction of teachers in the promotion and prevention of child health.

PALAVRAS-CHAVE: child health; social work; health education

PP606 - PROJECT “USED”: WOMAN’S HEALTH PROMOTION AT PUBLIC SCHOOLS – AN EXPERIENCE AT NORTHEAST OF BRAZIL

de Figueiredo CN¹; Morcerf CCP¹; Nasr BP¹; Costa AKF²; Neves KML¹; Ramos FOB¹; Anjos C¹; Malheiros TM¹; Araújo PP¹; Tostes RGC¹; Brinholi LCM¹; 1 - Unigranrio; 2 - UnP;

Introduction and Objective:

The woman’s health is a topic that gains big focus with the growth of the feminist movement. Besides to health campaign starget, the female audience receives in schools and health clinics orientations and instructive lectures related to the topic. However, such intervention becomes ineffective when is not worked in an interactive way, discouraging the participation of the woman and her ability to develop potential. The objective is to share with the scientific community the essence of applying this project.

Methods:

Qualitative study, experience report.

Results and Conclusions:

To promote woman’s health, the project “Used” conduced twice a year in a school in the state of Alagoas, is composed by teachers and medical and nursing students. It consists in the opening of dynamic and entertaining workshops that discuss topics such as violence, feminism and family planning through hart, music and stories. Women are invited to choose photos of female personalities that made history and talk about how they identify with them. After this, they build posters with phrases and words about the role of the woman in the community. They sing songs about strong women and make parades with bands and crowns, symbolizing the beauty and feminine confidence. The lectures open space for debates and comparisons with attitudes of other famous women about the topics in question. Then, creates a new proposal for health education and promotion with focus on woman’s health, using a playful language and accessible to the community.

PALAVRAS-CHAVE: health; social work; women’s health

PP607 - HEALTH PROMOTION: THE DELINEATION OF THE MALE POPULATION ATTENDED IN A BRAZIL'S FAMILY HEALTH STRATEGY

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Introduction:

Brazil's Family Health Strategies (FHS) prioritize health promotion and prevention, mainly for women, youngsters and the elderly. Then it was created the Brazilian Comprehensive Healthcare Policy for Men (PNAISH). However, sociocultural and institutional barriers cause low adherence by the population.

Objective:

To identify the health profile of men's attendeds by a FHS in the western of São Paulo and the difficulties to participation in the FHS.

Methods:

The sample was 60 men's, members of FHS's groups. They answered two forms, the first one with personal and health information and in the second one, difficulties to participation in the FHS were identified.

Results:

There was heterogeneity in age, where 46,7% were elders. Most of them, 37 are married, 9 are widows, 9 are single and 5 are divorced. About the comorbidities, it was assessed: arterial hypertension was present in 29 men's, 12 participants are diabetic and 10 referred cardiac disease. In the lifestyle assessment, 20 men's are alcoholic and 14 participants are smokers. Amongst the men's active, 36 don't use condom and only 11 do use. Furthermore, 44 of the men's have already any prostate exam.

Conclusions:

Only 20,3% of the sample individuals frequent the FHS routinely and 26,6% do it only when they feel sick. The remaining 53,1% don't frequent the FHS because of work, lack of education, because they believe there's no need to, or other reasons. Such data allow to organize individualized action plans. It also can be used as template for other units to organize themselves.

PALAVRAS-CHAVE: Health Promotion; Men's Health; Family Health Strategy

PP608 - MENTAL HEALTH PROMOTION IN PRIMARY HEALTH CARE: EXPERIENCE REPORT OF INTEGRATIVE COMMUNITY THERAPY

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INTRODUCTION AND OBJECTIVE:

Mental health problems affect millions of people worldwide. The Unified Health System adopted in Brazil brought advances in the field of social and welfare reforms and supported comprehensive health practices. In the context of mental health, with the Brazilian Psychiatric Reform, became of relevance the actions developed in Primary Health Care (PHC). The Integrative Community Therapy (ICT) has emerged as an important device in the promotion of mental health. It has been successfully held in PHC and stands as one more strategy in opposition to the old model of mental health care, promoting health initiatives and prevention of mental illness in the community. This study aimed to describe the contributions of ICT in promoting the mental health of a community.

METHOD:

This is a report from the experience the at a primary care service in Recife, during the final year of Occupational Therapy graduation at the Federal University of Pernambuco. The data were collected through ICT circles carried out by a professor of the Occupational Therapy course in partnership with the local health staff, and therefore analyzed and compared with the scientific literature.

RESULTS AND CONCLUSIONS:

The main themes emerged from the group were "family conflicts" and "alcoholism". The coping strategies most used by community were "take part on the ICT groups" and "seek religious or spiritual help". These findings are consistent with those of other Brazilian studies in which ICT has contributed to a better quality of life for individuals in psychological distress.

PALAVRAS-CHAVE: primary health care; mental health; community mental health services

PP609 - PROSTATE CANCER SCREENING AND “NOVEMBRO AZUL” CAMPAIGN: A POLICY IN DISCUSSION

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INTRODUCTION AND OBJECTIVES:

As activity of Family Medicine rotating trainee, this paper was created based on “Novembro Azul” campaign, approaching the discussion about prostate cancer screening. Objective: introduce and discuss with Family Health Strategy (FHS) team different techniques/politicians opinions about this campaign and evaluate its applicability and results.

METHODS:

Qualitative methodology based on experience report and literature review; debate on the proposal of “Novembro Azul” with the FHS team.

RESULTS AND CONCLUSION:

It was satisfactory, while Family Medicine trainee, debate with the FHS team the approaching of the campaign and the current prostate cancer screening. According to SBMFC, it is necessary stimulate to take care of men’s health, but current studies shows that it mustn’t be done with PSA exam or digital rectal exam in asymptomatic people. According to the society, despite some benefits, the detriments of screening related to unnecessary biopsy, impact of false-positive results and squeal of treatment discourage this usage (SBMFC/2015). The “Novembro Azul” campaign, whose initial focus was stimulate this screening, supported by media and SBU, was revised by INCA-MS and SBMFC and they opted to not adopt it, because its current proposal, despite broadly address the health, still recommends the prostate cancer screening. This strategy is comprehensive, but the campaign, that stimulate this screening, used to be supported by government and stop spread it without explanations to users will generate information conflict. So the current decoupling shows the necessity of constant review of health action, especially regarding population screening, and explanation to users.

PALAVRAS-CHAVE: Population screening; Prostate câncer; "Novembro Azul" Campaign

PP610 - PSYCHOSOCIAL CARE NETWORK MODEL INTEGRATED FOR PRIMARY HEALTH CARE NETWORK OF A CITY

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INTRODUCTION AND OBJECTIVES

The Psychosocial Care Networks (RAPs) are a device health care established in 2011 in order to meet the National Policy on Mental Health. This study aims to describe the services required for the establishment of an integrated RAP network of Primary Care of a municipality.

METHODOLOGY

Descriptive and observational study, built from the study of the National Primary Care Policy, Health Promotion and Mental Health.

RESULTS AND CONCLUSION

Access to members of the RAPs services is through user access to the Basic Health Unit (UBSs) or Family Health Unit (USFs) or active search and referral to these services by teams of the Offices of Street and Offices at Street. After registration in UBS and USF, the user needs psychosocial care is taken to the Psychosocial Care Center (CAPS), which is linked to the UBS and USF nearest your home. In CAPS is prepared Therapeutic Process Single (PTS), protocol to be followed in the user addict treatment or mental patients mental. In case of vulnerability, users should be referred to a Host Unit, or, for a Therapeutic Residence, where the user resides during your treatment. Users in treatment should be constantly monitored by the CAPS staff and, if necessary, Center for Support to Health. The RAPs are an important instrument in the consolidation of a model of care to full health and universal promoter of a humanized attention to health.

PALAVRAS-CHAVE: Mental Health Services; Primary Health Care; Health Promotion

PP613 - QUANTITATIVE STUDY ON IMMUNIZATION AGAINST TUBERCULOSIS IN BRAZIL BETWEEN 1994 AND 2013

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Introduction and Objective:

Tuberculosis (TB) is an infectious disease caused by the bacillus Koch and transmitted by droplets Flugge. In Brazil, it is a serious health problem because it is strongly favored by precarious living conditions and the trend of economic and social crisis, as the country experiences. Therefore, the present study aims to assess the prevalence of vaccination against TB.

Methods:

A cross-sectional epidemiological study conducted in Brazil between 1994 and 2013. We used a study population comprised of vaccine doses of BCG vaccine (BCG) performed by Sistema Único de Saúde (SUS) in Brazil. Data collection was done in DATASUS system, secondary, in the category of the database of the Programa Nacional de Imunização (PNI), with significant variables of TB.

Results and Conclusions:

It was found in the analyzed period were applied 84545845 doses, with an annual average of 4,277,292.25 per year. Regarding geographical distribution, Northeast and Southeast have higher application rate, 33.12% and 35.49% respectively. It is noteworthy that there was a drop in immunization in 2005 and stabilization in the difference between applications in each region from 2007. In addition, despite the immunization schedule recommending a single dose of BCG at birth, there is still a considerable number of people with other ages getting the vaccine, 22.51% of the total, mainly between 7 and 14 years 11.62%. Therefore, it is observed that despite the TB be easily treated, there are still shortcomings in the preventive-curative process.

PALAVRAS-CHAVE: tuberculosis; vaccination; primary prevention

PP614 - RAPID TESTING FOR SYPHILIS DIAGNOSIS IN PREGNANT IN A BASIC HEALTH UNIT, THE RIO DE JANEIRO MUNICIPALITY

Freitas FT¹; Vitari FC¹; 1 - CMS Belizário Penna - Prefeitura da Cidade do Rio de Janeiro;

Introduction and objective:

Syphilis is an infectious sexually transmitted disease caused by *Treponema pallidum*. It features vertical transmission, the woman to the fetus during pregnancy. Can result in miscarriages, late fetal deaths, neonatal deaths, newborns sick or asymptomatic, which can lead to severe complications in untreated cases. The objective was to evaluate the incidence of syphilis in pregnant women in a Basic Health Unit in the city of Rio de Janeiro.

Method:

Data were collected in a center of Testing and Counseling, a Basic Health Unit in the city of Rio de Janeiro, where is held the Rapid Test for Syphilis in pregnant women, regardless of gestational age, the period from January to May 2015. for the diagnosis of syphilis in pregnancy, it was considered the occurrence of results reagents for syphilis in pregnant women regardless of the titration.

Results and conclusions:

During the reporting period were made 109 Rapid Tests for Pregnant Women. The incidence of syphilis in pregnancy found was 6.4%. There was significant progress in the diagnosis and early referral to treatment of pregnant women with the expansion of rapid testing for syphilis. The partner's treatment is important to prevent re-infection during pregnancy, however, the UBS coverage in treatment of partners remains low which contributes to the persistence of congenital syphilis as a major public health problem in Brazil.

PALAVRAS-CHAVE: Counseling; Pregnant woman; syphilis

PP616 - REAL WORLD LESSONS IN PUBLIC HEALTH-PRIMARY CARE COLLABORATIONS: THE PRACTICAL PLAYBOOK AND THE NATIONAL BUILD HEALTH CHALLENGE GRANT PROGRAM

Michener JL¹; 1 - Department of Community and Family Medicine, Duke Health;

Introduction and Objective:

The U.S. Affordable Care Act emphasizes value-based health care for populations, which cannot be achieved without public health and primary care collaborating to address determinants of health.

Objectives:

1. Describe the forces that are coming together for population health improvement and the opportunities enabling these partnerships and collaborations to succeed.
2. Discuss use of innovative tools, such as the Practical Playbook (PPB).
3. Provide examples of partnerships and lessons from public health and health system collaborations from 18 sites across the U.S. (The National BUILD Health Challenge Grant Program)

Methods:

- The PPB website, an online resource for technical assistance and capacity-building in public health and primary care partnership efforts, was developed and has over 160,000 hits and 24,000 users.
- Free online materials led to demand for a print version, and in October of 2015, “The Practical Playbook: Public Health and Primary Care Together” book was released.
- In Spring of 2016, PPB will host its National Meeting, the first annual milestone event towards advancing robust collaborations that improve population health.
- The National BUILD Health Challenge Grant Program was implemented in June of 2015.
- PPB’s approach to primary care and public health integration has been met with enthusiasm in Latin America, and over 25 other countries that were part of the Open Medical Institute in Salzburg, Austria. There is worldwide interest in this work.

Results and Conclusions:

- Collaboration between public health, primary care, and health systems is a core strategy to improve community health outcomes.

PALAVRAS-CHAVE: population health; partnerships OR collaborations; primary care AND public health

PP617 - RECIPROCAL EMPOWERMENT: COMMUNITY AND STUDENTS - AN EXPERIENCE FROM HEL IN THE SOUTH OF BRAZIL.

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Introduction:

The Health Education League (HEL), a project created in the Federal University of Rio Grande (FURG), was founded in 2010, and since then has been coordinated by medical students that believe in a horizontal education. HEL uses the freirean methodology of Popular Education to interact with community. This oral communication aims to show how the experience of HEL in 2015 stimulated the reciprocal empowerment between students and community.

Methods:

It will be used reports and texts produced by students to “lesfurg.blogspot.com” blog and testimonies from the participants of the project from the book “The Quilt: Experiences of the Health Education League” [A colcha de Retalhos: Vivências da Liga de Educação em Saúde].

Results/Conclusions:

According to a report of a student, HEL’s activities led academics to study and live patient’s empowerment, developing their skill of listening and comprehensiveness of different realities. Furthermore, the limitation of the biological model - “A life cannot be resumed in a 10 minutes appointment” - and the importance of the exchanging process: “The lack of empathy led to the limitation of the communication between patient and doctor”. The capacity of a careful listening and dialogue proves to be fundamental for both, the academics and the community, because according to the report of a community member: “It is emotionant to perceive that when we are talking about us we are also teaching students”. In this context, reciprocal empowerment from community and students became a strong tool for practice and learning.

PALAVRAS-CHAVE: Health education; Empowerment; Community

PP618 - RECOMMENDATIONS ABOUT A HEALTH DIETING FOR HYPERTENSIVE AND/OR DIABETIC PATIENTS AIMING HEALTH PROMOTION.

Gimenes CL ¹; Tibiletti CR ¹; Santos CR ¹; Santos CD ¹; Sicari DA ¹; Pessopane D ¹; Melara DF ¹; Souza EMM ¹; Oliveira EAS ¹; Rocha JMP ¹; Marques KA ¹; Sousa NMV ¹; 1 - Instituto Master de Ensino Presidente Antônio Carlos;

Introduction and objective:

The feeding pattern of the Brazilian population has suffered expressive modifications with the rise of industrialized food ingestion that contain elevated quantities of salt and sugar in its composition. Inadequate feeding habits have been associated with the rise of chronicle diseases such as diabetes mellitus and systemic artery hypertension. In this context, the study aimed to encourage the adoption of a healthy lifestyle, through the orientation of the nutritional information contained in certain foods. Emphasis was placed on the proper diet intake demonstrating that it is possible to live well even being the bearer of such diseases.

Method:

A social action was conducted in District Brasilia, Araguari, Minas Gerais, in which medical students exposed to a group of diabetic and hypertensive patients, certain foods with their respective amounts of salt and sugar. These components were measured on a precision scale and displayed in transparent containers for better viewing. Later, was explained of the possible consequences of the intake excess of these components.

Results and Conclusion:

It can be seen that the population has knowledge of the seriousness of these diseases, however there is a lack of clarification on nutritional values of certain food consumed daily. After the action, the objective was achieved, since most of the individuals were surprised by the information and sensitized to change their eating habits in order to achieve a better life quality. It's important to highlight that small dietary changes can result in great long-term benefits.

PALAVRAS-CHAVE: Chronicle diseases; Eating habits; Life quality

PP620 - REHABILITATION GROUP DEPLOYMENT IN THE AP3.2 -SMS-RIO

Pereira Silva ML ¹; Cardoso MC ¹; Santos AH ¹; Torres dos Santos DRG ¹; Barros RT ¹; Moraes DF ¹; Franco de Souza GA ¹; Beira CG ¹; Borga JF ¹; Oliveira DM ¹; Guimarães de Oliveira JA ²; 1 - SMS-RIO/SPDM; 2 - SMS-RIO;

Introduction:

From the need to manage the waiting list for referral for physical therapy and organize the rehabilitation professionals' work process of the Family Health Support Group' were developed and implemented in 2013 their habilitation of group linked to units having the Family Health Strategy.

Objectives:

expand care capacity in Primary Health Care. Qualify the work of the Family Health Support Group' physiotherapists and occupational therapists. Decrease unnecessary referrals through their regulation of outpatient vacancies system (SISREG).

Methodology

It was made a survey of users belonging to waiting lists for physiotherapy and users identified by Family Health teams with demands related to rehabilitation, such as chronic pain. Then we define, in conjunction with physiotherapists and occupational therapists, planning and standardization of rehabilitation groups. Groups can have between 10 and 16 users, the gateway is through joint consultations with the family health team. Moreover the initial evaluation is made and after 3 months, the reevaluation. The output of the rehabilitation group is the Carioca Academy Program.

Results:

From the monitoring of evaluation and reevaluation of participant users of the groups we can see improvement in cases of chronic pain and quality of life. Also we observe the strengthening of matrix support in rehabilitation, increasing resoluteness of primary care and the reduction of waiting lists for physiotherapy.

PALAVRAS-CHAVE: Grupo de Reabilitação; Atenção Primária de Saúde; Fisioterapeutas

PP622 - TALE OF WORK EXPERIENCE WITH RURAL WOMEN

MALANGA IB ¹; FERRARI D ²; 1 - ASSE-Facultad de Medicina; 2 - ASSE;

Goal:

Reflecting on the daily life of rural women, factors that influence personal development, self-esteem and self-care behaviors, autonomy in decision-making and personal projects

Method:

Workshops with biweekly meetings at two rural schools for two years, whose contents were about "Women, Mental Health and Gender" and other topics proposed by the participants.

Results:

Satisfaction and participation Presentation of project funded by state agencies. Achieving fitness activities, sports and recreation aimed at families.

PALAVRAS-CHAVE: Participação; Comunitária

**PP624 - EXPERIENCE REPORT WITH PREGNANT WOMEN
ACCOMPANIED THE FAMILY HEALTH STRATEGY IN CMS JORGE
SALDANHA BANDEIRA DE MELLO**

NevesLR¹; BAHIA LA¹; 1 - INSTUTO DE ATENÇÃO BÁSICA E AVANÇADA À SAÚDE;

Title

Report of experience with pregnant women followed in the Family Health Strategy in the CMS Jorge Saldanha Bandeira de Mello

Introduction

Ensure a healthy pregnancy requires the effective participation of the multidisciplinary team of the Family Health Strategy in the pre - Christmas for the service provided to pregnant women to be proactive and efficient. The humanization program in pre - natal and postpartum Ministry of Health aims to improve access to services and the quality of monitoring reducing maternal and child mortality indicators.

Goals

Create a flow chart for prenatal aiming to reduce risk factors to the health of pregnant women with relevant information about your protection. A pregnant woman who has taken confirming is met and examined the same day, conducts rapid tests, receive guidance on test ordering, breastfeeding, immunization and family planning.

Methodology

Longitudinal cohort study conducted from June 2015 to January 2016. There were 234 pregnant women attended, and held 175 consultations (74.8%) in the first trimester of pregnancy. Pregnant women who attended health unit for TIG with positive results were immediately consulted and included in the Carioca Stork program.

Results

The assistance will be pregnant in CMS Jorge Saldanha Bandeira de Mello by the Family Health Strategy is directly related to the increase in membership and coverage in the first quarter of prenatal consultations and examinations, ensuring the early detection of illnesses during pregnancy, strengthening and accompanying actions aimed at reducing hospitalizations and maternal deaths in the enrolled area.

PALAVRAS-CHAVE: Pregnant Women; Assistance; Family Health Strategy

PP626 - RENAL FUNCTION EVALUATION OF PATIENTS WITH DIABETES MELLITUS IN A RURAL TOWN OF SANTA CATARINA STATE

Braga DC ¹; Panka M ²; Cabral S ²; Bonamigo EL ²; Bortolini SM ²; Pereira RW ²; 1 - Universidade Oeste de Santa Catarina; 2 - Universidade do Oeste de Santa Catarina;

Introduction and Objectives:

Diabetes Mellitus (DM) is a public health problem and it is becoming increasingly widespread, compared to poor eating habits, sedentary lifestyle and environmental stress experienced in modern society. This study aims to evaluate, in a rural municipality of the Midwest State of Santa Catarina, the prevalence of diabetic nephropathy, as well as the risk factors associated with its development.

Methods:

This was a population-based cross-sectional study whose sample consisted of patients living in the city. Variables were considered such as age, sex, body mass index, use or not of insulin, glycosylated hemoglobin and cardiovascular risk.

Results and Conclusions:

Women represented 55.29% (n = 47) of the sample. In this group there was a significantly higher risk for the development of 3B stage of chronic kidney disease (OR = 9.34; 95% CI 1.14 76.38). Those aged 70 to 79 possessed an increased risk for stage 3A (OR = 2.89; 95% CI = 1,097,63). Still, those patients with moderate cardiovascular risk (between 10% and 20%) had a higher risk for the development of stage 3A (OR = 3.90; 95% CI 1.35 11.25). Given the microvascular complications of diabetes, especially nephropathy, it is necessary to seek ways for the vast majority of these patients who have their kidney function identified. The high-risk groups for the development of diabetic nephropathy in this study were represented by women, aged 70 to 79 years, who had low body mass index and among those with cardiovascular risk between 10 and 20%.

PALAVRAS-CHAVE: Diabetes mellitus; Glomerular Filtration Rate; Diabetic Kidney

PP627 - REORGANIZATION OF SOCIAL RESOURCES FOR STRENGTHEN THE APPROACH OF ELDERLY PEOPLE WITH THE PUBLIC HEALTH SERVICES

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Introduction and Objective:

Tenjo is a rural town located at Colombia with a population of 19176 inhabitants, 10.2% of them having more than 65 years old. By working with a population of 47 elders it was found two main problems in their maintenance of health process: Low self perception of their health and poor access to primary health services. The main objective was the reorganization of the human, technological and, physical resources provided by the government of this town improve this identified problem.

Methods:

The project was done from february to may 2015 by creating an interdisciplinary team whose work was to create different strategies to inform and teach the population about health maintenance and compare the quantity and quality of information had after and before this intervention. It was also reorganized and promoted the use of the public transport and measured the quantity of adults that had information about the strategy; checking the attendance to virtual courses.

Results and Conclusions:

It was found that more than 50% of the 35 adults, that were able to participate, had more information about topics related to health maintenance. More than 60% had knowledge about the new transportation facilities, and 5 of them were inscribed into virtual tool learning courses. The conclusion was that connecting the health resources, by doing a support network, aids for developing a program that impacts the health state of the elder population at Tenjo town, being a replicable program in other towns with similar difficulties.

PALAVRAS-CHAVE: Health Promotion; Geriatrics; Health Planning organization & administration

PP630 - GUIDANCE RESULTS FOLLOWING THE QUICK PREGNANCY TEST IN FAMILY PLANNING: AN EXPERIENCE REPORT

Santos JS ¹; 1 - Universidade Federal do Rio de Janeiro;

Family planning with knowledge of methods and free choice is part of the goals of Integral Assistance to Women's Health Policy recommended by Brazil's Health Ministry since 1984. According to its principles, services should ensure access to resources to prevent or provide pregnancy, clinical-gynecological monitoring and educational activities so that choices are conscious.

The availability of Pregnancy Quick Test (TRG) was part of "Rede Cegonha" strategy and the Technical Guide for Pregnancy Quick Test in Primary Care, the Ministry of Health talks about its indications and instructs the pre-test counseling, to guide the possible outcomes. However, the post-test counseling creates an appropriate time not only for delivery results, but also making decisions regarding a positive or negative result.

This paper presents an experience report of a Family Medicine resident at the program offered by UFRJ, in partnership with ENSP/Fiocruz, allocated in Mangueiras, RJ, in order to describe the findings in family planning after implementation of mandatory post-TRG orientation.

The following results were found: decreasing number of women undergoing TRG with high frequency, an increased number of women with regular use of contraceptives, early start in prenatal care, reduced number of known abortions and greater participation of women in family planning groups for IUD insertion or performing sterilization after receiving referral by the technical team. This consultation space created by post-TRG orientation allows enhancing the relationship with users and better understanding of their needs, and encourage staff to create new spaces for discussion of family planning.

PALAVRAS-CHAVE: planejamento familiar; teste rápido de gravidez; orientação pós teste

**PP631 - RESULTS SCREENING/EARLY DETECTION OF DEPRESSION IN
THE DEPARTMENT OF GENERAL PRACTICE HEALTH CARE CENTRE
„NOVI SAD“**

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Introduction:

Depression is a common mental disorder, which occurs in 6 to 35% of patients in primary care. The aim of this paper is to present the results of screening programs for prevention/early detection of depression conducted in the Department of General Practice Health Centre "Novi Sad".

Method of work:

A retrospective analysis of 14315 PHQ-9 questionnaire filled in the general practice of medicine, in the period from 01.09.2013. to 01.12.2015.

Results and discussion:

The screening was participated by 8930 female and 5385 male. Scor from 0 to 4 had 11639 (81.31%) participants. 2032 (14,19%) participants had a score of 5-9, indicating the forms of subsyndromal depression. Mild depressive episode, ie. score of 10 to 14 was found with 427 (2,98%) participants. 163(1,14%) participants i.e. 6,61% have had a score of 15-19, which is indicating moderately serious depression. A score of 20 or more, or severe depressive episode was registered in 54 (0,38%) participants. There was a statistically significant difference in relation to gender ($\chi^2 = 108.588$, $p < 0.05$).

Conclusion:

With screening was discovered 4.5% of subjects with clinically manifested by depression and 14% of the subjects for which PHQ - 9 questionnaire with high probability indicates subsyndromal forms of depression, statistically more frequent in women, until then not recognized by the GP. Results of screening justify the introduction and further continuation of screening programs in the daily work of the GP.

PALAVRAS-CHAVE: Screening for Depression; general practice; PHQ-9 questionnaire

PP632 - RISK FACTORS FOR DEVELOPING CANCER A COMMUNITY OF SAN ANTONIO ITAPYTAPUNTA BARRIOS AND CITY ASUNCION - PARAGUAY

Riveros Rios M¹; Kang H¹; Alcaraz C²; Alcaraz J²; Benegas G²; Enriquez I²; Figueredo D²; Gonzalez V²; Lopez N²; Martinez L²; Medina M³; Morales R²; Moran F²; Olazar L²; Prieto L³; Ochoa A²; Quiñonez P²; Trinidad A²; Toledo E²; Silvero J²; Suarez R²; Vega N²; Weberhofer J²; Samaniego V²; Ayala R²; 1 - Universidad Nacional de Asuncion, Facultad de Ciencias Medicas, Hospital de Clinicas; 2 - Universidad Nacional de Asuncion, Facultad de Ciencias Medicas, Estudiante de Medicina; 3 - Universidad Nacional de Asuncion, Facultad de Ciencias Medicas, Estudiantes de Medicina;

SUMMARY

Neoplasms are the second leading cause of death. Risk factors for developing cancer include age, sex, genetic factors, diet and exposure to chemicals, radiation, lifestyle and obesity. The objective is to determine the frequency of risk factors for the most common cancers in a community.

Methodology:

Observational, descriptive cross-sectional study (with analytical component), held in Asuncion, San Antonio and Ytapytapunta neighborhoods consists of 887 families, 1928 residents over 20 years old, divided into 31 blocks, the study population was 230 residents of both sexes, in the period from August 2014 to May 2015, probability sampling cluster. Sample size whereas the most common risk factor is smoking, is taken as a benchmark for calculating the sample, CI 90%, total amplitude (w): 0.10 and the expected proportion: 0.30 which took a sample size of 229 patients. For dichotomous variables the chi-square and comparative variables in ANOVA was used.

Results:

12.6% residents are smokers, 25.4% overall secondhand smoke. Women 17.4% initiated sexual intercourse before age 18, 43.7% use contraceptive hormones. 2.6% reported a history of colonic polyps and by 6.5% a family history of colon cancer. 52.67% consume alcoholic beverages. 76, 08% do not perform physical activity. 14% had normal weight, 33% overweight, 53% some degree of obesity.

PALAVRAS-CHAVE: Risk factors (FR); Unit Family Health (USF)

PP633 - RISK FOR CARDIOVASCULAR DISEASES OF THE ADULT POPULATION OF AN ARCHIPELAGO OF THE AMAZON.

Lopes, ISS ¹; Henriques CEL ²; Bastos SCBO ²; 1 - Universidade Federal do Pará; 2 - UFPA;

In Brazil, the morbidity and mortality from cardiovascular disease (CVD) is increasing, accounting for 32% of deaths in 2001¹. No specific studies on these diseases among the riverside communities in the Amazon. A consolidated basis to assess the risk for these diseases is Framingham² score. The objective of the study is to evaluate the risk for CVD from this score in Combu population.

Descriptive epidemiological study in Archipelago Combu, Belém, Pará, Brazil. Developed by Katuana Outreach Program Guajará Bay - Vulnerability DM2 and hypertension. The sample consisted of inhabitants of the region with thirty years of age or older. Data on the identification and lifestyle were collected during home visits by a standardized questionnaire. Hospital Bettina Ferro de Souza we evaluated anthropometric measurements, blood pressure and blood samples were collected. The cardiovascular risk was assessed by the Framingham score. The data were stored in Excel 2010 spreadsheet program and analyzed in the form of graphs and tables.

The sample of 131 people (81 men, 50 women), mean age was 48 years. 71% had scores above 30%, 98% among women and 69.1% among men. The average was 25% risk for CVD, 19% are or were smokers, 73% had inadequate levels of HDL-c, 9% had diabetes and 36% hypertension. More such studies are needed to assist in health promotion policies.

PALAVRAS-CHAVE: Framingham score; cardiovascular diseases; Amazon

**PP634 - RISK OF CARDIOVASCULAR EVENTS IN PATIENTS WITH
DIABETES MELLITUS STUDIED AT A FAMILY HEALTH BASIC UNIT IN
CUIABÁ - MT**

Ferraz PS ¹; Falkine ID ¹; Coelho RT ¹; Amaral MSC ¹; Boiça L ¹; 1 - Secretaria Municipal de Saúde;

Diabetes Mellitus (DM) is today a growing worldwide epidemic that has become a great challenge for health systems everywhere. It presents a high morbidity-mortality rate especially for cardiovascular disease, among other chronic complications. The present study aims at stratifying the risk of development of cardiovascular events in diabetic patients under medical care at the Ouro Fino Basic Family Health Unity in the municipality of Cuiabá, State of Mato Grosso, Brazil. Using as parameter the Framingham Score, the study was of an observational, exploratory-descriptive nature of medical records. A structured questionnaire about coronary risk factors (age, gender, HAS, total cholesterol, HDL and tobacco use) was applied. The population studied consisted of 63 people with diabetes who were cared for at the Unity during the period from June 2012 to June 2013. The data qualification showed that 52.38% (N=33) of the diabetics have an intermediary risk of cardiovascular events in 10 years, 30.15% (N=19) have a small risk and 17.46% (N=11) present a high risk for acute myocardial infarction. The data resulting from this study show that a minority of the patients have a high risk, which means a good profile of the studied group in this aspect. Also, the identification of this subgroup was essential for preventive cardiovascular actions in Primary Health Attention, at an individual and population level.

PALAVRAS-CHAVE: Cardiovascular; Diabetes Mellitus; Risk factors

PP635 - ROLE OF FAMILY DOCTOR IN PREVENTION OF POSTOPERATIVE AND TRAUMA-RELATED THROMBOSIS

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Introduction and Objective

Venous thromboembolism (VTE) is a common complication of surgical procedures. The risk for VTE in surgical patients is determined by the combination of individual risk factors and the type of surgery.

Method

We analyzed VTE risk factors in 219 (21-90 years, mean age 59.43±16,96 years) patients of Outpatient Department of Angiology with VTE.

Results and Conclusions

We found out that 31.9% of VTE patients developed postoperative and trauma-related VTE. 12.3% of patients developed VTE in postoperative period. 19.6% of patients developed trauma-related VTE. 8.9% of young adults (less than 45 years) developed postoperative VTE. In the group of seniors (more than 65 years) the incidence of travel-related VTE was 11.4%. Difference is not statistically significant ($P=0.575$). 24.4% of young adults developed trauma-related VTE. In the group of seniors the incidence of trauma-related VTE was 17.0%. Difference is not statistically significant ($P=0.589$). Lower incidence of postoperative VTE than trauma-related shows that trauma-related VTE can be underestimated especially in young adults. Prophylaxis with mechanical and pharmacological methods is effective and safe in most types of surgery and should be routinely implemented. Nobody knows the details of medical history and health status of the patient better than family doctor. So before surgery, general doctor can contribute to proper preoperative assessment of patients. But family doctor has to stay vigilant after patient discharge from hospital and properly consider ongoing VTE preventive measures. If used appropriately, such prophylaxis is cost effective because it reduces the incidence of VTE.

PALAVRAS-CHAVE: postoperative venous thromboembolism; trauma-related venous thromboembolism; prevention

PP637 - ADOLESCENT HEALTH: A CHALLENGE FOR PRIMARY HEALTH CARE SERVICE

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The Filgueiras neighborhood is about 16 km away from the center of Juiz de Fora city. According to IBGE census (2012), its population comprises 4,463 people, with 14.9% of children, 18.84% of teenagers, 54.85% adults and 11.4% of elderly. Social vulnerabilities identified in the community include low education level, low socioeconomic status, informal labor market, poor quality housing and problems related to poor sanitation. According to PAHO, a health system driven by PHC is responsible for the coverage and universal access to health services, with a family and community focus, promoting equity of care, where the FHS is responsible for coordinating the care. Teenagers' coverage is a challenge; they do not seek health services. Most deaths occur in adolescence from preventable causes, and actions for the promotion and prevention in health should be implemented through a partnership between health and education sectors.

OBJECTIVE:

Deployment of the Teenagers' Group, with the capacity of reframing the local reality, producing actions that may be capable of modifying the local reality.

METHODOLOGY:

To use Popular Education in Health and Paulo Freire's Problematizing Methodology to analyze and reframe community events and propose interventions that are protective, ethical, feasible and able to produce strengthening and courage to cope with local adversities and achieve the extramural community.

CONCLUSION:

By empowering the use and appropriation of the methodology, we expect to actualize and consolidate a group of teenagers who are protagonist of themselves and of improvements in their community.

PALAVRAS-CHAVE: Adolescent Health; Primary Health Care; Family Health

PP638 - SCALPING: EDUCATIONAL ACTION IN A BASIC HEALTH UNIT IN NORTH BRAZIL

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- UNIVERSIDADE FEDERAL DO PARÁ (UFPA);

Introduction and Objective:

Scalping is a common trauma in northern Brazil, caused by partial or complete avulsion of the scalp. This geographical environment, scalping occurs mainly by accidental contact with long hair shaft rotary engine river craft. The hold of the hair by the engine generates a rotational force that leads to the tensile peel scalp abruptly. Provide knowledge about scalping for patients in the waiting room of a Basic Health Unit (BHU) in the city of Ananindeua, State of Para.

Methodology:

10 patients participated in the lecture, awaiting medical attention. The clinical picture were addressed: the classification for partial and full, extensive bleeding, hypovolemic shock, local pain, secondary emergence of myalgia in adjacent regions, swelling and bruising in the facial region.

Results and conclusion:

Through lecture the authors realized the need for further study of scalping in the scientific area, mainly date epidemiological studies. Among the 10 patients, 8 were not aware of what is scalping, 2 knew little. It is a subject little explored in the local media. The two who knew little, both correlated scalping the hair donation, as always happens campaigns for donation. It needs to identify the impact of such accidents on public health and also the training of health professionals for the production of knowledge. Still should be discussed safety standards and elaborate surveillance policies such craft and spread of knowledge to the population.

PALAVRAS-CHAVE: Health Education; Primary Health Care; Public Health

**PP639 - SCHOOL OF COMMUNITY LEADERS: THE TRAINING OF
COMMUNITY HEALTH WORKERS IN THE MIRAFLORES PRIMARY
HEALTH CENTER, VIÑA DEL MAR.**

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Introduction:

The community health workers execute the very important role of nexus between the community and the health institutions by the use of health promotion and disease prevention. In 2015, the health team from the Miraflores Health Center developed its first experience with community health workers. The aim of this experience was to supply an instance for the formation of new community workers.

Method:

Neighborhood leaders, people involve in community organizations and the general public were invited to be part of the formation process. People from the area of Miraflores Alto in Viña del Mar that did not have professional training received a total of 8 classes of 3 hours every 15 days. The students were taught about the health model of Chile, functionality of a health center, community and social participation, law on patients' rights, obligations and responsibilities, social determinants of health, leadership and communication, and community projects formulation. Problem-based learning was used in each class and a satisfaction survey was rendered at the end of each session.

Results and conclusions:

Of the 20 people that initiate the process, 19 completed it with an attendance average of 81%. The participants considered that the instance and the methodology employed facilitated the learning experience. In addition, the participants took into account that the learned topics shall be of utility. This met the expectations of the course. The learning experience was an instance for matters of social and community participation in health issues, answering the necessity to incorporate new leaders that contribute as promoters of health

PALAVRAS-CHAVE: Community health workers; Problem-based learning; Health education

PP643 - SELF-MEDICATION IN PATIENTS TREATED IN A PRIMARY CARE UNIT

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Introduction and objective:

According to the World Health Organization (1998), self-medication is the “selection and use of medicine by individuals for the treatment of self-recognized diseases or symptoms”. There are several reasons for the increase of self-medication, such as publicity advertisements of nonprescription drugs, self-care, poverty and healthcare services limitations. The aim of this study is to describe the characteristics of patients cared by family health teams that use nonprescription medicines.

Method:

For this descriptive study, a questionnaire was used, with regard to education level, family income, use of prescription and nonprescription medicines, health condition, and use of health services. Patients who seek a family health unit in Ribeirão Preto – SP (Brazil) and used nonprescription medicines were interviewed.

Results and conclusions:

The questionnaire was applied to 49 patients, among which 26 (53%) were women and 23 (47%) were men. The acquired data revealed that 63,5% were married, 28,7% had graduated from high school, 63,55% had an average income of one minimum wage. 57,4% claimed to have good health conditions, followed by 20,5% who claimed to have very good health conditions. The main reason for the referred self-medication was headache (28,7%), followed by other kinds of pain (12,3%). The study suggests that self-medication is related to lower level of education and income, demanding the implementation of health-promoting actions for raising awareness towards the risks of such practice in such population.

PALAVRAS-CHAVE: nonprescription drugs; patients; prevalence

PP646 - SEX EDUCATION AND SHARING KNOWLEDGE: APPLIANCE ABLE TO TRANSFORM CHILDHOODS

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Introduction - Objectives:

The sexuality, according to Freud, is present and manifest itself at an early age, but It has always been a difficult issue to be discuss, especially in childhood. However, many children have access to media with explicit sexual content, which can influence them to keep sexual contacts. Studies indicate that this has contributed to the growing number of early pregnancies and sexually transmitted diseases among children. This can be attenuated if there would be a quality sex education focused on these issues to these public. The objective of this study was to approach the sexuality on ludic way to children, teaching them and encouraging the educators to do the same.

Method:

This experience observed the physical expression and the previous knowledge of 60 children, with age between 9-13 years, in a public school in Fortaleza, through group dynamics and they provided an urn in which the students could put, anonymously, their doubts about the subject.

Results - Conclusions:

It was realized that children had a high level of knowledge on the subject, due to facility of access to sites with sexual content, and that they felt safe when they were questioned. In contrast, many said they felt repressed when they questioned their teachers and parents about the subject. Thus, the importance of the approach of the theme sexuality is noticeable by enabling the infant to get necessary knowledge and higher quality on this topic, as required by the Statute of Children and Adolescents in Brazilian law number 8069.

PALAVRAS-CHAVE: Childhood; Education; Sexuality.

PP647 - SEXUAL EDUCATION FOR ADOLESCENTS WITH EMPHASIS ON STDS

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Introduction and Objective:

Even with all socio-cultural and technological development occurred in the twenty-first century, and with every facility to obtain desired information, young people are still alienated on issues such as prevention and contraception diseases, facts needed to build their psychosocial identity. The teenager is located in a stage of life when they are most susceptible to new behaviors, new learning. Therefore, it is a target group of health education. It shows the need of information about sexuality to the vast majority of young people, and this approach should be performed since childhood and First study series.

Methodology:

To describe the results the descriptive experience report was chosen. The report is based on experiences lived by medical students During classes for one semester.

Results and conclusions:

The project was carried out in PETI in the form of workshops with an emphasis on sexuality and Dsts. The students noted that the participants of the Project managed to understand the issues surrounding sexuality and become aware of the great importance of protecting against risks that are exposed, showing remarkable interest in attending the workshops. At first, the group started from a pre-trial in working with adolescents have barriers such as difficult concentration and participation by them. Therefore the collaboration of this group exceeded expectations.

PALAVRAS-CHAVE: Medical Education; Humanize; Sexuality

PP650 - SITUATIONAL PORTRAIT OF POLIOMYELITIS ON MICRO REGION OF NORTHWEST OF MINAS GERAIS

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Introduction and objectives

Poliomyelitis is an infectious disease that is currently endemic only in Afghanistan and Pakistan. The only way to prevent it is through vaccination. The objective of this study is to describe the vaccination schedule of poliomyelitis on Brazil and to diagnosis the immunization coverage of this disease on micro region of Northwest of Minas Gerais on the past 11 years.

Methods

It is a cross-sectional descriptive study, with quantitative and qualitative approaches. A situational analysis was performed by health information systems.

Results and conclusions

Pan American Health Organization sets as goal for vaccine coverage the value of 95 % for each vaccine. Thus, when assessing the micro region of Northwest of Minas Gerais as a whole between the years 2005 to 2015, in only two this goal was not achieved. It also realized that, between the years 2011 to 2015 the age group with the greatest loss was the three and four years. Among the 12 municipalities that this micro region currently covers, half reached the goal in the years 2011-2015, while the other half is responsible for unreached goals, which ultimately causing drop in the overall average of the micro region. In addition, the immunization schedule will be changed from 2016, when the trivalent vaccine will be bivalent and IPV will replace OPV in the third dose of the vaccine program. Thus, it is suggested future studies to assess the impact of the new immunization program and to analyze the situation of this region and Brazil.

PALAVRAS-CHAVE: Poliomyelitis; Vaccination; Immunization schedule

**PP651 - SOCIAL SUPPORT STANDARDS IN PRIMARY HEALTH CARE:
DIFFERENCES BETWEEN HAVING PHYSICAL ILLNESS OR MENTAL
DISORDERS.**

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Introduction and objective:

The support network is considered a health protective agent in their physical, mental and psycho-affective, provides better quality of life and promotes the adaptation of the subject to adverse conditions promoting resilience, and resource mobilization in coping with life events that can lead to illness. Our goal is to study the relationship between physical illness, common mental disorders (anxiety and depression) and the network of social support of patients seen in primary care health at Rio de Janeiro and Sao Paulo.

Methodology:

It is a cross-sectional study with 1466 patients between 18 and 65 years. To assess the type of support network we used the Social Network Index (SNI) through the following categories: isolation and integration. To assess the diagnosis of physical illness was completed questionnaire by the doctor / nurse and for detection of mental disorders was used the Hospital Anxiety and Depression Scale.

Results and conclusion:

It was found that the pattern of support network was different between physical illness and mental disorders. Statistically significant negative associations between diabetes and isolation were detected, integration and have anxiety / depression and isolation with positive associations having anxiety / depression.

PALAVRAS-CHAVE: social support; primary care health; mental health

PP652 - SOFTWARE DEVELOPMENT FOR SCREENING AND DIAGNOSIS OF MENTAL DISORDERS IN A FAMILY MEDICINE PROGRAM

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Introduction and Objective:

Mental disorders (MD) are very prevalent in primary health care and represent a high cost to society. In spite of this, they remain mostly under diagnosed and undertreated in this level of care. This precarious situation justifies the development of a software to help family medicine professionals to better diagnosis and treat MD. We will present preliminary results of a prototype created after direct research with primary health care professionals and their demands about mental health.

Method:

Two family care teams were selected in different cities of São Paulo State. Team members were interviewed to identify their routine with patients. We selected standard mental health questionnaires after extensive literature review. Software functions were defined. A prototype was developed considering the routine apprehended and the selected questionnaires.

Results and Conclusions:

The software was made available for smartphones and web version. For MD screening, we selected the Self-Reporting Questionnaire (SRQ-20), the Well-being Index (WHO-5) and the frames COOP/WONCA. For MD diagnosis, we selected the Mini International Neuropsychiatric Interview (MINI). The system developed may be used by community health agents, nurses and doctors, with specified functions for each one. Furthermore, the software includes the following functions: automatic retrieval of tests scores; automatic synchronization between the smartphone and the web version, automatic scheduling of patients interviews and alert of patients still not screened. Although the prototype is still being tested, initial results are very promising for helping family health care professionals to make more precise screening and diagnosis of MD.

PALAVRAS-CHAVE: Primary health care; mental disorders; computer assisted diagnosis

PP653 - SOURCES OF STRESS AMONG UNIVERSITY STUDENTS IN A NIGERIAN UNIVERSITY: IMPLICATION FOR COUNSELING

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Introduction:

Stress is common amongst undergraduates because of demand and challenges in the pursuit of their career. Stress also affects their health and academic performance often leading to withdrawal from school, depression and substance abuse.

Objective:

To assess the prevalence and sources of stress among undergraduate students

Methods:

Descriptive cross-sectional study was performed to determine sources of stress and to evaluate stress levels using a validated Student Stress Survey questionnaire (Cronbach's Alpha - 0.78). A total of 247 students participated in the study. Data were analysed using SPSS version 17.

Results:

Prevalence of mild, moderate and severe stress was 33.2%, 36% and 27.9% respectively while 2.7% of the study group were not under stress. Respondents mean age (SD) was 21 years (2.0). There were 145 (58.7%) females and 102 (41.3%) males. Stress was significantly greater in first year. Intrapersonal sources of stress were the most common source of stress. The five most frequently stressors were- change in eating habits (52%), change in sleeping habits (51%), change in living environment (40.5%), minor illness (40%) and change in social activities (36.8%). Failure in some courses ranked 10th (34%). Gender, course of study and year of study were significant factors affecting stress among the students ($p = 0.001$). Bivariate regression analysis showed that change in sleeping and eating habits were significant stressors among students of all years (OR ; 95%CI ; $p = 0.002$).

Conclusion:

This study demonstrated high level of stress among undergraduate students. Guidance and counselling, periodic stress assessment and management training should be incorporated into the school curriculum.

PALAVRAS-CHAVE: Stress; Undergraduate Students; Counselling

PP654 - SOWING HEALTH - SCHOOL PROFILE IN A COMMUNITY OF PETROPOLIS AND HEALTH PROMOTION PROJECT

Carstens LA ¹; Amin EC ¹; 1 - Faculdade de Medicina de Petrópolis;

Introduction and objective

Considering the community needs and demands observed in the local school as children without proper medical supervision, improper nutrition and overweight increase, it was performed a plan to make a profile of these children and develop actions of an ongoing project.

Method

Children from primary school Paulo Saldanha in Petrópolis - RJ (Brazil), were assessed in aspects as weight and height for age, body mass index, blood pressure, immunization card and attendance at childcare and dental appointments. The students were accompanied during the months from May to November 2015 and workshops with children and parents in health promotion had already initiated and the preliminary findings were showed to alert them.

Result

We evaluated 99 children between 3 and 6 years, 38 boys and 61 girls. Only three children were with delayed vaccines, 18% had regular consultations and 65% had lack of adequate information on the child's card. They had a prevalence of 16% overweight and 10% obese, with 22% of high blood pressure. In the dental screening 29 students were with major problems in tooth conservation.

Conclusion

There is a large proportion of children with high blood pressure (22%) among these schoolchildren considering a national study of prevalence of 9%. The number of children with overweight and obesity was the national average, ranging between 10 and 40%. This is important to evaluate details of such conditions, and promote continuous actions in health education for better results.

PALAVRAS-CHAVE: school health; Health promotion

PP656 - STUDY OF THE BURDEN OF INFORMAL CAREGIVERS IN ARAGUARI MG

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Patients with functional losses and advanced age, need help for daily practices. The caregiver is the supporter, who performs or assists dependent activities in routine. The Programa de Saúde da família, in primary care, is one of the most important allies of the caregiver that were not prepared even, which may develop health problems due to overcharging. This descriptive study aims to the possible impacts on physical health and emotional on the caregiver. As the method was used the evaluation questionnaire of Overload Informal Caregiver for a sample of 40 caregivers in the city of Araguari-MG, and used Excel program to process the data. The main results of this study shows that 50% do not want to leave of the situation, 35% think their health has worsened, 47.5% have the feeling of loss of control of your life, 27.5% feel economic hardship, 42.5% feel that your social life has been impaired, 30% feel has no privacy as they like, 80% feel that it will be able to continue taking care of your family any longer. In addition 72.5% reported knowledge and experience to care for and 52.5% said they felt family support. So, contrary to what was expected and probably because cultural factors the exercise of that activity, even if it generates some discomfort, would not lead to withdrawal of care. This was one of the obstacles to the truthfulness of responses from respondents, creating a contradiction between the observed and reported on visits.

PALAVRAS-CHAVE: Family Caregivers; Public Health; Impaired Persons

**PP657 - SYPHILIS SEROPREVALENCE IN PREGNANT WOMEN
ATTENDING PRENATAL CARE IN A FAMILY HEALTH STRATEGY
FACILITY IN PARAISÓPOLIS COMMUNITY, SÃO PAULO-BRAZIL.**

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Introduction and objectives:

Screening and treatment for syphilis among pregnant women is the primary means of prevention of Congenital Syphilis. This study aimed to assess the seroprevalence of syphilis in pregnant women attending prenatal care in a Family Health Strategy facility in Paraisópolis community, city of São Paulo-Brazil.

Methods:

Data were collected in a retrospective population-based transversal study, using records of the Family Health Strategy facility Paraisópolis 3, in Paraisópolis community, city of São Paulo-Brazil during the 2012-2015 period.

Results and conclusions:

Between 2012 and 2015, 1401 women attended prenatal care in Paraisópolis 3 facility; thirty seven were tested positive for Syphilis. The prevalence was 2,6%, which is high when compared to other series. Based on these results, the efforts of various interventional programs should continue to make the screening and treatment accessible to reduce the prevalence of this disease and prevent Congenital Syphilis.

PALAVRAS-CHAVE: Syphilis; Pregnancy; Primary Health Care

PP658 - SYSTEMIC ARTERIAL HYPERTENSION: PREVALENCE, RISK FACTORS AND BLOOD PRESSURE VALUES OF RESIDENTS IN THE PARQUE AMAZÔNIA COMMUNITY, BELEM-PA

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Background & Aim:

In the state of Pará (PA) - Brazil, data from the Primary Care Information System (SIAB), shows that 82,625 people were registered with systemic arterial hypertension (SAH) in November 2015. In Belém-PA, 15,000 people were registered with SAH. The main risk factors for this chronic disease are: age, gender, ethnicity, sedentary lifestyle, obesity, alcoholism and smoking. Based on these observations this study's objectives are to analyze blood pressure levels and the prevalence of SAH and its risk factors in the community residents of Parque Amazônia, in Belém-PA.

Methods:

We applied individual questionnaires researching already diagnosed SAH and the risk factors associated with the disease. The study measured the blood pressure of a cohort of 102 residents over the age of 18 years in Parque Amazônia community.

Results & Conclusion:

The study sample consisted of 21.42% of hypertensive patients previously diagnosed and 35.71% of the cohort had high blood pressure values at the time of the survey. Among the subjects studied 54% were over 40 years of age; 69.05% were women; 14.28% were black, 73.80%, brown and 11.90%, white. 7.14% were smokers while 50% former smokers; 16.66% were consumers of alcoholic beverages; 21.42% had a BMI above 30 kg/m² (obese); and 42.86% declared themselves as sedentary. The considerable prevalence of SAH and its risk factors highlight the importance of strengthening the health and education measures aimed at prevention and health promotion in primary care to minimize and control these rates.

PALAVRAS-CHAVE: Hypertension; Risk Factors; Prevalence

PP660 - EDUCATIONAL ROLE PLAYING FOR THE PREVENTION OF DENGUE FEVER: STRATEGY DEVELOPED BY A HEALTHCARE AGENT

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Introduction and goal:

Work developed by Community Health Agents (ACS) in the Family Clinic Nildo Aguiar, to combat dengue in the territory through children 2-8 years, with a creative educational work.

Method:

The presentation is made through ACS dressed as dengue mosquito, singing a song dedicated to the control and combat the disease. The performances are accomplished in plazas, schools, churches and health itself unity. Children are warned of the beginning of the theater, where after this there is the entry of mosquitoes and places that would be the focus of transmitting *Aedes aegypti*, after mosquito disappears and then the children interact collecting and eliminating all outbreaks, with the return of Mosquito with no form of reproduction, it runs the place, and transmitted the message to children.

Results and conclusions:

With the realization of the educational theater found themselves children's learning, teaching and ask parents the necessary changes to end existing outbreaks and prevent the proliferation of the mosquito. During this experience, we can see the interaction of children and expand their knowledge, which were transmitted to those responsible. The child while training process is the best existing health multiplier and tends to use the information with their families, making it effectively a transforming agent.

PALAVRAS-CHAVE: Health Education; Community Health Workers; Family Health Strategy

PP661 - TELEPHONE SERVICE FOR THE POPULATION TO AN URGENT PUBLIC HEALTH: THE EXPERIENCE OF RSCONTRAAEDES

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Introduction:

In 2015 increased microcephaly notifications in Brazil. It was suggested a causal relationship with the Zika virus infection in pregnant women. Thus, the fight against *Aedes aegypti* vector has become a national priority, and an intense campaign in the media was promoted on the mosquito-transmitted diseases (Zika, Dengue and Chikungunya). To support these actions, the center of the Rio Grande do Sul telehealth (TelessaúdeRS / UFRGS) created a free telephone service available to the Rio Grande do Sul state's population (11.2 million people) for guidance on Dengue, Chikungunya and Zika, and for complaints of mosquito breeding grounds. The complaints are forwarded to the municipalities for verification.

Objective:

To measure the effect of a free telephone service available to the public about an epidemic health problem.

Methods:

The channel was made available on December 18, 2015. The service is conducted by nurses, physicians and other health professionals from Monday to Friday, between 08:00 and 17:30.

Results and Conclusions:

From December to February 17, 2016 were 4059 complaints and 904 advices by phone. Telephone service was the main form of access. The total of 6360 complaints, 1205 were made by an internet site, 831 by a mobile app and 265 by mobile message. The availability of a free telephone service for advice to the population appears to be an important health tool, given its reach and access compared to other telehealth and telemedicine tools.

PALAVRAS-CHAVE: Telehealth; Zika Virus; Aedes

PP662 - TRENDS IN DEATHS FROM BREAST CANCER IN A BRAZILIAN CITY: AN ANALYSIS OF DEATH CERTIFICATES CATALOGUED BETWEEN 2004 AND 2014

Deus GA ¹; Pasquali PL ¹; Tomaz ACV ¹; 1 - CENTRO UNIVERSITÁRIO DE MARINGÁ- UNICESUMAR;

Introduction:

Cancer has become one of the main causes of morbidity and mortality in world population, and, between women, breast cancer stands out. The increased incidence has been accompanied by the increase of mortality, fact that can be assigned, mainly, to the delay in diagnosis and adhibition of proper therapy, consequently reducing the chances of cure.

Objective:

Reveal the tendency of breast neoplasia according to the International Classification of Diseases (ICD - 10, 2nd version), C50 and its derivations, taking into consideration the risk factors for neoplasia, available in the death certificate.

Method:

Descriptive study, of cohort , of time series, of the death caused by breast neoplasia, registered in the death certificate of 610 women living in Maringá - PR - Brazil and surrounding area, in the period of 2004 to 2014. The data was collected in the Health City Office through Epidemiological Surveillance. The death in women was selected according to the ICD 10 classification.

Results:

This study identified a upsweep in the number of deaths every year, mainly in women in age range above 41 years. Likewise, caucasian, the ICD C50.9, and women with lower education.

Conclusion:

It has to be considered, so, that analyzing the high number of death by breast neoplasia, there must be a greater prevention of risk factors, beyond that, a effective screening by means of diagnostic tests, for purposes of reducing the occurrence of death by this disease.

PALAVRAS-CHAVE: Neoplasias da mama; Atestado de óbito; Prevalência

PP663 - TETANUS IMMUNIZATION STATUS AND RISK OF OCCUPATIONAL ACCIDENTS AMONG WORKERS OF MECHANICAL WORKSHOPS IN PARNAMIRIM CITY, RN

Barros WSC¹; Monte RS¹; Arruda TCM¹; Marinho EH¹; Monte TIS¹; Rêgo TM¹; Barreto AC¹; Xavier AS¹; Dias RKM¹; Nascimento EA¹; 1 - Universidade Potiguar;

INTRODUCTION AND OBJECTIVE:

Tetanus is a serious vaccine-preventable disease that remains a significant health risk in certain occupations. In Brazil, the Health Ministry recommends to administer three doses in the first year of life followed by booster doses at 15 months and 4 to 6 years old. However, it is recommended booster dose every ten years after the last dose. The aim of the study was to analyze the risk of occupational accidents and tetanus immunization status in a risk group of workers.

METHOD:

Observational cross-sectional survey performed on 43 employees of mechanical workshops in Parnamirim city, Rio Grande do Norte state. Survey data was collected by using a questionnaire.

RESULTS AND CONCLUSIONS:

It was observed that 37% of the sample were vaccinated with Tetanus Toxoid for the last time within 5 years, 21% were vaccinated between the last 5 and 10 years, 9% in over 10 years, 7% have never been vaccinated, and 26% didn't remember the last dose. Relative to the use of Personal Protective Equipment (PPE), 58% said they use the PPE, 30% confirmed they never use the PPE, and 12% claimed the use of PPE only sometimes. Referring to employees who do not use PPE, most of them (56%) had more than 10 years of service. About the occupational accidents, 65% reported having suffered accidents. The analysis shows that, although most of the sample is covered by vaccination, the work accident rate in the study was very high, leading to a high exposure to tetanus.

PALAVRAS-CHAVE: Tetanus; Accidents, Occupational; Immunization

PP664 - THE ACAI PROJECT AS ACADEMIC PRACTICE ENVIRONMENT IN PRIMARY HEALTH CARE IN THE BRAZILIAN AMAZON

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Introduction and Objectives:

Late in the 80s, after decades of struggle, Brazil has guaranteed in its constitution the health as a right of all its citizen and a State obligation, which was placed with the purpose to identificate conditions and determinants of health, planning to reduce the risk of injuries and diseases, and execution of promotion, protection and recovery of health. However, training in primary healthcare is still just little addressed in the Brazilian medical schools, which undermines the support base of all creation system. This work seeks to expose the perceptions in public health of medical students who participated in Acai Project, connected to IFMSA Brazil, held at a riverain community of Ponta de Pedras, inside the Amazon.

Methodology:

The public health activities took place at schools, town squares, street markets and neighborhoods. In addition to chronic diseases, topics such as sexual education and prevention of violence against women were discussed during the two weeks of activities in the heart of the Amazon.

Results and Conclusions:

The project gave the students an opportunity to interact with people who live besides the Amazon river and to develop new ideas and learn new topics about public health. They learned how to make a difference in the future as professionals by analyzing the public health disparity between urban areas and and the country side. Therefore, by being aware of this disparity and understanding it, they will be one step closer to finding new ways to diminish it and greatly improve public health.

PALAVRAS-CHAVE: Public health; Amazon; Riverain community

PP665 - THE ANIMAL ASSISTED THERAPY ON THE MEDICAL EDUCATION

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Introduction and Objectives:

Autism and Down Syndrome (DS) are known behavioral changes, but still leads to social exclusion of children and youngers, mainly because of prejudice and low professional attendance. It affects directly the psychological development and treatment efficacy. The Animal Assisted Therapy (AAT) consists of activities carried out with animals' assistance. It has defined objectives and a multidisciplinary team, in aiming to complement the conditions' treatments. The project purposed to help children and youngers with SD and autism to overcome limitations, using the AAT. Beyond, training medical students to deal with different publics and make them more compassionate professionals.

Methodology:

The "Iluminar" Project, developed by the International Federation of Medical Students Associations of Brazil (IFMSA Brazil), Committee of the Federal University of Pará (UFPA), had the support and planning of "Entrelaço" Project, consolidated in the Amazon Federal Rural University (UFRA). There were one phase with autism and other one with DS, that happened in four weekly sessions of AAT, about 1'30" each, in the sports court of UFRA. Recreational activities were labored with a presence of three dogs. Medical students has participated with "Entrelaço" professionals of Building Capacity to learn how to work with this public.

Results and Conclusion:

The approach with animals facilitated the development of activities, promoting inclusion and providing physical and cognitive advances. Medical students had close contact with the public, showing the importance of the doctor-patient relationship for a professional. Therefore, it was fundamental to assist the treatment of behavioral disorders and improve medical education.

PALAVRAS-CHAVE: Animal Assisted Therapy; Medical Education; Behavioral Disorders

PP666 - THE APPLICATION OF SOCIAL MEDIA FOR HEALTH EDUCATION IN AN UNIVERSITY EXTENSION PROJECT: AN EXPERIENCE'S REPORT

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Introduction and Objective:

Health education allows the scientific knowledge produced in health field reaches people's lives. This process can happen in different scenarios. A modern alternative for dissemination of educational materials is the use of Internet, which is widespread, 48% of Brazilians use the internet for about five hours a day. The university extension project HORA P (Humanization Obstetric care Reflections and Assistance of Childbirth) emerged with the aim to sensitize and equip healthcare students for humanized obstetric care based on evidence. The aim of this study is to describe the experience of an university extension group HORA P using social media as a way of health education.

Methods:

Description of an university extension project experience with students that used social networks as a way of health education. The subjects encouraged normal and conscious birth, obstetric care based on the best evidence available. The proposal of these themes aimed to reach a wider number of people.

Results and conclusions:

The project revitalized the HORA P Facebook Page in June 2015. The publications were posted in attractive formats (drawings created by the students, animated GIF). In the project webpage, informations and activities were posted. Until February 2016, the page reached over 60,297 people. The dissemination of these themes on social networks had a wide scope, increased the interest and participation of students and took the required information for a larger number of people, not restricted to a geographical area. It is a rich resource that can be applied in health education.

PALAVRAS-CHAVE: health education; obstetric care; childbirth

PP667 - THE ART OF CLOWNING IN PRIMARY CARE: A RESOURCE FOR HEALTH EDUCATION

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Introduction and Objective:

Theater and clowning have been used as valuable art resources for health education. Recent literature review showed that the most explored relation between clowning and health in scientific articles is the hospital clowning. In primary health care (PHC), however, publications on this topic are still scarce. The objective of this paper is to discuss the results of a participatory research that applied clowning as a popular health education tool in the context of the PHC.

Method:

A participatory research was done involving the realization of clowning workshops with medical students, followed by educational interventions. These actions took place in a territory that belongs to the area of a health center in Rio de Janeiro, Brazil. The setting was the Child Development Space (CDS) - a school for children from 1 to 5 years-old.

Results and conclusions:

Theater games with medical students were made and two interventions at the CDS were planned. A good approach to children was conquered through play; a good dialogue with teachers and direction of CDS was obtained, paving the way for new interventions (including a request from the school's principal); relevant issues were addressed as well as those which were requested by the school (pediculosis and healthy food). In conclusion, due to the lack of theoretical and empirical studies on clowning in PHC and given the importance of thinking critically about its application, this work represents a contribution to the systematization of this type of experience.

PALAVRAS-CHAVE: Primary Health Care; Health Education; Art

PP668 - THE ASSESSMENT OF SYSTEMIC ARTERIAL HYPERTENSION (SAH) IMPACT ON THE PRIMARY HEALTH CARE PATIENTS QUALITY OF LIFE.

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Introduction and Objective:

Systemic arterial hypertension(SAH) is related to various impacts on physical and mental health of the people. Therefore, the aim of this study is to describe the effects caused by this disease on hypertensive patient's quality of life, who participates in a government program to follow them up in primary care, called Hiperdia.

Method:

The study was cross-sectional, performed with 12 participants, and took place at a primary health care Unit, in Vila Velha, ES, Brazil. The data was collected by medical students from Vila Velha University after the medical consults, guided by a professor, through the Mini-Questionnaire of Quality of Life in Hypertensive people (MINICHAL-BRAZIL) which indicates a better quality of life when the score is closer to zero. The MINICHAL is stratified into two areas: "Mental State" (maximum score: 27 points) and "somatic manifestations" (maximum score: 24 points), totaling 51 points.

Results and Conclusions:

Among the participants, two (16.67%) were male and 83,33% were female. The mean age was 56 ± 9.51 years. The MINICHAL showed total mean score of 18.33 ± 10.91 . The mean score for "Mental State" area was 11.58 ± 7.35 , and 6.75 ± 4.65 in the "somatic manifestations" area. The study evidenced a negative impact on hypertensive people quality of life. The "mental state" area, was the most affected, indicating that the care should also focus beyond the ordinary allopathic treatment, in order to reach the patient's mental health. Besides, the least number of men, may indicates lower treatment adhesion of this group.

PALAVRAS-CHAVE: Hypertension; Quality of life; Primary health care

PP669 - THE ASSOCIATION BETWEEN EDUCATION AND FAMILY HEALTH STRATEGY KNOWLEDGE IN A PERIPHERAL COMMUNITY IN THE CITY OF FORTALEZA-CE

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Intoduction/Objectives:

The Brazilian communities started to be assisted by the Family Health Strategy (FHS) seeking to improve the quality of life in the logic of fulfillment of the principles of the Unified Health System (SUS): Universality, Integrality and Equity. In the context of knowledge and use of this health care system, the study presents the existence of a conscious notion about the service that it reaches, as well as their actual performance while health service provider to verify the existence of an association between the level of education of individuals and the knowledge of the FHS.

Methods:

Hereupon, it was performed a cross-sectional study in a primary health care unit of SUS with registered users of this Health Unit. It was used a sample of 413 users, among the user population of this FHS during the period from February to May 2014 in Fortaleza-CE. It was found that most individuals have not finished elementary school and do not know the FHS. Although the majority claim to know the Community Health Agent, they are unaware of the Health Team.

Results/conclusion:

In order to seek the association between educational level and knowledge of the FHS, there was no existing relation to the level of statistical significance. It was concluded that education and knowledge about FHS are not variables that can be related, but it is necessary to develop improvements in the quality of information on the FHS to further reach population and that education can represent a key component in information access.

PALAVRAS-CHAVE: health care; EDUCATION; Brazil

PP671 - THE BIOMEDICAL PROFESSIONAL INSERTION IN PRIMARY HEALTH CARE

Sobral Neto JP ¹; Nascimento BABF ¹; Silva CC ¹; Santos FAS ¹; 1 - Faculdade Asces;

INTRODUCTION AND OBJECTIVES

The biomedical is a professional able to act in all health care levels, working in promotion programs, maintenance, prevention, protection and recovery of health. The present study aims to assess the possibility of biomedical insertion in primary care, and which programs and strategies in this professional can perform at this level of attention.

METHODOLOGY:

Cross-sectional descriptive study, conducted by consulting the scientific articles and resolutions of the Ministries of Education and Health, published from 2003 to the present period.

RESULTS AND CONCLUSION:

Primary Care (AB) is a health care level that proposes an interdisciplinary action in the development of education activities, promotion and health prevention. In this context, the biomedical may develop health education actions along with the Community Health Workers (ACSs), work in the Family Health Strategy (ESF) and the Basic Health Units. You can also work in Psychosocial Care Centers (CAPS) in Family Health Attention Centers (NASF), the Offices of Street and Offices at Street. Also acting in strategy Stork Network Program and Best Home possible. Think about including in the biomedical AB means think of a greater solving health problems that can be treated at this level of attention. It also means expanding the multidisciplinary work, one of its pillars.

PALAVRAS-CHAVE: Family Health; Primary Health Care; Health Promotion

PP672 - THE CONTRIBUTION OF THE FAMILY HEALTH TEAM IN THE CONTROL OF TOBACCO CONSUMPTION IN THE BASIC HEALTH UNIT.

Franco PG ¹; Leal KTG ¹; Pinapho RMG ¹; 1 - CFSM;

This is an experience report, whose aim is to describe the use of tobacco control support group in a Basic Health Unit (Family Clinic Souza Marques) in the city of Rio de Janeiro. For the registered who wish to stop smoking, this group is intended for people who require professional help. According to INCA (2015) the Brazilian smokers percentage decreased 30.7% in the last nine years, and this reduction is the result of actions taken by the Federal Government in the combating of tobacco consumption. The group experience for the scenario in question became apparent over these three years since the beginning of activities on the Unit, obtaining a very satisfactory reduction regarding the abandonment of addiction. In the group of smoking developed in Basic Health Unit is contemplated to teach strategies for the quit of cigarette consumption through weekly meetings, with the help sessions with topics related to the mechanisms that aid in smoking stop, as benefits in life without cigarettes, breathing exercises, eating habits and improvement in quality of life without smoking. It is developed by a multidisciplinary team of family health strategy, coordinated by a nurse and a dentist, even enlisting the help of other professionals such as doctor, nutritionist and physical education teacher from the Center of Support for Family Health. This support group experience of tobacco control, has enabled professionals the perception of health work as an act of health promotion, with the necessary interventions in the registered daily, with necessary paths to achieve the benefits of life without cigarettes.

PALAVRAS-CHAVE: Family's Health; Tobacco control support; Multidisciplinary work

PP674 - THE CREATION OF AN OPERATIVE GROUP FOCUSING ON HEALTH, FROM THE RESIDENT IN FAMILY MEDICINE AND COMMUNITY.

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Introduction:

This report brings the experience and perception of a resident in family medicine and community for training, implementation and organization of an operating group with the theme health promotion and disease prevention.

Experience:

In a health unit of the family, started a group operating with duration of nine meetings. Surrounding the organization appeared the difficulties that residency requires the construction of group practices and the population of the resistance on the subject.

Results:

The topics have been set by team unity. There was a change from zero to 6 users, most on smoking and alcohol and anyone in promotion and prevention. They organized the undergraduate group dental medicine and a nursing assistant and the resident physician.

Discussion:

Addressing the health promotion theme in a health care facility should be frequent, but it is not. Thus the aim was to deepen the theme in the unit and users, and propose a new function for the resident who not only welfare. Family Practice

Conclusion:

Training and information on health promotion should be the focus for change of health paradigms and the resident doctor has key role in its construction, both for their training and for the unit.

PALAVRAS-CHAVE: Health promotion; Primary Care; Family Practice

PP675 - THE EFFECT OF A GOAL – DIRECTED PRIMARY CARE INTERVENTION ON PEDIATRIC OBESITY

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Introduction and Objective:

The prevalence of pediatric obesity is greater now than at any other point in history. The ramifications of this epidemic are higher rates of pediatric medical complications, such as elevated lipid concentrations and blood pressure. Also, a higher proportion of obese children become obese adults, with risk for conditions such as diabetes, cardiovascular disease and certain cancers. Our study addressed the efficacy of family based physician interventions to decrease the Body Mass Index (BMI) of obese children as defined by BMI for age \geq 95th percentile.

Method:

Children between 8-13 years old and BMI percentile for age \geq 95th were eligible for the study. Twenty-nine initial subjects were randomized into an intervention group and an observed control group. The intervention group received monthly physician led group counseling sessions for 6 months via the 'We Can!' program. Eight participants eventually followed up for height and weight measurements.

Results and Conclusions:

There were no significant differences noted between the intervention and control groups for change in BMI or change in activity scores based on evaluations. The study had a high attrition rate. Parents cited issues with time commitments, forgetting meetings, and lack of interest as barriers to completion. Our study suggests that improvement in pediatric obesity may require a broader approach than just education by a primary care manager. Further studies with multiple intervention modalities are needed to determine the potential impact of family based group physician intervention in decreasing the BMI of previously diagnosed obese children.

PALAVRAS-CHAVE: pediatric; obesity; education

PP676 - THE EFFECTIVENESS OF EXPANDING PATIENT AWARENESS IN INCREASING INFLUENZA VACCINATION UPTAKE IN A LARGE RELATIVELY DEPRIVED SEMI-URBAN UK POPULATION

Nguyen N ¹; Hunger N ¹; Knox A ¹; 1 - University of Manchester;

Introduction and Objective;

Seasonal epidemics are estimated to cause, worldwide, 3-5 million cases of severe illness and up to half a million deaths each year. Trivalent seasonal influenza vaccinations are of major importance, especially to at-risk population groups. There is an ever-increasing body of literature to support the extension of winter vaccinations. This audit is designed to evaluate the effectiveness of a large relatively deprived semi-urban UK practice's inoculation regime.

Method;

We analyzed mid-late winter vaccination statuses of patients deemed "at-risk" by UK Department of Health. The results yielded were below the standard of 85%. Immediate and long-term changes were implemented leading to a reaudit in 24 days. The intervention was dedicated towards patient education: patients were telephoned and sent letters highlighting the importance of late winter vaccinations and risk factors.

Results and Conclusions;

Pre-intervention, there was an uptake of 81% (790). Post-intervention, 25% of the remaining at-risk population (39) was reached, convinced to attend and given vaccinations within 24 days, showing a rapid response. The target of 85% was achieved. This was controlled against the previous four years. 95% of at-risk patients contacted admitted to not receiving vaccinations due to ignorance of seasonal schedules.

For immunizations, unlike many other disease indicators, there is a much heavier weighting in reaching these targets essential for herd immunity. There is a gap in knowledge between the latest evidence regarding late winter seasonal immunizations and patient awareness. Communicating this fact has been shown here to have a positive affect towards herd immunity.

PALAVRAS-CHAVE: Immunization Coverage; Immunity, Herd; Communication Barriers

PP677 - THE EVOLUTION AND PROFILE OF MULTIRESISTANT TUBERCULOSIS CASES OF AP 5.1, NOTIFIED BETWEEN 2010 AND 2015

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INTRODUCTION AND OBJECTIVE

Improper use of drugs for the treatment of tuberculosis cases is related to the emergence of multidrug-resistant strains that represent a significant threat to disease control. This study objectives to describe the evolution and profile of MDR-TB cases reported between 2010 and 2015.

METHODOLOGY

A sectional study of cases of multidrug-resistant tuberculosis, residents of PA 5.1, notified between 2010 and 2015. What were used as a source were a GAL, SITETB and SINAN NET. For the analysis, the SPSS® software version 21 was used.

RESULTS AND CONCLUSION

There was an increase of cases in the period, increasing from 8 cases in 2010 to 19 in 2014 and 23 in 2015. Multidrug resistance remained as the most prevalent pattern of resistance, contributing to almost 80% of cases per year. Regarding the type of entry, about 70.0% were new cases of MDR-TB. For the 23 cases reported in 2015, 82.6% were covered by the ESF and 43.5% of UBS had MDR-TB cases in their area. It was observed that 86.9% of them were monitoring the area where they lived. In 2015, 43.5% of patients were 30-49 years old, with an education background between 4-7 years (47.8%); 52.2% were mixed and male. The most frequently resistant drugs were R (39.1%) and RHESOfx (21.7%). For abandonment, 13.0% returned after default and 4.35% had the abandonment and closure. It was seen that 43.5% had at least one comorbidity; 26.09% of the population were smokers and drinkers, and 13.0% were drug users.

PALAVRAS-CHAVE: Communicable Diseases; Tuberculosis; Multidrug-Resistant

PP678 - THE EXPERIENCE OF DISCRIMINATION AND ITS ASSOCIATION WITH HYPERTENSION, OBESITY , ANXIETY AND DEPRESSION IN PRIMARY CARE

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Introduction and objective:

Discrimination consists of a raw deal motivated by identity characteristics or belonging to a specific group and minorities are the main target of these actions. Research has demonstrated that discrimination experience produced significant negative effect on the physical and mental health, producing higher levels of stress. The aim of this paper was to study the relationship between physical illness, anxiety and depression, and discrimination in patients treated in Primary Health at Rio de Janeiro and Sao Paulo.

Methodology:

It is a cross-sectional study of 1466 patients between 18 and 65 years. To assess the diagnosis of physical illness was completed questionnaire by the doctor / nurse and for detection of mental disorders was used the Hospital Anxiety and Depression Scale. And to assess the discrimination we used the general questionnaire that collected data on the perception of participants on discrimination.

Results and conclusion:

It has been found that the association pattern was different among the diagnoses hypertension, obesity, anxiety and depression. Statistically significant associations occurred between hypertension and discrimination and this negative, whereas between obesity, anxiety and depression associations discrimination were all positive.

PALAVRAS-CHAVE: discrimination; primary care health; mental health

PP679 - THE FUNCTION OF PRIMARY CARE IN THE T POPULATION OPTICA IN THE CONTEXT OF TRANSEXUALIZADOR PROCESS AND INTEGRAL CARE

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Introduction and Objective:

The social stigma attached to transvestites and transsexuals, this paper treated as T population, still reflect the health care of this population. The pathological view of gender identity still presents an obstacle to the full attention to the T population in primary care, justifying a (re) assessment of health practices in the light of new perspectives advocated by SUS. In this context, the study aims to understand and evaluate the vision of the T population on the role of primary health care in transsexuals process and comprehensive health care as well as open new horizons in the development of strategies aimed at promoting the full direct health exercise that population.

Methodology

The methodology is qualitative by the convergent analysis and content analysis will be applied. Participants will be subject to self-declared transvestites and transsexuals living in the Clinic of the area covered by the Family Sonia Maria Ferreira Machado, located in the west of Rio de Janeiro.

Results

From the initial contact with the group, it was possible to infer from the principle that the social stigma associated with T population and unpreparedness of the reports of health professionals in the care of this population away from the health service. The initial dialogue revealed ignorance on the part of this population with respect to transsexualizador process and its gateway through primary care. This fact highlights the immense need for expansion of comprehensive care to trans health more autonomously in family health units, going against an extremely targeted medicine overlooking the user in its entirety.

PALAVRAS-CHAVE: Transsexual; Primary care; Populacion T

PP680 - THE GENOGRAM AS A TOOL FOR CHILDREN FAMILY DIAGNOSIS WITH BEHAVIORAL DISORDER AND SCHOOL LEARNING DIFFICULTIES

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Introduction:

Genogram is used in Systemic Family Therapy to portray family dynamics once you get key information for psychosocial analysis of patients. Children form a group more susceptible to the development of behavioral and emotional disorders that can trigger depression, feelings of inferiority and aggressiveness, influencing school performance negatively, disorders that can be highlighted in study of family dynamics.

Objective:

Mapping a Genogram family dynamics of children bearing behavioral disorders and difficulties in school learning.

Methodology:

A quantitative longitudinal study was realized in a School Health promotion in 2015 by Medicine scholars watching six students previously diagnosed with behavioral disorders and retardation of learning. Children whose age varied three to eleven years Data collection was collected by interviews with officials and design of individual Genogram, aiming at aspects of mental disorders and family socio-cultural context. The study was approved by the Ethics Committee, number: 43410115.5.0000.5049 / 2015.

Results:

Six children were selected between four and nine years and five female, one male. Psychoactive substances were present in the family history of 83% of children. Family of five children drank alcohol and three first-degree relatives were using illegal drugs. Sexual violence is present among 33.3% of children. Four children, alternated home with grandparents. Respondents described the infants as "intolerant" or "angry".

Conclusion:

It was found there is possible relationship between troubled family background and the presence of behavioral disorders. The genogram proved to be valuable tool for understanding the family plot, acquiring information by academics to carry out health-promoting activities.

PALAVRAS-CHAVE: Mapping; Family Therapy; Children

PP681 - THE HEALTH FAIR PROJECT AS A HEALTH PROMOTION TOOL: AN EXPERIENCE REPORT.

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Introduction and objective:

The health fair project is an official strategy of the Seventh-day Adventist Church, which is performed by volunteers throughout Brazil. In Rio Grande do Norte, provides activities for 1 year and has about 100 volunteers. The project believes that practicing healthy habits in a natural way is critical to maintaining the health and retrieve it in most cases of vulnerability and fragility. The fair serves the strategic perspectives of the National Health Promotion Policy, the Ministry of Health. The objective is to report the vivencias practices at the Health Fair project as a member and describe the educational and health promotion forms.

Method:

This is an experience report from the practices experienced in the year 2014/2015, for professionals and students in the health field. The project's methodological format tent Paulo Freire.

Results and conclusions:

Through the activities participants are encouraged to change lifestyle habits by adopting healthy practices of well-being. Adventist health body performs at the fair reduction actions damage to smokers and drinkers in addition to providing comprehensive care to people who wish to leave the vices. The project is being carried out in order to promote habits and guide users to adopt healthy practices that prevent vulnerability to illness. In this sense, we can see that the satisfaction of the people adhere to healthy habits and changing lifestyle, becoming peer educators and participants of the actions developed by the project.

PALAVRAS-CHAVE: Healthy Habits; Health Promotion; Well – being

PP683 - THE IMPACT OF HEALTH EDUCATION ON THE ADHERANCE TO TREATMENT OF HYPERTENSION

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THE IMPACT OF HEALTH EDUCATION ON THE ADHERANCE TO TREATMENT OF HYPERTENSION

Introduction/objective:

The Hypertension contributes to the principal causes of death: myocardial infarction, stroke and cardiac failure. It is therefore an important public health problem. The impact of health education was studied in two rural health centers of Family Health Strategy, in the changes of behavior of hypertensives with prior hypertensive crises, through their participation in educational activities.

Methodology:

Transverse and retrospective research, by way of application of questionnaires and analysis of health charts of 20 hypertensive patients registered in two rural health centers of Resende-RJ, who had hypertensive crises within the last five years. The study was authorized by the Secretary of Health and by the Committee on Ethics and Research. Comparison was made between two groups – A (those who attended the educational activities) and B (those who did not attend the educational activities) – in relation to adherence to diet, practice of physical activity, attendance to consultations and adherence to medication.

Results/discussion:

Patients: Group A- 5; 100% attend to consultations and adhere to medication;40%practice physical activity and adhere to diet; Group B- 15; 66% attend to consultations; 60%adhere to medication; 6,6%practice physical activity;30% adhere to diet. Those who participated in the educational activities maintained a higher adherence to healthy habits. The participation in the educational activities provided resources for the personal empowerment in the autonomous construction of their lives with quality and dignity. The authors are convinced that a continuation of this work should reinforce our conclusion.

PALAVRAS-CHAVE: HEALTH EDUCATION; HYPERTESION; RURAL HEALTH CENTER

PP684 - THE IMPACT OF ORAL HEALTH ON LIFE QUALITY: A NEW PERSPECTIVE THROUGH THE FAMILY HEALTH STRATEGY

Vidal AA ¹; Lopes ACS ¹; Tenorio HB ¹; Saldanha VM ¹; 1 - CF FAIM PEDRO;

Considered na indicator of health, the quality of life is strongly influenced by satisfaction with oral health. The biggest preoccupations of people are mainly related to confort, function and esthetics. This one is, in the psychosocial context, directly linked to self image and self-esteem. Recente studies have demonstrated the results of an excessively restorative and surgical attention, poor in the category Health Promotion, wich led to high rates of edentulism, and a high prevalence of oral diseases in the population with insuficiente income. The socioeconomic inequalities in oral health affects not only a person, and it is not overcome by the simple improvement of poverty. In the context of a historic social exclusion in oral health and with the expectation of a wide concept of health, where the focus can never be only in yhe mouth, but in the persons quality of life, oral health teams were inserted in the Family Health Program, enabling greater acess to oral health services and a closer relationship between patient and professional. This is a clinical case report using dental clinical cases treated in basic care in situations where oral health condition brought answers such as anxiety, insecurity and low self-esteem. All of them were solved with odontologic treatment. The activities of oral healh team in the Family Health Program have potencial to build a new reality in partnership with the community, not only through health promotion strategies, but even through a satisfactory clinical treatment, able to bring back the possibility of social interaction and have a smile as a way to express emotions, bringing, in final analysis, quality of life.

PALAVRAS-CHAVE: Oral Health; Life Quality; dental clinical treatment

PP685 - THE IMPORTANCE OF DIET ON GLYCEMIC CONTROL IN BASIC HEALTH UNIT AXIXÁ – TOCANTINS

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INTRODUCTION AND OBJECTIVE:

Diabetes mellitus (DM) is a disease with important metabolic changes, difficult to control and that affects a huge part of the population, especially the elderly. The great difficulty in getting to the glycemic control in these patients is attributed to poor diet by the same. The objective of this study was to evaluate the importance of diet on glycemic control in a Primary Health Care (PHC) of Axixá - Tocantins.

METHODS:

The health team PCH Axixá - Tocantins identified patients with diabetes, pre-diabetes and risk groups, for which addressed the importance of diet on glycemic control. with medical lectures were held and nurse, orientation visits and monitoring of fasting glucose monthly.

RESULTS AND CONCLUSIONS

The study included 540 people, of whom 210 were diabetic, 155 pre-diabetic and 175 risk group. The fasting blood glucose of patients was assessed before the start of the action plan, monthly and at the end of it. In addition, patients attended lectures, guidelines for medical consultation and nursing. After six months of intervention, there has been a reduction in blood glucose levels in fasting, decrease in the appearance of new cases of diabetes and the need for hypoglycemic medications. We conclude that with the change in lifestyle, direct and indirect impacts are beginning to be seen in the daily life of the community.

PALAVRAS-CHAVE: Diabetes Mellitus; Primary Health Care; Public Health

PP686 - THE IMPORTANCE OF HEALTH PROMOTION IN DIFFERENT AREAS: COMMUNITY AND CLASSROOM.

BARROS, T. A. C. ¹; PEREIRA, W. A. ¹; MATOS, V. H. G. R. ¹; NETO, W. K. P. S. ¹; OLIVEIRA, K. L. ¹; XIMENES, T. F. ¹; LOURENÇO, R. P. ¹; MUNIZ, V. F. ¹; PINHEIRO, D. ¹; 1 - Universidade de Fortaleza;

Introduction and Objectives:

This study aimed to analyze the positive impact of carrying out two health education activities: home visit and conversation wheel. The first was an opportunity for the perception of most frequent problems encountered in the community. Thus, interventions were prepared that would fit the weaknesses found in the monitored families. The second was a quest for self-care of the medical student himself, since its unhealthy habits are known. Issues such as lack of leisure, nutritious food and sleep quality were addressed.

Method:

The work was qualitative, where the benefits for the home visit and the conversation wheel were analyzed through interviews. Health promotion practice activities were held in the first half of 2015 through interventions at Dendê Community and in the classroom at the University of Fortaleza.

Results and conclusions:

The importance of the visit was notable by the fact that it permits conditions to conduct change, confronting the actual hegemonic model, which is centered on disease, and has predominantly little interaction with users. The conversation wheel represented positive interaction because it allowed students to identify and realize their bad habits and the resulting health prejudice. Finally, there is no doubt that the practical experience at the communities homes and at the classroom was a didactic method that involved students significantly expanding their adherence to medical activity and hence leading to excellent results in the measures implemented.

PALAVRAS-CHAVE: Family Practice; Health Promotion; Health Education

PP687 - THE IMPORTANCE OF IMMUNIZATION PROGRAM IN THE DECREASE OF MENINGITIS CASES IN AMAPÁ STATE BETWEEN 2007 AND 2013

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Introduction and Objective:

Meningitis is an inflammation of the meninges caused by bacteria, viruses and / or fungi, whose transmission can occur by respiratory secretions or other forms of close contact, easy transferability and difficult to control. So, we tried to demonstrate the importance of the introduction of Brazil's vaccination program in 2010 in the state of Amapá and its relation to the reduction of cases in the region.

Method:

To survey the information were consulted the databases LILACS, Scielo and PubMed and were used the keywords "meningitis", "Epidemiology" and "Amapá", searching for articles published in the last 10 years in Portuguese and English languages.

Results and Conclusion:

124 cases of meningitis have been reported in Amapá, with the peak in the year 2010 (25.80% of cases). The groups most affected were child between 1-4 years because the immune system is not fully developed, and the adult between 29-40 years, for fall in other risk factors. It was observed a decrease of cases after the peak in the year 2010 (32 cases), mainly due to the free introduction of meningococcal conjugate C vaccine in the 16 municipalities of Amapá, included in Brazil's vaccination public calendar in 2010 for children from 2 months to 2 years of age. Additionally occurred professional training, highlighting the course offered by Storage and Distribution Center of Immunobiology (CADI), linked to the State Secretariat of health (SESA).

PALAVRAS-CHAVE: Meningitis; Immunization; Amapá

PP688 - THE IMPORTANCE OF INSTRUMENTS FOR FAMILY ASSESSMENT AND INTERVENTION FOR DYNAMIZATION OF THE HOME VISITS IN THE COMMUNITY

PEREIRA, W. A. ¹; FREITAS, D. D. H. ¹; JUNIOR, A. G. V. ¹; SOBRAL, D. S. ¹; MORAIS, J. L. S. ¹; OLIVEIRA, M. A. ¹; PINHEIRO, D ¹; 1 - Universidade de Fortaleza;

Introduction and Objective:

The Brazilian National Primary Care Policy proposes educational activities that may interfere with the health-disease process of families. Instruments are available to help health professionals to consider the family context as part of clinical care, including: Genogram, Family Life Cycle, APGAR, PRACTICE and Eco-map. In the first year of medical school of University of Fortaleza, the student performs the familiar accompaniment using such strategies to promote an integral home care. This study aims to demonstrate the importance of preparing educational activities in family health, using the instruments referred to approach the family context.

Method:

Experience report from medical students of the year of 2014, during recognition of resident family in the Dendê Community, localized in Fortaleza, Brazil. The home visits were based on semi-structured interviews with a patient index of the various families. The instruments for family assessment and intervention mentioned were used to help identify the family and social context.

Results and Conclusions:

The use of these instruments facilitated the family approach during visits because they promoted a greater understanding of the family dynamic and problems. Besides that, the students planned educational activities in family health. The use of these tools allows a better contemplation of the relevant learning objectives in the context of primary health care for the first-year medical course at University of Fortaleza and it was essential for the promotion of health in the family context.

PALAVRAS-CHAVE: Family Health; Health Promotion; Community

PP689 - THE IMPORTANCE OF LUDIC INTERVENTIONS IN THE AMBULATORY ENVIRONMENT: AN EXPERIENCE REPORT

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Introduction and Objective:

The education of the health student is not restricted to academic and technical and scientific aspects, but also to the fortification of their ethical and social commitment, treating the patient holistically and not just by eradicating diseases and developing therapeutic strategies. The objective of this work is to minimize the feeling of discomfort of the patient in an ambulatory environment through interactive activities, promoting better patient-physician relationship and multidisciplinary integration, and strengthen the ethical and social commitment of the graduate student as well. The submission of this abstract was realized in order to dialogue with the scientific community aspects about the relevance of humanization and breaking the ambulatory routine, by inserting groups of volunteers using a ludic and interactive methodology with patients.

Methods:

Qualitative work, experience report.

Results and Conclusion:

Were established clown-doctors theater groups, college students trained in performing arts workshops, inserted in an ambulatory environment at the University of Grande Rio to the humanization of health care and interaction with patients in the waiting room through a ludic intervention where patients express pleasant and unpleasant feelings and understand how the ambulatory routine works and procedures which they will be submitted, allowing its adherence to a more effective and dynamic treatment. It also helps to create bonds between professionals from different health fields and reduces the feeling of tension of the patients while they wait for care.

PALAVRAS-CHAVE: health; social work; humanization of assistance

PP690 - THE IMPORTANCE OF MEDICAL STUDENTS PARTICIPATION IN EDUCATIONAL ACTIONS OF HIPERDIA PROGRAM

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INTRODUCTION AND OBJECTIVE

The Monitoring and Registration Hypertensive and Diabetics System (HIPERDIA) is a Health Ministry program, targeted to hypertensive and/or diabetic patients of Brazil's Unified Public Health System (SUS). The program's intention is to improve health care access, medication dispensing, these diseases monitoring and controlling, in addition to collecting epidemiological data from the assisted communities. This study aimed to report the Vila Velha (UVV) University medical students' experience in the HIPERDIA program in Vila Velha, Espírito Santo, Brazil.

METHOD

During the Hiperdia program meeting, conducted by the Family Health team and the medical students, it was carried out the waist/hip ratio, the blood pressure measurements (BP), capillary blood glucose test (CBGT), medical appointment and medication providing. As an education activity, the medical students conducted a lecture about nutritional orientation to the patients and their companions.

RESULTS AND CONCLUSIONS

It was clear during the activity the patients lack on industrialized food sugar and sodium concentration knowledge, so frequently consumed in their daily routine. From the fifteen assisted patients, two showed BP and CBGT alterations, six only BP alteration, and seven presented normality. In the end, the Family Health team was pleased with the students' proactivity and performance. After the meeting, the conclusion was that part of the patients, even under regular treatment, still showed BP and CBGT unbalanced. Therefore, it is necessary to increase the meetings' frequency, more incisively to promote patients' consciousness and commitment.

PALAVRAS-CHAVE: QUALITY OF LIFE; HEALTH ASSISTANCE; PUBLIC HEALTH

PP691 - THE IMPORTANCE OF USING FAMILY APPROACHING INSTRUMENTS IN THE CONTEXT OF SELF-CARE FOR THE HEALTH EDUCATION

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Introduction and objectives:

Health promotion has extreme importance in what concerns to individual and community capacitation and conscientization in health, major interest of Family Medicine. This way, family approaching is indispensable to recognize the reality in which people are inserted and to guide a plan based on Health Education. In this area, this work has the purpose to understand the relation of the family dynamics and the promotion of self-care, by means of family visits.

Method:

Longitudinal, qualitative-descriptive study, based on individual case and home visiting experience report, realized in Comunidade do Dendê, Ceará, Brazil, from april to september of 2015. Data were collected by questionnaires about family approaching and self-care methodology, which comprises: evaluation, counseling, agreement, assistance and support, during three interviews with index patient. Confidentiality was assured. There was free and informed consent.

Results and conclusion:

It was observed by the family history and by the application of instruments such as APGAR, Genogram and Ecomap that B.P.A.'s family fits in a context of high functionality, is inserted in the stage of the Family Life Cycle with children, has a good relationship with their community, but also needs support from CHW. This way, the study allowed to better know the family and to notice the persistence of good habits. However, the intervention purpose wasn't realized. This impossibility, linked to B.P.A.'s disinterest, may be related with his lack of empowerment as to dynamics of Basic Attention.

PALAVRAS-CHAVE: Health education; family approaching; self care

PP692 - THE INFLUENCE OF DIET AND PHYSICAL ACTIVITY ON THE BLOOD PRESSURE

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INTRODUCTION AND OBJECTIVES

Systemic arterial hypertension (SAH) has been gradually turning into one of the most serious public health problems. The immutable risk factors are age, gender, ethnicity and genetics, and modifiables include inappropriate lifestyle. Thus, a key component for the treatment of hypertension is the change in lifestyle, being the most effective and least expensive way in terms of public health (Oliveira et al., 2012). So, this study aimed to: promote clarification of hypertension; guide balanced diets based on the economic conditions of the population; encourage physical activity and promote a leisurely afternoon focused on the control of hypertension.

METHOD

This is a descriptive experience report. The meeting happened on 11.27.2013, on Martins neighborhood, in Rio Verde, Goiás. It was attended by 30 students from the Rio Verde School of Medicine, which conducted activities through flyers, posters, clowns, trampoline and raffle giveaways.

RESULTS AND CONCLUSIONS

The importance of this work was noticed, since patients were warned about death's five major risk factors, which are: hypertension, smoking, hyperglycemia, physical inactivity and obesity (Taylor, D., 2014). Our project showed that the minority of the population practiced physical activities, which was also shown in a study that says that hypertension and hyperglycemia, as well as obesity are related to physical inactivity (Taylor, D., 2014). So, many of the people who participated in the project may change wrong habits regarding their eating and exercise practices, in order to prevent, stabilize and even reverse hypertension.

PALAVRAS-CHAVE: Blood pressure; Physical activity; Alimentation

PP693 - THE INTERVENTION OF MEDICAL STUDENTS AIMING THE PROMOTION OF WOMEN'S HEALTH

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Introduction and Objectives:

Medicine has in its essence the purpose of caring, welcoming, but unfortunately, the doctor-patient relationship has distanced itself increasingly, realizing that these purposes are not very present in medical practice. IFMSA (International Federation of Medical Students' Associations) is an NGO that came to revolutionize medical training and make it possible to have academic contact with the patient from the first period. This institution has several committees in the world and the FAMINAS BH local committee conducted the campaign "A woman who takes care". It intended to provide the student with improvements in professional practice and benefit people by attending. The objective was to guide the public about the importance of conducting preventive exams and bring together academics from the health center of reality.

Methods:

Leaflets and posters related to women's health were distributed at the Policlínica Visão in Lagoa Santa - MG. In addition, there was a campaign for preventive examinations with the help of 70 medical students of FAMINAS-BH in 34 women. The students were properly trained previously.

Results and Conclusion:

The students experienced in practice what is seen in theory, with the addition of having to face questions from patients, their anguish and gratitude for the offered attention. Through health promotion of women, it was realized that this strategy was beyond an exam. Abandoning the mechanistic practice, the patient was addressed in all her dimensions and a bond between patient and student was promoted.

PALAVRAS-CHAVE: Women's Health; Health Promotion; Medical students

PP694 - THE KARATE AS HEALTH PROMOTION STRATEGY IN THE FAMILY CLINIC (SMS-RJ)

Cardoso RS ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction:

Health Promotion has been incorporated as an essential activity of the general practitioner and reformulation strategy traditional care model. And then appropriate the enforcement actions that reflect the everyday practices of health services. In 2009, the Municipal Health Secretariat in Rio de Janeiro deployed Academia Carioca Program which aims to offer integrated regular physical activity to care lines.

Objective:

To present the physical activity through the Karate as action Clinic Family Father John Cribbin (AP 51) and health practice in accordance with the principles of the Family Health Strategy.

Method:

This is a cross-sectional analysis using data collected periodically of its participants (children and young people with an average of 11 ± 5 years old, the Bolsa Família beneficiaries, poor school performance and risk factors for chronic non transmitted); and reports of family and professional Health Unit.

Results and Conclusion:

After six months of participation, there is the increase in school grades and a more positive social behavior. In the group of 136 participants, two had blood pressure levels of 150x90mmHg. After physical activity and nutritional counseling involving family, blood pressure reduced to 120x80mmHg. Karate in the perception of the health team demonstrates effective potential for promoting healthy habits likely to be preserved as adults and strengthening the bond of this population with essential public health service to achieve a new model of care.

PALAVRAS-CHAVE: Health Promotion; Primary Health Care; Motor Activity

**PP695 - THE LEARNING ASSESSMENT ON DISTANCE COURSE OF
NUTRITION IN HEALTH PRIMARY CARE OFFERED BY
TELESSAÚDERS/UFRGS**

Cunha NS ¹; Gadenz SD ¹; Hauser L ¹; Corrêa AP ¹; Bastos CM ¹; UMPIERRE RN ¹; 1 - TELESSAÚDERS/UFRGS;

Globally, is growing increasingly the offer of distance learning courses. TelessaúdeRS/UFRGS offer this kind of courses in order to qualify the practice of primary healthcare team to improve primary care practice. The aim of this study is to evaluate the impact of the Nutrition Course in primary care by comparing the students' knowledge before and after the course. The course was accomplished from August to October 2015. Both at the beginning and at the end we applied a knowledge test with the same issues about the content to be covered during the course. The total scores of the evaluations were presented in percentage. To compare the means of correct answers before and after course completion we used the paired-samples t-test. Course participants were 336 health professionals, 315 (87.5%) were women and the mean age was 34.3 years \pm 9.1. Most were dietitian (53.5%) followed by nurses (12.79%). 28.6% worked in the Rio Grande do Sul state and 21% in São Paulo state. The great majority was approved in the course (95.2%). Our results show that the mean posttest (9.0 \pm 0.95) was greater than the mean pretest (7.9 \pm 1.03) (p <0.0001). We conclude that, the distance learning is a effective tool of education, adding to the benefit of gain of knowledge, time management and flexibility of choice of place of study.

PALAVRAS-CHAVE: Nutrition, Public Health; Health Promotion; Teleducation

PP696 - THE OBSTACLES IN THE PREVENTION AND THE HIGH MORTALITY OF FEMUR FRACTURES IN THE ELDERLY PEOPLE

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Introduction and objectives:

Femur fracture is among the most common in the elderly, from 70 to 80 years old mostly. The fall, in most cases, is related to the limitations of long-lived, and result in high morbidity and mortality rates. The study aims to present obstacles in the prevention of fracture, to point the main complications that can affect patients and to emphasize the importance of continuity of care after surgery.

Methods:

Research in literature (SciELO and PubMed).

Results and conclusions:

The causes of femoral fractures from falls are related primarily with visual and neurological problems. Added to this, the elderly is most often alone and exposed to various conditions predisposing to fall, which is a major obstacle in prevention. Various effects have been reported after fracture, such as stroke, osteoporosis, pneumonia, arthritis, urinary tract infection, thrombosis, pulmonary embolism, heart disease and death. Therefore, when the elderly get in health care, the physician should be aware of the possible complications of the condition. The review showed that the fracture has serious physical, psychological and social consequences, reaffirming the need of fall prevention, providing the elderly a better quality of life, autonomy and independence. It notes the need to reference back this elderly after surgery, through the Family Health Strategy, which may help in the continuity of care through a multidisciplinary team.

PALAVRAS-CHAVE: femur neck fracture; life quality; elderly

PP697 - THE PERCEPTION OF OLDER PEOPLE IN RELATION TO RECREATIONAL ACTIVITY CARRIED OUT IN A BASIC HEALTH UNIT

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Introduction

The Health Ministry of Brazil suggests health promotion strategies for targeting the elderly healthy and active aging.

Objective

Analyze the perception of the elderly regarding recreational activity offered by medical students.

Methodology

Cross-sectional study of qualitative approach, carried out through focus groups with 06 seniors who attend activities "Tuesday of forró" developed weekly for students of the School of Medicine of Imepac, in a basic health unit of the family - Brazil, in November 2015.

Results

It was applied to semantic categorization according to the criteria of Bardin (2009), in:

a)Satisfaction

I liked! not only the dance, to be with you ... the way you treat us .. beautifully .. I liked. My life had no joy, smoked all day today hope Tuesday because I know that you have waiting for me and here my problems disappear. A loving embrace is so good, so important to us in life. What is best for me, is love, education and care of you.

b)Impact

It helped a lot on my mood. I just want you to continue treating us well, no pride, no one likes to feel valued here and old, will to live. Respect, attention, hug you, changed my life. I felt happier. If it could be every day a little bit ... I would heal a lot.

Conclusion

The perception of the group was positive. It is noteworthy the importance of the link between the doctor/community/team in the development of health promotion activities in the areas of primary care.

PALAVRAS-CHAVE: Aging Health; Physical activity; Health promotion

PP698 - THE PROTECTIVE ROLE OF MEDITERRANEAN DIET AGAINST DEMENTIA- WHAT IS THE EVIDENCE?

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Introduction:

Dementia is a neurological condition that is characterized by decline in multiple cognitive domains and is accompanied by a functional impairment. Nutrition is a modifiable risk factor that can prevent or delay dementia. The Mediterranean diet (MeDi) is characterized by extra virgin olive oil as the main source of fat, a high consumption of plant foods (i.e. vegetables, fruits and cereals), a moderate intake of fish, red wine and dairy products. And a reduced intake of red meat.

Objective:

Evaluate the impact of mediterranean diet on the prevention and progression of dementia.

Methods:

A search for articles published from December 2005 to December 2015 in English, Portuguese or Spanish was performed using Pubmed and the MeSH terms "mediterranean diet"; "dementia". To rate the strength of recommendation SORT taxonomy was used (American Family Physician).

Results:

Were identified 65 articles, 14 met the inclusion criteria (4 systematic reviews, 1 meta-analysis, 2 randomized controlled trials and 7 prospective cohort studies). The results suggested that better adherence to MeDi was associated with less cognitive decline and lower risk of developing dementia (SORT A). A mechanism for the neuroprotection of the MeDi could be its ability to reduce inflammation and oxidative stress. MeDi enhanced with extra virgin olive oil or nuts appeared to improve cognition (SORT A).

Conclusion:

The MeDi should be recommended as a possible protection against cognitive decline. The MeDi affects not only the risk for dementia but also the evolution of cognitive performances and subsequent disease course (SORT A).

PALAVRAS-CHAVE: dementia; mediterranean diet; cognition

PP699 - THE RAPID HIV TEST LAW AND FAMILY MEDICINE COMMUNITY IN BRAZIL

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Introduction/ Objective:

The trajectory of the HIV rapid test legislation had many changes since 2009 in Brazil. In order to identify the HIV epidemic with this screening tool the family doctor's role has been modified over the years as the Brazilian laws emerge. The adoption of this test has been integrated gradually throughout the country, considering the high level professionals, backed in Technical Standard, in family Medicine Community. The aim of this study is to reflect on the implementation of rapid HIV test considering the advances in Brazilian laws.

Method:

The method employed corresponds to literature review and strict discussion of Brazilian laws.

Results/ Conclusions:

In Brazil, the regulation of the rapid HIV test implementation as diagnosis, and not anymore as screening test in primary care, was approved by Ordinance Number 77 of January 12, 2012, amended by Ordinance Number 3275 of December 26, 2013, being an answer to this demand. This legislation change states that the rapid tests should be performed by trained health professionals in attendance or through face-to-face or online teaching courses, for carrying out the method in accordance with the guidelines established by the Department of STD, AIDS and Viral Hepatitis. There are a lot of laws about this diagnostic tool. Therefore, professionals can perform the full implementation of the test: the collection of capillary blood or oral fluid and test application according to specific guidelines lab kit, reporting the result of the rapid diagnostic test for HIV and pre and post-test counseling in one single doctor's appointment.

PALAVRAS-CHAVE: Legislation as Topic; HIV; community health education

PP700 - THE ROLE OF SEXUAL EDUCATION FOR ADOLESCENTS

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Background:

The importance of sexual education of adolescents has increased in recent decades, as the young reach sexual maturity earlier, starting sexual activity at a precocious age. 50% of new sexually transmitted infections (STI) occur in adolescents, indicating their lack of awareness on the risks of unprotected sexual activity. Additionally, the pattern of sexual orientation has considerably changed, entailing a more individualized approach. Sexual education shouldn't be treated superficially and must follow specific guidelines.

Aim:

Review the state of the art on the importance and the best approach to sexual education for adolescents.

Methods:

Literature review in Pubmed, Uptodate, and Medscape using the Mesh-terms "Adolescent", "Sexuality" and "Education". Guidelines and systematic reviews between 2010 and 2016 were evaluated.

Results:

There is copious evidence demonstrating that comprehensive sexual education delays initiation of sexual intercourse, reduces the number of sexual partners and frequency of unprotected sexual activity. The approach should be adapted to the sexual orientation, gender and age of the adolescent, as there are significant particularities in the approach to each group. The most effective programs have common characteristics: clear health objectives (STI and pregnancy prevention) and strategies to improve sexual decision making and behaviors, increasing knowledge, perception of risk, self-efficacy and altering values and attitudes through an open dialogue with the physician.

Conclusion:

Responsible sexual behavior is considered by World Health Organization as an important public health issue. Therefore, family doctors should be aware of the contemporary pattern of sexuality and acquire knowledge and practice on sexual interventions to adolescents.

PALAVRAS-CHAVE: Adolescent; Sexuality; Education

PP701 - THE ROLE OF SOCIOECONOMIC FACTORS IN OBESITY

Amaral SS ¹; 1 - USF do Parque;

The prevalence of obesity has increased considerably over the last decade, being a significant risk factor for several diseases such as cardiovascular illnesses and some types of cancer. The socioeconomic status has been described as a powerful determinant of health and obesity, influencing the lifestyles and habits of individuals. This research aimed to evaluate the effects of income, employment status and education level in obesity, food habits, alcohol consumption and physical activity. An observational transversal analytic study was developed, after selecting a convenience sample from the target population. Data was collected using a questionnaire by the researcher and statistically analyzed using the program SPSS 20.0®. According to the statistical studies carried out in this investigation, it was found that socioeconomic factors produce a significant impact on lifestyle and habits, as well as on Body Mass Index (BMI), demonstrating that, in general, individuals who have higher income, higher education level and an active employment status have a lower BMI, carry eating habits according to the precepts of the Wheel of Food and better rates of physical activity. Obesity and overweight cause annually at least 2.8 million deaths. Considering that obesity is a preventable risk factor, it becomes relevant to change the elements that influence its development. Therefore, it should be implemented an individualized and customized approach to patients according to their limitations and knowledge, as well as policies which may improve agriculture, transport, urban planning, environment, education, food processing, distribution and marketing.

PALAVRAS-CHAVE: Obesity; Socioeconomic Factors

PP702 - THE SPECIAL CONCERNS ON TEENAGE PRENATAL CARE

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Introduction and objective:

One fifth of Brazilian newborns are from teenage mothers. The precocious pregnancy is considered a matter of public health once it can develop not only obstetric complications but also economic and psychosocial issues to both the mother and the newborn. It is mandatory to take this information into consideration when planning the prenatal care. This study aims to evaluate the importance of a differentiated teenager prenatal care.

Method:

Through a critical review of the literature the present paper brings the teenagers, their parents and also the health care professional's perspective into this topic. It intends to help through the challenge of providing better prenatal care for this specific part of the population.

Results and conclusion:

It has come to attention that the emotional and social aspects of the pregnancy must be taken into consideration in order to provide better antenatal care. To understand the teenager and her family perspectives, to invite the family and other social networks to the appointments and to build up a safe and trustworthy environment between the doctor and the patient might be the key topics for great outcomes.

PALAVRAS-CHAVE: Pregnancy in Adolescence; Prenatal Care; Primary Health Care

PP703 - THE SYSTEMATIC CORONARY RISK EVALUATION FOR THE PREVENTION OF CARDIOVASCULAR DISEASES. A SYSTEMATIC REVIEW.

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Introduction and Objective:

The SCORE model predicts the ten-year risk of cardiovascular mortality but still it is unknown whether applying the SCORE in clinical practice subsequently improves cardiovascular disease (CVD) outcomes. Objective: to assess the effect of total cardiovascular risk estimation using the SCORE in preventing serious cardiovascular events in European adults without prior CVD.

Methods:

Data sources: eight bibliographical databases (2003 – August 2015), other internet sources and reference lists of articles were checked. This was supplemented by contact with the Board Members of the European Society of Cardiology (ESC) and the authors of the SCORE model. Study eligibility criteria: all prospective studies in any language that examined the effect of using the SCORE on the clinical outcome (CVD death, major events and adverse outcomes) in an adult population. Two reviewers assessed the studies independently (titles, abstracts, full texts).

Results and Conclusions:

After removal of duplicates, 5256 records were screened and 14 full text papers considered. No eligible studies were identified. An extensive literature search revealed no randomized control trial or other prospective study that compared significant clinical outcomes between groups that used the SCORE and those who did not. The effect of using the SCORE (with or without subsequent intervention) on CVD death, all death, major CVD events like myocardial infarction and stroke, as well as adverse outcomes, is still unknown. There is a need to plan and perform a cluster randomised controlled trial that will evaluate the use of the SCORE on important outcomes.

PALAVRAS-CHAVE: cardiovascular diseases; primary prevention; risk assessment (the SCORE)

PP704 - THE USE OF MEDICINAL PLANTS AND POSSIBLE CONSEQUENCES TO THE TREATMENT OF ELDERLY CHRONIC PATIENTS

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Introduction and objectives:

The use of medicinal plants without proper guidance can represent risks to chronic patients using other allopathic treatments. The aim of this study was to report the activities executed by an educational groups with elderly patients with chronic diseases in a Primary Health Care Service (PHC), to raise the use of medicinal plants and possible drug interactions between these and allopathic treatments. This material should compose educational book for patients and health professionals.

Method:

With the support of team members of PHC, dialogue-based sessions were promoted with the group, followed by a survey, based on semi-structured interviews, with 15 participants (13 women and 2 men), average 68 years old.

Results:

The plants and their use frequently mentioned were: mint, as sedative and decongestant; anise, as sedative and antifatulent; pennyroyal, as anti fever; ginger, as anti cold; and lemon grass, as sedative. According to scientific literature possible interactions of these plants with allopathic treatments, include: thiazide diuretic with lemon grass, leman balm, and coot; acetyl salicylic acid with guaco, camomile and ginger; losartan, atenolol and enalapril with lemon-scented, leman balm and coot.

Conclusion:

The use of medicinal plants is a habit of our populations, particularly among elderly. Since 2006 we have implemented the National Policy of Integrative and Complementary Practices in Unified Health System, seeking to ensure the rational use and secure access to these practices. In phytotherapy it is necessary to train health professionals, integrating scientific evidence and respecting popular knowledge.

PALAVRAS-CHAVE: medicinal plants; primary health care ; herb-drug interactions

PP705 - THE VIOLENCE PROFILE AGAINST CHILDREN AND ADOLESCENTS IN THE CITY OF RIO DE JANEIRO: A SOCIAL AND GEOGRAPHICAL ANALYSIS

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Over the last fifty years, some studies have shown that violence against children and adolescents in Brazil is becoming a major public health problem. Violence can be defined by a multi-causal phenomenon, and can appear in different forms. In addition to performing as a matter of social order, which permeates large urban centers, such phenomena could affect individual and collective health into the context where people involved reside, causing physical and mental suffering. This research aims to study the profile of child and adolescent victims of violence in the city of Rio de Janeiro and study geographical distribution of this phenomenon in the period 2011 to 2014. Reported cases of violence were obtained from Diseases Information System Notification (SINAN) obtained from Municipal Health Secretary of Rio de Janeiro (SMS/RJ). It was possible to observe, that in this period, about 60% of reported violence cases were in children and of these 55% of cases are female. Regarding the type of violence, the most frequent were: neglect and abandonment (33%), physical violence (28%) and sexual (21%). In all the years the regions that had a higher incidence were: Penha, Ramos, Bonsucesso, Inhaúma, Irajá, Complexo da Maré and do Alemão. These areas are considered to have high levels of urban violence. On the issue, fundamental analysis must become fundamental analysis for epidemiological notifications for surveillance and development of public policy for preventing violence and building service networks (which includes primary care) and accompanying victims and the involved agents.

PALAVRAS-CHAVE: Violence; Information System; Primary Care

PP706 - THE WAITING ROOM TV: AN EVALUATION OF THE HEALTH EDUCATION EXPERIENCE IN THE MIRAFLORES PRIMARY HEALTH CENTER, VIÑA DEL MAR.

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Introduction and objective:

Preventive and promotional activities are fundamental to improve our patients' health. In October 2015, the health team from the Miraflores Primary Health Center started an experience with the use of TVs and DVD players in the waiting rooms to develop health education in the community. The aim of this study was to evaluate the patients' impression on health education videos.

Method:

In January 2016 two members from the volunteer's group of the Miraflores Health Center, who had been tutored in interview techniques, administered a questionnaire to random patients in the waiting room area to evaluate the experience. The evaluation was realized after three months of initiated the experience.

Results and conclusions:

102 people were interviewed. 47 watched the videos and 97% of them considered the experience in the waiting room area to be good or very good to provide health education. 26 people (56%) that watched the videos were able to remember the subjects, especially the diffusion videos. Finally, 97% of the people who had watched the videos said that they found the information useful. The majority of viewers sees favorably the use of the videos for health education and diffusion of information. This patients coincide that the videos are helpful and a good method to provide knowledge of health issues and dissemination of activities in both the care center and the community. The evaluation reflects a positive impression on the patients. Although the product is well received when is seen by the patients, the results propose the challenge of increasing the number of viewers.

PALAVRAS-CHAVE: Health education; Education; video recording

PP707 - THE WAITING ROOM TV: AN INSTANCE FOR HEALTH EDUCATION IN THE MIRAFLORES PRIMARY HEALTH CENTER, VIÑA DEL MAR, CHILE.

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Introduction and objective;

Preventive and promotional activities are fundamental to improve our patients' health. In October 2015, the health team from the Miraflores Primary Health Center worked in the incorporation of an experience that allowed for health education. The aim of this experience was to develop an area for health education and dissemination of activities realized in the Miraflores Health Center and its community through the use of videos in the waiting rooms.

Method:

The experience aimed for the use of TVs and DVD players in the waiting rooms to diffuse educational content to the patients. The videos subjects included health promotion, prevention, chronic diseases and diffusion of activities performed in the care center and the community. The videos were conceived by the health team and the community (22 and 7 respectively), as well as obtained from government websites. 62 videos were presented daily to the patients for the last three months. The videos lasted 2-3 minutes and 20% of these were being updated every 15 days, especially the dissemination videos.

Results and conclusions:

The health team and the community were fond of the videos and they considered the experience as an innovative technique to deliver information and health education. The community has also requested a larger inclusion in the experience. The continuity and appealing of the experience has further motivated the health team to utilize the waiting room for the diffusion of activities. All of these in combination with the community's interest has placed the waiting rooms as a suitable environment for health education.

PALAVRAS-CHAVE: Health education; Education; video recording

PP708 - THE WORK OF CLOWNS FOR A SOCIAL AND ACADEMIC DEVELOPMENT OF HEALTH CARE STUDENTS

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Introduction:

Culturally, clown is a jester figure related with entertainment that was once treated as crazy. Nowadays, it is winning space in healthcare as a tool of health education.

Goals:

Expose the work of 'Ilumine' Project, through the humanization of the students and health care professional, as well as the way in of playful and interactive methods in health care.

Methodology:

Descriptive study with experience report.

Results:

It's possible to see the positive impact the project causes in people that are affected by it. If early the individual was in a process of mental disease due to emotional charge, instability and distress, after the interaction with the 'Ilumine' Project the individual shown a positive mind, and by that the physical condition was getting better. The project implementation at the university also caused extreme impact on students' lives. From the moment of the student assumes the role of clown-doctor it is no longer the identity of the senior student or a freshman, not even a student of medicine or nursing, but a future health care professional that in that moment develops a humanization and happiness attitude.

Conclusion:

Despite of the performance of 'Ilumine' Project have been expanded and diversified among students there is still a strong resistance from those conservatives professionals, who are concerning about the effectiveness of the approach, which is by some considered only as a children recreation project.

PALAVRAS-CHAVE: health; humanization; integration

PP709 - THERAPEUTIC EFFICACY OF BRIEF INTERVENTION GROUP CONTEXT FOR PATIENTS WITH MILD EMOTIONAL PATHOLOGY

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Background:

In mild affective disease, such as mild depression, anxiety, adjustment disorders, disease with high incidence and does not require referral to specialized mental health care centers, group intervention can be an effective, sustainable tool in primary care to treat more patients

Aim:

To evaluate the efficacy of brief therapeutic intervention group

Method:

The group intervention of 10 patients previously selected by family physician and valued by the psychologist, to help identify conflicts that have led to depressive anxiety symptoms 2 scales Administration pre- and post-intervention: PHQ.9 to the valuation levels of depression and BAI scale for rating the degree of anxiety.

Analysis:

Descriptive statistics. Test ranges Wilcoxon paired

Results:

A group of 10 patients was studied. Mean age 46 (SD: 10.3), 86% female. Two patients dropped by time inconsistency and one drop after the 1st session. The average score of PHQ-9 was: Basal: 14.43 (SD: 5.4) and at endpoint: 7.14 (SD 2.3), the mean difference was -7.3 (SD: 4.8); $p = 0.018$. The average BAI score was: Basal: 21.7 (SD 18.2) and at endpoint: 11.57 (SD: 12.5), the mean difference was -10.3 (DE: 10, 6); $p = 0.018$. At baseline, 57.1% had low anxiety and end of the study 85.7%. The study shows efficacy of therapeutic intervention group with a short score reduction of the pHQ-9 scale and BAI relative to baseline score.

Conclusions:

The group intervention through multidisciplinary approach is useful in primary care management of mild emotional pathology, improving the degree of anxiety and depression perceived by patients.

PALAVRAS-CHAVE: therapy; intervention; group

PP711 - TO INTERVENE OR NOT TO INTERVENE

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INTRODUCTION

Working as a doctor in Spain I have observed a huge difference concerning our attitude on how interventionist we are when it comes to diagnosing; comparing to the respect we show for patient's autonomy when it comes to make prevention.

METHOD

In our practice, if we have a suspicion of a primary lung tumour, we will hospitalize the patient, give empirical antibiotics in case it is just a pneumonia and, if the clinical picture and the radiological abnormalities persist, we would start the research of the tumour and its anatomo-pathological identification, making use of invasive techniques such as fibro-bronchoscopy or PCNB (percutaneous CT-guided needle biopsy). As little invasive they may be, complications do sometime occur.

However, when it comes to prevention and health promotion by motivating patients to quit smoking, which is a much less harmful and much more effective initiative to help lowering primary lung tumours' incidence among others, we seem to be much less interventionist. I have observed a trend in health workers to accept everybody's behaviour even if it is dangerous for their health.

What could be the reason for it? An insufficient time assigned per consultation in our public health system and the lack of health workforce could be part of it.

CONCLUSIONS

I think that a more intensive training in "changing-attitudes techniques" for doctors, as well as a solid knowledge and a strong believe on the importance of these interventions to take place and to be successful, could lead to a better approach in prevention.

PALAVRAS-CHAVE: Tobacco Use Cesation; Health Promotion; Attitude to health

PP712 - TRACKING CASES OF DIABETES AND OBESITY IN THE CITY OF GURUPI-TO.

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Introduction:

Diabetes, chronic disease with a public importance, corresponding to 6.2% of the adult population. Having as one of risk factors the obesity, especially visceral, the cause of disturbances in glucose-insulin homeostasis, causal factor of diabetes.

Objective:

Make the mapping of the current population in a street market, using some anthropometric indices and help to promoting the health of them.

Methods:

Between the years 2012-2015, on Sundays, any people who passed through the site could be assessed. Was used as variables: Glycemic Index (GI) and Body Mass Index (BMI) to assess the degree of obesity. Excluded from the analysis of the data records that had not noted a patient with previous diabetes and who did not have data for BMI calculation.

Results:

A total of 1032 samples, only 104 patients previously diabetic, in which 21.15% had obesity grade I, grade II 6.73%, 2.88% grade III or morbid obesity. The other 69.23% had no obesity.

Conclusion:

Although there is a correlation between diabetes and obesity, the study showed that this relationship is not directly dependent on the degree of obesity.

PALAVRAS-CHAVE: Diabetic; Obesity

PP713 - TRAINING OF COMMUNITY HEALTH WORKERS AT FAMILY'S HEALTH UNIT (FHU) JARDIM BRASILIA 2 IN UBERLANDIA, MINAS GERAIS.

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Introduction and Aim –

The Community Health Workers (CHW) are mediators among people and FHU, and thus are critical to quality of care. They are so important to spread the information for the community and need an efficient continuing education programs. Thus, during the Internship of Public Health (IPH), was built to aid in this program, a training project for CHWs in FHU Jardim Brasilia 2.

Method –

First met with the CHW to the choice of the training subjects, based on the difficulties they had in their territory, after the students organized six workshops with active method and these were performed during the internship period, every two weeks, lasting 2 hours. In the end, they performed a self-assessment with them to check the project's results.

Results –

The chosen subjects were: Men's Health, Chronic Disease, Mental Health, Genogram/Ecomap and Occupational Health. The workshops were able to increase the knowledge and the interaction between the students and CHWs. After the self-assessment, it was realized positive results, and were highlighted a high degree of satisfaction and commitment of the participants to the meetings and higher learning with the active method of workshops.

Conclusion –

In a reflective and participatory work on the health-disease process, it was possible that CHWs could modify the perception of their daily practice, understanding the strategic role they play. Therefore, the maintenance of these education continuing programs with appropriate method to arouse interest and exchange of experience among them is critical.

PALAVRAS-CHAVE: Community Health Workers; Education, Continuing; Public Health

PP714 - TRAVEL-RELATED THROMBOSIS ACROSS GENERATIONS

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Introduction and Objective

Travel-related thrombosis is defined as venous thromboembolism (VTE) formed in the lower limb after prolonged immobility. For example in the economy class seats during long flights. The risk of travel-related thrombosis is higher in individuals with pre-existing risk factors for the development of VTE. We compare prevalence of VTE associated with travelling in young adults and seniors in patients of Outpatient Department of Angiology with VTE.

Method

We observed risk factors in 219 (21-90 years, mean age 59.43±16,962 years) patients of Outpatient Department of Angiology with VTE: family history of VTE, malignancy, trauma, surgery, chemotherapy, radiotherapy, travelling, immobilisation, inflammatory disease and all patients underwent genetic analyses of inherited thrombophilia.

Results and Conclusions

We found out that 4.4% of young adults (less than 45 years) developed travel-related VTE. In the group of seniors (more than 65 years) the incidence of travel-related VTE was 4.5%. Difference is not statistically significant (P=0.426). It was considerable surprise for us that travel-related thrombosis has nearly the same incidence in young adults as in elderly. We assume that seniors consider their travel activities very carefully. And here we see a space for the family doctor. Family doctor knows the details of medical history and health status of the traveller to be. He is so highly competent to advise whether the patient will manage his journey as well as advise him about the VTE preventive measures. In educational activities of family physicians in Slovakia is helpful website under a National Program of Cardiovascular Diseases.

PALAVRAS-CHAVE: travel-related thrombosis; seniors; education

PP716 - TUBERCULOSIS: A CHALLENGE FOR THE PROFESSIONALS OF THE FAMILY HEALTH STRATEGY

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TITLE

TUBERCULOSIS: A CHALLENGE FOR THE STRATEGY OF PROFESSIONAL FAMILY HEALTH

Introduction:

Tuberculosis in Brazil has a high prevalence rate and a serious public health problem. The Municipality of Rio de Janeiro is in the 1st place in the number of new cases in Brazil, which is the 16th country in the world ranking of patients with pulmonary tuberculosis. infectious disease that kills the world, TB is a concern especially in emerging countries, because it is directly linked to poor income distribution, demographic transition and rapid urban growth. The challenge is even greater: the bacillus of evil has proven resistant to commonly used drugs and the number of cases is increasing every year.

Goal:

Enable the multidisciplinary team to contribute for early detection, control and cure of tuberculosis, through actions such as active search for respiratory symptomatic patients and analysis of the epidemiological profile of the Health Strategy for the coverage of Family communities of the Municipal Health Center Jorge Saldanha Flag de Mello.

Methodology:

It will be used systematic observation technique of medical records of Tuberculosis Program patients accompanied by trained multidisciplinary team.

Results

the training of the multidisciplinary team for the care of patients in the tuberculosis program and effective uptake of new cases to reduce the time of discovery of the disease is essential. The supervised treatment provision is an effective tool in the healing of patients followed in the Family Health Strategy.

PALAVRAS-CHAVE: Tuberculosis; Training; Family Health Strategy

PP717 - UPDATE ON ROUTINE IN IMMUNIZATION IN PLANNING AREA 3.3

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The practice of vaccination covers various scientific, technical and operational aspects involving immunizing agents and the person to be immunized and to this end, it is necessary that the vaccination team is aware of these aspects so that it can take decisions in situations other than those provided the manual of technical standards. This study aimed to evaluate the quality of care, to standardize the practices and provide updates on routine immunization in twenty-seven vaccine rooms Planning Area (PA) 3.3 of the City of Rio de Janeiro. It is an assessment with qualitative approach that provided a reflection on the reorganization of care for nursing professionals to rethink their practice enabling improvement work. It was observed as a result of deficiencies in the degree of scientific, technical and operational knowledge requiring that nurses have proactive approach to educational activities and more effective monitoring of activities in the vaccine area, making it necessary to analyze the exchange of information and take action to correct the failures encountered since there is wide range of vaccines in the routine immunization schedule, the general population and also of industry professionals, avoiding the occurrence of failures in the procedures that can lead to reflection on the quality of services provided to the population seeking improvement and quality of service provision.

PALAVRAS-CHAVE: immunization, assessment of care, nursing

PP718 - USING THE PEDAGOGY OF AUTONOMY BY PAULO FREIRE TO CLARIFY DOUBTS ON NUTRITION AND BREAST-FEEDING WITH MOTHERS IN BRAZILIAN SEMI-ARID.

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Pregnancy is a period in woman's life associated with anatomical and physiological changes, which is common to the emergence of doubts in feeding and breastfeeding. This study aimed to mitigate the doubts exposed by the pregnant women of the community in neighborhood Jardim Bahia, city of Paulo Afonso, state of Bahia, regarding the issues of nutrition and breastfeeding. It was used a conversation fishbowl that followed the principles of pedagogy of autonomy of Paulo Freire, in which knowledge is shared horizontalized, considering all participants as critical and reflective subject. The fishbowl had as a starting point guiding questions previously prepared by students of medical school who organized the event. But the core of the discussion was based on doubts that have arisen as free demand by pregnant women. In addition to students and pregnant women the event included the participation of a speech therapist, a nurse, a doctor and a dentist. Who gave their contribution towards the issues addressed. After the fishbowl, a dynamic aiming knowledge consolidation was performed. The dynamic consisted of each participant randomly select a card that contained statements about the topics discussed. Later they ought to help the others rank them in "appropriate" and "inappropriate". The event was considered a very positive opportunity for interaction and exchange of experiences among stakeholders, as well as a way to make pregnant women multipliers agents of information in the community where they live.

PALAVRAS-CHAVE: Breast feeding; Pregnancy; Feeding behavior

PP720 - VACCINATION: AN ACT AGAINST HPV – AWARENESS CAMPAIGN THROUGH IFMSA BRAZIL AT BELÉM, PARÁ

Fernandes GP¹; Amaro IP¹; Figueiredo M¹; Garcia VL¹; Aguiar NR¹; Azevedo T¹; Pantoja N¹; 1 - Centro Universitário do Estado do Pará;

Introduction and Objective:

HPV (Human Papillomavirus) is the most common sexually transmitted infections (STI). It can cause genital warts as well as cervical cancers and others. The northern Brazil has the most prevalence of cervical cancer; it is also the area with the highest rate of death from this disease. Thus, vaccination against HPV is extremely important for preventing them. However, immunization does not replace the realization of Pap smear and the use of condoms during sexual relations. Therefore, the action "Vaccination: An act against HPV" aimed to educate the local population about the importance of prevention, with emphasis on vaccination against the most serious types of human papillomavirus.

Method:

A descriptive report kind study was conducted about the awareness campaign "Vaccination: An act against HPV", held on September 27th, 2015, at Praça da República in Belém, Pará, consisted on approaching the population through dynamic, distribution of information pamphlets and discussion about HPV.

Results and Conclusions:

The campaign was a combat tool to the development of Cervical Cancer in our region. Every approached person showed interest, with rare exceptions. There were people who had never heard about the virus and questioned the lack of knowledge dissemination about it. At the end of the experiences shared among participants were enriching, we concluded that the dissemination of this knowledge to the public is of utmost importance since many do not have access to such information. Therefore, it is valid planning new projects that address this issue, to better educate people about it.

PALAVRAS-CHAVE: Prevention and control; Sexually Transmitted Infections; Awareness

PP722 - VACCINE FOR HUMAN PAPILLOMA VIRUS (HPV): SAFE AND USEFUL?

Moreira JV¹; Nascimento ARB¹; Wagner HL¹; 1 - Secretaria Municipal de Saúde de Curitiba;

INTRODUCTION AND OBJECTIVE:

This review aims to bring evidence to facilitate a shared decision making between patients and clinicians about vaccine for HPV. It is known that the infection with HPV is necessary for the development of cervical cancer, but it is not enough. The cervical cancer is a chronic illness, with a slow progression rate, estimated to last 10-20 years from the HPV infection. FDA states “vaccines represent a special category of drugs aimed mostly at healthy individuals and for prophylaxis against diseases to which an individual may never be exposed.”

METHOD:

Searched on Pubmed and EMBASE using the MeSH term “Papillomavirus Vaccines”. Then selected studies concerning efficacy and security of the vaccines, preferably systematic revisions without conflict of interests.

RESULTS AND CONCLUSIONS:

The vaccines developed by Merck and GSK laboratories were approved early, without solid evidences of safety and effectiveness. In the United Kingdom the Cervarix leded the adverse effects ranking in 2010, with rates 24 to 104 times higher than any other vaccine. In the United States, Gardasil and Cervarix were responsible for 61,6% of all severe adverse effects reported. By analyzing of a cervical cancer database from WHO Tomljenovic found that, among others factors, only pap test coverage had a statistical correlation with decreased death rate. With so many inconsistencies, there is one certainty: the screening of women with the Pap test has proven to be effective in reducing mortality and the incidence of cervical cancer, remaining a necessary procedure, even considering a consistent vaccine coverage.

PALAVRAS-CHAVE: Papillomavirus Vaccines; Quaternary Prevention

PP723 - VIRTUAL EDUCATION: THE USE OF SOCIAL NETWORKS IN THE TEACHING OF BREAST FEEDING

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Introduction and Objective:

Throughout history, the breast milk has been the primary nutrient of infants, from the 20th century after the World War II, the artificial feeding acquired great importance. Breastfeeding is a fundamental protection instrument for babies health. However, even in the face of the advantages, the awareness of the nursing mothers is still difficult. The internet brings important innovations in the reinvention of communications by favoring the dissemination of information through social networks.

Method:

A virtual page on Facebook and Instagram was created for discussion and awareness of the importance and benefits of breastfeeding for the mother/baby. It is available, on those pages, techniques of breastfeeding, educational videos, pictures and email to contact. Nursing mothers /pregnant women composed the target public. The research was qualitative, focusing on the nursing mothers and pregnant women attended in a Basic Health Unit in the city of Santa Rosa do Tocantins. The information were passed at the Basic Health Unit and the pages were reported as complementary form of information.

Results and Conclusion:

In 2013, of the 96 pregnant women seen in the Unit, 60 of them said they had visited the page, reporting large aid resulting from the published information. Although the educational work is not a simple task, it is possible to develop shared practices in health education, and with the active participation of the users of health services, considering their needs as an integral part and aware of its role in the educational process.

PALAVRAS-CHAVE: Health Education; Primary Health Care; Breast Feeding

PP724 - WAITING ROOMS OF BREASTFEEDING IN FAMILY CLINICS ANTÔNIO GONÇALVES DA SILVA AND NILDO AGUIAR: CASE STUDIES

rigolon imz ¹; trugilho e ²; calhau gdb ²; gomes c ³; vieira d ⁴; muniz n ⁵; araujo f ⁶; paes v ⁷; SIMÕES L ⁸; MENDES B ⁹; 1 - clínicas da família antônio gonçalves da silva e nildo aguiar; 2 - clinica da família antonio gonçalves da silva; 3 - clinica da família nildo aguiar; 4 - clínica da família antonio gonçalves da silva e nildo aguiar; 5 - clinicas da familia antônio gonçalves da silva e nildo aguiar; 6 - clínicas da família antonio gonçalves da silva e nildo aguiar do rio de janeiro; 7 - clinicas da familia antonio gonçalves da silva e nildo aguiar do rio de janeiro; 8 - CLÍNICA DA FAMÍLIA NILDO AGUIAR; 9 - CLÍNICA DA FAMÍLIA ANTONIO GONÇALVES DA SILVA DO RIO DE JANEIRO;

WAITING ROOMS OF BREAST FEEDING IN FAMILY CLINICS ANTÔNIO GONÇALVES DA SILVA AND NILDO AGUIAR: CASE STUDIES

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Introduction: T

The waiting rooms of breast feeding in family clinics Antônio Gonçalves da Silva and Nildo Aguiar in the neighborhood of Realengo, Rio de Janeiro were created for all pregnant women, who have recently given birth and their families who visit the clinics to the various schedules.

Goals : The objective of the proposal refers to promoting and encouraging breastfeeding and completion of the proposed Basic breastfeedingfriendly Units.

Method:

The waiting rooms happen in the receptions or in the corridors of the clinic, under the main command of the community health Agents, monitoring and supervision of the technical team and the NASF Realengo North I. The days reserved for scheduling of initial vaccines such as BCG, days of collective consultations of pregnant women or childcare are key times to use this efficient communication. Educational resources are used as concrete materials of tits and dolls, posters and folders.

Results:

The results point to a greater adherence to breastfeeding, especially, the uniqueness of the first six months.

Conclusion:

The project facilitated the receipt of the certificate Unit Friend of breastfeeding to the clinic Antônio Gonçalves da Silva in 2016 and has incorporated definitely this practice among the educational activities of the units.

PALAVRAS-CHAVE: breast feeding; pregnant woman; interdisciplinary care

PP725 - WAKEFIELD 'S THEORY AND THE IMPACT IN PUBLIC HEALTH VACCINATION: A LITERATURE REVIEW

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Introduction:

The Wakefield theory was based on reports of several parents who observed symptoms of autism in their children only after the first or second dose of MMR , this disorder is characterized by the difficulty in social communication and repetitive behaviors.

Objective:

To evaluate the impact on health during the dissemination of Wakefield's theory by the media (linking the MMR vaccination and autism).Method: A literature review was performed using data of 17 different references available. Was researched articles from various online search engines (Scielo, PubMed, Google Scholar) published from 2005 to 2015. To perform the search were selected the keywords: autism and vaccination, covering all the literature reviews and the clinical trials relevant to the topic.

Results:

The Wakefield's theory emerged after the publication of a paper by Andrew Wakefield, which established a link between the MMR vaccination and regressive autistic disorder in children in United Kingdom. The article was refuted by several studies in 2010 and Wakefield had his medical record revoked and his study was considered unethical. The publication of Wakefield still is considered, by many scientists, responsible for the resurgence of measles in the UK.

Conclusions:

The dichotomy about it persists to this day mainly due to the misuse of information even if the scientific community and others studies with a structured methodology disprove the theory. In conclusion, the scientific studies should be undertaken seriously and accompanied by a well-structured methodology, because erroneous data can cause negative media impact in the public health field.

PALAVRAS-CHAVE: Measles-Mumps-Rubella Vaccine; Vaccination; Autistic Disorder

PP726 - WELCOMING THE FRESHMEN MEDICAL STUDENTS THROUGH THE HEALTH PROMOTION FOR THE ELDERLY

Oliveira AHJ¹; 1 - Universidade Federal do Rio Grande do Norte;

Introduction and Objectives:

Growth in the institutionalization rate of elderly in Brazil has been accompanied by a lack of care for this population and it is necessary to converge on the perspective of care and to the achievement of healthy aging, based on the positive experience of longevity with preservation capabilities and individual development potential. The study reports the intervention of experience with seniors as a way of welcoming the new freshmen medical students, from the perspective of continuing health care.

Method:

The intervention occurred in five long-stay institutions for the elderly in Natal (Northeast of Brazil) and consisted on the blood pressure measurement - addressing the importance of their proper control -, screening for diabetes - assessment of blood glucose and recommendations for the elderly with greater risk - and especially the assistance provided to them through talking and listening. They were told to search the greatest needs of the elderly so that in subsequent meetings, actions will be developed in order to intervene in such needs.

Results and Conclusions:

It was possible to enter medical practice and develop communication skills to about 110 medical students through health promotion to over 170 seniors. The campaign helped to exemplify the possibility of social intervention even before you complete the degree, awakening in the freshmen the interest in "thinking globally and acting locally" and to act as promoter of practical activities in health.

PALAVRAS-CHAVE: Health Promotion; Continuity of Patient Care; Health Services for the Aged

PP727 - WHAT DO WOMEN KNOW ABOUT THE “MORNING AFTER PILL”?

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INTRODUCTION:

Emergency contraception pill (ECP) has been available for free in Argentina for the last decade. However, the incidence of unplanned pregnancy is rising. There has been a significant disproportion between consults for unplanned pregnancy and the demand for ECP.

OBJECTIVE:

To assess the extent of knowledge of and access to ECP.

METHODS:

A descriptive cross-section study was conducted in June-July of 2015 by means of a questionnaire targeted to women between the ages of 15-50 residing in Ciudad Autónoma de Buenos Aires.

RESULTS:

200 surveys were performed. 86% knew about ECP: 69.2% through peers, 15.7% through health professionals, 7.6% through media and 7.6% through school lectures. 65.7% had used ECP at least once. In terms of first time access, 78.8% purchased it, 20.4% obtained it at health establishments and 0.9% from peers. For future attainment 71.2% continued to purchase it. Reasons for usage were: 54.7% absence of regular birth control, 36.8% unsuccessful condom usage and 7.7% failure of their regular method. 88.5% used at least one type of contraceptive method. 44.3% of the population was well informed of the usage of ECP while 46.4% was not aware of its existence. Regardless both populations had unprotected sex.

CONCLUSIONS:

Although ECP is a known method, many had obtained their information from informal sources which could lead to misuse. Despite free distribution, women still obtain ECP through pharmacies, probably due to obstacles in health institutes. While most use contraceptive methods, many had been at risk of unplanned pregnancy and not resorted to ECP.

PALAVRAS-CHAVE: Emergency contraception; Unplanned pregnancy; Reproductive health

PP728 - WHY KNOW IT? PROCESS OF PLAYFUL LEARNING - DIABETES AND HYPERTENSION.

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Diabetes mellitus and hypertension are very worrying conditions due to their high incidence rates worldwide. Thus, the working group called "Quality of life-Hypertension and Diabetes" Candéal Program (Multidisciplinary Program of Bahiana School of Medicine and Public Health-EBMSP) in the Amazon community Salvador during 2014 lived with the obstacles of these two closely related diseases. We had the intention to develop educational activities for diabetics and hypertensive patients and presents dynamic learning and teaching aimed at better control of diabetes mellitus and hypertension. Imbued with a design that just the act of measuring blood pressure measuring blood glucose levels, calculate BMI participants would not be enough, we used playful dynamics: dice game, memory game, game burst blowing balloons. These weekly activities took place during the turn by Wednesday morning in the space provided by Divine Providence Parish, Cabula neighborhood, Salvador-BA. Through lived experience and data collected in Candéal program, we realized that the prevalence of overweight, hypertensive and glycemic indexes often far from ideal. This suggests that it is incipient efforts of the majority of participants to stay away from the chronic effects of these evils. Moreover, many overlook the continued evaluation of these levels. Nevertheless, monitoring of members of Candéal program proved productive, as clarified the possible complications that fraternal brothers, hypertension and diabetes, could cause. This extension work of EBMSP provided the team with a social, emotional and technical skills to enable the practice of teamwork, the exercise of respect for differences and recognition of the benefits that these dynamics have provided the community.

PALAVRAS-CHAVE: Hypertension; Diabetes; Power

PP729 - WHY THEY DO NOT USE?: A STUDY ABOUT THE ACCESSION OF ADOLESCENTS NOT CONTRACEPTIVE METHODS AND THEIR IMPLICATIONS

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Introduction:

The World Health Organization (WHO) defines adolescence as a transitional stage of human development, which occurs between 10:19.

Objective:

Understanding what drives teenagers to unplanned pregnancy. Methods: This is an exploratory qualitative research type field research with thirteen pregnant adolescents in a Clinica Family, semi-structured interview was used for data collection and was subjected to content analysis.

Results:

The adolescents have superficial knowledge about the use of contraceptive methods, using little or no method, report side effects, partner objection in condom use and trivializing the use of contraception to prevent pregnancy and sexually transmitted diseases (STDs) .

Conclusion:

It can be seen that the teens know of the existence of methods, but ignore to use them, and the possibility of becoming pregnant or contracting a disease.

PALAVRAS-CHAVE: Adolescents; Nurse; Contraceptive methods;

PP731 - WORKSHOP ABOUT LEISHMANIASIS: AN EDUCATION IN ACTION RELEVANCE OF HEALTH FOR THE POPULATION

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INTRODUCTION AND OBJECTIVE:

Leishmaniosis is a chronic disease that affects millions of people worldwide, especially in underdeveloped areas in the Americas. Therefore, members of the League of Oncology and Infectious Diseases (LICI) and League of Dermatology, Allergy and Rheumatology (LIDAR), from the University of Fortaleza (UNIFOR), decided to promote popular education activity on leishmaniosis in a community of Fortaleza located in Edson Queiroz neighborhood, for the enlightenment of the local population in order to that obtain greater knowledge about this disease and understand the importance of early identification, prevention and demand medical care.

METHOD:

Each league was responsible for a different approach to the subject, while the LIDAR address the cutaneous leishmaniosis and visceral leishmaniosis LICI address. We opted for the preparation of 2 banners and pamphlets with 50 key points and images related to the disease.

RESULTS AND CONCLUSIONS:

Members of leagues stays at Yolanda Queiroz School from 8-10am given the many questions posed by site visitors. The event took place on September 19, 2015 and the estimated audience was approximately 100 people. How much of this was made up of children, sometimes we had to adapt our discussion to a more childish vocabulary. Many visitors were unaware of the most basic information of this disease, such as signs, symptoms and mode of transmission of the same. We concluded that in fact small communities located in less developed areas need more attention with regard to popular education in health, especially in relation to the most prevalent diseases in primary care.

PALAVRAS-CHAVE: Health; Care; Education

PP733 - “CINE-PIPOCA”: A STRATEGY OF CATCHMENT, PREVENTION AND HEALTH PROMOTION OF THE CHILDREN WITH SOCIAL VULNERABILITY THROUGH PLAYFUL ACTIVITIES.

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As a strategy of bring children that usually don't go to the dentist because of school's schedule or the parent's job, we created the “Cine-pipoca”. In 2013, emerged an idea to join recreation with supervised toothbrush activities and general orientations of oral health, fluoride application and epidemiological evaluation. So, this work is characterized by being a report of an activity that the aim is to reach the territory children, teach oral health to them and introduce them to the dental treatment. The “Cine-pipoca” is organized and realized by the oral health team with the participation of the nursing and the community health workers (CHW) of the Family Health Strategy of the Municipal Health Center Milton Fontes Magarão. The event is realized during the school's vacation or after Children's Day and Christmas and has as a priority, the vulnerable users. To participate is necessary to present the vaccines card which will be evaluated and updated by the nurse. Then occurs the oral health promotion with orientation of oral hygiene and healthy eating. After this, the children watch a movie previously chosen with snacks. The positive results encourage the professionals that participate of this project, since the beginning had an increase of the vaccinate card updated, from 49% in September 2013 until 89% in September 2015, benefiting more than a thousand kids. So, this work offered a contribution to the increase of the promotion and prevention of the integral health with multidisciplinary support trough the motivation and education of the territory children.

PALAVRAS-CHAVE: Estratégia de saúde da família; Saúde bucal; Educação em saúde

PP734 - "SANGUE BOM": THE CAMPAIGN EXPERIMENT OF THE ACADEMIC MEDICAL CENTER IN THE FIGHT FOR BLOOD DONATION

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Introduction and Objective:

Problem of global concern, blood donation is surrounded by difficulties in maintaining the blood supply, not keeping up with the demand for transfusions. To stimulate and encourage blood donation, the academic center of medicine (CAMU) of the University of Rio Grande conducts biannual campaign within the institution in partnership with HemoRio, State Institute of Hematology.

Method:

Qualitative Work experience report.

Results and Conclusion:

The campaign is held with the assembly equipment and mobilization of teams for blood collection within the university. Academic characterized clowns encourage and recruit donors in classrooms distributing hearts, balloons and singing songs to encourage solidarity. Hearts are nailed to the walls and corridors of the university indicating the location of the campaign. During the campaign they are presented theatrical figures including good humor and playfulness as a method of interaction and creating links with donors. Students who passed for medical and nursing courses participate as donors and then they're transformed into clowns, doctors receiving facial painting with hearts and clown noses as a symbol of joining the campaign. It's also carried out verification workshop vital signs and anthropometric indices. Such mobilization is to transform the donation campaign in something fun, breaking the image of blood donation as painful and tiring process. Thus It's shown a fun way to capture donors and modify the routine and the classic image of the blood donation room.

PALAVRAS-CHAVE: Health; Medicine; Hematology

PP735 - "THROWING GARBAGE" IN SCHOOLS: DYNAMIC APPROACH IN ENVIRONMENTAL HEALTH ON THE MANAGEMENT AND IMPACT OF TOXIC HOUSEHOLD TRASH

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Introduction and purpose:

The wellbeing of the humanity is directly related to the environmental's health. So it's essential to have an integrated health system that recognizes the environmental degradation as a public health problem, which must be worked by the health teams and by educational institutions of health professionals. That justifies the intervention made by the medical students of Positivo University to the students of a Municipal School, at Curitiba, about the environmental health education, the management and the risks of toxic household garbage.

Method:

The environmental issues were elucidated through conversation circles, schematic display of content and practical experiences to simulate the impacts of improper disposal of toxic waste. Those experiences were performed dynamically, aiming to position the student as responsible for the consequences of pollution to the environment and to the community health. Furthermore, happened the construction of a board game, "Throwing garbage", which had as standards the pros and cons highlighted during the contents discussion with the students.

Results and conclusions:

According to the pretest and posttest, respectively applied on the first and on the last day of intervention, initially 87% of the students were able to say that it is inappropriate to dispose toxic waste with the general waste, to 100% posteriorly, and 44% of the students were able to identify what items represented toxic garbage, to 68% posteriorly. This study reaffirms the medicine student performance as an educator in social facilities which support the community health.

PALAVRAS-CHAVE: Disease Prevention; Environmental Health; Health Education

MANEJO CLÍNICO

PP736 - EVERYTHING IS SALTY

Faustino AR ¹; Ribeiro MC ²; 1 - USF D. Diniz; 2 - USF D.Diniz;

Introduction:

The distortion of the sense of taste (dysgeusia) can be transient or permanent and have several causes, often associated with some central or peripheral neurological disorders. It may have a significant impact on the quality of patient's life and may be associated with anorexia, weight loss, malnutrition and depressive symptoms.

Case description:

A 30 year-old female patient with dysgeusia is presented. She had no relevant personal history, but its current psycho,socio economic context was leading her to high levels of anxiety and depression. After seeking advice from various medical specialties and made multiple tests that revealed nothing, she accepted treat her anxious depressive disorder with noticeable clinical improvement.

Comment:

In primary health care, complaints of dysgeusia are vague and without apparent relationship to other diseases, so they are easily overlooked. Most taste changes have a benign course. However the doctor family should be aware of and take na active role in recovery,diagnostic and therapeutic management of change in taste.

PALAVRAS-CHAVE: dysgeusia; taste; depression

PP737 - TRY TO PREVENT BONES FROM BREAKING

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Introduction:

Osteoporosis has a high prevalence in western countries. In Portugal is estimated to exist in more than half a million people. In terms of public health importance of this disease comes from its complications including fractures of the proximal femur that are that short-term cause more morbidity, mortality and high socio-economic costs. In 2010/09/30 the General Health Department (GHD) issued a standard of good clinical practices for the prescription rules of osteodensitometry in osteoporosis.

Method:

Research through statistic program Mim@uf and Sclenic

Objectives:

The work consists in the verification of compliance with that recommendation (of GHD), between 2013-2015 in the universe of the females » = 65 years old (n=97) and men » = 70 years old (n=43).

Conclusions:

It was observed a decrease of the prescription of osteodensitometry , however the cases in which was prescribed it was according to standard of good clinical practices. It revealed the need to optimize the prescription of that exam, to increase the diagnostic and therapeutic capability of this very prevalent disease.

PALAVRAS-CHAVE: OSTEOPOROSIS; OSTEODENSITOMETRY; ADULTS

PP738 - "5 MINUTES" HIP DISORDERS APPROACH - COMMON DISORDERS, DIAGNOSIS AND TREATMENT IN PRIMARY CARE

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Background & Aim

Hip disorders are the disorders that affect the hip joint. The hip joint is comprised of a ball and socket that allows the thigh to move in different directions and it is composed of capsule, cartilage, ligaments, lubricated by the synovial fluid. Hip disorders can affect any of these parts and are often caused by developmental conditions, injuries, or chronic conditions. It urges to differentiate the sources of pain and its treatment/referral in a systematic way so that the best primary care treatment is offered.

2. Method

We present a short and systematic evaluation algorithm for hip pain pathology. After a revision of the important aspects of local anatomy, a systematic clinical evaluation with a focused anamnesis and objective exam is done. We overview common causes for hip pain, like Osteoarthritis, Developmental Dysplasia, Perthes Disease, Irritable Hip Syndrome, Soft Tissue Pain and Referred Pain, Slipped Capital Femoral Epiphysis. A systematic chart is used to gain insight into some common causes of hip, along with its common treatment and the eventual need for referral.

3. Results

An effective and straight-forward diagram for the primary care practitioner is presented, for a quicker and smoother consultation, and a better doctor-patient experience

4. Conclusions

Using this focused evaluation, it is possible to grant the best possible hip pain management just with a 5 minutes consultation.

PALAVRAS-CHAVE: hip; Pain; Family Medicine

PP739 - "IATROGENIC SUBCLINICAL HYPERTHYROIDISM - THE IMPORTANCE OF LONGITUDINAL CARE"

Ramos DB ¹; Soeiro D ¹; Martins AL ¹; Nobre AC ¹; 1 - USF São Domingos, ACES Lezíria, ARS - Lisboa e Vale do Tejo;

Background & Aim

Subclinical hyperthyroidism is defined by low or undetectable serum thyroid-stimulating hormone levels, with normal free thyroxine and total or free triiodothyronine levels. It can be caused by increased endogenous production of thyroid hormone, administration of thyroid hormone for treatment of malignant thyroid disease, or unintentional excessive thyroid hormone therapy. The rate of progression to overt hyperthyroidism is higher in persons who have suppressed thyroid-stimulating hormone levels compared with those who have low but detectable levels. The main aim of this presentation is to show how important it is the role of family physician in the continuous and longitudinal care of patients. show the importance of regular evaluation, particularly those with chronic illness.

Method

Report case.

Results & Conclusions

A 53 y-old woman, with a history of hemi-thyroidectomy right by a follicular tumor, 10 years ago. She was monitored by private medicine until 5 years ago, and since then she has never been seen observed. The first time we observed her was in March 2015. She had irritability, tremor, excessive sweating, diarrhea and weight loss. It was because of these symptoms that she came to us. On physical examination the patient was well, with hemodynamic stability and without any other changes. we requested laboratory tests with thyroid stimulating hormone (TSH); thyroide hormone. Furthermore, it is important to look for abnormalities, particularly, in that patients who are taking any chronic medication.

PALAVRAS-CHAVE: hyperthyroidism; longitudinal; care

PP740 - "OVERLOAD PRIMARY CAREGIVERS FOR OLDER ADULTS IN THE FAMILY HEALTH UNIT (USF) - CLINICS".

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Introduction:

The demographic situation in our country indicates that the population aged 65 and older is 7.4% of the total population. The primary caregiver is defined that on a daily basis is responsible for the basic and psychosocial needs of the elderly; and caregiver burden, is a psychological state that results from the combination of physical work, emotional pressure, and social restrictions.

Objective:

The degree of overload of the primary caregiver in the elderly.

Methodology:

Descriptive cross-sectional study with analytical component, the sample was 120 primary caregivers who consulted on the Health Unit Family-Clinics, from July to September 2015. Variables: sociodemographic characteristics, degree of overload and depressive symptoms. It was analyzed with Epi INFO® software.

Results:

Degree of overload, it was observed that 33.3% have no overload, and 50% does; 68% were female, and 65% over 40 years. The 67% had depression. Was found overload association between primary caregiver and family ties, $\chi^2 \geq 23.12$ ($p < 0.05$) and between overload and caregiver depression in himself, $\chi^2 \geq 17,18$ ($p < 0.05$)

Conclusion:

The degree of overload of the primary caregiver in this series was predominant, presenting depressive symptoms. The socio-demographic profile describes female, over 40 years, married, with high school education and family.

PALAVRAS-CHAVE: Elderly; Primary caregiver; Depression

PP742 - A BLOODY DEMANDING BIOPSY: A CASE OF A 54 YO M WITH STEMI FOLLOWING TRANSRECTAL ULTRASOUND GUIDED PROSTATE BIOPSY

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Introduction/Objective:

Transrectal ultrasound guided prostate biopsy (TRUSGPB) is a common procedure with minor risks. Presented is a case highlighting a complication and reinforcing current USPSTF guidelines. 54 year old African American male with PMH of hyperlipidemia presented to clinic requesting screening PSA, which was elevated and he underwent TRUSGPB. He then developed hematochezia with chest pain that was radiating into his arm. EKG demonstrated ST elevation and cardiac enzymes were abnormal. He underwent a PCI where complete occlusion of the LAD was noted. His BRBPR continued and he developed hematuria leading to hemodynamic instability, ultimately requiring a transfusion. Flexible sigmoidoscopy revealed middle rectal artery bleeding that required intervention. Prostate biopsy showed adenocarcinoma (Gleason 6).

Methods:

Chart review and PubMed search of relevant keywords were performed.

Discussion/Conclusion:

Prostate cancer screening is no longer recommended by USPSTF given risks of diagnosis and treatment outweigh benefits. TRUSGPB is the diagnostic tool of choice. Complications are often minimal and self-limited, but severe complications such as hemorrhage can occur. Gleason score of 6, is a common form of prostate cancer where surveillance can initially be chosen, but the majority will eventually be treated. This case supports the USPSTF recommendation against routine prostate cancer screening. Although cancer was confirmed, it is unclear if early identification outweighs possible complications. The complications suffered by this patient gives further evidence of the risks associated with PSA screening without a clear benefit. It also emphasizes the potential need for cardiovascular screening prior to minor procedures to reduce morbidity and mortality.

PALAVRAS-CHAVE: PSA; STEMI; TRUSGPB complications

PP743 - A CASE REPORT OF BULLOSIS DIABETICORUM

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Introduction:

In primary care diseases presents themselves in unspecific forms and rare pathologies are defying.

Method:

A case report diagnosed and treated in a public primary care clinic in Curitiba, Paraná, Brazil. Patient gave her consent for the exposure of the case for academic purposes.

Results:

BPP, female, 66 years old, African American, in treatment for: non-insulin-dependent diabetes mellitus, heart failure and arrhythmia. Evaluation of a one-day spontaneous blister in right pre tibia region with no history of trauma. Local measures and orientation are prescribed. After one week blister has grown to approximately 7 cm wide, no signs of inflammation, tense and thick skin and burning sensation. The next day patient returns due to spontaneous rupture of the blister with citric secretion. Evolves to local infection treated with antibiotics. Complete cure in 12 weeks.

Conclusion:

Bullosis diabeticorum is a rare disease associated with chronic diabetes mellitus. The diagnosis is essentially clinic and must be remembered when big tense blisters with no inflammatory sign appear in patients with long term diabetes or with chronic complications due to the diabetes.

PALAVRAS-CHAVE: Diabetes mellitus; Blister

PP744 - A CASE STUDY OF HEARING LOSS IN PRIMARY CARE

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Hearing loss is a common condition in primary care. A good history and physical exams are keys for right treatment. Interviews and clinical file consulting Male patient, 75 years old, presented in programmed appointment with his wife. He has a pain poorly characterized, with no more symptoms. Meanwhile, his wife refer that probably he has Alzheimer's disease: she refer that he has memory loss for recent events, changes in mood, withdrawal in social events and confusion in passage of time. During the anamnesis the subject remains in silence and, when interrogate, he ask to repeat questions several times. A described life history was made. There was reference to a loud sound exposure and a follow-up in Otorhinolaryngology 10 years ago without any feedback or conclusions about that appointment. The Mini Mental State was executed (28/30 score), with lost in the score acquired in Registration and Recall. Examination revealed a normal otoscopy, positive Rinne test and no lateralization in Weber test. However, there was a reduced hearing by the patient. There was a high suspicion of sensorineural hearing loss as diagnose. Without complementary exams to confirm the diagnosis, patient was referenced to otorhinolaryngology to reference hospital. This case aware for the importance of a good anamnesis allied to a decent physical examination to avoid misdiagnoses. Although his relatives thought that there was something similar to signs found in other common disease (and largely advertise in social media), there is always necessary discuss and manage this kind of mistakes in appointments.

PALAVRAS-CHAVE: hearing loss; sensorineural hearing loss; occupational noise

PP745 - A CLINICAL CASE OF SCABIES WITH SECONDARY STREPTOCOCCAL INFECTION

Ferreira ICD ¹; Gomes AL ¹; Alves EL ¹; 1 - USF Ramada;

Introduction and Objective:

Scabies is a worldwide common skin infestation that affects people of all races and social classes. It's caused by the human itch mite *Sarcoptes scabiei hominis* and it's spread by direct contact with an infested individual. Its prevalence is estimated to be 300 million cases worldwide. Risk factors include being in the same household, young children, the elderly, institutionalization or overcrowded living conditions. Diagnosis is based on history and clinical findings including intense pruritus and linear erythematous burrows, particularly on the extremities. Treatment with a topical scabicide is usually effective but several complications of this condition can occur. We present a case of scabies with secondary streptococcal infection.

Method:

Data gathered from patient's interviews, physical examination and clinical records. Literature review regarding scabies was also performed.

Results and Conclusions:

56-year-old man, melanodermic, married, working as a construction worker in Switzerland. Scheduled an appointment with his Family Physician in Portugal, complaining about severe itching on his arms, abdomen and legs that worsened at night for the last 2 months. Recently presented infected lesions on his legs. Seen by another doctor a month before, he was prescribed with emollient cream, topical and oral corticosteroids. The diagnosis of scabies with secondary streptococcal infection on his legs was made and the patient started a scabicide and an antibiotic with clinical improvement. This case shows the importance of including the diagnosis of scabies in the differential diagnosis of pruritus, as well as the patient's cultural and epidemiologic context in our clinical practice.

PALAVRAS-CHAVE: Scabies; Secondary infection; Pruritus

PP746 - VIOLENCE REGIONAL ARTICULATOR GROUP EXPERIENCE IN SUPPORT OF IDENTIFIED VIOLENCE SITUATIONS FROM SHEET SINAN

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In 2010 there was the creation of the Organisers Groups Violence Regional (GAR) in each program area of the city of Rio de Janeiro, who went on to set up a local strategy for implementation of effective measures to ensure the quality of care in cases of violence, strengthening of staff working in healthcare facilities, the promotion of effective intersectoral action in the prevention of violence and monitoring of cases, sensitization to identify the cases, among others. Since 2014 the GAR that corresponds to the neighborhoods of the South City area, became a working group that coordinates the surveillance divisions in Health (DVS) and the Equity and Health Program (DAPS), composed of a multidisciplinary team. The GAR has been developing various actions to achieve its objectives: Intersectoral workshops, encouraging the realization of socio-educational activities with the theme of violence, building an epidemiological report cases of violence, a study group on the cases reported yet training as a form of continuing education and in-service training in the units. This monitoring process of the work of health facilities with regard to the issue of violence has contributed in raising awareness among professionals to better identification and care of the demands of the families involved in the phenomenon of violence as a whole and stimulated the structuring of the support network intersectoral with a view to not act in isolation against an issue that involves multiple determinants.

PALAVRAS-CHAVE: violence; health surveillance; Family health

PP747 - A LARGE PROSTATE IS NOT ALWAYS A TUMOR

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Introduction:

Benign Prostate Hyperplasia (BPH) increases its incidence with age. Related symptoms (LUTS) may harm quality of life. Wait and see strategy should be avoided if symptom severity occurs. Patient can pressure for surgery. Diagnosis, monitoring and treatment of this disease demand evaluation in family medicine.

Case description:

Men, 64 years old, married, nuclear family, Duvall VIII, no family risk, retired (gas worker). Active problems: hypertension, obesity, dyslipidemia, moderate ethanolic habits. Medication: ibersartan and simvastatin. begins In the first appointment with family physician complains of weight gain, insomnia. iagnosed OASS, begins C-PAP and motivation to life style changes March 2012: refers nocturia. Evaluation of LUTS: IPSS 4 very satisfied with life quality. Prostatic ultrasound and PSA evaluation, wait and see strategy. December 2012: prostate volume of 70 without significant residual urine. Tansulosin and Urology referral. March 2013: His son's divorce, 18 LUTS, very unsatisfied with quality of life. September 2014 Undergoes surgery. February 2015 – depressed, no ejaculation, erectile dysfunction May 2015 – coping, regretting surgery
Comment

This case illustrates BPH natural history of multipathology patient. Initial diagnosis of relevant pathologies should not distract approach to BPH's symptoms. Any change in patient personal status or life cycle plays a psychosocial risk and contributes to quality of life impairment. Natural history and progression of BPH can be impaired by: age, LUTS, PSA, prostate volume. However evaluation isn't linear: patient can undervalue or hide symptoms. Family doctor involvement is mandatory as surgery follow up is many times transferred to him.

PALAVRAS-CHAVE: Prostatite; Carcinoma da prostata; Hiperplasia Benigna da Próstata

PP749 - A STUDY ON THE PRACTICE VARIATIONS ACCORDING TO PHYSICIAN'S SPECIALTY

Department of Family Medicine ¹; professor MD,PHD, Department of Family Medicine ¹; 1 - Asan Medical Center;

Introduction and objective

It is well known that physicians who have insufficient clinical experience is very dependent on diagnostic tests and make more prescriptions. A physician's specialty has powerful influences on his practice pattern. The objective of this study was to examine practice variations according to physician's specialty in a hospital based family medicine practice.

Method

We analyzed diagnostic tests and utilization pattern of medications of upper respiratory tract infections (URIs) in outpatient settings. We reviewed the medical records of the patients diagnosed as upper respiratory tract infections visiting outpatient clinics of the Department of Family Medicine of Asan Medical Center (AMC) from March 2013 to December 2013. The percentage of episodes for which laboratory tests, a chest X-ray, and medications were prescribed and the proportion of number of medications were calculated. Chi-squared test was performed to evaluate the difference in the use of diagnostic tests and utilization pattern of URI medications according to physician's specialty.

Results

Of the 259 URI episodes identified, Professors tend to use more chest X-ray than do residents and fellows, respectively ($P<0.001$). Residents and fellows make more use of analgesics ($P<0.001$), antitussive ($P=0.001$), mucolytics ($P=0.004$) and antihistamine ($P=0.005$) than do professors. Antibiotics were prescribed for 13.5% for all URI episodes and there was no significant differences between physicians.

Conclusions

We reviewed practice variations of URIs patients according to physician's specialty in a hospital based family medicine practice and found that differences in the use of diagnostic testing's and utilization pattern of URI medications according to physician's specialty.

PALAVRAS-CHAVE: Practice variations; physician's specialty; upper respiratory tract infections

PP750 - ABDOMINAL ULTRASONOGRAPHY (AU) EXPERIENCE IN DETECTION AND CONFIRMATION OF GALLSTONES IN URBAN PRIMARY HEALTH CARE (PHC) CENTERS

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Introduction:

In Chile, the incidence of gallstones is 12.3 and 27.3 for men and women, respectively, per 100,000 inhabitants, the highest in the world. This has been identified as the main risk factor for gallbladder cancer. In Chile preventive cholecystectomy is guaranteed for patients with gallstones between 35 and 49 years. AU is the gold standard for diagnosing gallstones, and it is usually performed by radiologists at secondary level.

Objective:

To describe our experience in the detection of gallstones in APS through AU performed by a trained family physician.

Method:

A cross-sectional observational study was conducted by reviewing reports of all the AU performed by a trained family physician in PHC centers Jean et Marie Thierry and Marcelo Mena of Valparaíso, between the years 2006 and 2015. We didn't know the name of the associated patients to report and ethical consideration.

Results:

2734 reports of AU were found. The main findings were fatty liver (27.1%), gallstones (13.2%) and kidney stones (8.2%). Most cases of gallstones were female (78%, p=0.032).

Conclusion:

Our experience demonstrated that the implementation of the AU in PHC centers is an effective tool for detection and confirmation of gallstones.

PALAVRAS-CHAVE: Gallstones; ultrasonography; primary health care

PP751 - ACADEMIA CARIOCA PROGRAM: QUALITY OF LIFE IN INDIVIDUALS WITH CHRONIC DISEASES IN THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

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Introduction:

The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity oriented by physical education professional integrated at health team to the Family Health operates serving people predominantly affected by chronic diseases affecting their quality of life

Objective:

To present the action of Racing Group, guided by professional physical education the Academia Carioca Program, which aims to increase the quality of life of the population registered in the Family Clinic Bibi Vogel (AP 3.2) with chronic diseases and associated risk factors.

Method:

This is a cross-sectional study with data collected participants (n = 78, 75% aged 60 or older, 76% had hypertension and 6% hypertension and diabetes type 2) systematically monitoring instruments (anthropometry and SF-36 questionnaire quality of life) at the beginning and after six months.

Results and Conclusion:

After comparative analysis, 73% reduced their rating on the body mass index; 89% of hypertensive patients lowered their blood pressure levels. The SF-36 showed that 88% improved their perception of the functional capacity and 92% for mental health. Thus, the Academia Carioca Program fulfills its role in promoting positive changes in quality of life, potentiated by physical education professional that enables the practice of this distinguished audience in this new space integrated to the Family Clinic. Other health professionals share this space for important information matriciar health where individuals present are multipliers of this knowledge among their family and community.

PALAVRAS-CHAVE: Chronic Disease Motor Activity; Health Promotion; Motor Activity

PP753 - ACCESSING “IMPERTINENT BODIES” HUMANIZATION CARE THROUGH “CONSULTÓRIO NA RUA” IN THE SMSDC RJ 5.1 PROGRAMMATIC AREA IN 2015.

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INTRODUCTION

Foucault says that the norm prior to the rights becoming different individuals is unequal. So impertinent bodies are those who have no place in the city or have a well-marked pervasively space. Generally, are ‘killable’ bodies, but they do exist and resist "(Priscila Bastos 2015). The impertinent body is always an object body, which escapes to the control of the norm and this is often an invisible body or ‘killable’ by society and the media. This condition reminds us of the time when the slavery was abolished and the slums and streets of Rio de Janeiro were the destination of most of the newly freed blacks.

MATERIAL AND METHODS:

Dialectical methodology. Quality of access to health service socio-anthropological perspective, analyzing the speeches made in intersectoral meetings and Basic Health Units of AP 5.1, reflecting on local capacity to improve the quality of access to health network and the enjoyment of human rights of this population.

RESULTS:

The CNAR SMSDC-5.1 occupies since its implementation in December 2014, a place of power at the local Coordination to spread the discussion of humanization process and good health practices in this special population. What was invisible becomes visible gradually to professionals working in primary care area. What was a "wall" before, today is turning into new possibilities of access and care, thanks to the revival of the fundamental principle of SUS.

PALAVRAS-CHAVE: DEMOGRAPHY; ACCESS; INTERSECTORAL

PP754 - ACCESSION ASSESSMENT INSTRUMENT ACCOMPANIED HYPERTENSIVE TREATMENT IN PRIMARY CARE HEALTH IN BRAZILIAN CITY.

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Introduction:

The Systemic hypertension (SH) is initially asymptomatic, chronic and incurable character. Non-adherence to treatment may be multifactorial, such as late symptoms, medications with not immediate effect, side effects medication or inadequate patient education.

Objectives:

To describe the epidemiological profile of participants and validated instrument developed by a team of teachers and medical university students, for the global assessment of treatment adherence.

Method:

Quantitative, cross-sectional descriptive study approach developed in the city of Alfenas, South of Minas Gerais. The sample containing 150 participants over 18 years of both sexes being treated for hypertension. Applied an assessment instrument with six questions, which alternatives were evaluated from 1 to 7 points and through the sum total of the participants were classified into five levels: Level I (adhering medical / nutrition / physical / psychosocial); level II (adhesive medical / nutrition / physical); Level III (medical and nutritional stick); level IV (adhesive medicated); Level V (non-stick).

Results and Conclusion:

Hypertension affects mainly the female population (67%) and over 60 (64%). Fewer individuals falls into level V, not global adherent or being in level I, optimal adherence. Most participants are framed in level II and III, showing careless at some point in the global membership. The instrument proved feasible evaluation. However if applied to a greater number of individuals, in different contexts, statistically could be rated as adequate or not, making able for us to know how patients face their hypertension condition and treatment.

PALAVRAS-CHAVE: Primary Health Care; Hypertension; epidemiology

PP756 - ACTIONS TAKEN DUE TO THE TUBERCULOSIS ABANDONMENT IN THE FAMILY CLINIC IN THE SOUTH ZONE OF RIO DE JANEIRO.

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Brazil occupies the 18th place among the 22 countries responsible for 80% of the total of TB cases in the world. According to the Ministry of Health (2011a), one of the major concerns is the reduction of treatment abandonment rates that, according to Riberiro (2000) and Paixão (2007), is of 17% in Brazil. The goals of this research were to identify the main reasons that take the patient to abandon and contribute with strategies in order to reduce these cases. This is a descriptive and qualitative study, performed in a family clinic in the south zone of Rio de Janeiro, which used Bardin's content analysis, having community health agents, nurses and manager as individuals. The interview was through a semi structured script with the following basic questions: What are the main reasons for treatment abandonment? What are the strategies that the employees of the family clinic together with the management, could perform to minimize the cases of abandonment? In relation to the main reasons, the respondents highlighted: make the patient co-responsible for the treatment, work with the stigma of the disease and prematurely catch abandonment-prone cases, as chemical dependents. With regard to the strategies, the following categories appeared: perform health promotions about the theme in the territory, improve the access of these patients to the clinic, report the difficulty in executing DOTS before it becomes abandonment, strengthen GT Tuberculosis in the clinic, encourage the care line of tuberculosis and the staff as to the surveillance of the patients.

PALAVRAS-CHAVE: Family health; Primary health care; Treatment refusal

**PP757 - ACTIVITY RESEARCH ANTIMICROBIAL EXTRACT
DICHLOROMETHANE SEED TAMARINDUS INDICA L. FACE TO MEDICAL
IMPORTANCE OF STRAINS**

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The occurrence of infections by multidrug-resistant bacteria (MDR), is an important fact. Due to this, new drugs (plant origin or synthetic) are the aim of several researchs. This study aimed to determine the antimicrobial activity of dichloromethane fraction of seed *T. indica*, against pathogenic strains. Analyzes were performed at the Laboratory of Natural Products and Biotechnology (LPNBio) located at the State University of Bahia (UESB), campus-Itapetinga BA. *Tamarindus*´ seeds were dried and crushed, after that dichloromethane was used as solvent by exhaustive extraction. It´s result was filtered and had the filtrates collected periodically. Solvent was removed under reduced pressure on rotavap at 45 ° C temperature, a concentration of 100mg/ml extract was obtained. Minimum Inhibitory Concentration (MIC) were performed by broth microdilution, using different concentrations of the extract for testing (517, 2; 285.6; 142.8; 71.4; 35.7; 17.8; 8.9 and 4.4mg/ml). After 24 hours, all strains were re-cultured to verify that the bacteriostatic activity / bactericide. All tests were made in triplicata. A dichloromethane fraction *T. indica* showed antimicrobial activity at concentrations from 517.2 to 142.8 mg / mL for all strains: *Staphylococcus saprophyticus* (ATCC 35552), *Staphylococcus aureus* (ATCC 43300), *Staphylococcus aureus* (ATCC 25921); *Enterococcus faecalis* (ATCC 31299), *Pseudomonas aeruginosa* (ATCC 27853), *Enterococcus faecalis* (ATCC 29212). However, strains of *S. aureus* (ATCC 25921); *E. faecalis* (ATCC 31299) and *E. faecalis* (ATCC 27853) MIC found in the last concentration tested up to the final test showed that *T. indica* dichloromethane fraction had bacteriostatic effect for all bacteria except *Enterococcus faecalis* that is bactericidal.

PALAVRAS-CHAVE: *T. indica*; antimicrobial activity; seed.

PP758 - ADAPTATION OF TYPE D PERSONALITY SCALE TO TURKISH AND DETERMINING VALIDITY AND RELIABILITY FOR CORONARY HEART PATIENTS.

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Introduction and Objective:

Different forms of personality characteristics play important role in different diseases such as depression and coronary heart diseases. Our goal was to determine a scale that determines personal characteristics and also which is in correlation between depressive characteristics and coronary heart disease.

Method:

The study was carried out between January first and September first 2015. DS14 scale Turkish version and Beck Depression Inventory were applied to 104 coronary artery disease patients hospitalized in coronary intensive care unit. Control group was formed by 101 patients hospitalized in internal medicine and family medicine clinics.

Results and Conclusions:

A correlation between DS14 scale consisting of NA (negative affect) and SI (social inhibition) ($\alpha=0,87$ and $\alpha=0,87$) and Beck Depression Inventory, and NA & SI was determined ($r=0,747/0,432$; $p\leq 0,000$). Exploratory and confirmatory factor analysis was performed for the DS14 scale. Confirmatory factor analysis was found sufficient among coronary artery patients ($C_{min}=135,47$, $df=76$, $C_{min}/df=1.78$, GFI (goodness of fit indeks)= $0,85$, CFI (comparative fit indeks)= $0,91$, $RMSEA$ (root mean squared error)= 0.087). Turkish version of DS14 scale has been found to be valid and reliable among Turkish coronary artery patients. Type D personality traits, NA and SI was determined to be significantly higher among coronary artery patients.

PALAVRAS-CHAVE: Type D personality; DS14 Scale; Beck Depression inventory

**PP759 - ADVANCED HYPERTENSIVE RETINOPATHY AND
HYPERTENSION COMPLICATIONS IN THE PRIMARY CARE SETTING:
RETROSPECTIVE CROSS-SECTIONAL STUDY**

CHIANG LK ¹; 1 - Hospital Authority, Hong Kong;

Introduction:

International agencies had recognized hypertensive retinopathy (HTR) as target end organ damage. HTR can be reliably documented by retinal photographs. This study aims to examine the epidemiology of advanced HTR in the primary care setting; to assess patient predictive characteristics associated with advanced HTR; and to assess the association of advanced HTR with other HT complications.

Methods:

A retrospective cross-sectional review involving hypertensive patients with available and gradable retinal photographs. Patients with comorbidity of diabetes mellitus were excluded. All retinal photographs were reviewed by 2 family physicians independently according to Wong and Mitchell classification. Hypertension complications or end organ damages are documented according to ESH-ESC 2007 guideline.

Results and Conclusion

256 (34.3%) male and 491 female (65.7%) hypertensive patients with mean (SD) age of 59.2 (8.6) years old were included. The average duration of hypertension was 7.2 years, while 49.8% and 41.2% were taking one and two antihypertensive medications respectively. The mean (SD) blood pressure was 128.2 (11.5)/75.3 (7.7) mmHg. Among 1491 retinal photographs, 24.9%, 62.6% and 12.5% were classified as normal, mild and moderate HTR. The commonest retinal signs was 650 (43.6%) generalized or focal arteriolar narrowing.

130 patients (17.4%) had advanced HTR, which was associated with advanced patient age, longer duration of hypertension, taking more antihypertensive agents. Multivariate analyses revealed that patient age was statistically significant associated with advanced HTR. The OR (95% CI) was 1.04 (1.02-1.06, P=0.001). Three leading hypertension complication or target organ damage were advanced HTR (17.4%), heart disease (7.1%) and cerebrovascular disease (3.9%).

PALAVRAS-CHAVE: hypertension; hypertensive retinopathy; hypertension complication

PP760 - AFTER THE FALL, THE AUTUMN OF LIFE BEGINS!

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Introduction:

Paget disease of bone is a focal disorder of bone metabolism that occurs in the aging skeleton.

Method

Female, 79 years old, autonomous, with a history of hypertension. In August 2014 she fell over her left shoulder with anterior glenoid fracture. In April 2015 she underwent an MRI on her shoulder, prescribed by Physical Medicine and Rehabilitation (PMR) in the hospital. The patient lost her next PMR's appointment. That year, her family doctor advised her to reschedule the lost hospital appointment and bring the results of the exams performed there. In January 2016, on another family doctor's appointment she brought the MRI result that reported "lytic images in the shoulder blade suggesting Paget's disease". Then it was prescribed the phospho-calcium metabolism study and the serum alkaline phosphatase level and the patient was questioned about the presence of bone pain. Currently she awaits these results to provide the appropriate treatment.

Results and Conclusions

The onset of Paget disease of bone is often after middle age. It is characterized by accelerated bone turnover and abnormal bone remodelling. It is frequently asymptomatic, but the common clinical manifestations include bone pain or chronic back pain. Laboratory findings include elevated levels of serum alkaline phosphatase. Plain radiographs reflect, early in disease, a predominantly osteolytic lesion but in late disease, there may be dense bone present. Diagnosis in patients with clinical or laboratory findings suggestive of disease is confirmed by the demonstration of characteristic radiographic changes and most patients should initiate treatment with bisphosphonates.

PALAVRAS-CHAVE: Paget disease of bone

PP762 - AN ASSOCIATION BETWEEN T2DM AND DEPRESSION: A CROSS SECTIONAL STUDY IN A PRIMARY CARE

Sharma N¹; 1 - Forbury Corner Health Centre;

Introduction and Objective

It is not clear that depression may also be a risk factor for T2DM. We studied the association between depression and diabetes by conducting a cross section questionnaire survey study of patients enrolled in our practice.

Method

A total of 60 newly diagnosed Type 2 diabetes patient from January 2009 to December 2012 were included. Depression was evaluated using Patient Health Questionnaire (PHQ-9) A score of 10 was taken as a cut off point for the diagnosis of depression. Glycated haemoglobin level was obtained from the database.

Results

65 % of the total patients returned the questionnaire. Male Female Ratio 1.3:1. Age ranged 44-88, median 69. Depression was present in 18% patients (N=7) before the diagnosis of type 2 diabetes. Mild to moderate depression was noted in nearly 50% of the patients (N=18). Our preliminary survey study showed presence some degree of depressive disorder in 12% Only one respondent scored 19 prompting a rapid response from the medical staff.

Conclusion

This small and preliminary cross sectional study shows the presence of association between depression and diabetes. Future studies are needed to confirm our findings involving different population and to investigate the potential mechanisms underlying the association.

PALAVRAS-CHAVE: Diabetes; Depression

PP763 - AN AUDIT ASSESSING WHETHER APPROPRIATE PARAMETERS HAVE BEEN MONITORED IN PATIENTS TAKING ANTIPSYCHOTICS IN PRIMARY CARE

BEGG, S¹;

Introduction:

It is well recognised that those with mental illness have poor physical health outcomes resulting in increased mortality. Most significant is the recent finding that the majority of premature mortality is as a result of cardiovascular risk due to antipsychotic induced metabolic syndrome. Atypical antipsychotics have been associated with impaired glucose metabolism as well as changes in lipid balance and weight gain. Antipsychotics can also induce hyperprolactinaemia having an impact not only on sexual well-being and fertility but also osteoporosis. All of these factors may contribute to increased morbidity and mortality. As a consequence guidelines have suggested monitoring for patients taking antipsychotics.

Method

An audit was conducted in a GP surgery in the borough of Wandsworth serving a population of 4300 patients of which 23 are prescribed antipsychotics. The audit assessed whether patients on antipsychotics had been appropriately monitored according to the Maudsley Prescribing Guidelines (1). The monitoring parameters looked at include full blood count, urea and electrolytes, liver function tests, blood lipids, plasma glucose, prolactin, creatine phosphokinase, thyroid function tests, weight, ECG and blood pressure. Using the GP surgery computer system, EMIS, patients on antipsychotics were identified. The notes of each of the patients were then reviewed to establish whether the appropriate monitoring before and during antipsychotic use was implemented at the intervals suggested by guidelines.

Results and conclusion:

Results will be available at the conference

References

1. Maudsley Prescribing Guidelines, 11th edition. Taylor D, Paton C & Kapur S. Informa Healthcare, London 2012.

PALAVRAS-CHAVE: antipsychotics; mortality; medication

PP764 - AN UNUSUAL PRESENTATION OF PHARYNGITIS IN A CYSTIC FIBROSIS PATIENT

Weber CJ ¹; Lennon RP ¹; 1 - Naval Hospital Jacksonville;

Introduction:

Primary care physicians in a single day can treat the spectrum of diseases, ranging from the common to the very rare. They often will be the first to evaluate rare complications or presentations of a disease. Systemic vasculitis is a rare complication of cystic fibrosis with significant morbidity and mortality. Presented is a challenging case of pharyngitis in a patient with cystic fibrosis where the presenting lesion appeared to be mucocutaneous vasculitis.

Method:

19 year old male with past medical history of cystic fibrosis and lower extremity vasculitis, presented to his primary care physician with several days of mild upper respiratory symptoms and a bright red soft palate lesion of uncertain etiology. Because of the location, it was not biopsied on presentation. Multiple etiologies were discussed with mucocutaneous vasculitis being the leading diagnosis because of morphological appearance and prior history of vasculitis. The lesion was cultured as part of the evaluation and grew *Haemophilus parainfluenzae*. With appropriate antibiotic therapy the patient improved.

Results/Conclusions:

Primary care physicians commonly take care of patients with cystic fibrosis and can be the first to evaluate acute problems, such as the one presented. This case on initial presentation was very concerning for systemic vasculitis, a rare side effect that many primary care providers may not be aware of. This case serves to bring attention to this rare but serious complication of cystic fibrosis.

PALAVRAS-CHAVE: Cystic Fibrosis; Pharyngitis

PP765 - ANALYSIS OF ADHERENCE TO TREATMENTS BY HYPERTENSIVE PATIENTS AS A HEALTH PROMOTION TOOL TO PREVENT COMORBIDITIES

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INTRODUCTION AND OBJECTIVES:

Systemic Arterial Hypertension is a multifactorial syndrome considered a major public health problem in developed and developing countries. With high prevalence and detection almost always late, it constitutes one of the major risk factors for vascular disease. Thus, the study aimed to analyze the adherence to treatment pharmacological and non-pharmacological of hypertensive patients.

METHOD:

It was used a qualitative descriptive and exploratory study, through self-administered interviews the questions were related to the characterization of respondents. There were 55 hypertensive patients registered in five Basic Units Care of Fortaleza-CE. Ethical aspects were considered.

RESULTS AND CONCLUSION:

The data analysis showed that the majority of respondents (83.3%) did not join to the non-pharmacological treatment, regarding especially the eating habits and regular physical exercise. However, the pharmacological therapy, it was observed considerable knowledge of the drugs for 64.12% of the participants and adherence to this treatment (71.3%), and this can be related to the fact that the majority of respondents were use to have one or two drugs. Analyzing family involvement, it was found that there was adherence of at least one of the family members to antihypertensive therapy in 86% of cases. We concluded that the lack of knowledge about treatments is still an existing reality among hypertensive patients, and health education proposal by healthcare professionals should be focused on behavioral changes to avoid comorbidities of that silent disease.

PALAVRAS-CHAVE: Hypertension; Medication adherence; Prevention

PP766 - ANALYSIS OF MATERNAL MORTALITY AT CAXIAS DO SUL, RS, BRAZIL, BETWEEN 2000 AND 2014

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Goals: Study the situation do maternal mortality in a municipality of Southern of Brazil between 2000 and 2014.

Methods: Transversal study, that was rewiew all maternal death at Caxias do Sul between 2000 and 2014.

Results: Of the 41 maternal deaths , were excluded them from accidental or incidental causes or occurred after 42 days of birth. The 34 cases remaning accounted of an anual average MMR of 37,9 (+- 24,7) per 100.000 live births (LB). It was found an increase of 39.6% of the cases studied years. Although predominats (64,7%) the direct causes (most avoidable) declined 7,1%, however the indirect increaced 85,8% (less avoidable). The most frequently direct causes were: hemorrhage, septic abortion and thromboembolism. The most common indirect causes (35,3% of the cases) were: cardiovascular diseases, lúpus and respiratory infection. Mosto f the cases ocured on SUS (70,6%) where the average MMR was 27,6 (+-16,5)/100.000 LB, reaching 11.6 (+ -1.8)/100.000 LB in Health Additional.

Conclusion: The maternal mortality at Caxias do Sul is increasing, overtaking the minimun level accepted by World Health Oraganition (20 cases/100.000 LB). Was identified in this city a strong phenomenon due to the increasing trend of indirect causes (pregnancy chronic conditions that are aggravated by pregnancy). This finding may reflect the local health policies that would be containing the direct causes (avoidable), these more related to issues such as pre-conception counseling and family planning. More studies are needed in order to obtain further clarification on the issue.

PALAVRAS-CHAVE: Maternal Mortality; Maternal Death; Prenatal

PP767 - ANALYSIS OF PROFILE SERVICE IN FAMILY HEALTH UNITS OF RIBEIRÃO PRETO-SP, BRAZIL

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Introduction:

The Primary Health Care is a set of health intervention practices, which includes promotion, prevention, diagnosis, treatment and rehabilitation. In Brazil, we find this type of service provided by the Basic Health Units, and, of course, of the Family Health Strategy Program, conducted by Family Health Units.

Objective:

To characterize patients' profile who uses Unified Health System (SUS) in three geographically close Family Health Centers (USFs) in Ribeirão Preto-SP.

Methods:

This study was a cross-sectional and observational study, conducted in three USFs located in Ribeirão Preto-SP, where medical charts were analyzed to collect the following data: monthly consultation, gender, age, type of consultation (scheduled or spontaneous demand), reason looking at the unit, complaints, diagnosis and if there were or not prescribed medications or ordered tests. We selected medical charts in which the consultations were conducted between June/2011 and May/2012.

Results:

914 medical charts were analysed. Regarding the type of consultation, it was noted that most of them were scheduled (approximately 50% of all consultations in the three USFs). Women corresponded to the majority of patients in all USFs studied. The five most common reasons for consultation were checking lab results, prescription renewal, routine visit, cough, back pain, headache, and childcare. The most prevalent diagnosis in the three USFs was hypertension.

Conclusion: This way we can provide data to health managers in order to expand the quality of services provided in the units in the field of prevention, promotion, treatment and rehabilitation.

PALAVRAS-CHAVE: Primary Care; Family Health Unit; Medical Care

PP768 - ANALYSIS OF RENAL FUNCTION IN HOME CARE PATIENTS

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Introduction:

In this research, we aim to evaluate urea, creatinine and gfr levels and in addition to that undiagnosed renal failure for registered patients in İstanbul Şişli Hamidiye Etfal EAH Home Care Unit.

Methodology:

Within the time frame of January 2015 – February 2016, during our retrospective complementary research we examine laboratory results in home care patients. Urea, creatinine ve gfr levels , daily intake of water, hypertension, diabetes mellitus ,existing renal diseases examined.According to this formulation, the results were grouped as mild renal failure(RF)(GFR=89-60), moderate RF (GFR=59-30) and severe RF (GFR=29-15).We used SPSS20.0 version ; frequency, chi-square ve T test evaluated.

Results:

Totally 232 patients included in the study of which 160(%69) were women, and 72(%31) were men. According to GFR levels %4.3(n:10)were grouped as severe RF, %36.6(n:85) were mild and %31.9(n:74) were moderate RF. 137 of the patients who answered the question about “Daily water intake” %32.3(n:75) were less than 1 liter/day, %21.5(n:50) were between 1-2 liter/day, %5.1(n:12) were above 2 liter/day.Renal failure were %70.6 in patients whose water intake were less than 1 liter/day, and this ratio was %66.6 in patients whose intake were above 2 liter/day.

Conclusion:

We observed that mostly for patients with home care have high levels of Creatin, while their gfr levels were low.In most patients there was no prior knowledge of Kidney failure;but in laboratory results it was found that patients had mid- stage renal failure. For home care patients, we have to give right treatment in order to avoid end-stage renal failure and prevent dialysis need.

PALAVRAS-CHAVE: renal function; home care patients; glomerular filtration rate

PP769 - ANALYSIS OF REHOSPITALIZATION RATES OF PATIENTS WITH SEVERE MENTAL DISORDER

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Introduction:

Severe mental disorders are characterized by rehospitalizations, due to factors such as disease severity and characteristics of hospital and outpatient care.

Objective:

To estimate the rates of hospital readmissions of patients with schizophrenia and bipolar disorder (BD) and to identify associated factors.

Methods:

It is a cohort study, conducted at the Institute of Psychiatry of Santa Catarina (IPqSC) and Florianópolis Health Secretary. Data were collected from medical records of 114 patients with schizophrenia or BD, who were discharged between May and December 2013 and subsequently data from outpatient service: UBS and CAPS. Analysis were performed using SPSS 16.0, T-test used to compare averages, with significance level of p value <0.05 and survival analysis used to assess the groups time to rehospitalization. It was approved by the committee of ethics.

Results:

The rates of hospital readmissions at 6 months were 31.6% in patients followed in the basic health units (UBS) and 34.6% in patients of Psychosocial Care Centers (CAPS). A statistically significant difference regarding the use of drugs was found between the groups ($p = 0.021$), being a risk factor for readmission. The incidence of readmission in patients with schizophrenia was 28.56% among patients treated in UBS and 50% among those in CAPS. For patients with TAB, the readmissions rates were 33.3% and 16.7% for those patients in UBS and CAPS, respectively.

Conclusion:

Rehospitalizations rates according to the monitoring sites were high and drug use considered a risk factor for early readmission.

PALAVRAS-CHAVE: Severe psychiatric disorder; Rehospitalization; Psychiatric services

PP770 - ANEMIA OF CANCER

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Introduction and objective:

Anemia is the most common hematologic disorder in patients with cancer. Cancer can interfere with anemia due to direct effects of the cancer cells in the body, or as a result of biologically active products of the cancer cells or is a consequence of the treatment of cancer. Tumors can produce cytokines and therefore induce iron sequestration and decrease red blood cell production. The correlation between cancer and anemia, particularly the chemotherapy induced anemia.

Methods:

Quantitative data analysis of 100 patients, aged 45-65years with cancer receiving chemotherapy. We extract age, sex, type of cancer, hemoglobin values and comorbidity. All patients had a follow up during a six months period.

Results and Conclusions:

The incidence of anemia (hemoglobin below 12g/dl) and her severity (grades 2 and 3) increases from 20% at patients receiving cycle one of chemotherapy to 50% at patients receiving cycle five of chemotherapy. Mild degree anemia (grade 1 and 2) was present at 66% of patients, while moderate and severe anemia (grade 3 and 4) was detected at 34% of patients. At some point, 50% of all patients developed chemotherapy induced anemia. The type of cancer present, the underling comorbidity and the treatment itself may act independently or interact to result in anemia. Chemotherapy induced anemia is a result of myelosuppressive cytotoxicity of the chemotherapeutic regimens. The management of anemia is based on assessment of individual patient characteristics, severity of anemia and underling comorbidity, in order to enhance a better outcome and quality of life.

PALAVRAS-CHAVE: anemia; cancer; chemotherapy

PP772 - ANTIDEPRESSANTS AND FAMILY MEDICINE – HOW MANY DO WE NEED TO KNOW?

Margarida Leite ¹; 1 - USF Brás Oleiro - ACES Gondomar;

Introduction and Objective:

Depression is common in primary care patients and, therefore, dealing with antidepressants has become usual in the familiar medicine activity. Patients with depression usually have a long list of comorbidities and somatic complaints and it is sometimes challenging to know whether a new sign or symptom has appeared, or if the patient is just having an adverse effect of one of his medications. Antidepressants are a fine example of this kind of drugs: they are safe, effective, but also responsible for side effects and drug-to-drug interactions that complicate clinical judgement. The aim of this work is to summarize the extensive list of available antidepressants and to create an instrument of quick reference to help choosing a specific drug for a specific patient.

Methods:

Review of the recent literature related to the pharmacological treatment of depression in primary care.

Results and Conclusions:

Given the lack of clear superiority among antidepressants, selecting a drug is based upon their pharmacological aspects, possible side effects and patient characteristics. For this purpose is preferable to focus our knowledge and experience on a few drugs, and to choose between them, than to try to encompass all the drugs available. SSRI's are the first line choice since they are safe, well tolerated, have few pharmacological interactions, and have a low price. Nevertheless, since family doctors deal with their patients throughout their lives, they need to know some peculiarities related with specific periods of life or with associated diseases.

PALAVRAS-CHAVE: Antidepressive Agents ; Depression ; Primary Health Care

PP773 - ANTIHYPERTENSIVE ADEQUACY THERAPY ACCORDING TO THEIR CONTRAINDICATIONS: CLINICAL PRACTICE IN A PRIMARY CARE

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Background and Aim:

Hypertension is the more prevalent cardiovascular risk factor in the Portuguese population, with prevalence of 42.2%. There are multiple classes of drugs available for hypertension treatment. The patient's profile and the contraindications of the drug are crucial aspects that must be taken into account in treatment choice. The aim of this study was to explore the inadequate antihypertensive therapy of patients, considering the existence of contraindications.

Method:

A cross-sectional observational study has been conducted to assess a random sample of patients aged 18 and older with a diagnosis of hypertension. The results were analyzed using descriptive statistical analysis by crossing variables in Microsoft Excel.

Results:

A total of 474 hypertensive patients with an age >18 years were assessed. Considering the contraindications of hypertension therapy, it was found that 12% (n = 57) and 2.5% (n = 12) had relative and absolute contraindications, respectively, for the treatment in progress.

Conclusion:

The absence of similar work does not permit us to compare the results obtained. However, this study concludes that there are patients taking antihypertensive drugs for which have contraindications, including women of childbearing age, asthma, gout and metabolic syndrome. This finding allows us to rethink the clinical decisions for improved care.

PALAVRAS-CHAVE: Antihypertensive Agents; Therapeutics; Hypertension

PP774 - APPLICABILITY OF THE HECKERLING'S CRITERIA FOR THE DIAGNOSIS OF COMMUNITY-ACQUIRED PNEUMONIA IN THE JAPANESE PRIMARY CARE SETTING

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[Introduction and Objective]

Community-acquired pneumonia (CAP) is a common illness that can lead to mortality. Inappropriate use of chest radiographs may unnecessarily expose patients to radiation. Heckerling's criteria (HC) is a useful substitute to chest radiographs which rely on the symptoms to rule out CAP. The HC is well validated in Western populations but not in the Japanese population. Here, we examined how frequently each HC item is measured in the Japanese primary care setting.

[Methods]

We conducted a retrospective chart review of patients aged ≥ 16 years with fever or respiratory symptoms who visited a community hospital between January and June 2012. The frequency of each HC items was recorded. Pneumonia was defined based on the definition of the Food and Drug Administration (FDA) criteria 1998. Univariate analyses were performed to estimate the association between CAP and each HC item.

[Results and Conclusions]

Among 152 cases (48% females) with an average age of 57 years, 103 were diagnosed with CAP. Out of 152 cases, body temperature, heart rate and rales are frequently recorded (92%, 84% and 82%, respectively), whereas the absence of asthma and decreased breath sounds were not (46% and 16%, respectively). Among the most frequently documented variables, only rales was associated with CAP (OR 24.9; 95% CI, 5.6-111.5, $p < 0.001$). Although the HC has a useful variable to diagnose CAP, it has yet to be fully utilized in the Japanese primary care setting. Hence, further research is needed to better utilize the HC in Japan.

PALAVRAS-CHAVE: Pneumonia; Physical Examination; Medical History Taking

PP775 - APPROCHING AN IMIGRANT FAMILY – A CASE OF SUCCESS OBSERVED BY A TEAM OF NURSING RESIDENTS IN FAMILY HEALTH.

Bohusch, G ¹; SOUZA, C A ²; SILVA, F N F ²; Santos, L P R ¹; Silva, S G ³; 1 - Clínica da Família Dr Felipe Cardoso - Secretaria Municipal de Saúde do Rio de Janeiro; 2 - Residência em Enfermagem em Saúde da Família - Clínica da Família Dr Felipe Cardoso - Secretaria Municipal de Saúde do Rio de Janeiro; 3 - Agente Comunitário de Saúde na Clínica da Família Dr Felipe Cardoso - Secretaria Municipal de Saúde do Rio de Janeiro;

INTRODUCTION:

The growth of immigrant populations in Brazil has made the primary health care more challenging.

MAIN GOAL:

To expose the approach adopted by residents with an Asian family who lives within the area of the “Felippe Cardoso Family Clinic/Team Cascatinha” where there is a Nursing Residency Program in Family Health.

METHOD:

Experience reports.

RESULTS:

The contact with these immigrants happened during a home visit from the Community Health Agent (CHA) who spotted a new family made up of a couple and a newborn. The agent had difficulties approaching them and collecting data due to cultural and linguistic barriers. A Health Team designed strategies to effectively approach the family. A home visit was paid with the CHA, a Resident Nurse and the Preceptor in which the Google Translate tool was used. Thanks to such tool, the mother/newborn reception was made; it was possible to evaluate their living conditions; to explain how the Family Clinic works and to book their first appointment. Subsequently, other family members who also live in the surrounding area were contacted. The family is in follow-up care in the Family Clinic.

CONCLUSION:

This family monitoring has enabled us to see the vulnerability of immigrant populations that tend to have informal jobs connected to food services having difficulties to access social protection services fearing their illegal status or being unaware of such rights. More inclusive and equitable policies are necessary to guarantee the protection of such population group, such policies could be bilingual materials and immigrants support centers.

PALAVRAS-CHAVE: Health Services Accessibility ; Communication Barriers ; Culturally Competent Care

**PP776 - ASSET BASED COMMUNITY DEVELOPMENT MODEL
INTERVENTION ON SOCIAL AND PHYSICAL WELLBEING ON AN INNER-
CITY ELDERLY POPULATION IN ENGLAND**

Kretzmann J and Mcknight JP. Assets-based community development National Civic Review 1995:83(4); 23 – 29 ¹; 1 - WOOLLEN COMMUNITY LIFE;

The elderly are particularly vulnerable to social isolation/loneliness due to loss of friends/family, mobility or income. Social isolation adversely impact not only the individuals quality of life and wellbeing but also physical health resulting in increased use of health and social care services. Such isolation produces a significant and lasting elevation of blood pressure compared with less lonely peers. Those lonely are more likely to be depressed with less togetherness than those who were not. People who used befriending report less social isolation and improved physical health/medicine adherence following the intervention. Our study utilises targeted intervention of befriending for subjects identified as socially isolated. This study is being conducted in a Community setting using the Asset Based Community Development Model. Lonely/isolated patients are identified from 4 General Practices within a community (n=36000; with above average elderly). All subjects were evaluated by a single GP, using the Warwick-Edinburgh mental wellbeing scale (a 6 item cognition validated test) and included physical assessment e.g Blood Pressure recordings and current medications. Individuals to undertake befriending were identified and have undergone detailed background checks. Following the initial assessments, befrienders undertook regular visits with a minimum of twice weekly visits over 4 months.

Results:

All initial assessments are complete and the targeted intervention is on going. All patients are to re-evaluated in the “post-intervention” phase to examine effects on social and physical wellbeing. The pre-and post-intervention results will be presented at the meeting.

PALAVRAS-CHAVE: Loneliness; Asset; Befriending

PP777 - ASSOCIATION BETWEEN BODY MASS INDEX, WAIST CIRCUMFERENCE AND PREVALENCE OF MICROALBUMINURIA IN KOREAN ADULTS OF AGE 30 YEARS AND OLDER

KANG HC ¹; 1 - Department of Family Medicine Yonsei University College of Medicine;

Introduction and Objective:

Microalbuminuria and obesity markers are known risk factors for cardiovascular or renal disease. This study aimed to evaluate the prevalence of microalbuminuria according to body mass index (BMI) and abdominal obesity criteria.

Methods:

The study subjects included 3,979 individuals aged 30 years or older who did not have diabetes, hypertension, renal failure, or overt proteinuria, from among those who participated in The Korean National Health and Nutrition Examination Survey in 2013, a cross-sectional, nationally representative, stratified survey. Microalbuminuria was defined as a urinary albumin to creatinine ratio of 30 to 300 mg/g. BMI and waist circumference were classified according to the Asia-Pacific criteria.

Results and Conclusions:

The prevalence of microalbuminuria was found to be 5.1%. In the normoalbuminuria group, 3.4%, 41.7%, 24%, 27.6%, and 3.2% of participants were included in the underweight, normal, overweight, obesity 1, and obesity 2 groups, respectively. These percentages in the microalbuminuria group were 7.1%, 34.5%, 19.2%, 28.6%, and 10.6%, respectively ($P < 0.001$). The abdominal obesity ratio in men was 21.4% in the normoalbuminuria group and 36.5% in the microalbuminuria group ($P = 0.004$). The risk of microalbuminuria was significant only in the underweight group (odds ratio, 13.22; 95% confidence interval, 2.55-68.63; $P = 0.002$) after adjusting for confounding factors, abdominal obesity was not significantly associated with microalbuminuria. The prevalence of microalbuminuria in a general population was associated with underweight in men and was not associated with waist circumference in either men or women.

PALAVRAS-CHAVE: Microalbuminuria; Body Mass Index; Waist Circumference

PP778 - ASSOCIATION BETWEEN DAILY PROTEIN INTAKE AND CARDIOMETABOLIC RISK FACTORS AND METABOLIC SYNDROME IN KOREAN ELDERLY WOMEN

KANG HC ¹; 1 - Department of Family Medicine Yonsei University College of Medicine;

Introduction and Objective:

The Recommended Daily Allowances (RDA) of protein is increasing in recent studies has increased in recent studies. However, virtual protein intake is lower than the RDA in the majority of Korean elderly Korean women. This study was performed to evaluate the relationship between protein intake, and cardiometabolic risk factors, and metabolic syndrome in Korean elderly Korean women group.

Methods:

This study used the data from Korea National Health and Nutrition Survey administered from for 5years in 2009~2013. We performed multivariate analysis for on the association of between protein intake with and cardiometabolic risk factors including body weight, weight circumference, blood pressure, glucose, triglycerides, and HDL. We controlled for age, physical activity, energy intake, carbohydrate intake, total fat intake, smoking, and alcohol consumption. Then we performed logistic regression analysis to study of the association with metabolic syndrome to assess association with metabolic syndrome.

Results and Conclusions:

Protein intake was inversely associated with BMI and, weight circumference, whereas a positive association was observed between protein intake and HDL cholesterol, especially in the normal weight group. Protein intake also associated with metabolic syndrome. In this study, protein intake was related associated with cardiometabolic risk factors and metabolic syndrome. We recommend sufficient protein intake in elderly women to decrease cardiometabolic risk factors and metabolic syndrome.

PALAVRAS-CHAVE: Dietary proteins; Metabolic syndrome; risk factor

PP781 - THE WORK OF FAMILY HEALTH STRATEGY PROFESSIONALS IN CARING FOR THE ELDERLY ALZHEIMER PATIENT

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Introduction and objective:

Of the more than 140 types of dementia, Alzheimer's disease is the most common type, which like other chronic degenerative diseases affecting the elderly population and may bring changes in quality of life and functional capacity of these individuals. And the Family Health Strategy the main gateway of health services and considering the rapid demographic and epidemiological changes related to aging in Brazil, this study has the general objective to describe the work of professionals of the Family Health Strategy to the elderly with the disease Alzheimer's.

Method:

This is a literature of descriptive and exploratory, qualitative approach.

Results and Conclusions:

The performance of the professionals of the Family Health Strategy ranging from health promotion and the prevention of disease until the completion of palliative care in the face of advanced disease. It is important because the trader is aware to avoid major hassles, making an approach centered on the person, and especially focusing on the family approach, because the family is most often the most affected by the disease.

PALAVRAS-CHAVE: Alzheimer Disease; Family Health; Health of the Elderly

PP783 - ASSESSMENT OF CLINICAL-METABOLIC CONDITIONS OF TYPE-2 DIABETES PATIENTS IN RESTINGA-SP

Santana HS ¹; Silveira NL ¹; Dutra LF ¹; Andrade LR ¹; Gontijo FS ¹; Faria MJ ¹; Ares VC ²; Faleiros KC ²; Paula LM ²; 1 - UNIVERSIDADE DE FRANCA; 2 - Prefeitura Municipal de Restinga;

Introduction and Objective:

The proper management of diabetes mellitus is a challenge for primary care, after all, complications and premature mortality from the disease remain high even under the aegis of the Family Health Strategy (FHS). The aim is to describe the clinical and metabolic conditions of diabetic patients ascribed the FHS.

Methods:

This cross-sectional study in which the selection was made by simple random sampling from the group of type 2 diabetic patients of Restinga / SP. The patients answered a questionnaire on socioeconomic status, capacity for self-care, adherence to drug treatment and depression; underwent clinical examination plus they have measured their blood pressure measurements, weight, height and waist circumference; It was also collected material for biochemical tests.

Results and conclusions:

We selected 59 patients (30% of all patients). The mean age was 61.9 years and 47.5% are aged up to 60 years; 44.1% are male and 55.9% female; 52.5% are under 10 years of diagnosis. Adherence to medications is 59.3%. The mean BMI was 32.3 and 59.3% are obese. Sedentary reach 71.2%. The average fasting blood glucose was 190 mg / dl and glycated hemoglobin was 8.2 g%. Neuropathy reaches 61% and 78% are at risk for diabetic foot. Case Management reaches 18.6%. The data show that the control of the disease is not good. It is necessary to introduce new clinical management technologies - management of health condition and management of the clinic. Apart from that there is room for lifestyle changes and requires a multidisciplinary approach.

PALAVRAS-CHAVE: Diabetes mellitus; Atenção Básica; Estratégia Saúde da Família

PP784 - ASSESSMENT OF ANTIBIOTIC PRESCRIPTION PROFILE ON TONSILLITIS IN A PEDIATRIC EMERGENCY SERVICE

Barros C ¹; 1 - USF Conde Saude;

Introduction and Objectives:

Antibiotics resistance is a major public health problem that continues to increase in Europe, being their unnecessary or prolonged use the leading developer factor. The prevention and control of infection, as the rational and appropriate antibiotics use are the main strategies to prevent/reduce it. With this study the authors aim was to evaluate the antibiotics prescription profile in tonsillitis, in a emergency pediatric service.

Methods:

Cross-sectional, descriptive and observational study, referring to the pediatric emergency services of the Hospital São Bernardo , in Setubal , Portugal. They were included all individuals from 0 to 18 years, resorted to the emergency in February 2015, diagnosed with acute tonsillitis. The information was collected from medical records systems - Sclinic and Alert. There was a non-random sample of 189 episodes of acute tonsillitis. The variables studied were: sex, age, weight, antibiotic prescribed and prescriber.

Results and Conclusions:

Of the 189 cases of tonsillitis, 85 were female and the average age were 6.3 years . They are prescribed antibiotics in 139 episodes (73.5 % of cases) , first penicillin (43.88 %) , followed by amoxicillin / clavulanic acid (28.7 %) and amoxicillin (23.7%) . Much less frequently was prescribed clarithromycin , azithromycin and cefuroxime . Among the professionals hired doctors are the most prescribed (43.1% against 35.9 % of specialists and 21% of interns).

PALAVRAS-CHAVE: acute tonsillitis; antibiotic prescription; pediatric service

**PP785 - ASSESSMENT OF CARDIOVASCULAR RISK IN PATIENTS
ENROLLED IN THE HIPERDIA-PSF BAUXITA**

carvalho, NR ¹; Silva, ACS ¹; Medeiros, JF ¹; Baratti, JAT ¹; Nascimento, J ¹; Malverde, RS ¹; Emídio, RE ¹; Bonolo, PF ¹; 1 - Universidade Federal de Ouro Preto;

The finding of the prevalence of hypertension has created the need for government programs to monitor the affected population. The HIPERDIA is a System of Registration and Monitoring of Hypertensive Diabetics and raised in the National Plan of Reorganization of Care for Arterial Hypertension and Diabetes Mellitus. The study aimed to classify patients registered in HIPERDIA second cardiovascular risk and relate it to the systolic blood pressure (SBP). cross-sectional analysis from the assessment records of patients registered in HIPERDIA Family health strategy Bauxite in the city of Ouro Preto, Minas Gerais, with the inclusion criteria have consultation in 2010 or 2011. The Framingham score was used to calculate the cardiovascular risk (RCV). A descriptive analysis of socio-demographic characteristics (age, gender); behavioral (smoking) and clinical (control of blood pressure Systemic - PAS and diabetes). For statistical analysis evaluated the association between the exposure variables and the RCV. It analyzed 564 records, of which 95 (37.5%) had consultations in 2010 and 2011 and data needed for calculating the RCV. Frequency Standard: age greater than 60 years (63.2%), female (76.8%), non-diabetic mellitus (61%), non-smokers (84.2%) controlled SBP (53.7%) , HDL-C > 40 (83.2%), and cardiovascular risk low and very low (73.7%). The controlled group with PAS showed four times more likely to develop RCVa (OR = 4.35 and $p > 0.0027$). The association between SBP and uncontrolled RCV high and very high confirmed the expected results in the literature.

PALAVRAS-CHAVE: HIPERDIA; cardiovascular risk; hypertension

PP786 - COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) IN PRIMARY HEALTH CARE: IDENTIFY VITAMIN B12 DEFICIENCY

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Introduction:

Comprehensive Geriatric Assessment (CGA) has the purpose of early diagnosis of diseases of aging, aimed at preventing hospitalizations and adverse clinical outcomes. The clinical manifestations of vitamin B12 deficiency are polymorphic, being a cause of reversible dementia and requiring skills of health professionals in Primary Health Care.

Objectives:

To quantify the elderly ascribed to the territory covered by health center, with serum vitamin B12, identify cases of vitamin deficiency and find signs and symptoms. **Methodology:** Data were collected from medical records, generating a total of 215 elderly ascribed in 4 microareas; identifying cases of vitamin B12 deficiency (serum levels below 180 pg / ml); symptomatic disease evaluation (megaloblastic anemia associated with neurological symptoms with frequent appearance of the triad weakness, glossitis and paresthesia).

Results:

In 2015 the care of the elderly population represented 19.8% clinical evaluation (3602 total). In 4 microareas studied, we found 21 cases of vitamin B12 deficiency and indicated as replacement scheme: Vitamin B12 5000 IU intramuscularly once a week in the first month; after 2 applications 15 days apart in the second month; monthly the third month to the sixth month. Then requested new serum Vitamin B12. Fourteen patients satisfactorily adhered to the proposed treatment, reporting improvement in symptoms (memory, muscle weakness and falls).

Conclusion:

Three elderly did not follow the proposed treatment. We observed that 69.7% of all ascribed elderly were evaluated with the serum, requiring therefore more available to the crew identify early those cases. Practical training is a great teaching and learning strategy that disseminates and uses essential tools' evaluation of the elderly in full.

PALAVRAS-CHAVE: Avaliação Geriátrica Global; Atenção Básica; Deficiência de vitamina B12

PP787 - ASSESSMENT OF NON-MELANOMA SKIN CANCER RISK IN PATIENTS AT FAMILIA SANTA MARTA CLINIC

Souza FHA ¹; Lyra-da-Silva JO ²; Marques BC ²; Maria MPM ²; Baamonde AGA ²; Gaia EAS ²; Sequeira CMOA ²; Gomes WPP ²; HM Pedro ²; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO; 2 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction:

Nonmelanoma skin cancer is the most common in Brazil and accounts for 25% of all malignant tumors registered in the country. It has high rates of cure if detected early. It is more common in people over 40 years and relatively rare in children and black. Light-skinned people, sensitive to the action of sunlight, or previous skin diseases are the main victims.

Objective:

To estimate the prevalence of people with high risk of nonmelanoma skin cancer enrolled population of Santa Marta Family Clinic, as well as evaluating skin care from these users.

Methods:

To estimate the prevalence of people with high risk of skin cancer data were obtained through the application of risk Calculator provided by the Brazilian Society of Dermatology. As for the evaluation of skin care, it has been created an objective questionnaire taking into account local realities.

Results and conclusions:

Obtaining the profile of risk for non-melanoma skin cancer in the enrolled area will allow the doctor of primary health care to individualize care and to develop health promotion strategies.

PALAVRAS-CHAVE: Skin Neoplasms; Prevalence; Primary Health Care

PP788 - BALINT GROUP AS A USEFUL TOOL TO PROMOTE AN INTERCHANGEABLE UNDERSTANDING OF THE EMOTIONS PRESENT IN THE MEDICAL CONSULTATION

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Justification:

Balint groups were first proposed and held by Michael and Enid Balint in London in the 1950s. Since that time they have developed worldwide as a means of fostering doctor-patient communication and patient-centeredness. Traditionally, Balint Groups are held with the participation of 8 to 10 doctors, under the coordination of one or two trained leaders. Their benefits have been appreciated by the participants, which express the reaching of new skills in dealing with the generality of "difficult patients", with a better understanding of the hidden meaning some kind of expressions and purposes that patients bring to the consultation.

Content:

In this Workshop, we will present some aspects of the history of Balint groups and their working methodology, having in mind the rules developed worldwide by the International Balint Federation. Afterwards, we shall invite the present participants to take part in a group session that will be leaded by two of us, gathering more 8 to 10 individuals to an inner circle. The others, will take position in an external circle listening what will be going on inside and having the possibility to participate when the leaders will call for that. In the end of the session, everybody will be called to say some words about their feelings and understanding of the workshop.

PALAVRAS-CHAVE: Balint; Group; Emotions

PP789 - BENIGN PROSTATIC HYPERPLASIA IN THE ELDERLY: A CLINICAL REPORT

MENDES IA ¹; ABREU C ²; GOMES M ³; DE PAULA I ⁴; 1 - USF D.SANCHO I, ACES LEZIRIA; 2 - UCSP TORTOSENDO; 3 - UCSP ALMEIRIM; 4 - UCSP CASAL DE CAMBRA, ACES SINTRA;

Benign prostatic hyperplasia (BPH) is the most common benign disease in man which can lead to an increase in prostate volume, prostatic obstruction and/or lower urinary tract symptoms (LUTS). The troublesome LUTS occurs in about 30% of men over 65 years. We present a clinical report of a male subject, 87 years old, observed in HTA surveillance consultation which refers symptoms of hypotension / dizziness having two months of evolution. The symptoms were initially attributed to probable disease of the cardiovascular system given his personal history of atrial fibrillation and hypertension. In a subsequent medical appointment he shows results of holter, echocardiography and echo-doppler carotid which excludes cardiac etiology and hypotension is attributed to side effects of alpha- blockers prescribed for symptoms of storing, emptying and post-micturition, namely urgency and urinary frequency, nocturia, decreased urinary stream and feeling of incomplete emptying. He presented a score in IPSS questionnaire of 21 points. After a therapeutic review, tamsulosin was replaced by silodosin, better control of symptoms of prostatism was achieved, also night-time awakenings were decreased and the quality of life was improved. These achievements had repercussions on the value in the IPSS scale to a value of 8 as well as the disappearance of the side effects of tamsulosin.

It is up to the family doctor to perform a systematic search of LUTS in patients who often attribute the gradual appearing of symptoms to aging, often trivializing symptoms with strong impact on their quality of life, susceptible of treatment.

PALAVRAS-CHAVE: Benign prostatic hyperplasia; LUTS; Silodosin

PP790 - BENZATHINE PENICILLIN G SHORTAGE IN BRAZIL AND RHEUMATIC FEVER PROPHYLAXIS

Muller RE ¹; Migowski A ¹; Azevedo VMP ¹; Xavier RMA ¹; Yaakoub MC ¹; Nascimento FF ¹; Aquino CM ¹; Silva MJLM ¹; Souto Maior A ¹; 1 - Instituto Nacional de Cardiologia;

Introduction and Objective:

Rheumatic Fever (RF) causes the most prevalent acquired heart disease in children and young adults in Brazil. Benzathine penicillin G (BPG) is the first option for RF prophylaxis worldwide. BPG shortage was reported in many countries, but not in Brazil until recently. We aim to gather information about Brazilian BPG shortage crisis and the consequences for primary care patients.

Methods:

Finding information on media and Internet through searching tools (Google) for news agencies and major sites related to public health, as Brazilian Ministry of Health (MOH), National Health Surveillance Agency (ANVISA), Federal Official Gazette (FOG); sites of medical associations and Councils, and from RF reference centers about new cases/ attacks.

Results and Conclusion:

Since 2014 a shortage of raw material imports for BPG production was announced by the industry and patients denounced BPG lack in pharmacies/ health services. Laboratories authorized to produce BPG do not deliver requested orders. Brazilian Society Infectious Diseases asked MOH measures due to congenital syphilis (CS) epidemic. "Fantástico Program" Globe Channel reported about. FOG reaffirmed BPG first choice for CS prevention, but not for RF. In Rio primary care centers were oriented to treat only syphilis with BPG. ANVISA disqualified the new Chinese supplier of raw material for not presenting Certificate of Good Practices. Reference centers from many states refer acute RF/ severe carditis, both new cases as new attacks for cronic patients and with valve prothesis. BPG shortage crisis seems not solved and should compromise RF control in Brazil.

PALAVRAS-CHAVE: Rheumatic Fever; Penicillin G; Antibiotic Prophylaxis

PP791 - BIRTH CONTROL AND MATERNAL MENTAL DISABILITIES FROM THE PERSPECTIVE OF FAMILY AND COMMUNITY MEDICINE

Cardozo V¹; 1 - RAP- ASSE;

Introduction:

In this poster we will explain the birth control made from a holistic approach, developing interventions in individual and family follow-up of a patient with moderate intellectual disabilities, illiterate, with little family support and high economic vulnerability in Montevideo, Uruguay in 2012.

Method:

The chosen methodology is the development of a commented and comprehensive clinic history from the perspective of family and community medicine.

Objective:

Reflect the importance of the four attributes defined by Barbara Starfield for Primary Care through the care provided to the family: the first contact, longitudinality, integrality and coordination.

Results:

Primary Care in this case acted effectively implementing its accessibility and acting as a gateway to the system. Longitudinality was achieved in active efforts requiring attention by the health team to achieve and strengthen the doctor-patient relationship. A comprehensive approach was achieved understanding the biological, social and psychological components as inseparable in the health disease process. The fragmentation of the health system and the difficulties this entails in coordination was also evident.

Conclusions:

The challenges involving birth control and monitoring a patient with intellectual disabilities in situations of high vulnerability social and familiar highlight the strengths and weaknesses of the health system in terms of the attributes that Primary Care must have and the importance of the family and community doctor including an approach to mitigate the weaknesses and enhance quality care taking.

PALAVRAS-CHAVE: Pregnancy; Intellectual Disability; Family Practice

PP792 - BLOOD PRESSURE STUDY OF PARTICIPANTS FROM THIRD AGE GYMS

Peixoto DB ¹; Neto JDC ¹; Inacio GP ¹; FILHO FTM ¹; Munuera AB ¹; Avila ML ¹; Guimaraes ¹; Machado LCS ¹; 1 - UNIVERSIDADE DE RIO VERDE;

Introduction and Objectives:

Systemic arterial hypertension (SAH) is a disease characterized by chronic elevation of systolic and / or diastolic blood pressure (BP). (Barreto Filho & KRIEGER, 2003). As people get older, there is an increased prevalence of hypertension, which may affect 65% of patients over 70 years. Significant proportion of hypertensive patients have diabetes and obesity and risk factors such as physical inactivity (Carvalho & Garcia, 2003). Knowing this, the Third Age Gyms (TAG) were created. This paper intends to demonstrate the importance of TAGs on hypertension control.

Methods:

This is a descriptive experience report. The study was performed at the TAG of the Veneza neighborhood in Rio Verde, Goiás. The project was carried out for three weeks. Initially, the project was presented to the TAGs participants, then, volunteers were selected, with the inclusion criteria being the attendance in the activities. Eighteen volunteers were selected. The volunteers weekly checked their BP, recognizing their hypertension levels, and acknowledging the effectiveness of their hypertension treatment. Also, through a lecture and individual guidelines, the causes, risk factors, clinical manifestations, treatment and prevention of hypertension were explained. The interpretation of the data was based on the World Health Organization.

Results and conclusions:

This study contributed to the population, by addressing such a common theme in old age, demonstrating to them the importance of physical exercise in the treatment of disease. These actions developed with the elderly have contributed to a more humanistic training of the academics, encouraging the search for improvements as professionals.

PALAVRAS-CHAVE: Blood pressure; Elderly; Physical activity

PP793 - BLOOD ULCER - MONITORING IN THE FAMILY HEALTH STRATEGY: CASE REPORT

DUARTE AC ¹; ANDRADE GN ¹; CARRATÚ MB ¹; TONON N ¹; DIAS AM ¹; OLIVEIRA VP ¹; 1 - UNIVERSIDADE SÃO FRANCISCO (USF);

Introduction:

It is defined as chronic ulcer lesion that does not heal over a period of six weeks, despite adequate treatment. The most common cause is vascular, arterial insufficiency being responsible for about 20% of the vascular ulcers. Arterial ulcers appear as superficial lesions, irregular border, painful, with decreased or absent peripheral pulses.

Objective:

To monitor the clinical treatment of arterial ulcers, considering the regular dressings offered by family health strategy.

Method:

M.A.S.G., female, 83 years. Since 2012 in regular medical care and curative procedures performed in FHS Nilda Coli Bragança Paulista. Bibliographic databases was performed indexed with terms arterial ulcers, chronic ulcers and arterial insufficiency

Results:

In the case of M.A.S.G patient, arterial ulcer had characteristics and its frame etiological research over the years has shown that the coexistence of comorbidities promote vascular alterations base. The monitoring since 2012 has revealed poor adherence to therapy and the need for constant drug modifications to suit their treatment, as well as periodic curative care. Since early 2015, the patient had to adapt to the established medical management satisfactorily presenting partial involution of the picture.

Conclusions:

After three years of patient follow-up in ESF Nilda Coli was observed that continuous curative care and good adherence to drug therapy are predictive factors in the success of treatment, demonstrating the need for an expanded and individualized insight into patient care and integration of the individual in this care.

PALAVRAS-CHAVE: Foot Ulcer; Health Centers; Palliative Care

PP794 - BODY WEIGHT MAINTAIN PROGRAM AND DIETARY COUNSELING FOR HEAD AND NECK CANCER PATIENTS

Ho HC ¹; Lee CY ¹; 1 - Dalin Tzu Chi General Hospital;

Introduction and Objective:

Body weight loss in cancer patients is not only depletion of both adipose and muscle tissues but also a poor survival indicator. Of all cancer patients, head and neck cancer patients probably experience dysphagia and odynophagia due to impaired function of oral cavity, tongue movement, and pharyngeal swallowing. Therefore, body weight maintain seems helpful for survival benefit and medical quality promotion.

Method:

Prior to the program, two major factors were identified for weight loss based on literature review: impaired intake function because of anatomy change and oral pain due to sequel to radiotherapy. To restore anatomy change, the plastic surgeon did reconstruction operation. To preserve intake function, we pay more visits and have education for formula food. In general, the program emphasized where we are now, why we eat, what we eat, and how we eat.

Results and Conclusions:

After implementing program, the dietary counseling was more accessible. After regular visits by the dietary, NG tube was removed successfully from 71% to 100%. During the whole hospitalization, the average rate of body weight loss was lowered from 3.14% to 1.56%. According to patients' feedback, our program maintained body weight effectively, as compared with previous study which suggested that 30-50% of head and neck cancer patients will had more than 5% of weight loss monthly and more than 10% semiannually. In general, to encourage food intake, we pay more visits which boosts the motivations for body weight maintain.

PALAVRAS-CHAVE: body weight; dietary counseling; head and neck cancer

PP797 - BRUGADA SYNDROME: A CLINICAL CASE

PAMA M ¹; MENDES A ²; MAIA S ³; 1 - UCSP SETE RIOS - ACES LISBOA NORTE; 2 - USF TILIAS - ACES LISBOA NORTE; 3 - UCSP SETE RIOS;

Introduction:

Brugada Syndrome (BrS) is an inherited cardiac arrhythmia that predispose patients to sudden cardiac death. Eletrocardiographically it is characterized by coved type ST-elevation in the right pre-cordial leads. This pattern may occur spontaneously or in the presence of provocative agents. Most patients with a Brugada ECG are asymptomatic, usually diagnosed incidentally.

Clinical Case:

Male, 23 years of age with Allergic Asthma but without any known family history of cardiac disease or sudden death, was admitted in the hospital presenting with fever, dry cough and dyspnea for about 24 hours of evolution. Physical examination was normal, except by the body temperature (T-38.5 ° C) and tachicardia (114 bpm). A routine ECG was performed and showed a Brugada type 1 pattern. The patient was discharged with the diagnosis of Flu and was referred to cardiology consultation. Once he was asymptomatic, aelectrophysiological study has been performed for risk stratification of sudden cardiac death. The genetic study confirmed the mutation in the SCN5A gene responsible for the syndrome. The patient was also forwarded to his family doctor to rule out other carriers of the mutation in the family. Currently the patient remains asymptomatic, performing annual 24h-ECG monitoring.

Conclusion:

The family doctor has an important role as a provider of longitudinal care in patient with BrS. Knowledge of this syndrome allows taking preventive action of sudden cardiac death, not only by placing CDI, but the proper monitoring and management of the patient, promoting patient education and adjustment to illness.

PALAVRAS-CHAVE: Brugada Syndrome; ECG Brugada pattern

PP799 - BURNOUT EM ACS, CORRELAÇÕES COM PERFIL SOCIOECONOMICO E CULTURAL E QUALIDADE DE VIDA

Melo MAC¹; 1 - Pontificia Universidade Catolica de Goias;

The CHA (Community Health Agent) has as a prerequisite condition to be resident in the area served by the health team of the family, unique feature among these professionals. Because of this requirement, practically the agent has no set working hours and often carries out activities not standardized, demonstrating differences between prescribed and real work, resulting overload of activities and various injuries to physical and mental health.

The objective of this study was to determine the socio-economic and cultural profile, the prevalence of Burnout and the perception of quality of life of ACS, in Goiânia, Goiás.

It is a cross-sectional, descriptive and analytical study with ethical approval (PUC-GO), attended by 50 ACS, using questionnaires, Maslach Burnout Inventory (MBI) to evaluate the Burnout and the World Health Organization Quality of Life Instrument Bref (WHOQOLBref) to assess the quality of life, and a socioeconomic questionnaire. Data were analyzed by SPSS 18.0 program; having been previously established a ($p \leq 0.05$) to reject the null hypothesis.

Among the 50 ACS: 96% were women, mean age 39 years, 68% were married; 80% had completed high school, 74% with a monthly income of 1 to 3 minimum wages, 58% with operations for more than five years. Regarding the MBI, 52% had Burnout, with high parameter Emotional Exhaustion (96.15%) and depersonalization (53.84%). Regarding the WHOQOL, the area that had the best average score was the Social Relations (67.65) and the worst the domain of the Environment (50.03).

PALAVRAS-CHAVE: Agentes Comunitarios de Saúde; Burnout; Qualidade de Vida

PP800 - CAN VITAMIN D SUPPLEMENTATION REDUCE THE RISK OF FRACTURE IN THE POSTMENOPAUSAL WOMEN? AN EVIDENCE-BASED CLINICAL REVIEW.

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Introduction and Objective:

In 2010, it was estimated that 22 million women and 5.5 million men in the European Union (EU) had osteoporosis. Approximately 3.5 million new fragility fractures occur annually in the EU. Vitamin D supplements are widely available in all EU countries but guidelines regarding their use are not consistently established. This evidence-based clinical review aimed to clarify the role of Vitamin D in prevention of bone fractures in post-menopausal women.

Method:

A search was carried out during January 2016 on several Evidence Based Medicine websites. The goal was to identify articles of the last ten years in English, Portuguese and Spanish using the following MeSH terms “postmenopausal osteoporosis”, “vitamin D” and “bone fractures”. Meta-analysis, systematic reviews (SR), guidelines and randomized controlled trials (RCT) of vitamin D supplementation versus other treatments were selected. Evidence was classified using the SORT taxonomy.

Results and conclusions:

Two hundred and sixty two results were identified. Fifteen SR, eleven guidelines and ten RCT met the inclusion criteria. Although most guidelines advise on supplementation, SR showed that Vitamin D alone is unlikely to prevent fractures in the dosages and formulations tested so far. There is no consistent evidence to show the efficacy of vitamin D supplementation in the reduction of osteoporotic fractures in women (C). Oral vitamin D appears to reduce the risk of hip fractures only when calcium supplementation is added (B).

PALAVRAS-CHAVE: postmenopausal osteoporosis; bone fractures; vitamin D.

PP804 - CARING FOR PATIENT WITH SCLERODERMA IN LEARNING PROGRAMME IN PRIMARY CARE: A CASE REPORT

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INTRODUCTION AND OBJECTIVES:

Scleroderma is a disease of unknown etiology that affects the connective tissue, is characterized by dysfunction of fibroblasts, endothelial cells and the immune system that causes changes in skin and some organs. The prevalence is roughly 1 to 9 in 100.000. Report care by medical students in the discipline Learning Programme in Primary Care V patient diagnosed with scleroderma after one year and six months of follow-up.

METHODS:

Case report.

RESULTS AND CONCLUSION:

J.M.B, 29, female, born in Paraíba, presenting with swollen infraorbital facial injury law, fibrotic center, hypochromic and erythematous halo, 1 year and six months ago. Referred allodynia and hearing difficulties of the corresponding side of lesion. Four months ago the biopsy result of lesion diagnosed scleroderma. The patient then started treatment with 30mg Prednisone, 250 mg Imiquimod and 1% Hydrocortisone topic. Physical examination: ciliary alopecia in the right eye; Facies edema (++ / +++) in right infraorbital region, lesion with fibrotic, hypochromic center and erythematous halo with regular boundary atrophy, palpation of the region is rigid and indolor. Other findings: anasarca and arthralgia. The conduct of this patient was the routine test ordering, thyroid ultrasound and maintenance of medications. Therefore, there is the necessity to promote early diagnosis in primary attention and more efficient multidisciplinary therapeutic management of low prevalence of disease in order to reduce negative impacts on everyday psychosocial and labor relations of these carriers.

PALAVRAS-CHAVE: Scleroderma, Localized; Community Health Services; Primary Health Care

PP805 - CARPAL TUNNEL SYNDROME SYMPTOMS VERSUS TODD'S PALSY – A CASE REPORT

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Introduction and Objective:

In march 2015, a 49 year old healthy caucasian male, went to the Hospital Emergency Unit complaining of pain in the right shoulder and radial epicondyle and of paresthesia in the right forearm and palm. No changes were described on neurological examination and Tinel's sign and Phalen's maneuver were positive. A diagnosis of epicondylitis and carpal tunnel syndrome were made and the patient was advised to do an electromyography and an elbow x-ray with is family doctor. Nevertheless, when he came to the family doctor someone listened to his story again and noticed that the symptoms could be caused by seizures followed by a brief period of temporary paralysis. After an appropriate neuroimaging study, a cystic meningioma was found. The aim of this work is to highlight the importance of a good clinical inquire, followed by adequate clinical examination.

Methods:

Review of the clinical process with emphasis in carpal tunnel syndrome tests, diagnosis and differential diagnosis.

Results and Conclusions:

This case exemplifies the diagnostic challenges that family doctors face every day. The list of signs and symptoms is giant and the diagnostic drawers where we can fit each patient's complaints are correspondingly extensive. Moreover, "fitting" a patient into one diagnosis doesn't mean to stop our investigation. If this patient electromyography ended up being suggestive of carpal tunnel syndrome and no one carefully listened to his story, the outcome would probably be a carpal tunnel release surgery and a delayed diagnosis of a meningioma, with a significant addition of iatrogeny, morbidity and perhaps mortality.

PALAVRAS-CHAVE: Carpal Tunnel Syndrome ; Epilepsy ; Physical Examination

PP806 - CASE REPORT OF PRIMARY HYPERPARATHYROIDISM IN A YOUNG PERSON WITH SEVERE BONE DISEASE

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INTRODUCTION

Woman, 28 years attended in Health Care Unit (HCU) with asthenia, low back pain and bone pain. Reported fractures in left humerus and clavicle, the first one occurred ten years ago and the last one recently, all low-impact. Reported thyroid surgery. With these symptoms was raised primary hyperparathyroidism hypothesis, an hypercalcemic disorder resulting from excessive secretion of PTH.

OBJECTIVE

Report a case of a patient presenting at HCU complaining of asthenia, back pain and bone pain and some warning signs that lead to the diagnosis of hyperparathyroidism with severe bone disease.

METHOD

This is a descriptive study based on medical record data.

RESULTS

PTH:722pg/ml; Calcium 13mg/dl; ionic calcium:6,45mg/dl; Phosphorus:2mg/d; 25(OH)D:17,1ng/ml; urinary calcium: 178mg/24h; Alkaline phosphatase: 1624U/L; Bone Densitometry: Z-score -4.4 (L1- L4) and -3.4(total hip), Bone scintigraphy: Standard "Super Scan"; Parathyroid scintigraphy: uptake area adjacent to the lower pole of the right thyroid lobe. X-ray: aspect of salt and pepper skull, diffuse osteopenia, brown tumor (proximal femur) and lytic lesions (hip).

CONCLUSION

Bone pain and low back pain are common complaints in HCU, however, suspected bone disease was due to warning signs as the young age of the patient, asthenia and a history of low-impact fractures. The hypercalcemia finding motivated forward it to specific clinic, which confirmed the diagnosis. In literature review. We found to be rare cases with bone disease so advanced due to parathyroid hyperplasia, being more prevalent adenoma parathyroid. The successful surgical treatment may result in a large increase in bone mass and full recovery of bone health.

PALAVRAS-CHAVE: hyperparathyroidism; hypercalcemia; hyperplasia

**PP807 - CASE REPORT: PATIENT WITH PURE RED CELL APLASIA
(CID:D60.0) HEALED WITH THE HOMEOPATHIC MEDICINE
PHOSPHORUS.**

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Introduction:

Pure Red Cell Aplasia – PRCA is a syndrome characterized by a severe normocytic, hypoproliferative (with relevant reticulocytopenia) anemia, and marked decrease or even absence of erythroblasts in the bone marrow, with normal white blood cells and platelets. Homeopathy is medical practice, India, Mexico, Brazil and England homeopathy is part of the public health system. In France 32% of French family doctors are homeopathic doctors, In Germany, 25%. Brazil has 15.000 homeopathic physicians.

Objective:

Present patient case report with pure red cell aplasia cured in Primary Health Care with homeopathy.

Method:

Case report with longitudinal follow in Primary Health Care.

Result and conclusion:

L.M.P.C. was Born on april 13, 2013, was being monitored in Primary Health Care in Pouso Alegre, MG, Brazil, when on April 19, 2014 was hospitalized with 4,2 hemoglobin, treated RBC transfusion and PRCA was diagnosed, Cid:D60.0, beginning corticotherapy. May 21, 2014 , passed in Primary Health Care and started the Homeopathic Phosphorus remedy 6 ch 2 drops every 12 hours. On 17 June Hb increased to 12.2 and in July, 29, increased to 14.6, reaching 14.9 Hb on 20 August 2014. On November 12, the Hb was 14.3 and was made full withdrawal of corticosteroids. On June 18, 2015 with Hb 12.5. Patient considered cured at oncology service. Considering there was a remission of PRCA after introducing the homeopathic medication, is a therapeutic option because it stimulates erythropoiesis recovery, without any side effects and contraindications, it is effective and problem-solving, being a therapeutic possibility.

PALAVRAS-CHAVE: homeopathy; aplasia; pediatrics

PP808 - CHARACTERIZATION OF ADOLESCENTS' CONTRACEPTIVE PRACTICES IN A PRIMARY CARE UNIT

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Introduction and Objectives:

Adolescents' sexual and reproductive health is a priority for public healthcare. The aim is to characterize the contraceptive practices of adolescents of a primary care unit (PCU).

Methods:

Retrospective study of female adolescents, between 13 and 18 years, with follow-up in a PCU in Child Health Care Program (CHCP) and/or Family Planning Counselling (FPC), nulliparous. It was evaluated whether there was record of the onset of sexual activity (OSA), the method of contraception used and frequency of FPC. Data were collected from medical records made in CHCP and/or FPC and statistical analysis was made in Excel.

Results:

The population studied involved 300 adolescents, with a mean age of 15.6 years. In the group of 13-15 years old (n=145), in 96.6% there was no information about OSA. Only 1.4% would have already had OSA, all made contraception (50% oral contraception only and 50% combined contraception) and 50% had yet at least one FPC. Overall, 98.6% never had a FPC. In the group of 16-18 years old (n = 155), 16.8% had already had OSA. Of these, 100% were using contraception (57.7% only oral contraception, 7.8% condoms only and 30.7% combined contraception) and 84.6% had at least one FPC. In 53.5% of cases, there's no data available on OSA.

Conclusion:

Medical records are insufficient in order to perform an adequate characterization of adolescents' contraceptive practices patterns, especially when addressing: age of the first sexual intercourse, use of contraception and discussion of topics related to sexual and reproductive health.

PALAVRAS-CHAVE: Adolescent; Sexual Behavior; Contraceptive Agents

PP810 - CHILDHOOD ALOPECIA AREATA - CASE REPORT

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- Alopecia areata (AA) is an immuno-mediated chronic disorder, characterized by the interruption of the hair cycle, targeting anagen hair follicles and causing non-scarring hair loss. The most commonly affected area is the scalp. It targets 1 in 1000 people with onset usually under 30 yo. AA is associated with other immune-mediated disorders such as vitiligo and thyroiditis. Recurrence is a real possibility and childhood onset and duration longer than a year are both worst prognosis factors. Generally, examination makes the diagnosis: discrete and smooth alopecia patches, "exclamation mark" hairs limiting the patch and occasional red skin. The "hair pull test" is positive in patients with active alopecia. The differential diagnosis must include tinea capitis, trichotillomania, cicatricial alopecia, androgenic alopecia, secondary syphilis, telogen effluvium and triangular alopecia.

- UpToDate and Pubmed search with MeSH Alopecia.

Case report: 3 yo male. He presented with alopecia patches on the scalp, smooth skin, exclamation mark hairs on the edges of the patches, without any inflammatory signs. His mother had Vitiligo and was going through marital problems. He underwent treatment with topical and systemic glucocorticoids and Minoxidil 5%. Blood tests were all normal. He is having a positive but slow evolution.

- This is a case of Childhood AA with bad prognosis factors where the only identified trigger factor was emotional distress and a familiar positive history of Vitiligo. Psychologic support must be offered. The possible therapeutic next step includes intra-lesional corticosteroid, topical immunotherapy, anthralin and stopping the systemic corticoids because of their serious side effects.

PALAVRAS-CHAVE: alopecia; areata; Childhood alopecia areata

PP812 - CHRONIC ANAL FISSURE TREATMENT

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Introduction:

Chronic anal fissure is defined as a laceration of the cutaneous layer of the anal canal lasting over six weeks, with sphincter hypertonia and anodermal ischemia. Treatment is based on reverting sphincter hypertonia, treatment and prevention of constipation and pain relief. Treatment may be medical, by applying topic Calcium Channel Blockers (CCB), nitroglycerin (NG) or botulinum toxin, or surgical. This work reviews the evidence on chronic anal fissure treatment.

Method:

We searched for guidelines, meta-analysis, review articles in Medline database using the terms Medical Subject Headings (MeSH) "Fissure in Ano/surgery" or "Fissure in Ano/therapy". We included studies from January 2013 to April 2015 and those comparING treatments for chronic anal fissure, both medical and surgical. We used Strength-of-Recommendation Taxonomy (SORT) from American Family Physician to rank our articles on strength of recommendation (SR) and evidence level (EL).

Results and Conclusion:

The search returned 86 articles, with 76 exclusions after reading their abstracts and purpose adequacy. 10 systematic reviews were analysed (N = 1070). These studies show that both NG and the CCB diminish the pain, with no identifiable superiority; the botulinum toxin LEADS to an efficient cicatrization, with no significant advantage over the CCB. Surgery proved beneficial when compared to CCB and/or NG and/or botulinum toxin administration. According to the Portuguese Coloproctology Society, fundamentals for treating chronic anal fissure are: sphincter hypertonia reversion, as well as treatment/prevention of constipation and promoting symptomatic relief. Both medical and surgical treatments reveal symptomatic improvement, surgery edging over medical treatment.

PALAVRAS-CHAVE: Fissure in Ano; Therapeutics

PP813 - CHRONIC MITRAL INSUFFICIENCY WITH POOR ADHERENCE TO MEDICAL TREATMENT FOR HEART FAILURE - CASE REPORT

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INTRODUCTION AND OBJECTIVE:

Chronic mitral insufficiency is a valve disease with slow installation that progressively leads to cardiac remodeling and dilated cardiomyopathy. Patients without response to clinical treatment may require prosthetic valve in the presence of symptoms of heart failure and reduced ejection fraction. Surgical patients require monitoring for treatment of ventricular dysfunction, which isn't surgically solved. The objective of this study is to report a case of Chronic Mitral Insufficiency with poor adherence to medical treatment for heart failure.

METHOD:

For this case was used the medical records and patient interview after consent and literature review.

RESULTS AND CONCLUSIONS:

Report the case of a female patient, 60 years old, hypertension and heart valve disease, accompanied by family health unit since 1996, with dyspnea history at the slightest effort, poor treatment adherence and depressive disorder. It is submitted to mitral valve replacement 28 years ago (bioprosthesis) and new exchange 18 years later, showing currently worsening dyspnea framework and irregular use of medications. The patient presents dyspnea at the slightest effort with signs of hypervolemia. Echocardiogram ejection fraction of 62%; bioprosthesis in mitral position dysfunctional; double aortic dysfunction (slight stenosis and moderate insufficiency); tricuspid moderate insufficiency and Pulmonary Artery Hypertension. Showing indication of further intervention to valve exchange. The lack of adherence to treatment and periodic monitoring of ventricular dysfunction by the heart-valve-diseased patient's primary care leads to worsening of this case, late diagnosis of complications and increase the cost of treatment to health services.

PALAVRAS-CHAVE: Mitral Valve Insufficiency; Primary Health Care; Public Health

PP816 - CLINICAL AND EPIDEMIOLOGICAL PROFILE OF BACTERIAL MENINGITIS CHILDREN SUSPECTED IN THE ONLY PUBLIC CHILDREN'S HOSPITAL IN BOA VISTA - RORAIMA.

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Introduction and Objectives:

The infectious meningitis is a disease of the central nervous system, in which the etiology can be viral, bacterial, fungal or parasitic. In Brazil, according to determinations of the Ministry of Health, suspected meningitis cases shall be notified to the Notifiable Diseases Information System (SINAN). After the notification, the SINAN needs to confirm the cases by investigation. This epidemiology research compares the bacterial meningitis confirmed cases between SINAN and medical records analysis.

Methodology:

The research realized into Hospital Santo Antonio - reference's public service center to Indians, and borders of the Venezuela and Guyana - was a retrospective and quantitative study of the clinical profile in bacterial meningitis children suspected based on medial records, during the period from January 2014 to January 2015 notified in Boa Vista - Roraima. Study's sequence will extend until June 2015 for more conclusions.

Results and Conclusions:

The initiatory search analyzes 10 suspected cases reported by the Hospital Epidemiological Surveillance Unit, 5 were confirmed while the SINAN confirmed just 4 cases. Among these 10 cases, 9 medical records were found and analyzed, 8 contained the cerebrospinal fluid collection results and 1 related updated vaccination information. It was observed 70% males; 44,4% children younger the 6 months; 66,6% Indians; 44,4% suspected cases in Boa Vista. The signs and symptoms: irritability and convulsions 66,6%; vomiting 55,5%; feed refusal 44,4%; fever 33,3%, bulging fontanelle and intracranial hypertension 11,1%, and no children had Kernig, Brudzinski and neck stiffness positive.

PALAVRAS-CHAVE: Epidemiology; Meningitis; Childhood

PP817 - CLINICAL AND METABOLIC EVALUATION OF PSYCHOTROPIC DRUGS USERS IN THE COVERAGE AREA OF A CENTER FOR FAMILY HEALTH, CAUCAIA-CE, BRAZIL

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CLINICAL AND METABOLIC EVALUATION OF PSYCHOTROPIC DRUGS USERS IN THE COVERAGE AREA OF A CENTER FOR FAMILY HEALTH, CAUCAIA-CE, BRAZIL

Introduction and objective.

Psychiatric Reform supports a decentralized mental health network, based mainly in primary care. Despite the relevance of the topic, there are few studies on psychotropic use by patients in primary care. To evaluate clinical and metabolic aspects of psychotropic medications users in a Family Health Center.

Methodology.

A cross sectional study was conducted in a Family Health Center in metropolitan area of Fortaleza/CE. Data were collected from a questionnaire about sociodemographic, clinical, anthropometric measurements and laboratory tests.

Results.

Fifty-five people participated in the study. Anxiety and mood disorders were the most prevalent diagnosis. Although most patients (40%) still were symptomatic, the medication doses had not been adjusted recently. The majority (63.5%) did not adhere adequately. Considering length of use, of benzodiazepines, 74.2% have been taking them for one year or more; 32.3%, for 6 years or more. Overweight and obesity predominated in sample (59.6%). Nevertheless, metabolic tests were identified in only 21.8% of patients.

Conclusion.

There is a dubious follow-up of these patients in chronic use of benzodiazepines, with a relevant percentage with inappropriate doses of medication and absence of adequate exams follow-up. Qualitative studies to better assess the difficulties and advantages of primary mental health care are suggested.

PALAVRAS-CHAVE: PRIMARY CARE; PSYCHIATRY; PSYCHOTROPIC MEDICATIONS

PP818 - CLINICAL AUDIT: BENZODIAZEPINES'USE IN A PRIMARY CARE CENTER - HOW MANY ? WHY? WHAT IS THE PERCEPTION OF SUCH USE?

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Introduction/Objectives:

The audit was primarily to quantify the number of benzodiazepines users in a primary health care center, analysis from who were the users and their motivation stage (Prochaska). Knowing that its important to access the person illness experience, to do a common plan for the reduction of the use of a potencial harmful medication.

Methodology:

Research thought an eletronic system on pharmacy's discharge of medication. Interview at the time the user went to the Health Center for the renewal of his prescription, collecting personal data, data on medication (which was used, for how long and what reason), and questions to classified the user according to their motivational stage.

Results/Conclusions:

There were 314 users, 2.2% of the enrolled population, who tooked psychotropic medication (diazepam and clonazepam) from the pharmacy. 67.5% female with a mean age of 56 years. Of the 37 users interviewed, the use was: 46.9% to insomnia, 18.4% nervousness, 16.3% depression. And only 14% were in preparation or action stage. These data show us that actually there is misuse of benzodiazepines, and set efforts should be made to inform and motivate patients. The audit was important for the health center start strategies to each motivational stage of the person, and awareness of health professionals, knowing it will be a long-term work. There was made a primer about the harms of benzodiazepines and sleep methods and a group with activities related to self-awareness, with use of adjuvant ear acupucture to the people on preparetion and action stage.

PALAVRAS-CHAVE: Primary care; benzodiazepines; clinical audit

PP819 - CLINICAL COMMUNICATION SKILLS: HOW TO STRUCTURE A CLINICAL INTERVIEW?

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Introduction and Objective:

Clinical Interview is a key tool in the clinician's everyday work, being that patient satisfaction is closely related to the effectiveness of the clinician-patient communication. The aim of this review is to present a structure of an organized clinical interview, supporting the patient's narrative and managing the available time.

Methods:

Literature review in sites of evidence-based medicine. The search was conducted using the MeSH keywords: "Communication", "Consultation" and "Patients".

Results and Conclusions:

The clinical interview is structured in six steps: start the interview, collect information, perform the physical examination, share information, make decisions and plan, and close the interview. In "Start the interview", the context is prepared, the patient is admitted and a consultation plan must be established. There follows "Collect Information", focused on the patient and on the clinician. After the "Physical Examination", the "Information Sharing" takes place, using the "Ask-Tell-Ask" technique. Then it is time for the "Decision Making and Planning", where the patient should have an active part in choice of an appropriate plan for the problem. Finally, in "Closing Interview", the clinician should summarize and review the plan, verify that it was understood, schedule the next interview and reassure the patient. "Giving Structure" is one of the key elements a clinician should promote in the interview and contributes to a better management of the available time, address the issues defined as priorities either by the patient or the clinician, guide the interview without taking the patient protagonism and maintain a therapeutic relationship.

PALAVRAS-CHAVE: Communication; Consultation; Patients

**PP820 - CLINICAL MANAGEMENT IN FAMILY AND COMMUNITY
MEDICINE - THE EFFECTIVENESS OF INTEGRALITY IN THE CARE OF
THE GASTRIC CANCER DIAGNOSIS.**

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Introduction:

The family and community doctor's role brings in its scope a range of skills that are peculiar, in order to legitimize the quality of care and the realization of the Unified Health System (SUS) principles and guidelines. In this perspective, this study aims to report an experience of effectiveness in medical action regarding the diagnostic solving of a Gastric Adenocarcinoma case in a unity of family health care in the city of Cuiabá-MT. In Brazil these tumors rank third in incidence between men and fifth among women. In addition, the State of Mato Grosso estimates a high incidence of cases in both genders for the year of 2016. As an elaboration method of this study, we used the secondary data tracking from the patients medical record and primary data collection through clinical interview and registration of diagnostic imaging. Therefore, the patient was informed and asked for their consent through a Free and Informed Consent Term (TCLE). The obtained results were the diagnosis and treatment of the patient on time, as well as monitoring the case with the family. We conclude that the medical competence on the scope of solvability (correct referral of the cases and follow-up medical care on other care levels) is a sine qua non condition in primary health care. Modus operandi and faciendi in family medicine is legitimated by the integrality of the professional action and competence in decision-making in a timely manner.

PALAVRAS-CHAVE: Diagnosis; SUS; Integrality.

PP821 - CLINICAL MANAGEMENT OF DIABETES WITH ORAL HYPOGLYCEMIC AGENTS AND NUTRITIONAL MONITORING EVEN WITH INSULIN USE INDICATION: A CASE REPORT.

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Introduction and objective:

Diabetes Mellitus is an endocrine disorder in which there is elevated serum glucose levels because there is insufficient insulin supply or due to increased peripheral resistance to the action of this hormone. Onset is usually silent, or there are nonspecific symptoms. The early diagnosis takes into account measurements of fasting blood glucose in laboratory screening tests that can be done in primary care services. Evidence shows that, according to blood glucose levels found, the first option for the pharmacological treatment must be with oral antidiabetic agents. However, with high glycemic rates, it is considered as conduct start immediately, even at diagnosis, the use of exogenous insulin. The objective of this study is to report the case of a diabetic patient in regular follow-up in primary care service , which , although present indication for use of insulin, refused such treatment and achieved good glycemic control with only oral medications and diet.

Method:

Case report.

Results and conclusions:

There is a group of patients who reaches said acceptable glycemic targets only using oral drugs and multidisciplinary follow-up, even though the evidence stipulate insulin. The factors that justify it are: understanding the disease; the level of stimulation offered by the doctor; the availability of multi-professional team; the pursuit of a good doctor-patient relationship.

PALAVRAS-CHAVE: Diabetes Mellitus; Treatment; Oral antidiabetic

PP823 - CLOSTRIDIUM DIFFICILE ENTEROCOLITIS WHO IS AT RISK ?

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Introduction and Objective

In recent years, diarrhea caused by *Clostridium difficile* (CD) has become a hot topic. The use of antibiotics in the elderly is the most frequent named risk factor in literature, we searched for more data in order to improve preventive measures.

Method

We analyzed the incidence of *Clostridium enterocolitis* (CE) at the Department of long term ill in 2014. We tested the stool specimens for CD antigen and toxin in every patient with diarrhea.

Results

From 258 patients 58 had diarrhea. In 22 patients (8.5%) were antigen and toxin positive, in 24 patients (9.3%) was antigen positive and toxin negative. Mean age of antigen and toxin positive patients was 80.1 years, 16 of them were women (72%). Ciprofloxacin was the most used antibiotic on previous and our department too (as in year 2008). Only 48% patients with diarrhea used probiotics during hospitalization on previous departments, but up to 95% on our department. We analyzed several other factors (presence of bowel disease, count of previous episodes of CE, use of PPI, ATLAS and CSI score, diagnosis at admission, mobility, feeding by nasogastric tube, incontinence).

Conclusion

The most used antibiotics didn't change over the years. The occurrence of CE with positivity of toxin seems to decrease from 10.2% in year 2008 to 8.5% in 2014 (not statistically significant, Fisher's exact test $p=0.554$). This slight decrease encourages us to stay vigilant. We present risk factors in our patients giving rise to the preventive measures of this dreaded nosocomial infection.

PALAVRAS-CHAVE: *Clostridium difficile*; Enterocolitis; Preventive measures

**PP825 - CO-INFECTION LEPROSY MULTIBACILLARY AND HIV-AIDS:
FOLLOW-UP OF A CASE IN BASIC HEALTH UNIT IN CONJUNCTION WITH
THE SPECIALIZED CARE**

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Report of a case of co-infection with human immunodeficiency virus (HIV) and Mycobacterium leprae virus. It is argued throughout the clinical presentation text, images of the lesions on the patient's skin, taken at different times of treatment. We show the epidemiology of diseases, pharmacological and clinical course of the patient. The objective is to report the association of two infectious diseases, doing in a brief literature review of the conditions, monitoring the network of primary care, the system of reference and counter reference of the case and the accession of the patient to treatment.

PALAVRAS-CHAVE: Acquired Immune Deficiency Human; Leprosy; Co-infection and Immunosuppression

PP826 - COMMUNICATING BAD NEWS IN THE CONTEXT OF SOCIAL VULNERABILITY: THE ROLE OF THE FAMILY AND COMMUNITY PHYSICIAN.

Siqueira REB ¹; Stelet BP ¹; 1 - Universidade Federal do Rio de Janeiro;

Introduction and Objective:

Communicating bad news is an essential skill for any physician and not only for the specialists who deal with terminal diagnosis. In the Primary Health Care, the physicians must be able to manage the illness more than the disease, comprehending and respecting the social context to which the patients are connected as well as their fears about the newness. The aim of this study is to present situations in the context of social vulnerability that require more than special abilities by the Family Physician to introduce a bad new, but human values.

Methodology:

Literature review and observational and descriptive research, based on personal analyses and indirect notes about the communication of bad news presented into medical consultations, from November 2015 to January 2016, at Clínica da Família Victor Valla, at Manguinhos Complex of Slums in Rio de Janeiro, Brazil.

Results and Conclusions:

Many situations in the context of social vulnerability in Primary Care – the communication of an undesired pregnancy to a 15-year-old girl, the introduction of early insulin therapy to a 32-year-old patient or the information about a reactive screening test for HIV to a homeless 27-year-old woman – imply a particular sensitivity and altruism by the Family Physicians. The patients that received such bad news will need a longitudinal care management, once they may become so psychologically affected that it can perturb the adequate treatment. When it involves communities that are economically and socially vulnerable, the communication of bad news requires special carefulness that transcends protocols.

PALAVRAS-CHAVE: Social Vulnerability; Communication Barriers ; Primary Health Care

PP827 - COMMUNITY HEALTH WORKER'S APPROACH TO PATIENTS IN PALLIATIVE CARE

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INTRODUCTION AND OBJECTIVES:

One of the basic principles of Brazil's Unified Health System is universal and free health care in primary, secondary and tertiary levels. Therefore, the population's access to palliative care also is included, which can be described as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering. In Primary Health Care, this kind of care is promoted by the Healthcare Team, specially by promoting home care services. In this Team, we emphasize the role of the Community Health Worker, who acts as a link between the community and the Health Unit. However, little is known whether these workers are able to offer this type of care. Therefore, this study aims to assess the level of knowledge of these workers about palliative care.

METHODOLOGY:

In 2014, the Community Health Workers of a Basic Health Unit were called to participate in this research by completing a questionnaire to assess their level of knowledge about palliative care.

RESULTS AND CONCLUSION:

About half of the surveyed workers reported having contact with patients with chronic diseases and high risk of death. However, half of these workers also said to ignore the concept of palliative care. Therefore, it is believed that educational activities are necessary for the professionals who make up the Family Health Team, especially Community Health Workers, that could be able to identify patients who need palliative care and bring them to the Health Unit.

PALAVRAS-CHAVE: Primary Health Care; Home Care Services; Palliative Care

PP828 - COMPARING GLYCAEMIC CONTROL AFTER INITIATION OF BASAL WITH INITIATION OF BIPHASIC INSULIN IN TYPE-2 DIABETES MELLITUS: A SYSTEMATIC LITERATURE REVIEW

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Introduction and Objective;

Type 2 Diabetes Mellitus is a progressive condition that often eventually requires insulin therapy. With a global prevalence of 8% in all adults, and rising, insulin management will fast become a staple of the family doctor. UK national guidance (2008) recommends initiating once or twice daily basal insulin but admits to a lack of literature comparing basal with biphasic insulin. We performed an in-depth literature review critically appraising all new studies from 2008 – 2014, to establish which form was superior.

Method;

All papers (2008 – 2014) comparing basal and biphasic insulin initiation in insulin naïve Type 2 diabetic patients were found using numerous strategic searches: PICO method, inclusion, exclusion, hand searching and reference list searching. Databases used were: Medline, Pubmed, Cochrane collaboration, DARE and Embase. Each paper was then critically appraised using the CASP questionnaire tool and thematic synthesis.

Results and Conclusions;

Eight papers were found to be suitable: seven randomized control trials and one observational. Both modalities showed significant reduction in HbA1c from between 64-69mmol/mol (8.0-8.5%) to approximately 53mmol/mol (7.0%) within at least 24 weeks. Within a thematic analysis, it was found that biphasic insulin had an initial greater effect on lowering HbA1c. After one year of treatment both modalities needed intensification to more complex regimes in order to maintain glycaemia control. We conclude, in contrast to current guidance, basal insulin is not superior to biphasic insulin when initiating therapy targeted at lowering HbA1c.

PALAVRAS-CHAVE: Diabetes Mellitus, Type 2; Insulin; Review Literature as Topic

PP830 - COMPLIANCE MECHANISMS FOR THE TREATMENT OF A DIABETIC PATIENT IN PRIMARY HEALTHCARE.

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Introduction/Objectives:

Type 2 diabetes mellitus is a metabolic disorder considered to Brazilian public health a great problem. It has high prevalence, it's the most common diabetes type and its diagnosis is predominantly late, while still constituting one of the main risk factors for cardiovascular and cerebrovascular diseases. Therefore, this study meant to analyze the adherence of type 2 diabetics according to the medicated and non-pharmacologic regime.

Methods:

An qualitative approach with a descriptive and exploratory nature was utilized, through an semi-structured interview which the questions were related to the characteristics of the interviewees and to the thematic-related specific questions. Participating the research were 17 diabetics signed to the "hiperdia" national program from three Basic Healthcare Units from the urban zone of the city of Itapajé-CE. For the data analysis, a content analysis technique was utilized.

Results/Conclusion:

The data balance showed that the acceptance of the non-medicated treatment didn't occurred for the major of the interviewees, singularly according to the dietary habits and regular exercise practices. About the medicated therapeutic, a relevant discernment about drugs and adherence to the treatment was noted, possibly linked to the fact that the major of the interviewees was already using drugs that were easily obtained at basic healthcare units. We conclude that the lack of knowledge about the treatment is a reality that still perish in this group, and that the health education proposed by the primary healthcare professionals should be turned to behavioral changes.

PALAVRAS-CHAVE: Health Care; Health Service; Brazil

PP831 - CONGENITAL SYPHILIS: A CHALLENGE FOR NORTHERN BRAZIL

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INTRODUCTION AND OBJECTIVE:

Syphilis, a disease caused by the bacterium *Treponema pallidum*, is transmitted mainly through unprotected sex, but there are still vertical transmission between mother and child, featuring congenital syphilis, quite common in the northern region of the country, causing losses for both the health of postpartum women as the progeny (Rodrigues et al, 2004). This work deals with the panoramic profile of congenital syphilis in northern Brazil to inform both the academic community in general and health professionals about the real situation of innate syphilis, helping thus the combat and prevention of the Brazilian public health problem.

METHODS:

The survey involved recent articles in databases and SciELO LILACS and data were analyzed present in DATASUS to present the profile that suited the development work. The following search phrases were used: "Congenital syphilis in northern Brazil" and "Congenital syphilis in the Amazon region."

RESULTS AND CONCLUSIONS:

According to DATASUS database in the last decade the number of cases of congenital syphilis has fallen in the northern region of the country, however this decrease is still small. This is mainly due to the limits imposed by local geography, making the exams that make up the prenatal as the Venereal Disease Research Laboratory (VDRL). In addition, lack preventive sex education for risk groups (Lima, Bruno G. C., 2002).

PALAVRAS-CHAVE: Congenita Syphilis; *Treponema pallidum*; Sex Education

PP832 - CONTROL OF CHRONIC DISEASES USING A CHECK SHEET ON A REMOTE ISLAND

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•Introduction and Objective

Continuity may be low at medical facilities where doctors alternate frequently, especially in remote islands. Such lack of continuity may have adverse effects on management of patients with chronic diseases. On Minamidaito island, we tried to use a check sheet containing examination and inspection items of the chronic diseases, in order to improve the quality of chronic disease control.

•Method

Action research. Examination categories included: lifestyle, comprehensive geriatric assessment, high blood pressure, diabetes mellitus, dyslipidemia, chronic kidney disease, cerebrovascular disease, chronic heart disease, asthma, and chronic obstructive pulmonary disease. Every two months, we determined how many patients fit into each category. We then determined what our achievement rate was by dividing the number of patients in that category that were assessed by the total numbers of patients in the same category. Discussion with staff was held to improve the interventions. The discussions were analyzed qualitatively.

•Results

and

Conclusions

There were 311 patients in the clinic that were seen regularly. The achievement rates of diabetes care and comprehensive geriatric assessment especially improved. Intervention with patients was assessed, not only as a sense of security and accomplishment, but also as to staff's anxiety from increase of work. The use of a check sheet may lead to staff's satisfaction that medical care is improving and that they are in better control of chronic disease. It is also important that there is the consensus among staff through dialogue.

PALAVRAS-CHAVE: check sheet; rural medicine; chronic care

PP833 - CORRECT AND RATIONAL USE OF MEDICINAL PLANTS AND HERBAL MEDICINES IN PRIMARY CARE: THE EXPERIENCE OF RIO DE JANEIRO'S CITY

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Introduction and Objective:

The technical area of Integrative and Complementary Practices of Rio de Janeiro's city works with the schools, health professionals and users of primary care's units to develop the following actions: cultivation of medicinal plants, health care and pharmaceuticals in herbal medicine, health education and continuing education. These actions are intended to ensure the people the correct and rational use of medicinal plants and herbal medicines.

Method:

The cultivation of medicinal plants is carried out in the garden of a model farm where it is produced vegetable raw material for the preparation of herbal medicine by the pharmacy, located in the Municipal Hospital Raphael de Paula Souza. It also provides seedlings of medicinal plants and herbs for the implementation of gardens in primary care's units and local schools.

Results and Conclusions:

Health education is one of the main activities performed in primary health care units and municipal schools. The objectives are appreciation of traditional knowledge, guide users on the correct cultivation and use of medicinal plants, prepare teas, syrups and shampoo for lice, as well as handmade soaps and aromatic sachets that can later be used as a source of income. In addition, training is provided to health care professionals for use, dispensing and prescription of medicinal and herbal plants. The use of medicinal plants and herbal medicines is an important complementary strategy in primary care, with great dialogue with the schools of the territory, expanding the knowledge and the correct use by the public and health professionals.

PALAVRAS-CHAVE: Plants, Medicinal; Health Education; Primary Health Care

PP834 - CROHN'S DISEASE: A PEDIATRIC AND PRIMARY HEALTH CARE REALITY

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Background&Aim

Crohn's disease (CD) is a form of inflammatory bowel disease (IBD), a chronic condition in which one or more parts of intestinal tract become inflamed. Most people diagnosed with CD are 10 to 40 years old, up to 20% of these are younger than age 18. The main objective of this work is to show the importance of the family's Doctors (FD) for early detection of IBD, particularly in children.

Method

Report case

Results&Conclusions

9 year old boy went to "open consultation" with the FD, after two trips to hospital emergency with diarrhea alternating with constipation promptly. He refers that symptoms started over four months, with weight loss during this period and asthenia. The hospital diagnosis was gastrointestinal infection with Shigella. medicated with metronidazole without very effective result. On our examination the patient was pale, with diffuse abdominal pain, but when performed palpation stressed discomfort in the flank and left iliac fossa. Despite denying hematochezia or rectorrhagia we requested occult blood in the stool which proved positive. In order to discard malabsorption syndrome we require anti-gliadin and anti-transglutaminase serum antibodies which had negative. Excluded malabsorption syndrome, being known family history of IBD, we requested another hospital consultation with suspected of IBD. After colonoscopy with biopsy was reached definitive diagnosis of Crohn's disease.

The FD is a key player in the early detection of diverse pathology, particularly in the pediatric age. The IBD clinical suspicion is one of the most important aspects to achieve their diagnosis, even in children.

PALAVRAS-CHAVE: Crohn Disease; pediatric; Family

PP835 - PALIATIVE CARE: WHEN WE FIND LIFE BY TAKING A GLIMPSE AT DEATH

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When a chronic illness follows its inexorable course, leading to physical, emotional, social and spiritual suffering by patient and family, there comes the need for intensive full-time care. Such practice is referred to palliative care and has become ever more prevalent. Aimed at a better quality of life by means of prevention and relief of overall suffering, palliative care requires human and therapeutic resources, aside from a complex multidimensional look . Within this context, we propose to reflect upon the potencial and the challenges of palliative care in the Family Health Strategy (ESF), based on the experience built in the follow-up of two cases in the São Paulo municipal network. The proposal of wholeness of care, geographical-cultural closeness and connection make Primary Care a potencial space to provide end-of-life care in a systemic, autonomous and person-centered way. However, such initiatives are still incipient in Brasil, being limited by the pressure of healthcare, by therapeutic resources and professional development in the area. It is crucial at this point to be able to deal with the subjective dimension of patients, family and professionals, to discuss death and existencial perspectives, requiring professionals to have a distinct behavior. In our service we have instituted the outpatient palliative care practice and the home palliative care practice to clinical and oncology patients, with the involvement of the Family Healthcare Strategy (ESF) team and Family Health Support Nucleus. The limitation of resources is minimized by negotiating with the service, family and community, whereas the multiprofessional work of biopsychosocial-spiritual guidance shows to be a determining factor to achieve quality of life.

PALAVRAS-CHAVE: Palliative Care; Terminal Care; Primary Health Care

PP837 - CUTANEOUS MELANOMA: SKIN'S ENEMY

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Introduction and Aim:

Cutaneous Melanoma is the most commonly fatal form of skin cancer. The incidence of melanoma has increased significantly worldwide over the last several decades. The clinician examination for skin cancer and ascertainment of risk factors can be carried out in tandem, taking only a few minutes, with a source of bright light and a magnifying lens. Melanomas can occur anywhere on the skin surface.

Case Report:

76 years-old-female, caucasian (skin phototype II) , nun, ex-volunteer in Guinea for 20 years. Medical history; obesity, dyslipidemia, hypertension, hypothyroidism, type II diabetes mellitus and dementia. Ambulatory medication: metformin, lisinopril and rosuvastatin. Family history: unknown. She attends GP for a programmed visit and shows a nevus on her left ear, with more than 10mm in diameter, irregular borders, asymmetry color variegation and nevi satellite. Unfortunately these nevi had two years of progression and no reference during medical visits. Cutaneous biopsy and sentinel lymph node biopsy, confirmed the diagnoses. Currently the patient is being studied for metastases.

Conclusion:

It is unanimous that family doctors should look for any suspicious lesions identified in the course of a routine or sick visit and make appropriate referrals for further evaluation of all such lesions.

PALAVRAS-CHAVE: Melanoma; Skin neoplasm; skin diseases

PP838 - CYST SKENE'S GLAND: IMPORTANCE OF EARLY DIAGNOSIS IN PRIMARY CARE

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Introduction:

The Skene glands promote lubrication of the distal urethra and are within its submucosa, its conduits drain out their content in urethral light. The pathology of the Skene's glands in women is rare. The cysts are due to an obstruction of the duct which can evolve into local infection and paraurethral abscess. The symptoms can cause discomfort and dissatisfaction with the self-image therefore early detection in primary care level is important to improve the quality of life of the patient. Objective: To emphasize the importance of fast diagnosis of unusual diseases in Primary Care.

Method:

Were conducted attendance and accompaniment of M.F.S., 20 years, for cyst Skene's gland in UBS Jardim Dom Pedro, Serrana-SP, by medical students supervised by an instructor of the discipline of Primary Care.

Results and Conclusion:

In the first consultation showed discomfort, pain, itching, local heat and after gynecological examination was diagnosed with a cyst of the periurethral gland. It was adopted an outpatient treatment with antibiotics and anti-inflammatory which had any clinical improvement, then forwarded to tertiary care to have the cyst removal. After the surgery, the patient had no more complaints and was satisfied by the aid provided since the beginning. Thanks to the early diagnosis made at primary care it was possible to perform the treatment in a period of only two months, avoiding future complications. The utter satisfaction of the patient and the solution of the case reveal the importance of the practice of humanization and integrity, principles of primary health care.

PALAVRAS-CHAVE: Skene gland's; cyst; primary care

PP839 - DATING VIOLENCE PROTECTION AND RISK FACTORS PERCEPTION AMONG TEENAGERS IN THE CITY OF CÁDIZ, SPAIN

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INTRODUCTION AND OBJECTIVE:

The last numbers released in a national survey in Spain show that a 25% of girls in Spain have been victims of dating violence, which has been related with different serious health problems. We wanted to evaluate the grade of information about Equality and Gender Violence phenomenon in our adolescents in Cádiz as a basis for future community interventions programs.

METHOD:

This is a transversal observational study conducted in a urban area in public and private schools with adolescents matriculated in the year of 2014-1015 in the 3rd and 4th grade of ESO. Questionnaires were made to 1037 students of 13 schools in the city of Cádiz, selected with a sampling multistage (alpha error 5%, precision 3%, predicting 30% of loses). The questionnaires were anonymous with the previous informed consent. Variables: Sexism Detection Scale in Adolescents, Abuse Perception Scale, Romantic Myths Scale, Dating Violence Information and Knowledge Scale. As quantitative variables: main measure and dispersion analysis and as qualitative variables: proportions analysis. Bivariate analysis: Chi square. Statistics Program: R-UCA 3.0.1. CI 95%, alpha 0,05.

RESULTS AND CONCLUSIONS:

An important part of the sample studied maintains sexist ideas (34%). Also, 39,6% believes in the romantic myths that perpetuate teen dating violence. The Dating Violence knowledge Grade was good (72,7%), but still a great part of them can't identify the correct cause of Dating Violence and has a low abuse risk perception. From Primary Care, the detection of possible risk relationships among adolescents could reduce consequential health problems, such as toxic abuse, depression or even suicide.

PALAVRAS-CHAVE: adolescents; violence; gender relations

PP841 - DEPRESSION AND ASSOCIATED FACTORS IN ADULT PRIMARY CARE PATIENTS AT THE KOMFO ANOKYE TEACHING HOSPITAL (KATH), KUMASI, GHANA.

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INTRODUCTION AND OBJECTIVE:

Depression is a common mental disorder that patients present with in the primary care setting. Its recognition is often missed due to a number of factors. There is a lack of data regarding depression in the primary care setting in Ghana. The objective is to determine the prevalence of depression and its associated factors in adult primary care patients at the Family Medicine Directorate, Komfo Anokye Teaching Hospital.

METHODS:

A cross-sectional descriptive study was conducted among adult patients attending the outpatient clinic. Patients were selected using a systematic random sampling technique. A questionnaire was administered to assess for socio-demographic characteristics, socio-cultural factors, alcohol and drug usage, history of chronic illness and health care utilization. Depression was assessed by using the PHQ-9 questionnaire.

RESULTS AND CONCLUSION:

52.5 % of patients sampled had depression: mild depression (37.7%), moderate depression (11.1%) and moderately severe depression (3.7%). Factors that were associated with depression; female sex, lower level of education, history of chronic medical conditions and the occurrence of a stressful life event. Good social support is protective against depression. No statistical difference was found between the average number of hospital visits and the number of days on admission between respondents with depression and those without depression.

PALAVRAS-CHAVE: Depression; Ghana; Prevalence

PP842 - DEPRESSION IN ELDERLY– A PRIMARY CARE UNIT EXPERIENCE

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Introduction and objectives:

Depression in elderly is common. In general population, its prevalence is 14,9% (2001). It's frequent, but in Portugal, there are few studies that analyze its prevalence, multi-morbidity and pharmacological treatment used. The objective of this study is to determine prevalence, co-morbidity and most prescribed antidepressants, in depression in elderly, in our Primary Care Unit, Figueira da Foz, Portugal.

Methods:

Retrospective, transversal and descriptive study. Aleatory sample of a population with more than 65 years registered in our health care center. Inclusion criteria: ">65 years", "P-76- Depressive disorder" as active problem, in January of 2015. Data source: Computerized clinical processes. The descriptive analyze was made in Excel® 2010.

Results and Discussion:

The prevalence of depression was 20,28%, and 30,2% of them had some problem in Z-group of International Classification Primary Care 2. This prevalence was similar comparing to international studies. Although, the definition of depression is heterogeneous among studies. To our clinical practice it is important to notice that many of elderly with depression had social problems. The multi-morbidity more frequent was arterial hypertension. We verify that Selective Serotonin Re-uptake Inhibitor were more prescribed comparing to other antidepressants. The benzodiazepines were prescribed in 60,9% of the group with depression, which is a concern.

PALAVRAS-CHAVE: Depression; Eldery; Prevalence

PP843 - DEPRESSION IS NOT ALWAYS THE ANSWER: A ADRENAL INSUFFICIENCY CASE!

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Introduction/Objectives:

Adrenal insufficiency is the inadequate secretion of cortisol from the adrenal gland. In primary adrenal insufficiency, the pathophysiological problem is a malfunction of the adrenal cortex. In secondary adrenal insufficiency, the problem started with decreased ACTH stimulation of the adrenal cortex. The most common symptoms include weakness, fatigue, anorexia, weight loss, nausea, vomiting, abdominal pain or diarrhea. This disease is rare, but potentially fatal, so it requires an attempted treatment. The non-specificity of the symptoms difficult diagnosis, which is often delayed. The objective of this case is to give more visibility to adrenal insufficiency, to become easier to recognize/diagnose this pathology for early intervention.

Case Description:

A 70 year-old man search family doctor (GP) by fatigue, nausea, anorexia, diarrhea and weight loss. The doctor asked a endoscopy, colonoscopy (both normal), brain and abdominal computed tomography (normal), and celiac disease markers (negatives). Without any alteration in exams (with maintain symptoms), the GP asked a psychiatrist evaluation: diagnosed depression and medicated without improvements. Symptoms were maintained for one year, so he was observed by Internal Medicine and admitted for study: was found low ACTH and cortisol values, having been diagnosed with adrenal insufficiency. Began treatment with hydrocortisone, which precipitated a psychosis at the beginning. With decrease of dose, the patient improved and is currently without complains.

Conclusion:

Adrenal Insufficiency should be present as a possible diagnosis in cases with no specificity symptoms. It is crucial to make the diagnosis to provide a premature medical treatment because this disease is potentially fatal.

PALAVRAS-CHAVE: adrenal insufficiency

PP844 - DESVENLAFAXINE IN DEPRESSIVE SYMPTOMS

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Desvenlafaxine is an antidepressant inhibitor of the reuptake of norepinephrine and serotonin (SNRI). Several publications support its efficacy in reducing depressive symptoms in the short term.

Objectives

The objective of this paper is to estimate the effect of short-term (12 weeks) of patients with depressive disorder treated with Desvenlafaxine.

Methodology

This is a prospective observational study tracking a cohort of outpatients with depressive disorder treated with Desvenlafaxine for three months. To accomplish our goal we used the Montgomery-Asberg scale performing three measurements (baseline, one month and two months after initiate the treatment). The size of our sample was 24 patients.

Results

We found that in about 80% of patients the treatment was effective, no significant differences in relation to sex, age or treatment dose were reported. Regarding the severity of the symptoms, in the initial assessment 16% of the patients had a mild depressive episode, 70% a moderate episode and about 12% had a severe episode; while in the last evaluation, almost 46% of patients were in recovery, nearly 42% had mild symptoms, 8% moderate symptoms and only 4% had mild symptoms.

Conclusion

We can conclude that the treatment with Desvenlafaxine has been effective at improving in the short-term the depressive disorder, independently of gender, age and dose administered.

PALAVRAS-CHAVE: Depression; agents, antidepressive; desvenlafaxine succinate

PP845 - DIABETIC PATIENTS PROFILE AT A PRIMARY CARE CLINIC IN RIO DE JANEIRO

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Introduction and Objective:

The prevalence of diabetes mellitus in Brazilians was estimated to be 7.6%. Its a cronic disease with important social and economic repercussions. The objectives of this study are to know the diabetics patients profile in a primary care clinic of Rio de Janeiro.

Method:

The retrospective review of electronic medical records of 68 patients who attended in a primary care clinic of Rio de Janeiro (Family Clinic Bárbara Starfield) over a 1 year-period (01/01/2015–12/31/2015). The study variables included demographic data, number of nurse and medical appointments, appointment absences, home visits by community health agents, measurements of HbA1c and glucose levels.

Results and Conclusions:

The preliminary data from the pilot study demonstrated that 52% were female, mean age 66-75 years old (27,9%). 64% of patients had 2 or more medical appointments during the period. The mean HbA1C level was 7,4, and glucose level was 149mg/dl. The majority of patients (52,94%) had more than 3 home visits by a community health agent. 29,41% were insulin-dependent, 47% went to educative activities along the year. 48,52% had at least one appointment absence, 60,29% had no nurse appointment. Some records were incomplete, 44% with no HbA1C level information, and 35% missing glucose levels. From these data, we assume the group had a satisfactory HbA1C and glucose levels, as well good attendance to the clinic activities. Nevertheless, these professionals could encourage nursing appointments, appropriate data record, and promote regular educative activities.

PALAVRAS-CHAVE: diabetes mellitus; primary care; epidemiology

PP847 - DIFFERENTIATING CLINICAL CARE FROM DISEASE PREVENTION: A PREREQUISITE FOR PRACTICING QUATERNARY PREVENTION

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This article contends that the distinction between clinical care (illness) and prevention of future disease is essential to the practice of quaternary prevention. It argues that the ongoing entanglement of clinical care and prevention transforms healthy into 'sick' people through changes in disease classification criteria and/or cut-off points for defining high-risk states. This diverts health care resources away from those in need of care and increases the risk of iatrogenic harm in healthy people. The distinction in focus is based on: (a) management of uncertainty (more flexible when caring for ill persons); (b) guarantee of benefit (required only in prevention); (c) harm tolerance (nil or minimal in prevention). This implies attitudinal differences in the decision-making process: greater scepticism, scientism and resistance towards preventive action. These should be based on high-quality scientific evidence of end-outcomes that displays a net positive harm/benefit ratio.

PALAVRAS-CHAVE: Quaternary Prevention; Disease Prevention

PP849 - DISRUPTIVE BEHAVIOR DISORDERS AMONG BASIC-LEARNING SCHOOL CHILDREN AT QUESNA DISTRICT , MENOUFIA GOVERNORATE, EGYPT (2014/2015)

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Introduction and objectives:

Disruptive Behavior Disorders (DBDs) are psychiatric disorders of children and adolescence including Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). DBDs are associated with increased risk for negative developmental outcomes including substance abuse, school problems and antisocial or criminal violence. The objective of this study was to assess Disruptive Behavior Disorders among basic-learning school children in Menoufia governorate.

Subjects& Methods:

A cross-sectional study was conducted on 348 basic learning school children and their parents in addition to their Classrooms' teachers'. Children were subjected to Mini-Kids Interview for diagnosis of DBDs then "Parenting Manner Scale" for detection of parenting style. Parents and teachers rated child's behavior at their home and school respectively during past six months. Parents were subjected to "socioeconomic status scale.

Results and conclusion:

Prevalence of DBDs among basic-learning school children in Menoufia was 14.9%. ODD and CD were 8% and 6.9 % of cases respectively. Mean age was significantly lower among patients (11.69±1.6) with male sex predominance (69.2%). Risk factors were; low socioeconomic status (OR 3.4), low parental educations (OR 1.07 & 2.9 for fathers and mothers respectively), father smoking (OR 1.4), parental conflicts (OR 1.3), family history of psychiatric disorders (OR 1.6) and bad parental styles among fathers and mothers [overprotection (OR 49.4 & 22.2), discrimination (OR 12.9 & 32.8), authoritarian (OR 11.2 & 20.9) and hesitancy (OR 8.8 & 28.7)] respectively

PALAVRAS-CHAVE: Disruptive Behavior Disorders; Conduct disorders; Oppositional Defiant Disorder

PP850 - DO BRAZILIAN SUS USERS HAVE ACCESS TO COMPLEMENTARY MEDICINE ON PRIMARY HEALTH CARE LEVEL?

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Introduction:

The Brazilian Ministry of Health approved the National Policy of Integrative and Complementary Practices (Política Nacional de Práticas Integrativas e Complementares - PNPIC) within the public health system, called Sistema Único de Saúde (SUS), in 2006. By offering low cost practices as acupuncture and phytotherapy, among others, SUS ensures coordinated care (integrality) to its users. Despite PNPIC's implementation 10 years ago, access to complementary medicine is still restricted.

Objective:

The purpose of this review is describing the main obstacles of PNPIC's implementation.

Methods:

The research was carried out in English and Portuguese based on the articles published in Portal Periódicos and SciELO's database. The search terms were complementary therapy, acupuncture therapy, traditional Chinese medicine, phytotherapy and homeopathy.

Results:

57 articles about integrative practice in Brazil were found. After eliminating the duplicates, 44 articles were selected. The results show resistance to integrative practices by health professionals, lack of education of these practices in medical graduate training, lack of incentives by managers, lack of demedicalization of care as well as lack of information about these practices by both patients and health professionals.

Conclusion:

Although SUS implemented PNPIC 10 years ago, there are still many challenges to overcome so that SUS users have real access to complementary medicine. Information about these practices for users and health professionals, integration of complementary medicine in the medical curriculum, as well as further research on this topic would be a step forward. Collaborative effort is needed to evaluate the benefits and obstacles of this public policy.

PALAVRAS-CHAVE: Complementary Therapies; Primary Health Care; Single Health System

PP851 - DO YOU THINK ARE MOSQUITO BITES?

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Introduction:

The importance of a good diagnosis is a good interrogation with a good physical examination. The smallest detail can give the key to the diagnosis.

Objective:

We report the case of a woman of 61 years old visited appearing with a bullous lesions possible relation mosquito bites 2 weeks of evolution in cervical lymphadenopathy and fever. The patient reported had been resting on a camping outdoors.

Methods:

It was recommended Cloxaciclina antibiotic for a possible folliculitis, or another infection. She went after a week of the treatment for control but she continued with pain and occipital bultomas in scratching scalp and was observed laterocervical adenopathy, fever and rash persisting in erythematous legs and purpuric with some papule; and inflamed joints. So was recommended second antibiotic, ciprofloxacin without improving fever so he contacted the Department of Internal Medicine to study leukocytoclastic vasculitis. In the second examination in internal medicine patient added that he had found a tick, and decided to get a biopsy of her legs.

Results and Conclusion:

Serology Rickettsia supports conorii acute infection (IgM 1: 192). Fever diagnosis boutonuse Mediterranea with vasculitis associated in lower extremities was confirmed

PALAVRAS-CHAVE: Communication skills; Mediterranean spotted fever; primary health care

PP852 - DOCTOR, MY EYE IS RED: A CASE REPORT.

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INTRODUCTION AND OBJECTIVE:

Red eye is one of the most common ophthalmologic conditions in the primary care setting. Conjunctivitis is probably the most common cause but other more serious conditions can also occur.

METHOD:

A 6-year-old-boy with a previous history of articulation speech disorder, phimosis and epididymitis is brought by his mother because of an eyelid edema and conjunctival hyperemia of his right eye with one day of evolution. By suspicion of a bacterial conjunctivitis it was prescribed fusidic acid eye drops. He returns 3 days later for reevaluation but this time presenting purulent discharge, photophobia, eye pain and remains with conjunctival hyperemia. Once presenting warning sign he was referred to emergency to be evaluated by an ophthalmologist who described at eye examination an inferior straight corneal laceration/abrasion sideline to limbus with 6 mm of extension, with no Seidel sign or Tyndall effect. It was prescribed topical antibiotic and cycloplegic drops. Finally his mother remembered that he had a traumatic accident with Christmas ball that becoming the major cause. After one week he presented a progressive recovered however remains follow up with ophthalmologist.

RESULTS AND CONCLUSIONS:

The cause of red eye can be diagnosed through a detailed patient history and careful eye examination. Corneal abrasions are common eye injuries that frequently result from eye trauma, retained foreign bodies and improper contact lens use. This case report shows the importance of family doctor being familiar with the major causes of red eye and specially being able to recognize the warning signs that need to be seen by an ophthalmologist.

PALAVRAS-CHAVE: Child; Eye Injuries; Corneal Injuries

PP853 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction and Objective

The Chronic Obstructive Pulmonary Disease (COPD) is preventable, treatable and with increasing prevalence, however underdiagnosed. In Portugal, in 2013 only 0,88% of population was diagnosed with COPD in Primary Health Care and only 8.71% had the diagnosis confirmed by spirometry. The aim is to determine the prevalence of COPD in adults (≥ 18 years) in Family Health Unit D. Sancho I, characterizing its distribution by sex and age groups, as well as register the presence of smoking habits, spirometry and treatment.

Method

Cross-sectional study based on data collected from MIM@UF[®] program at 23/11/2015. Data were treated using the Excel[®].

Results and Conclusions

In a total of 9355 adults, was obtained a sample of 118 users with COPD (1.3%). The estimated prevalence of COPD in Portugal is 5.3%, therefore in the sample the number is lower than estimated (118 vs. 495 estimated users). As expected, the prevalence increases with age (71.2% with >60 years) and is more prevalent in males (72%). In contrast, tobacco use is the main risk factor (90%), in the sample a lower value (58.5%) was found. Only 47.5% of the users have a registered spirometry, despite the diagnosis of COPD is based on needs one. In relation to treatment, it was found that 46.0% of patients treated with monotherapy or dual therapy are treated with inhaled corticosteroid, however the GOLD guidelines recommend one or more long-acting bronchodilators prior to its introduction. In conclusion, this pathology remains very underdiagnosed and a major impact on the quality of life for our users.

PALAVRAS-CHAVE: Doença pulmonar obstrutiva crónica; Espirometria; Diagnóstico

PP854 - DRUG ADMINISTRATION IN AN INSTITUTION OF LONG TERM ELDERLY CARE IN GOIÂNIA-GOÍÁS

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INTRODUCTION/OBJECTIVE:

The elderly population is increasing in Brazil. With the increase in life expectancy, the cases of chronic diseases and consequently, continuous medication, have risen. Casa dos Idosos Vila-Mutirão (CIVM) in Goiânia, Goiás, an Institution of Long Term Elderly Care (ILTE), has developed a system to reduce inappropriate conduct in the use of drugs. Describe the experience of undergraduate researchers, regarding the administration of medications in the elderly institutionalized in CIVM.

METHODS:

Experience report that describes issues experienced by academic researchers during visits to MVIC, about the logistics and administration of medications. Visits used structured observation (participant researcher) and script field. There was contact with the dynamics of drug administration, how they are obtained/stored and by whom they are manipulated and managed.

RESULTS/CONCLUSION:

The elderly used on average of four drugs and about 1/4 of them use five or more drugs. Among seniors who use prescription drugs, there are a greater number of women, and yet, the number of elderly using five or more drugs is also higher among them. The administration of drugs by the institution is important because it minimizes possible errors at the time of dispensing medication. The custody of the products is carried out in a standardized manner, drugs are well selected and there is a good inventory control and handling of drugs. Further studies are necessary to analyze the strategies employed by ILTE in the administration of drugs, because if not properly managed, may constitute a hazard to the elderly population.

PALAVRAS-CHAVE: Nursing Home; Old Age Assistance; Health

PP857 - DRUG, ALCOHOL AND TOBACCO CONSUMPTION PATTERNS AMONG ADOLESCENT STUDENTS

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Introduction:

According to the World Health Organization, 70% of adult premature deaths are due to behaviors acquired during adolescence, such as tobacco, alcohol and drug consumption.

Objective:

To evaluate the tobacco, drug and alcohol consumption patterns among adolescent students.

Method:

A cross - sectional study was undertaken. A survey was distributed among 5th & 6th grade students from public and private schools in the municipality of San Fernando (Buenos Aires-Argentina) between the months of October and November 2012.

Results:

The survey was answered by 1288/3004 (42, 8%) students; 81% of the students claimed that they consumed alcohol, 15, 3% of whom drank alcohol every weekend; 19% used tobacco. Marijuana was the most consumed drug (23,7% of the respondents) followed by sleeping pills (10%), designer drugs (3,9%) and cocaine (3,1%). Women were found to smoke more than men OR 1.87 (IC 95% (1,38-2,53)); public school students smoked 1,55 more times than private school students OR 1.55 (IC 95% (1.07- 2.23)) (P=0.014). Alcohol consumption was twice as high among private school students than public school students, OR 2,01 (IC 95% (1,38 -2,87%)). (P=0.00) Tobacco and alcohol consumption increased the probability of drug use. OR 6.71 (IC 95% (4.09-11.049)). (P=0,0001) and OR 11.68 (IC 95% (5.62-23.57)) p=0,0001 respectively,

Conclusion:

Among adolescents, alcohol was the most consumed substance followed by marijuana, tobacco and sleeping pills. Knowing the consumption patterns of adolescents allows the implementation of strategies to approach present and future addiction problems.

PALAVRAS-CHAVE: Adolescents; Drugs

PP858 - DUEL BETWEEN TALENT AND DISABILITY : A CASE OF ASPERGER'S SYNDROME

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Introduction/ Objective:

Asperger Syndrome (AS) is characterized by impairment in social interaction and communication skills or stereotyped behaviors. Although there is an isolated diagnosis in ICD, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders fits the AS inside the autistic spectrum. Its etiology is yet poorly understood and it is suggested the possibility of genetic basis. The goal is to present the contradictory relationship between linguistic and cognitive ability and significant difficulties in social interaction of patient with SA, stressing the role of Family Medicine in care.

Method:

Case report held at the Municipal Health Center Professor Julio Barbosa in Rio de Janeiro, Brazil. Woman, 19 years old, Brazilian Sign Language teacher, describing "mental disorder", anguish and sadness. History of visual and auditory hallucinations, as well as former suicide attempt. She presents wordy speech with elaborate vocabulary, demonstrating affective flattening and limitation in understanding figurative language. Her ease with linguistic knowledge seems inversely proportional to the social and interpersonal skills. The mental health specialist orientation is triggered to multidisciplinary approach. Management includes: active listening, person centered approach, encouraging resilience, psychotherapy and drug therapy.

Results / Conclusions:

The consultations are effective for patient, family and staff. The link provides hosting, emotional comfort, improved social interactions and prospect of new horizons, ensuring the principles of primary care. The person-centered approach and the multidisciplinary care boost patient with SA to take their place in society competently and independently, bypassing problems in interpersonal relationships.

PALAVRAS-CHAVE: Asperger; Mental Health; Resilience

PP862 - EMOTIONS, DOUBTS AND REFLEXIONS THROUGH THE EYES OF A FIRST YEAR INTERN IN GENERAL PRACTICE / FAMILY MEDICINE

Costa SB¹; Neves G¹; Eliana M¹; Ferreira T¹; Costa R¹; Santos H¹; Dias C¹; 1 - USF Castelo;

Every single year a large number of young doctors join the vast network of general practitioners across the country, carrying a huge dose of motivation and a hand full of doubts, a stage characterized by insecurity mainly due to lack of experience. This episode is about a clinical appointment between a first year intern in general practice and a patient and his daughter who have attended to Primary Care Unit to request a CT-scan in order to exclude stroke due to seven-day prostration. Not having their family doctor but a 20-year doctor instead on such a vulnerable moment, in addition to not having fulfilled patient's agenda, led to an hostile environment. After validation from my tutor, we agreed to book a reevaluation appointment. After 2 weeks, they were seen by their family doctor, referring now disorientation, sickness and memory loss. At this point, a CT-scan was requested which revealed a cranial meningioma. On a third appointment, i realized the daughter was more approachable, giving me the opportunity to explore why the first one wasn't that effective. During an hour we discussed their fears regarding the new diagnosis, the patient intervened more and the daughter smiled. This episode shows the determinant family's role and the importance of the patient-doctor relationship, being vital concepts such as empathy and clinical communication skills for an effective appointment, allowing a convergence of doctor's and patient's agendas.

PALAVRAS-CHAVE: Communication; doctor-patient relationship; family's medicine internship

PP863 - EOSINOPHILIC ESOPHAGITIS: A REVIEW

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Introduction and Objective

Eosinophilic esophagitis is a condition characterized by gastrointestinal symptoms, especially esophageal associated with hyperplasia of the squamous epithelium. The pathogenesis is not well elucidated, most patients present hypersensitivity evidence to certain foods and airborne allergens. The annual incidence is 12.8 cases per 100,000 inhabitants. Performing a literature review about the signs and symptoms, diagnosis and treatment of eosinophilic esophagitis

Methods

This article consists of a literature review using journal articles indexed in the SCIELO

Discussion and results

Symptoms vary according to age, manifesting itself by poor feeding, irritability, vomiting, symptoms of gastro-oesophageal reflux, aversion to food and also underweight and crescimento. A disease is diagnosed by upper endoscopy Digestive (EDA) with biopsy, showing presence of 15 eosinophils / high power field in one or more fragments. It is necessary absence of gastroesophageal reflux disease, which is ruled by pH monitoring of the distal esophagus or therapeutic failure of proton pump inhibitors. The abnormalities found in EDA are longitudinal grooves, friability, edema, plaques or whitish exudates, esophagus and traqueização mucosa. Não narrowing there are reports that the disease can malignizar over time. In addition, there is no reduction in life expectancy in people diagnosed. Dietary therapy and oral corticosteroids are the initial therapeutic options. Systemic corticosteroids are reserved for critically ill patients. Eosinophilic esophagitis should be considered in patients who do not respond to treatment of the disease of the esophageal reflux. The analysis of the number of eosinophils should be considered to make the diagnosis.

PALAVRAS-CHAVE: eosinophilic esophagitis; endoscopy upper gastrointestinal; gastrointestinal tract

PP864 - EPIDEMIOLOGIC PROFILE OF CONGENITAL SYPHILIS CASES IN ROCINHA, RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE:

Congenital syphilis (CS) persists as a significant public health problem, with a rising number of cases. The incidence in Brazil in 2013 was 4.7/100000 inhabitants, and, in the city of Rio de Janeiro, 16.4/100000. Rocinha is a community with approximately 70000 inhabitants, with 100% primary health care coverage since 2010. The family clinics are responsible for the diagnosis of syphilis in pregnancy, the treatment and case tracking. Describe the epidemiologic profile of CS cases, taking account socio-demographic characteristics and maternal treatment.

METHODS:

Revision of the data of the National System of Disease Notification (SINAN) of CS, during the period of 2011 to 2015.

RESULTS AND DISCUSSION:

There were 74 cases of CS, with an incidence of 10.6/100000. Maternal ages were between 14 and 43 years old, with an average of 24.7. Half (50%) of the mothers was white, 33% had studied 8 years or less (basic school), 93% received antenatal care and 69% had the diagnosis during those visits. During gestation, 74% had incomplete or no treatment for syphilis, 56% of partners did not receive treatment. These data show that, even though women had had access to antenatal care, and syphilis was diagnosed during pregnancy, the biggest part did not received adequate treatment. Strategies must be developed to break vertical transmission, especially to ensure that women with syphilis get the adequate treatment, which is readily available in primary health care clinics

PALAVRAS-CHAVE: SHYPHILIS, CONGENITAL; INCIDENCE; PRIMARY HEALTH CARE

PP865 - EPIDEMIOLOGIC PROFILE OF TUBERCULOSIS IN A FAMILY HEALTH CLINIC IN RIO DE JANEIRO

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INTRODUCTION AND OBJECTIVE:

Tuberculosis (TB) is a life-threatening disease, correlated with socio-sanitary conditions, its highest incidence is on the underprivileged neighborhoods. Brazil holds the 19th place on the 22 high burden countries, that concentrate 80% of world's TB cases. The incidence rate in Brazil in 2014 was 33 cases per 100000 inhabitants, and on Rio de Janeiro city, it was 89/100000, one of the highest in the country. On the community of Rocinha, one of Brazil's biggest, the incidence rate in 2014 was 461/100000. Maria do Socorro Souza e Silva Family Clinic (CFMSSS), located in Rocinha, has 11 family health teams, and 30810 enrolled patients. Since its opening, in 2010, it delivers care to TB patients. Describe the epidemiologic profile of the TB cases in CFMSSS, taking account socio-demographic characteristics and associated conditions.

METHODS:

Revision of the data of the National System of Disease Notification (SINAN) of TB, in the year of 2014.

RESULTS and DISCUSSION:

During 2014, the clinic had 119 cases of TB, with an incidence rate of 386/100000. Most of the cases accounted for new patients (77%), with the pulmonary form of the disease (87%), age 21 to 60 years, 61% men with incomplete basic schooling. During the researched period, we found at CFMSSS a much higher incidence that the city or national averages. The understanding of the patients with the biggest risk of illness is very important, as it helps the development of preventive strategies for the better case tracking.

PALAVRAS-CHAVE: TUBERCULOSIS; EPIDEMIOLOGY; PRIMARY HEALTH CARE

PP868 - ETHNIC APPROACH IN IMPLEMENTING THE PROTOCOL FOR ANTENATAL UNDER 15 YEARS

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Introduction:

The rate of teenage pregnancy in Colombia remains high despite efforts to reduce it, especially in the group of 10-14 years. The Ministry of Health and UNFPA, with the participation of academics developed the "Protocol of attention to the under 15 pregnant" through rights-based care, multidisciplinary and with elements of child care for the mother and family.

Objective:

To recognize elements of Afro-Colombians to take into account in the implementation of the treatment protocol, with emphasis on puericultura.

Methodology:

In order to support the implementation of the Protocol in Tumaco work was done with two groups: human resources in health and teenage pregnancies. Information gathered from workshops and interviews.

Results:

In the health sector there is prejudice and ignorance of pregnant women's rights. Teenagers showed cultural practices with little dialogue about sexuality within families, motherhood as an unavoidable task of women and incitement family to early onset of sexual intercourse. There is also persistency of ancient cultural practices such as "entabacada" and co-sleeping during the first year to avoid the "evil eye".

Conclusions:

Ethnic populations have their own cultural practices that should be considered in treatment protocols for which more ethnographic works are needed. Those who provide sexual and reproductive health should change to avoid prejudice.

PALAVRAS-CHAVE: Environment and Public Health; pregnancy; adolescent health

PP870 - EVALUATING THE ELIGIBILITY OF THE CONTRACEPTIVE METHODS USED BY HYPERTENSIVE WOMEN, IN A PRIMARY CARE HEALTH CENTER

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Introduction and Objective:

Contraceptive counseling requires an integration of the women's medical conditions with their needs and expectations. We often need to prescribe contraception in women with comorbidities that restrict the available choices. This study aims to evaluate the quality of contraceptive's prescription to hypertensive women, in a primary care health center, according to the World Health Organization (WHO) medical eligibility criteria for contraceptive use.

Methods:

Observational, descriptive, cross-sectional study, accomplished in December 2015, through the consultation of clinical processes. All the hypertensive women in reproductive age, using reversible contraception and followed in the family planning program were included (n=99). Studied variables: age; body mass index; smoking habits; blood pressure; used contraceptive; medical conditions that interfere with contraception; categorization according to WHO eligibility criteria for contraception (categories 1, 2, 3, 4).

Results and conclusions:

Ninety Nine women with 45.56 ± 7.3 years of age; 14.1% smokers; 42.4% with obesity; 17.2% with last recorded systolic pressure >160 mmHg or diastolic pressure >100 mmHg; 7.1% with diabetes and 5.1% with valvular heart disease. The most used contraceptives were combined oral contraceptives (43.4%) and progestogen-only pill (10.1%). Approximately 98% of the women had two or more comorbidities that could interfere with some contraceptives. Considering the cardiovascular risk, 44.6% used contraceptives that were not recommended (category 3/4), of these 37.8% were contraindicated (category 4).

In conclusion, 17.2% of the hypertensive women used a contraceptive that was contraindicated. As a result, it is essential to perform periodic reviews of the medical eligibility criteria for contraceptive in risk populations.

PALAVRAS-CHAVE: Hypertension; Contraception; Eligibility Determination

PP871 - EVALUATION OF DAILY ACTIVITIES IN SANTA LIBRADA NURSING HOME. ASUNCION, PARAGUAY

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Introduction:

Elder in the society in which we live is a matter of concern; representing 7% of the population, increased life expectancy at birth and sustained decrease in birth rates and mortality will result in an increasingly aging population. Functional assessment of elderly is based on a holistic approach to the patient in order to detect physical problems and plan strategies for care by doctors to improve their quality of life.

METHODOLOGY:

Design observational, descriptive with analytical component. Made in a social-welfare institution from March to June 2015.

RESULTS:

Of the 29 elders who are in the home, there is a predominance of women with 52% compared to 48% male. The average age is 78 years with a SD of ± 10.3 years. The activities of daily living showed 86.2% of dependence in older homes. The most common diseases are arterial hypertension in 58.6% and 44.8% Mental impairment. The Spearman correlation test was used seeking partnerships Katz Index to the classification of the elderly, resulting in $Rho = -0.33$ with a slight tendency that the older the elderly, the lower the Katz index, ie greater dependence.

CONCLUSIONS:

According to the study the dependence was present in most of the elderly female predominance and the predominant disease was hypertension. Demonstrating that the older the elderly, the lower the index Katz, ie higher degree of dependence. In this sense health policies for this age group should be directed towards preventive gerontology, which could early detection of functional disorders in the elderly.

PALAVRAS-CHAVE: Elder; Daily activities

PP873 - EVALUATION OF THE EFFECT OF VARIOUS COMBINATIONS OF ANTI-HYPERTENSIVE DRUGS ON DEVELOPMENT OF RECURRENT STROKE

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An ischemic stroke is an event that occurs due to cerebral vascular morbidity and is directly related to the degree of vascular damage. This process is associated with atherosclerosis progression and is influenced by the presence of cardiovascular risk factors.

In a retrospective study of patients who were hospitalized between 2003-2008 due to CVA or TIA, 916 cases of stroke patients were reviewed. In these comorbidities including cardiovascular risk factors (hypertension, diabetes, dyslipidemia, renal failure, coronary artery disease) were examined.

One of the goals of our research was to examine whether specific medication used for hypertension is associated with the development of strokes.

In the study, the commonest stroke type was ischemic (70.2%) , one – quarter of the patients (24.6%) suffered TIA, the lowest number of patients were patients with hemorrhagic stroke – 5.2%/

The study demonstrated a discrepancy between the blood pressure level that was measured in the ER and between the type stroke. There also wasn't a correlation between the blood pressure level that was measured in the ER to the appearance of a recurring stroke.

According to the data there isn't a priority among the six groups of drugs that treat hypertension for the prevention of a recurring event of stroke. However the drug combination of Diuretics and ACEI and CCB with ACEI were preferred among all other drug combinations.

More accurate assessment of the level of balance of cardiovascular risk factors and medications against the disease, it is necessary to extend the survey as well as perform a prospective randomized study.

PALAVRAS-CHAVE: CEREBROVASCULAR ACCIDENT; hypertension; DRUG COMBINATIONS

PP874 - EVIDENCE-BASED CLINICAL DIFFERENTIATION OF ADULT ACUTE RHINOSINUSITIS' ETIOLOGY: A SYSTEMATIC REVIEW

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Introduction and Objectives:

Acute rhinosinusitis (AR) has a high incidence in primary healthcare, being known to occur two to five times a year in adults (Meltzer & Hamilos, 2011). While antibiotics are recommended in bacterial AR (Gwaltney et al., 2004), they're of no use in viral cases (Steurer et al., 2009) and contributes to bacterial resistance (Gonzales et al., 2001). This study aimed to assess literature data on clinical characteristics that could enhance differential diagnosis of viral and bacterial AR.

Methods:

A systematic literature review of studies that approached the clinical diagnosis of adult AR was performed at LILACS, MEDLINE, Cochrane and IBECs's databases.

Results and Conclusion:

140 studies were retrieved, of which 13 matched the inclusion criteria. While 7 of those studies agreed that the presence or intensity of certain signs and symptoms like purulent nasal discharge suggested bacterial AR, two recent meta-analysis concluded that there was no evidence for this claim by labelling most of our retrieved studies or references from those studies as biased or with poorly reported results. This latter finding was supported by one clinical trial. 10 studies reported that the persistence of symptoms for more than 10 days suggested bacterial AR, data conceived by some of them as the best method available for differentiating viral from bacterial AR. Concluding, clinical signs and symptoms seems to have no use in differentiating viral from bacterial AR and the cut-off point of 10 days of disease remains the best clinical method available for this differentiation.

PALAVRAS-CHAVE: Sinusitis; Rhinitis; Diagnosis, Differential

PP875 - HISTORICAL EVOLUTION OF ICPC-2 USE IN NATIONAL HEALTH INFORMATION SYSTEM FOR PRIMARY CARE (SISAB)

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Introduction:

The e-SUS Primary Care (e-SUS AB) strategy has as main objectives to restructure and qualify the information of primary health care (PHC) in Brazil. It adopted the International Classification of Primary Care (ICPC-2) based terminology for encoding the service record held by the team of PHC, particularly by graduate professionals, to qualify the record.

Objective:

Analyze use of ICPC-2 by PHC professionals captured by systems e-SUS AB.

Method:

Quantitative analysis of variables related to the filling of Evaluated Problem / Condition field present in the database of the Health Information System for Primary Care (SISAB). The assessment was developed observing records between the years 2013-2015, about the prospect of expanding the implementation of the system e-SUS AB.

Results:

In total, approximately 76 million were sent records to SISAB using ICPC-2, ICD-10 or quick list. These records, 69% used the quick list, 30% to ICPC-2 and 1% to ICD-10, through the Individual Care Data Sheet. By professional category, 68.2% were registered by physicians, 26.4% for nurses and 5.4% for other categories of PHC. About 73% of the recordings were made in 2015 following the implementation curve of the e-SUS AB strategy.

Conclusion:

It follows that the adoption of ICPC-2 by PHC practitioners through thee-SUS AB systems has increased following the implementation process of this strategy.

PALAVRAS-CHAVE: Public Health Informatics; Primary Health Care; Health Information System

PP876 - EVOLUTION OF DEGREE OF CONTROL AND COMPLICATIONS OF PATIENTS WITH DM2

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Objective:

To analyze the evolution of patients with DM2 followed in primary care assessing the degree of control and the presence of complications.

Material and methods:

-Design: Cross-sectional study

-Patients: DM2 patients followed in a health center (n = 212)

-Variables: age, sex, years of diabetes evolution, biannual and annual ophthalmoscope (normal, non-proliferative diabetic retinopathy, proliferative diabetic retinopathy). Annual exploration feet (normal, risk, diabetic), HbA1c, LDL cholesterol, microalbuminuria. Good control criteria: HbA1c \leq 7, LDL $<$ 100, Microalbuminuria \leq 30.

-Analysis: proportions, means and 95% confidence intervals. Alpha error 0.05

Results:

(Age 2015: 69.73+ 0.654 years), 58.5% men. Mean duration 8.44+ 0.39 years. 87% patients have HbA1c test; 89.2% two tests. Mean HbA1c 6.8+0.08 in first determination, 6.63 + 0.07 in second. 65.6% have HbA1c $<$ 7% in first test, and 74.8% HbA1c $<$ 7% in second. 86.8% patients have a LDL-cholesterol test year and 88.2% have two tests. Mean LDL-cholesterol 102.12 +1.97 in first analysis, mean LDL cholesterol 96.7+ 2.31 in second test. 52.7% have LDL-cholesterol $<$ 100mg/dl in first analysis and 61.8% have LDL-cholesterol $<$ 100mg/dl in second one. Regarding microalbuminuria, 84% patients have annual analysis and 86.8% have two tests, being positive 16.3%. The ophthalmoscope was done in 52.8% and was normal 86.6%,

Exploring feet in 84.9% patients with normal result 51.1%; 48.3% risk foot and diabetic foot 0.6%

Conclusions:

There is a better metabolic control in the second blood test of the year. We have to increase the ophthalmoscope and feet exploration in diabetic patients followed in primary care.

PALAVRAS-CHAVE: Diabetes Mellitus type 2; Diabetes complications; Primary Care

PP877 - EVOLUTION OF THE NUTRITIONAL STATUS OF THE FRAIL ELDERLY PEOPLE IN PRIMARY CARE.

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OBJECTIVE:

To determine the evolution of nutritional status in frail elderly people in primary care.

MATERIAL METHODS:

Design: Observational study longitudinal.

Cohort of 135 frail elderly people attended nutritional risk in an urban health center. Measurements: Anthropometric Indices (index body mass [BMI], brachial perimeter [PB], perimeter of calf [PP], [WBC] arm triceps [PT], muscle circumference crease) and functional status (Barthel index). We differentiate between protein malnutrition, caloric or mixed and mild (p50-p25), moderate (p25-p10) or severe (< p10). We offer individual intervention in malnutrition. We carry out measurements every 6 months (2003-2014), comparing the first eight: paired Student's T. Alpha error 0.05. Statistical analysis: 22.0 SPSS

RESULTS

Initial mean age was 82.41 +/-0.66 years, 67.4% women. In baseline measurement was obtained: Barthel 70.12 +/-2.85, BMI 22.82 +/-0.35, PT14.39 +/-0.57, PB 23.50 +/-0.26, WBC 19.18 +/-0.24, PP 30.36 +/-0.31. Basal malnutrition 77.77%; being 32.71% protein, 24.29% caloric, 42.99% mixed. Mild 52.38% moderate 40% and 7.6% severe. 8^o measurement: malnutrition 68.75% (30,43% protein, 17.39% caloric and 52.12% mixed, slight 37.5%, moderate 50% and severe 12.5%). After eight evaluations (tracking 39.66 months) average significant decrease in BMI: 1.76+0.67 points (CI 95% = 0, 38-3, 13) (p < 0.014) and the Barthel: 18.06 +4.01 points (CI 95% = 9, 86-26, 26) (p < 0.0001) without significant changes in other variables.

CONCLUSIONS:

There is a significant percentage of malnutrition in the frail elderly people. Individual intervention only maintains the nutritional status but does not improve it. The BMI and the functional grade worsen over time.

PALAVRAS-CHAVE: fragile elderly; anthropometric parameters; malnutrition

PP878 - EXCESSIVE PSYCHOTROPIC PRESCRIPTION BY ALL DOCTORS INCLUDED GPs

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Psychotropic medications excessive use is demonstrated in several countries and also in Brazil. Despite the increase in diagnosis and treatment of mental illness because the major accessibility to health services, unnecessary medication has been associated with damage. This study analyzed the psychotropic prescription dispensed during six months (March to August 2015), in a pharmacy located in a Basic Health Unit Uberaba MG. This period 425 patient were attended and 604 prescriptions dispensed (average of 1.4 medications per patient). The most prescribed drugs were antidepressants (44.86%), among them fluoxetine with 26.32% and amitriptyline with 14.9%. Benzodiazepines were 37.25% of prescriptions (clonazepam 24.83% and diazepam 9.77%). Among anticonvulsant and mood stabilizers carbamazepine appears with 10.26%. Analyzing the prescribing doctors, 68.1% were made by primary health care doctors, 12.9% by psychiatrists, 5.62% by neurologist, 4.8% by endocrinologists. It is noteworthy that there was a reasonable percentage of prescriptions issued undated (18.5%), mainly psychiatrists and neurologists, probably due to difficult access to returns for reassessment. Regarding particularly benzodiazepines, were 225 prescriptions during the period, mostly prescribed by generalists doctors and exchange students (48%), then by GPs (27.5%) and by neurologists and psychiatrists (13%). Although widely prescribed as use continue its necessary that all doctors in general and particularly GPs take care for rational use of benzodiazepines and be able to use other alternatives for insomnia and anxiety treatment.

PALAVRAS-CHAVE: prescription; Benzodiazepines; quaternaty prevention

PP879 - EXPERIENCE REPORT: HOW THE FAMILY HEALTH TEAM DEALING WITH DOMESTIC VIOLENCE CASES IN BASIC HEALTH UNIT OF RIO DE JANEIRO.

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The Family Health Strategy (FHS) of Rio de Janeiro reached near 50% population coverage and will expand increasingly (BRASIL, 2015), that is why FHS it is easier to identify, prevent and report situations of violence.

Cases of violence identified in the municipality of Rio de Janeiro are similar to statistical nationwide (IBGE, 2010), it was observed that women and children are the most abused. Whereas regular Pediatric Consultation violence against children is easier to distinguish, to be usually reporting negligence act, other forms of violence.

Given the complexity of cases, the matrix support going to be crucial for building social network and social support, allowing the subject, the family and the aggressor comprehensive health care.

The aim this study was to report experiences and initiatives in conjunction with matrix support in situations of domestic violence. And show the limitations found by the FHT and matrix support.

We conclude that the matrix support has great potential and despite the limitations found the staff sought ways to remain resolute.

PALAVRAS-CHAVE: Primary Health Care; Domestic Violence; Comprehensive Health Care

PP880 - EXPERIENCE WITH ONCOLOGY PATIENT IN PRIMARY HEALTH CARE: HUMANIZED PRACTICE EMPOWERING SCIENTIFIC LEARNING.

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Introduction and Objectives:

Cancer incidence in Brazil grew because of demographical transition and life habits changes. However, cancer tracking is improving, making possible earlier diagnosis, ensuring better prognosis. Aiming deeper insertion of medical students in this scenario, UNIFOR's Medical School made possible for students to follow an oncology patient diagnosed at primary health care. This report describes the experience of students dealing with a palliative care patient with cancer, recognizing the relevancy of this experience for family and community medicine.

Methods:

The history and medical records of a 31 years-old patient with a disseminated colorectal cancer, diagnosed with a rare presentation, was collected and compared with literature. Afterwards, the case was presented in a clinical session and the relevant aspects of the patient history were discussed: the diagnose investigation and palliative treatment.

Results and Conclusion:

The similar age between the students and the patient improved the empathy, the high point of the practice with a palliative patient. The challenge dealing with the patient elucidated the need to improve this skill during the course and enhanced the students resilience. The interaction with the teachers and other students consolidated and deepened the knowledge of an oncology patient reality. It stands out the significance of witnessing real clinical cases, consolidating the lectures content with hand on practices. Besides, presenting clinical sessions with the experiences is fundamental to improve academic skills and to create a place to share scientific knowledge, doubts and fears about oncology patient management.

PALAVRAS-CHAVE: primary health care; medical education; palliative care

PP882 - FALLS PREVENTION IN THE ELDERLY: WHAT'S THE ROLE OF PHYSICAL MEDICINE AND REHABILITATION?

Neves CM ¹; Monteiro V ¹; 1 - USF do Mar;

Introduction and Objective:

Worldwide, the proportion of older people is growing exponentially and it is expected that there is a rapidly growing population of people over 80 years old. The risk of falling increases with age and it is related to several factors including deficits in gait and balance, muscle weakness and prior history of falling. The costs associated with falls and their impact on quality of life should motivate preventive clinical initiatives. The aim of this study is to evaluate the role, the importance and the effectiveness of Physical Medicine and Rehabilitation in preventing falls in elderly.

Method:

Revision of articles published on PubMed, featuring the MeSH terms “accidental falls”, “aged”, “physiatrics” and “primary health care”. Comprehensive searches had been conducted in December 2015 and limited to publications between January 2013 and December 2015, in Portuguese or English.

Results and Conclusions:

The Family Physicians (FP) should make a systematic assessment of intrinsic and extrinsic risk factors of falling in elderly, trying to identify those that are potentially modifiable and promote intervention. Therefore, FP should promote a multidisciplinary and multifactorial intervention, particularly in the context of Physical Medicine and Rehabilitation. The evidence shows that all seniors who are at risk of falling must carry out a physical exercise program that includes balance, gait, strength, flexibility and endurance exercises. This program should be monitored by a trained health professional and may be effective on preventing falls in elderly and all medical, social and economic devastating consequences that falls may carry.

PALAVRAS-CHAVE: Accidental Falls; Aged; Physical and Rehabilitation Medicine

PP883 - FAMILY ASSESSMENT TOOLS APPLIED ON CLINICAL PRACTICE: A CASE REPORT

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Introdução e Objetivo:

Family Health Strategy (FHS) is a political priority for primary health care in Brazil, with a history of improvement in population health level, centralized on the families. We demonstrate how to apply some of the most important family assessment tools, presenting a family of our community at Paquetá Island, and how they turn our work easier. This family is registered to the FHS of Paquetá, which is one of the Family Clinics from the Municipal Health Secretary in the City of Rio de Janeiro.

Método:

We've got a registered family, chosen by the health team, and subjected to analysis by FIRO and PRACTICE tools, ECOMAP and GENOGRAM.

Resultados e Conclusões:

By applying these technologies, a doctor and a nurse can watch a family from a different view, providing a more precise and harmonic approach, enabling the health team to offer help to the family on its most critical moments.

PALAVRAS-CHAVE: Needs Assessment; Family Health; Primary Health Care

PP884 - FAMILY FUNCTIONALITY ,SOCIAL SUPPORT AND GLYCEMIC CONTROL OF DIABETIC PATIENTS, TREATED AT NONCOMMUNICABLE DISEASES PROGRAM. GRAU HOSPITAL,2014

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Diabetes mellitus is a chronic disease currently considered a public health problem. The evidence shows that evolution and treatment response in chronic diseases depends largely on family functioning and adequate social support. Objective: To determine the association between family functioning, social support and its relation in the blood glucose levels in type 2 diabetic patients treated at program NCDs in Grau Hospital. Method: Descriptive, correlational and cross-sectional study. It was analyzed 313 patients with diabetes mellitus type 2, during the study period July-December 2014, in whom the degree of glycemic control was evaluated by HBA1C or measuring the preprandial and postprandial glucose. To evaluate the association was used two validated instruments "Family APGAR" and "Questionnaire MOSS". For quantitative variables were used measures of central tendency and dispersion, in addition to the chi-square test for association analysis with a significance level of 5%. Results: It was analyzed 313 patients with type 2 diabetes, 53% belonged to the female sex, 77.3% were elderly, mostly married with completed secondary school, 78% was receiving oral antidiabetics. The 52.4% of type 2 diabetic patients, have poor glycemic control. There was no association between glycemic control and Family Functionality ($p = 0.745$).The social support, it was good in 87.3% of cases, obtained scores between 57 and 95 points; there was no association between social support and Glycemic Control, $p = 0.9$. Conclusion: There is no association between Family Function and Social Support in glycemic control of type 2 diabetic patients treated at NCDs Program of Grau Hospital.

PALAVRAS-CHAVE: FAMILY FUNCTIONALITY; SOCIAL SUPPORT; DIABETIC PATIENTS

PP885 - FAMILY HEALTH STRATEGY: SHARED CARE AND BOND AS TOOLS TO CARE FOR THE DIABETIC FOOT IN USERS IN VULNERABLE SITUATIONS.

Rezende AM ¹; Carvalho JO ²; Costa FL ²; 1 - Centro Municipal de Saúde Milton Fontes Magarão; 2 - Centro Municipal de Saúde Milton Fontes Magarão;

Introduction and Objective:

The following report aims to describe the experience lived by health teams of the family of a Basic Health Unit of the Municipality of Rio de Janeiro. 2014 user 48, carrying Residual Schizophrenia and Diabetes Mellitus II with refusal to drug treatment and presenting perforating plantar disease in both feet was welcomed in the unit. You lived in territory without coverage of the Family Health Strategy, had no laboratory tests for control without consultations with health staff and without continuous care of ulcers.

Method:

The first exam was HbA1C 11.7 and ulcer in left foot 2,0x2,0 cm with devitalized tissue edges and center and right foot ulcer 1,0x1,0 cm with presence of superficial devitalized tissue covering the entire ulcer. First, the user guidance were held and family about the need for care. The bond with the team enabled the continuity of treatment and weekly reassessment of the care plan.

Results and Conclusions:

There was reviewing the prescription of medications, nutritional counseling to low-carbohydrate diet and performing daily dressing on the unit always with medical evaluation and nursing before the procedure. In January 2016, their care is shared by psychiatry and primary care with HbA1C of 7.7 and ulcers on the soles of feet healed. The success in treating this user was made possible by the bond between the user / family and staff together with the shared care, primary tools in the prevention of complications, especially the amputation.

PALAVRAS-CHAVE: Health, diabetic foot,; diabetic foot,; Diabetes Mellitus

PP886 - FAMILY PLANNING: A PRACTICAL APPROACH

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INTRODUCTION AND OBJECTIVES:

Family planning (FP) is a right of all women, men and couples provided in the Brazilian Constitution (1988). Although this same legislation also sustain the work of health professionals, with emphasis on responsible parenthood and freedom of choice, decision-making is limited by the qualification of the health personnel. Thus, it has been proposed two flowcharts, one for the initial consultation and other for follow-up attendance, in order to standardize the decisions and ensure that the most important clinical points of a PF consultation are covered in basic care units (BCU).

METHODS:

In order to assemble the guidelines, the "Medical eligibility criteria for contraceptive use" (WHO, 2015) and the manual of contraception written by the Brazilian Federation of Obstetrics and Gynecology Associations (FEBRASGO) (2009), adapted to the reality of the health services of Mossoró/RN.

RESULTS AND CONCLUSIONS:

From data analysis, two questionnaire/flow charts were created containing guidelines and key points to be conducted during the consultations, with a constant emphasis on the patient. Through analyzes such as "weight gain" and "blood pressure level", flowcharts ensure a comprehensive view of the patient and prevent the mere repetition of clinical decisions, providing greater security to the professionals. In this scenario, the greater precision given to medical and nursing management in FP has been promoting an optimization of time and in quality of care offered to the users at UBS Maria Neide da Silva Souza, in Mossoró/RN.

PALAVRAS-CHAVE: Family Planning Services; Contraception Clinical Protocols.; Clinical Protocols

PP887 - FAMILY RISK AND MULTIDIMENSIONAL COMPLEXITY ASSESSMENT OF THE PATIENT UNDER HOME CARE

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Introduction and Objective:

The aging population, with more chronic-degenerative diseases and complications, is one of the main factors encouraging the development of Home Care (HC). Therefore, the selection of the patients and families to be assisted by this service should be systematized. This study aims to identify instruments to help select priority patients for HC assistance, both for the Family Health Strategy (FHS), and the Better at Home Program.

Method:

Individual and family risk assessment instruments were used, with the intent of directing the home visits more effectively. The Coelho and Savassi Scales define the family risk, and the HC Complexity Scale and attachments define individual risk and recurrence of patient visits.

Results and Conclusions:

These instruments optimize the assistance of patients with difficulty moving to a Health Center. By using these instruments, it is possible to responsibly systematize and ensure access to assistance for these people. Tailoring visits, to the family and/or individual need avoids unnecessary or disorderly visits. Home Care Assistance is expanding and a systematization is necessary to accomplish its objectives. The Coelho and Savassi Scale and HC Complexity Scale and attachments prove themselves to be effective in defining and prioritizing the patients for this Assistance category.

PALAVRAS-CHAVE: Home Care Services; Family Health Strategy; Social Vulnerability

PP888 - FATIGUE IS COMMONLY REPORTED BY AUSTRALIAN GPs

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Aims/ Objectives

Research into fatigue in Australian general practitioners (GPs) is lacking. Few international studies have examined the impact of non-work factors on GP fatigue despite gender differences in work patterns and traditional family roles. This study was designed to identify work patterns, work and non-work factors associated with prolonged fatigue in Australian GPs.

Content

Data was collected using a short online or hardcopy survey using previously validated instruments including measures of fatigue (Fatigue Assessment Scale [FAS]), recovery and job demands, and resources at work and home. 526 GPs (approx 2 % of the Australia GP workforce) provided data and were recruited through professional associations and direct mail. Those participating mirrored the wider Australian GP population.

Implications

Fatigue has implications for workforce planning, doctor and patient safety. Identifying risk factors for fatigue would assist in developing an evidence-based fatigue management strategy for at-risk GPs.

Outcomes

Fatigue as defined by the FAS was found in 45% of Australian GPs but in only 17% of a Dutch working population. Both male and female GPs had multiple risk factors for fatigue including high job demands and only moderate job resources. The major difference between male and female GPs was distribution of workload across the work and home domains, with reduced opportunity for recovery after work for female GPs. Fatigue was not associated with age, gender, rurality or having a family.

Discussion

Is fatigue one of the pathways for the current high levels of GP dissatisfaction? Addressing fatigue may improve GP workforce productivity, patient satisfaction and general practice health outcomes.

PALAVRAS-CHAVE: Fatigue; Physician Impairment; Family Practice

PP889 - FEET IN MULTIPLE WAYS - CASE STUDY.

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The Multiple Myeloma is a cancer of plasma cells, representing 1% of all cancers and 13% of hematological malignancies. Fundamentally affects men with an average age of 68 years. The main causes of death is associated with an infectious disease, and renal and 97% of diagnoses show a peak in the monoclonal protein electrophoresis. Being 20-30% asymptomatic is essential that the GP, following his ill periodically have this diagnosis this before symptoms of recurrent bone pain, frequent infections and abnormal blood counts.

Man 67, married and retired, submit to the GP complaints of cough and hemoptysis; before the hearing are asked to x-ray of the chest demonstrating deletion of costo-phrenic right breast. It is sent to the pulmonology Diagnostic Center urgently discarding the hypothesis of pulmonary tuberculosis. Analytically presents NN anemia 10,3g VS Hg and 133 mm / h. Start antibiotic treatment and after 4 days has pruritic, hemorrhagic and necrotic lesions in the lower limbs, which associates allergy nylon and / or antibiotic. In urgent consultation of Dermatology leukocytoclastic injuries are diagnosed, so the GP repeated blood count and protein electrophoresis urgent. Already in the hospital setting is diagnosed with multiple myeloma monoclonal IgG peak associated with hyper viscosity syndrome, leading to beginning chemotherapy. The Multiple Myeloma is a serious disease also diagnosed in primary care, where doctor-patient relationship is essential for the early diagnosis of infrequent pathologies.

PALAVRAS-CHAVE: Multiple Myeloma; Primary Care; Infrequent pathologies

PP892 - FIRE-EATER'S PNEUMONIA- CASE REPORT

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Background:

Fire-eater's pneumonia is a rare type of chemical pneumonitis developed after aspiration of hydrocarbon-based fuel during a fire-eating performance. Cough, dyspnea, and chest pain is reported to occur within the first twelve hours. The progression and severity of complications varies, with temporary restrictive lung disorders being reported.

Methods:

We describe the case of a 26-year-old healthy caucasian male, with a part-time job as a fire-breathing performer. He belongs to a nuclear family, highly functional, in Phase VI of Duvall's cycle. The patient accidentally aspirated paraffin oil while practicing. Symptoms of dyspnea, severe chest pain, fever and cough developed two hours after the incident. At the ER, two days later, he was with dyspnea, febrile (38,1 °C), desaturated (90% on room air) and his auscultation showed wheezing and crackles over the right lung.

Results:

The thoracic-CT showed a consolidation area completely covering the lateral segment of the right middle lobe, with small nodules in the middle and lower lobe. The bronchoalveolar lavage revealed lipid-laden macrophages. Amoxicillin/Clavulanic Acid, Azithromycin and steroids were introduced. Progressive laboratory, clinical and radiologic improvements were observed, being discharged on the seventh day. At follow-up, one-month later, he was completely recovered.

Conclusions:

Treatment of fire-eater's pneumonia remains controversial. Despite fever and serum markers of infection, it's generally a pseudo-infectious lung disease with an intense inflammatory cytokine release. There's no good evidence that systemic corticosteroids and antibiotics are effective. Although initial severe clinical and radiological presentation, there's usually a favorable evolution with full recovery in weeks to months.

PALAVRAS-CHAVE: Fire-eater's pneumonia; fire breather's pneumonia; lipid pneumonia

PP893 - FRAIL ELDERLY CARE: ACTION PLAN FOR THE CITY OF CARMO DE MINAS – MINAS GERAIS - BRAZIL

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INTRODUCTION AND OBJECTIVE

As Brazilian population gets older and demand for elderly care increases, the Ministry of Health has defined Elderly Health as a priority for Public Health in the country. However, a requirement for an effective improvement in Elderly Care is a well-structured system, with skilled professionals, an organized comprehensive care and risks classification, as well as a well-designed flow of educational, preventive, therapeutic and rehabilitation actions.

METHOD

After bibliographic review on the theme and discussion about it with specialists in Geriatrics and Gerontology, and with representatives of the Municipal Health Secretariat of Carmo de Minas, it was possible to try to set up key points of action in order to reach maximum quality in Elderly Health Care, even considering that resources are limited in the city.

OUTCOMES AND CONCLUSIONS

Some measures were considered essential for a satisfactory Elderly Care, among them: professional training in geriatrics and comprehensive geriatric assessment; flexibility in the involved professionals' schedules; encouragement for working in multidisciplinary teams; adequacy of the City Pharmacy and of Basic Units of Health, as well as organization of reference and counter-reference flows.

It is believed that such measures are a viable alternative for Basic Health Care, which would bring significant improvement in the quality of life and in the health level of the elderly population, in addition to savings in resources spent with hospital admissions and excessive use of the service.

PALAVRAS-CHAVE: Health of the elderly; Frail elderly; Geriatric assessment

PP894 - FREQUENCY OF INTESTINAL PARASITES IN PEDIATRIC CLINIC OF THE REGIONAL HOSPITAL OF VILLARRICA - PARAGUAY

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Introduction:

An estimated 12% of childhood diseases are caused by intestinal parasites in the world.

Objectives:

To determine the frequency of intestinal parasites in children. To study the clinical manifestations in parasitized patients. To determine the frequency as species of parasites found.

Methods:

A retrospective, descriptive, observational and cross-sectional study. Data were obtained from medical records and test results by smear of stool.

Results:

A total of 220 children treated 18% positive cases were found by smear of stool,. Regarding associated clinical manifestations of parasitized children, had abdominal pain 37.5%, diarrhea 30%, anorexia 17.5%, spots on the skin 10%, nausea and vomiting 5%. The distribution according to species found parasites, Giardia lamblia predominated in 60% of cases, 10% Blastocystis hominis, Hymenolepis nana 7.5%, Entamoeba coli and Ascaris lumbricoides were observed less frequently.

Conclusion:

Suspicion and treatment of intestinal parasitosis, only 18% were confirmed by smear of stool. This shows that during the consultation directly installed and treatment method confirmatory diagnosis is not required. Intestinal parasites can provoke digestive symptoms, with impact on growth and development of children. Abdominal pain and diarrhea were the most common clinical manifestations. According found parasites, Giardia lamblia protozoan predominant, related to the consumption of untreated water and the presence of inadequate hygienic and sanitary habits.

PALAVRAS-CHAVE: Intestinal parasites; Smear of stool; Giardia lamblia

PP895 - FREQUENCY OF METABOLIC SYNDROME IN PATIENTS WITH CORONARY ARTERY DISEASE BY CORONARY ANGIOGRAPHY ESTABLISHED IN THE SOCIAL SECURITY INSTITUTE PARAGUAY

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Introduction:

Metabolic syndrome (MS) set of cardiovascular risk factors consisting of obesity, dyslipidemia, arterial hypertension, associated with insulin resistance and abnormalities in glucose metabolism, promoting development simultaneous and / or sequential coronary. Coronary heart disease (CHD) is one of the first cause of death worldwide.

Methodology:

Observational, descriptive, prospective, cross-sectional descriptive study.

Objectives:

To determine the prevalence of metabolic syndrome in patients with established coronary heart disease. Discriminating the study population. To determine the frequency of MS components

Results:

The frequency of metabolic syndrome in patients with coronary heart disease was 100%. Of the 107 patients, the predominant male gender was 81.3%, the average age of onset is 64.4 years, taking into account the most frequent ATP III criteria were: arterial hypertension 99.1%, HDL cholesterol 94 4%, glucose 85%, triglycerides 83% and abdominal circumference 71%.

Conclusion:

The high percentage of patients with MS relationship developing CHD and its huge negative impact on public health, demonstrating the importance and obligation we have as family doctors to promote early diagnosis changes to healthy lifestyles and preventive treatment to prevent complications of CHD to all members of a family, this being an advantage unlike other specialties.

PALAVRAS-CHAVE: Metabolic Syndrome; Coronary heart disease; cardiovascular risk factors

PP896 - FROM A TRAUMA SCHOOL TO THE EMERGENCY ROOM: A CASE STUDY OF A RARE CONDITION IN PRIMARY CARE

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Situations like pneumothorax or hemothorax are rare. However, physicians must be aware to a quick diagnose. Interviews and clinical file consulting. Young male, 14 years old, inserted in a nuclear family, stage V in Duvall family life cycle, present in acute disease appointment with pain in his right shoulder and right chest (which got worst in the last 24 hours and during inspiration) since 2 weeks ago, when a trauma occurred. He's tall, thin (BMI: 17.5 kg/m²), non-smoker, plays trombone. There are no other abnormal findings in anamnesis or in familiar history. In physical exam there was diminished breath sounds in 1/3 inferior of right chest, with dullness in percussion. There were no other abnormal findings. The patient was transferred to Children's Hospital. An X-ray was executed, revealing a right voluminous pneumothorax in hilum and pleural fluid in costophrenic angle. It was prescribed high flow oxygen and analgesic, and he was transferred to internment for vigilance. During the 5 days of internment there was significant reduction in pneumothorax and pleural fluid volume. He had medical discharge to home with indication for no performing physical activity or playing instruments. Traumatic hemothorax and pneumothorax was the most plausible diagnose, since there is a trauma coincident with the affected area. However, the phenotypic characteristics and wind instrument play have a role. Although not so common, situations like this must aware the physician to perform a quick and accurate diagnoses for a right referral and treatment.

PALAVRAS-CHAVE: pneumothorax; hemothorax; occupational accidents

PP897 - FROM ASYMPTOMATIC ADENOMEGALY TO FOLLICULAR LYMPHOMA DIAGNOSIS

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Introduction and Objective:

Follicular Lymphoma (FL) is the second most common subtype of non-Hodgkins Lymphoma (NHL) and the most common indolent NHL. It often presents painless adenomegaly, slowly progressive. Systemic symptoms, such as fever and night sweats, and signs associated with dysfunction of the bone marrow, such as cytopenias, are uncommon in the beginning.

Methods:

The authors present a case report of a 34-year-old female patient followed regularly by the Family Physician (FP), after collection of medical, personal and familiar antecedents and diagnostic tools' results assessment.

Results and Conclusions:

The patient has history of depression and tobacco abuse (10 cigarettes/day over 16 years) and her usual medication is oral contraceptive and lorazepam. His mother died due to unspecified lymphoma. In May 2013 she noticed left inguinal tumefactions, painless and no other symptoms since then. In May 2015, after cervical cancer screening, the FP found three elastic tumefactions, the bigger one 3cm diameter, in the left inguinal region. Because of high level of suspicion, a clinical research was initiated with some diagnostic tools. After that it was necessary to perform an excisional biopsy of one lymphadenopathy. The histological result was FL grade 1-2. Subsequently she was referred to an oncology center, where she is currently on chemotherapy treatment. The presumptive diagnosis, considering the family history and adenopathy's characteristics assessed opportunistically, led to a timely diagnosis and a better prognosis. The biopsychosocial approach has been very important, considering the disease and chemotherapy impact on quality of life.

PALAVRAS-CHAVE: Follicular Lymphoma; Lymphatic Diseases; Primary Health Care

PP899 - GALACTORRHEA - A DIAGNOSTIC APPROACH IN PRIMARY CARE

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Introduction and Objective:

Galactorrhea is a common complaint in primary care practice, and the differential diagnosis represents a challenge. The objective is to systematize the diagnostic approach of galactorrhea, understanding its physiopathology and address the different treatment options according to the etiology.

Method:

Data were obtained through literature review.

Results and Conclusions:

A wide variety of causes may predispose to galactorrhea, and the most common etiologies include drugs, hypothalamic and pituitary stalk lesions, neurogenic stimulation, thyroid disorders, and chronic renal failure. The medical history should include the precipitating factors, symptoms suggestive of hyperprolactinemia, drugs, gynecological history and family history. The treatment of galactorrhea varies from simple correction of the underlying pathology and drug review to referral for surgical or endocrine evaluation, which should be considered individually.

PALAVRAS-CHAVE: Galactorrhea; Hyperprolactinemia; Prolactinoma

PP901 - GIANT LIPOMA EXCISION AT ZILDA ARNS FAMILY CLINIC (COMPLEXO DO ALEMÃO – RIO DE JANEIRO): A CASE REPORT.

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Surgical procedures in Basic Health Unit is recommended and described in the primary care notebook "Procedures" of the Ministry of Health (2011). However, it has been noticed that this practice is becoming less applied by family physicians. In a context of overcrowding of tertiary hospitals and consequent inoperability of elective surgical procedures it is of utmost importance and resolubility carrying out these procedures in the Family Clinic. We present a case report of a patient who underwent excision of crippling giant lipoma in the left popliteal fossa, with 12 years of evolution and thwarts attempted surgical resolution in a tertiary hospital in the state of Rio de Janeiro. The patient has recovered his self-esteem and independence after all. It can be said that performing minor surgeries at Family Clinic is practicable. However, there must be a basic infrastructure, capable of supporting these procedures.

PALAVRAS-CHAVE: lipoma; MINOR SURGERY; Family Practice

PP902 - GLOSSODYNIA IN ABSENCE OF SALIVARY GLANDS – CASE REPORT. UNIVERSITARY CLINIC OF LA SABANA, CHÍA, CUNDINAMARCA.

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The case of a patient with glossodynia without taste alteration, associate with occasional xerostomia, in absence of salivary glands in tongue biopsy. Glossodynia or the Burning Mouth Syndrome (BMS) is defined by the International Association for the Study of Pain as a burning pain in the tongue with normal signs and laboratory findings; it is now considering as an intraoral form of neuropathic pain. Due to it is important to alert the community clinic about anatomical variations that can also be related of this syndrome.

A 45 year old female reported a 2 year duration of "burning tongue", pain in the anterior portion of the tongue, without any other visible change in her tongue or in taste perception. She reported occasional xerostomia. All of this symptoms have been presented intermittent in this period. In absence of systemic diseases. Physical examination: she only has a little brown points in the anterior portion of her tongue She was evaluated for immunologic diseases, and interdisciplinary group, and the final result in a biopsy of this specific little brown tongue points was an absence of salivary gland.

A case reported a strange and exotic case of burning mouth syndrome with the particularity of absence of salivary glands in absence of systemic diseases or laboratory findings.

PALAVRAS-CHAVE: Glossodynia; Burning Mouth Syndrome (BMS); Salivary gland

PP903 - GONARTHROSIS IN 5 MINUTES - RECOGNISING AND DIAGNOSING KNEE OSTEOARTHRITIS

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Portuguese National Health Service, consultations range from 5 to 15 minutes per patient due to consultation overbooking. We assessed a knee-course with a pre-course, immediate after-course and 6 months after course evaluation on 6 case-study questions about Gonarthrosis.

Method:

The course in which was focused only on Knee Osteoarthritis. It had 5 objectives: Clinical history recognition of Knee Osteoarthritis, Focused examination of the Knee, Recognition of X-ray gonarthrosis (AnteroPosterior and Lateral view's), initiating conservative treatment and when to refer to an Orthopaedic consultation. Six Clinical-cases were presented and questions about gonarthrosis were evaluated in a written paper. First question was about identifying gonarthrosis in the clinical case, starting treatment and asking for a X-ray ; Second was recognizing an acute worsening of a chronic knee osteoarthritis; third was recognizing and referral of knee osteoarthritis in a Young Patient; fourth was recognizing other forms of Knee Pain; fifth was how to manage a patient with no complaints and a diagnosis of gonarthrosis and last was recognizing a prepatellar bursitis.

Results:

Total attendance to this course were 37 GP's. Pre course evaluation average score was 3,5 (ranging 1/6 to 6/6 correct answer) , after course evaluation average was 5,2 (ranging from 3/6 and 6/6 correct answer). Six months after, the attendees were requested to respond to the same questions , only 16 responded and average score was 5,0 (ranging 3/6 to 6/6 answer).

Conclusions:

Focused Knee Osteoarthritis course may help improve a General Practitioner's practice and referral on this specific pathology.

PALAVRAS-CHAVE: Knee; Arthritis; Family Medicine

**PP904 - HAITIANS IN BRAZIL : STRATEGIES FOR
DETECTION/TREATMENT FOR PEOPLE LIVING WITH HIV IN THE
CENTRAL REGION OF SÃO PAULO**

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2 - Associação Saúde da FamíliaBrasil;

Introduction / objective:

Haiti is the poorest country in Latin America, the 2010 earthquake left 1.5 million homeless, which increased migration to Brazil (200 thousand) by socio-economic crisis in the country, slave labor and subhuman conditions . In Haiti 47% of the population has no access to basic health. In the 80 HIV has become a world epidemic and Haiti has a high prevalence rate of 2.2%. (1) Seen extreme social vulnerability of newly arrived Haitians in Brazil, without a fixed housing, irregular power and unemployment, the office team in Street UBS Cathedral sought to promote full access to the health of this population and one of the strategies undertaken was the early detection of HIV and treatment. In the Church of Peace, the central region of São Paulo, in October 2015 it was conducted rapid HIV testing, using guidelines and distribution of condoms.

Method:

22 testings were performed with three positive cases, prevalence in this sample of 13.66% (2). After identification of positive cases, all were referred for specialized treatment.

Results / conclusions:

The sample tested unveiled the importance of promoting access to services and health care.

PALAVRAS-CHAVE: AIDS Serodiagnosis ; Primary Health Care ; Vulnerable Populations

PP905 - HANSEN'S DISEASE TREATMENT ADHESION IN FAMILY HEALTH PROGRAM OF PRAEIRO COMMUNITY

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Introduction and Objective:

Hansen's disease is an infectious disease of high endemecity in Brazil, mainly in the midwest, caused by *Mycobacterium leprae*. The infected individuals may be classified as paucibacillus-infected ou multibacillus-infected, which may guide the treatment, that can last from six to twenty four months. Therefore, the treatment adhesion is a crucial part of the healing process, which is influenced by the family health program team.

The objective of this study is to identify the patient's treatment adhesion in Hansen's disease of Praeiro community from January 2007 to October 2015, as well as analyse data and purpose improvement in diagnosis, prevention and contactants detection.

Methods:

Researching in the SINAN book (a brazilian compulsory notification data) of Praeiro community from January 2007 to October 2015.

Results and Conclusions:

The number of patients identified with Hansen's disease was 31, eleven women, twenty men. The average age was 47 years old. Twenty two of those were multibacillus-infected, while nine were classified as paucibacillus-infected. One patient had treatment stopped for misdiagnosis, one died for commorbidity and just one patient forsake the treatment. Therefore, the treatment adhesion was 96.77 per cent. The number of patients diagnosed in this community is corresponding to the Brazilian data, and the disease pattern. The great level of treatment adhesion demonstrates the high trusting feeling from the community's people, who has strong interaction with the family community health team.

PALAVRAS-CHAVE: Hansen's disease; paucibacillus-infected; multibacillus-infected

PP906 - HEALTH EDUCATION: PATIENT, PHYSICIAN, AND THEIR REFLECTIONS ON POPULATION HEALTH

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Introduction and Objective:

The approval of National Policy of Medicinal Plants and Herbal Medicines in June, 2006 leads actions to assure the safe access and rational use of medicinal plants in the city of Rio de Janeiro. The supply of medicinal plants and herbal medicines added to actions related to the concept of Health Education, focusing Primary Health Care of Public Health System users as scope of an interdisciplinary team, was set as a key strategy for achieving the goals : - to promote patient awareness of its participation and responsibility in the health-disease process through the recognition of their difficulties, developing new skills and strategies to create self-care habit; - the aggregation of scientific knowledge to popular wisdom valuing the exchange of experiences.

Method:

Development of user groups with appreciation of folk wisdom, cultivation workshops, homemade remedy and healthy feeding. Lectures for specific groups of users. Training physicians for the correct prescription of medicinal plants and herbal medicines, and involvement of other professionals within the Technical Department of Integrative and Complementary Practices

Results and Conclusions:

It has been found the improving of life quality of patients and adherence increasing to the proposed treatments. It was also observed an improvement of quality of the professional prescriptions with increasing number of prescribed herbal and adoption of non-drug therapies.

PALAVRAS-CHAVE: PRIMARY HEALTH CARE; HEALTH EDUCATION; Phytotherapy

PP907 - HEPATITIS C AS AN UNCOMMON ETIOLOGY FOR ERYTHEMA NODOSUM

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INTRODUCTION

This is a case report of a patient with Hepatitis C showing Erythema Nodosum, a rare cutaneous manifestation of the disease. Although uncommon, Erythema Nodosum is associated with systemic diseases like infectious virus diseases, such as Hepatitis C. The more common etiologies for Erythema Nodosum are Streptococcal Infections, Inflammatory Bowel Disease, Sarcoidosis, Tuberculosis or use of certain medications.

CASE REPORT

A 43-year-old caucasian male presents in the primary care services with an 8-day history of pink painful nodules in the anterior aspect of both lower limbs, suggestive of Erythema Nodosum. The patient also described joint pain, chronic diarrhea, myalgia and extreme fatigue. He has a past history of cannabinoid consumption, denies sexual risk behaviors and belongs to the IV Duvall family stage. After clinical, laboratorial and image investigation, the patient was diagnosed with Hepatitis C and sent to Gastroenterology and Infectiology appointments.

CONCLUSION

Bearing in mind that Erythema Nodosum can have several probable causes, the aim of the present case report is to remind that this condition can also be a rare cutaneous manifestation in Hepatitis C patients.

PALAVRAS-CHAVE: Erythema Nodosum; Hepatitis C; Primary Care Services

**PP908 - HOME CARE: HEALTH EDUCATION AS PART OF
LONGITUDINALITY AND INTEGRALITY OF THE CARE IN THE
TREATMENT OF ALCOHOLISM**

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Introduction and Objectives:

The family disease model considers alcoholism as a disease that affects the addict and his family. In this context, concerns health professionals understand the familiar dynamics in order to make the proper approach to this social problem. This study aims to analyze the influence of abusive substance in the functionality of a family and the importance of educational measures in the proper approach to this public health problem.

Method:

A case study in a community of Fortaleza, Ceará, Brazil, with a family with dysfunctions caused by alcoholism in 2015. The intervention was structured in times of planning, agreed implementation of those actions and subsequently a visit to check the results.

Results and Conclusions:

During the visit, it was observed that although the family present conflicts, mostly related to the alcoholism of the index patient, it was possible to classify it as partially functional, taking into account the structure of the network support offered by the community. However, during the procedure, it was observed that the educational measures, were relevant, but not completely effective, for a success health education, monitoring should have happened longitudinally. Therefore, it was suggested to carry out family therapy and patient care in alcoholic Psychosocial Care Center Alcohol and Drugs (CAPS) in order to ensure a comprehensive approach to this social problem.

PALAVRAS-CHAVE: Alcoholism; Home Care Services; Health Education

PP909 - HOMEOPATHIC TREATMENT STRATEGIES IN PALLIATIVE MEDICINE AND PRIMARY HEALTH CARE

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Introduction:

Homeopathy is medical practice in more than 80 countries, India, Mexico, Brazil, England, homeopathy is part of the public health system. British royal family physicians are homeopaths since 1830. In England 45% of conventional doctors refer their patients to treat with homeopathy by the National Health Scheme, homeopathy is used by 86% of the Italy population, 40% of the France population uses homeopathy. France has 30.000 homeopathic physicians, 20.000 homeopathic pharmacies and 32% of French family doctors are homeopathic doctors. In Germany 25% of family doctors are homeopaths. Brazil has 15.000 homeopathic physicians. It is a medical specialty regulated by CFM since 1980. India has 162 medical schools that teach Homeopathy, 200.000 homeopathic doctors, with 100 million people routinely using homeopathy.

Objective:

To present homeopathic treatment strategies for palliative medicine and primary health care.

Method:

Low of similars, pathogenesis, pathophysiology, toxicology and clinical experience.

Result and conclusion:

Chronic renal failure: Apocynum cannabinum. Calcification articulate: Solanum malacoxynum. Hypertension: Cactus grandiflorus, Aurum metallicum, Lachesis, Crataegus oxyacantha, Diabetes mellitus: Arsenicum album, Uranium nitricum, Stroke: Natrum sulfuricum, Baryta carbonica, zincum metallicum, Arnica. neuro-muscular diseases: plumbum metallicum, Spasticity: Lathyrus sativus. Multiple Sclerosis: Selenium, Cobaltum metallicum, Hypericum perforatum. Colic: Colocynthis. Worms: Cina. Pediculosis: Staphysagria. Vacinose: Thuya. Dengue fever: Eupatorium perfoliatum. Dengue bleeding fever: Crotallus horridus, Phoshorus. Anasarca: Apis mellifica. Asthma: Antimonim tartaricum, Arsenicum album, Blatta orientalis. Convulsion: Belladonna, Cicuta virosa, Artemisia vulgaris. Gangrene: Secale cornutum. Dementia: Baryta carbonica, Conium maculatum, Stramonium, Bufo rana.

PALAVRAS-CHAVE: Homeopathy; Palliative Medicine; Primary Health Care

PP910 - HOSPITAL PNEUMONIA IN ADULTS CAUSES AND RISK FACTORS RELATED TO PRIMARY HEALTH : AN INTEGRATIVE REVIEW

OLIVEIRA LBO¹; Trindade KS¹; Souza FL¹; Pereira RA¹; Santos JS¹; Santana KKO¹; MOREIRA KS¹; 1 - FACULDADES INTEGRADAS PITÁGORAS DE MONTES CLAROS;

The hospital environment is inevitably a large reservoir of virulent and opportunistic pathogens which can be transmitted to the individual by endogenous pathway and thus trigger respiratory infections, especially pneumonia, this study This is an integrative review, in which it proposed to seek publications in MEDLINE (Medical Literature Analysis and Retrieval System Online), SCIELO (Scientific Electronic Library Online) and LILACS (Latin American and Caribbean Health Sciences) regarding the causes and risk factors of nosocomial pneumonia in adults . They found 69 publications, and selected for analysis 10, including articles that address the theme of the study. The data were analyzed using thematic categorization. The research showed that the number of studies involving hospital-acquired pneumonia in adults reduced considerably in recent years, and that there are various causes of disease, such as advanced age, smoking, mechanical ventilation and among several factors contributing to the disease in question.

PALAVRAS-CHAVE: pneumonia; adult; infection.

PP912 - HOUSE CALLS IN A RURAL PRIMARY CARE SETTING OF NORTHERN GREECE: A TWO YEAR COLLECTION PERIOD.

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Introduction and Objective:

House calls result to an important part of general practice/family medicine day routine. The aim of this study was to evaluate the most common reasons and diagnoses on after-hours house call services, in a rural primary care population.

Method:

A total of 153 home visits were recorded at the electronic medical records of a rural primary care setting in Northern Greece, from January 2013 until December 2015. Age, sex, reason for encounter, medical diagnosis and management were tabulated. ICPC-2 classification was used for codification. Descriptive statistics were carried out.

Results and Conclusions:

The male to female ratio was 1:2 and the median age was 80.2 years (range: 18-104 years). Patients over 65 years old accounted for 90.1% of the home visits. Two out of three house call visits (66%) listed as a new onset medical condition. Cough (R05) was the most common reason for encounter (12.4%) followed by Weakness/Tiredness general (A04) (9.8%), Sputum/Phlegm abnormal (R25) (7.8%), Senility, Feeling/Behaving old (P03) (7.8%) and Wheezing (R03) (7.1%). Acute bronchitis/bronchiolitis (R78) (14.3%), Dementia (P70) (5.8%), Chronic ulcer skin (S97) (4.5%), Depressive disorder (P76) (3.2%) and Falls (A29) (1.0%) were the most common diagnoses. Referral for further investigation and management in the secondary care was recommended to 13 patients (8.4%). The majority of home visits in this rural study area are related to the geriatric population and new onset health problems. Respiratory tract infections and mental health problems seem to be common reasons for a house call visit in primary care.

PALAVRAS-CHAVE: house calls; primary care; home visits

PP913 - HOW TO INSTILL HEALTHY HABITS?

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Introduction and objectives:

Family physicians are presented with several ethical issues. In the domain of doctor-patient relationship, negotiation of treatment strategies and discussion of patient's prognosis remains a difficult assignment. The principle of patient autonomy and right to self-determination are frequently seen as being in conflict with the principle of beneficence and nonmaleficence.

Methods:

We present a 51-years-old male, married, have two children, heavy smoking habits and diary ingestion of alcoholic beverages. Additionally, with history of dyslipidemia, overweight and panic-attacks. His father died at age 68 in consequence of a suicide attempt and his mother at age 67 with acute myocardial infarction. In 2013, he had acute myocardial infarction and underwent angioplasty. In 2014, he was submitted to a right colectomy with adjuvant chemotherapy for colon adenocarcinoma. Nevertheless, the patient keeps alcoholic and smoking habits and physical inactivity. Despite all these events, isn't motivated to change harmful habits and refuses any support programs.

Results and conclusion:

Sometimes, isn't easy provide help to our patients. Listening is key to determine your needs more pressing and to identify goals that matter to them and will lead to the most appropriate care. Currently, family medicine shouldn't be paternalistic, nevertheless family doctors should try to find appropriate strategies to each patient that will lead to an improved health. Doctors must embrace clinical judgment based on their assessment of patient's needs. This case aims to show the importance of medicine tailored to the patient and the importance of generalist skills.

PALAVRAS-CHAVE: General Practice; Comorbidity; Ethical

PP914 - HPV PREVALENCE IN CERVICOVAGINAL SAMPLES OF ASYMPTOMATIC WOMEN

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Early detection of HPV infection in cervical-vaginal samples in asymptomatic women infers the possibility of preventing cervical cancer. For that reason the purpose of this study was to investigate the presence of genetic material of cervical-vaginal HPV samples in asymptomatic women without histopathological changes. **MATERIALS AND METHODS:** 50 shaved Samples of cervico-vaginal sexually active cervical-vaginal asymptomatic women between 18 to 30 years, sample DNA has been fully extracted. The detection of viral genetic material was carried out by the qualitative PCR technique with broad spectrum primers, for many viral subtypes, followed by agarose gel electrophoresis. **RESULTS:** In 53.1% (17/32) of the samples there was the presence of viral DNA by the PCR reaction, in contrast, only 3.1% (1/32) cases were positive in the Pap test. **CONCLUSION:** The PCR technique is useful in the early diagnosis of HPV infection, even in patients without macroscopic lesions and / or cytological changes. Then it proves that the qualitative PCR test detects the presence of the virus earlier and could be used as a screening method as well as Pap smear, and not be restricted to a confirmatory test as it is currently being used

PALAVRAS-CHAVE: Papillomavirus; cytological; PCR

PP915 - HYPERTENSION AND DIABETES IN THE ELDERLY - PRACTICE AND EXPERIENCE IN THE COMMUNITY IN MEDICAL TRAINING

Azevedo, C.B.S.¹; Azevedo, C.B.S.²; Lopes, A.C.³; Prudente, S.C.⁴; Prudente, L.A.⁵; 1 - Academic of the Medical School at the University of Rio Verde-UNIRV.; 2 - Academic of the Medical School at the UniEvangélica - Anápolis; 3 - Academic of the Medical School at the Catholic University of Goiás-PUC Goiás. ; 4 - 4Pedagogical Advisor to the Medical School of UNIRV and Medicine Course of PUC Goiás.; 5 - Academic of the Biomedicine Course at the Catholic University of Goiás-PUC Goiás.;

Introduction and Objective:

The practice and experience in the community during the Medical Training enables learning beyond the academic knowledge. The life stories have extraordinary value for personal growth and maturity of the future doctor. The community is also in need of attention and affection, want to often be heard by health professionals. Hence the importance of Family Medicine as an academic discipline in undergraduate courses to improve doctor patient relationship. Aimed to guide the residents of the House of Elderly on hypertension and diabetes; measuring blood pressure; taking blood glucose test (HGT); and propose a conversation wheel, for exchanging experience.

Method:

We analyzed a questionnaire administered to 35 elderly, applied by the Community Practice discipline, from the PUC Goiás Medical School. It was identified high rates of diabetes and hypertension. And proposed four workshops circuit shaped in which all elderly passed through them.

Results and conclusions:

Orientations were given on the main morbidities affecting the elderly, after assessing blood pressure and performing examination of blood glucose (HGT). It was proposed a conversation wheel, with recreational activities to reflect and train your memory, and enable social interaction between them, always talking about healthy habits and lifestyle changes. The medical students reported that this experience has brought them personal growth and maturity.

PALAVRAS-CHAVE: Doctor Patient Relationship; Community Health; Family Medicine

PP916 - HYPNOSIS TO QUIT SMOKING - WHAT'S THE EVIDENCE?

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Introduction:

Smokers have concerns about pharmacological cessation methods. Hypnotherapy is promoted as a method of smoking cessation(SC) and acceptance seems high. However, there is insufficient scientific evidence for the efficacy of hypnosis for SC.

Objective:

Review the evidence of Hypnotherapy as a therapy for smoking cessation.

Methodology:

Systematic reviews (SR), meta-analysis and randomized controlled trials (RCT) published between December 2005 to December 2015 were collected from Pubmed and Cochrane Library, using MeSH terms "Hypnosis" and "tobacco cessation". To rate the level of evidence (LE) and strength of recommendation SORT taxonomy was used (American Family Physician).

Results:

Five articles were selected (three RCT, two SR). The RCT (2006) concluded that prevalence of SC was 40% at the end of treatment (LE=1). However the RS (2012) demonstrated that there was insufficient evidence to recommend the use of hypnosis for SC (LE=2) and the RS (2010) showed that hypnotherapy had not a greater effect on quit rates than other interventions or no treatment.(LE=1). The RCT (2013) revealed that hypnosis had no effect for SC beyond the non-specific effects of therapist contact and relaxation (LE=2). The RCT (2014) concluded that hypnotherapy was more effective than nicotine replacement therapy in patients hospitalized for a smoking-related illness (LE=2).

Conclusion:

There are conflicting results for the effectiveness of hypnotherapy for SC (SORT B). There is not enough evidence to show that hypnotherapy could be more effective than other interventions for SC (SORT B). Further studies are required to show a causal relationship between hypnosis and SC.

PALAVRAS-CHAVE: Hypnosis; tobacco cessation; smoking cessation

PP917 - IDENTIFYING VULNERABILITIES IN PREGNANT TEEN THROUGH THE SYSTEMATIZATION OF NURSING CARE.

Rodrigues CC¹; Lima LMA¹; Silva GJ¹; Puig DS¹; Ferreira C²; 1 - Universidade Estadual do Rio de Janeiro; 2 - CMS Prof Julio Barbosa;

Introduction / Objective:

The present study has as object the care of the family nurse practitioners of a pregnant adolescent in a vulnerable situation, given the historical ties broken family, twin previous pregnancy where one of the children is syndromic and in their current pregnancy was found new fetal syndrome. Aims to identify and assess how existing social vulnerabilities and / or individuals teenage pregnancy, through the Systematization of Nursing Assistance (SNA) in primary care.

Methodology:

This is an experience report built in the first year of the Nursing Residency Program in Health Family (NRPH) of the Municipality of Rio de Janeiro. The period studied is between the months from May to September 2015. Were held consultations nursing and interdisciplinary, household visits and matrix support with the Support Center for Family Health (SCFH).

Results / Conclusion:

It was possible to establish a bond between the user and a health team through the active listening and positive reinforcement. Also identified networks of support both formal and informal in which were performed articulated actions providing the co-responsibility of care. We note that you must have sensitivity and be aware of situations that often seem irreversible, so we can identify the various existing hidden stories and act in a systematic way, so that our actions can be evaluated constantly. It is of utmost importance to emphasize that the nursing process implementation in the Family Health Strategy (FHS) through the SNA essential was included as a guiding point of care

PALAVRAS-CHAVE: Vulnerability Study; pregnancy; Nursing Process

PP918 - IMAGING RESEARCH AFTER THE FIRST FEBRILE URINARY TRACT INFECTION: WHAT IS THE IDEAL PROTOCOL?

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Introduction:

The approach and workup of a first febrile urinary tract infection (UTI) in children remains controversial. The NICE does not recommend additional investigation if there is a good response to antibiotic therapy and if UTI is not atypical and/or recurrent.

Objective:

To analyze the predictive value of each imaging technique in detection of uropathy and/or renal scars in children.

Material:

This is a retrospective study based on data of clinical reports of children under 24 months old, who were admitted with diagnosis of febrile UTI. Data was divided in groups: A – normal micturating cystourethrogram (MCUG) and dimercapto-succinic-acid (DMSA) scan; B – abnormal MCUG and/or DMSA.

Results and conclusions:

A total of 115 cases were found. Group A includes 84 children (73%) and group B contains 31 (27%). Ultrasound is a low sensitivity and specificity test in detection of renal lesions. Even with increased levels of severity of vesicoureteral reflux (VUR), DMSA did not expand detection and/or severity of lesions ($p < 0,01$). Atypical UTIs were more prevalent in group A ($p = 0,048$), while all cases of recurrent ITUs were found in group B ($p < 0,01$). Using NICE guidelines 10 children would not be identified, corresponding to 9% of data overall.

In contrast to NICE guidelines, reno-vesical ultrasound was not an effective screening method for children in risk of renal lesions and VUR. Compared to MCUG, DMSA technique, being a more effective method, should be the first-line exam for detection of renal lesions. The recurrent UTIs were predictive of imaging changes; the atypical UTIs not.

PALAVRAS-CHAVE: children; urinary tract infection; imaging

PP920 - IMPORTANCE OF FAMILY APPROACH IN THE MANAGEMENT OF DOMESTIC VIOLENCE

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Violence today is one of the major health problems in the world. Domestic violence is highly prevalence in Brazilian households, resulting in consequences for the personal and relational life, as well as an increase in different types of morbidity.

This academic work aims to highlight the importance of family approach and its instruments to the evolution of a family with a history of serious physical and psychological violence, passing for 4 generations. That enabled us to support the family to identify the existing pattern of violence, avoid it and facilitate other forms of communication, as well as supporting the creation of new ties of relationship and unity between its members.

The family came to be accompanied in July 2015 from the grandmother, N.D.N., 70, who opened severe depression. It started treatment for his granddaughter, J.D.N 20 years with epilepsy, his grandson J.D.N, 18 with parental alienation history and one of the NDN daughters, with a history of domestic violence in the previous and current marriage. Violence begins with the patriarch of the family, murdered 40 years ago. The mother then begins to use physical violence with his daughter, who married to extremely violent partner. Individual weekly consultations and with the whole family, which was jointly built the Familiogram and array of positive and negative points were made.

After 8 months of follow-up, physical violence stopped being used as a form of communication between its components, and created new mechanisms care and respect. About 2 months there is no aggression between them.

PALAVRAS-CHAVE: domestic violence; family approach

PP921 - IMPORTANCE OF NUTRIENTS ANTIOXIDANTS IN THE PREVENTION OF TOBACCO'S EFFECTS

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Introduction:

Cigarette smoke (CS) contains oxidizing compounds and numerous mutagens, which bring adverse effects to the tissues through the oxidative stress. Cigarette smokers have a higher requirement of antioxidant nutrients, requiring a diet high in food sources, which act by reducing pulmonary oxidative damage.

Objective:

Correlate the effectiveness of the food sources of antioxidants in the prevention of tobacco effects.

Methodology:

This study consists of a literature review in Scielo, Bireme and Pubmed, available between the years 1989-2014. Inclusion criteria were found mainly: cigarette smokers and their eating habits, food sources of antioxidants and consumption of these foods.

Results:

Suitable dietary habits are able to reduce, inhibit, or even reverse the chain of events in toxicity, while a diet deficient in certain nutrients may increase the susceptibility of a person to become ill under adverse environmental exposures. A change of the oxidant/antioxidant balance in favor of oxidant leads to oxidative stress, which results in a number of pathophysiological events in the lung. A diet low in antioxidants, such as beta-carotene, vitamins C and E can reduce the natural defenses and increase susceptibility to oxidative attack of airways. The intake of antioxidants could modulate the pulmonary damage induced by oxidative stress.

Conclusion:

The association of a diet rich in fruits and vegetables in reducing the risk of atherosclerosis and cancer is well evident, however, intake of these foods is low in most smokers, and this, together with evidence of the high consumption of antioxidants by oxidative stress caused by CS contributes to reductions in plasma antioxidant concentrations observed in many smokers.

PALAVRAS-CHAVE: Smoking; antioxidant; Oxidative Stress

PP922 - IMPORTANCE OF THE ORIENTATION OF HEALTH PROFESSIONALS ON FAMILY INTERACTION AND PATIENT TO SEARCH OF BETTER PROGNOSIS OF SCHIZOPHRENIC PATIENT

Pinheiro FF ¹; FECURY AA ¹; CORREIA ACC ¹; PINTO ACL ¹; SILVA DKB ¹; MOURA AAP ¹; MARQUES APF ²; KOLCENTY AL ¹; ARAÚJO BM ²; 1 - UNIVERSIDADE FEDERAL DO AMAPÁ (UNIFAP); 2 - UNIVERSIDADE FEDERAL DO AMAPÁ;

Introduction and Purpose:

Schizophrenia is one of the major public health problems of today requiring considerable investment in the health system and causing great suffering for the patient and his family. Considers that, when it occurs the first episode of schizophrenia, family life suffers impacts and its trajectory can be modified. Therefore, we seek to guide health professionals about the importance of working with the family and the patient, understanding the family as an important factor in the prognosis of the schizophrenic patient.

Methods:

We conducted a bibliographic survey in December 2015 in the databases LILACS (Latin American Health Sciences), Scielo and PubMed, searching for articles published in the years 2010 to 2015, in Portuguese and English languages. The search for references has been preceded by Web access, using to the bibliographic search terms: "Schizophrenia," "Family" and "treatment".

Results and conclusion:

From 8 articles found, it was realized that the family support the patient with schizophrenia will help in your treatment on the ability to develop relationships with other people. The interventions of health professionals guide and support the families to build these affective ties in favor of better prognosis of the patient; Therefore, ensuring a more comprehensive treatment and articulate.

PALAVRAS-CHAVE: Schizophrenia; Combined Modality Therapy; Family Relations

PP923 - IMPORTANCE OF PALLIATIVE CARE DURING HOME VISITS

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The growing number of chronic diseases and oncologic associated with increased elderly population, sets an access with good power-solving be stepped up in primary care and that the association of home visits with palliative care, when well done, can reduce costs, humanize care, alleviate the suffering of patients and their families, have impeccable symptom control and pain and better patient autonomy.

This work aims to show through the description of a case, how important it is to associate these two tools in primary care.

We conducted a monitoring of a patient home visits and in palliative care, which care and the evolution of the patient were positive: family followed the entire process aware of evolution and relaxed about the care, patient always lucida with good pain control and much autonomy. With weekly visits providing greater convenience and adapting all the care that the patient needed in your home, and the hospital only the day before the death.

In this process we see how important is the union of these tools, which offer comprehensive care to patients and their families, reducing costs and bringing the health team the reality of the patient.

PALAVRAS-CHAVE: cuidados paliativos; visita domiciliar; atenção primária a saúde

PP924 - IMPROVED QUALITY CARE: SYSTEMATIZE A SCRIPT THAT ASSISTS IN PLANNING, MONITORING AND EVALUATION OF HOME VISITS

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Home visits (VD) allows to know the reality and assess the determinants of health-disease process in the family environment.

Although it is rich for global medical assessment of the patient, there is not always a good quality of the information, despite a satisfactory amount of VDs. This gap occurs mainly by non-systematization of the same. Organize the visit becomes an important tool to plan, schedule, execute and record patient and environmental data, providing better assistance to families by the team.

The study evaluated articles addressing the importance and improve quality of care provided in the VD for the full operation of Community and Family Physician. Analyzed critically works of literature and proposed the systematization of a map to assist the planning, monitoring and evaluation of home visitation.

Planning was didactically divided into three stages: before the visit, which discusses and applies to Coelho and Savassi Scale vulnerability rating and selection of patients; during the visit, which applies adapted table INHOMESS mnemonic found in an article that explores history, physical examination, family relationships, socio-economic and environmental conditions, medications and risk situations. And after the completion of VD, assessment of VD, team evaluation, treatments, referrals, planning next vd and medical record.

Apply the script allowed "to educate the look" the biopsychosocial aspect, based on the MFC care approach. Allowed to register with more quality and completeness the visit, the development of a Single Therapeutic Plan, and expanding the concept of care beyond the individual context.

PALAVRAS-CHAVE: Home Visit; Primary Health Care ; Community Health Services

PP925 - INCIDENCE OF HOSPITALIZATIONS OF ELDERLY FROM FALLS IN BRAZIL IN THE PERIOD 2010 TO 2015

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Introduction and objective:

The falls are an important bill of health among the elderly, bringing serious consequences , as well as high costs of hospitalization and rehabilitation. For the family health strategy , knowledge about fall prevention of the consequences is very important for the good work of the team, adding the theoretical and practical knowledge .So the study seeks to analyze the incidence of hospitalizations of elderly from falls in Brazil in the 2010-2015 period.

Method:

This study has descriptive, cross- sectional and qualitative. The data available on the platform of the Department of Health Information System of the Unified Health System were analyzed (DATASUS) . We analyzed the incidence by federal unit , the character of service and the most prevalent sex.

Results and Conclusion:

In the analyzed period were admitted 769 elderly from falls in Brazil. The most frequent region were respectively the southeast region with 60.4 % , the South 21.4% and the Northeast with 13.9% . It is important to note the significant increase of 2014 year of declines for 2015 of 98.4 % . Much of the calls were in the private sector , 68.3 % and urgently in attendance 87.7 % .There was no significant difference in relation to gender . The FHS professionals play an important role in identifying conditions that represent risk factors for falls , the correction of which is amenable to treatment and advice to patients and families on the management of the elderly

PALAVRAS-CHAVE: falls; elderly; incidence

PP926 - INFLUENCE OF DIETARY HABITS AND INTEREST ON WEIGHT DISORDERS IN CHILDREN AGED 8 TO 18 YEARS

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Introduction and Objective

Overweight and obesity are a growing problem and take worldwide epidemic proportions in all age groups, including children. This study aims to describe the mean body mass index (BMI) and the prevalence of weight disorders in Belgian schoolchildren. Secondly this study examines the association between dietary habits and weight disorders and the interest in food and science.

Method

We examined 525 children aged between 8 and 18 years who attended the Brussels Food Fair or the Belgian Science Day in 2013. They completed a standardized questionnaire about dietary habits and lifestyle. Their weight, height, blood pressure and waist circumference were measured. The BMI was calculated and the children received a personalized health advice.

Results and Conclusions

In total 525 children were included: 290 children in the reference group, 194 in the group with special interest for food and 41 in the group with special interest for science. Overweight or obesity was diagnosed in 28% of the reference group, 14% in the food group and 15% in the science group. Breakfast and dinner was skipped more often by the group with overweight or obesity. Children from the food and science groups had more sweets and meat, had less fruit but skipped less meals. In our study, 28% of the reference group had overweight or obesity. The children with special interest in food or science had more underweight but less overweight and obesity. Children with overweight or obesity skipped more often breakfast or dinner and were eating less sweets and meat.

PALAVRAS-CHAVE: Overweight; obesity; children

PP927 - INHALED CORTICOSTEROIDS IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE: AN OVERUSE?

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Chronic obstructive pulmonary disease (COPD) patients have acute exacerbations that are associated with accelerated loss of lung function, impaired quality of life and enormous health-care costs. Prevention of exacerbations is a major therapeutic aim and, because inhaled corticosteroids (ICS) reduce exacerbations, their use is widespread in COPD patients. However, evidence has emerged linking ICS with increased risk of pneumonia in COPD.

The aim of this review is to analyze the evidence about the benefits of the use of ICS in COPD and the risk of pneumonia.

Literature review based on systematic reviews, meta-analysis and guidelines published in the last ten years in the Pubmed, Medscape and UptoDate databases, using the MeSH term "chronic obstructive pulmonary disease" and "inhaled corticosteroids."

ICS used in combination with long-acting β_2 agonists reduce exacerbations, improve lung function and quality of life. However, ICS are only recommended in patients included in GOLD C and D. Its use must be rational since ICS use by COPD patients increases the risk of serious pneumonia. There is an intra-class difference between fixed combinations of IC/long acting β_2 agonist with regard to the risk of pneumonia. The risk is particularly more elevated and dose related with fluticasone than budesonide.

In COPD patients at low risk of exacerbation, it was found that FEV1 and exacerbations history were similar in the patients treated with or without ICS. The withdrawal of ICS in this patients can be safe provided that patients are left on maintenance treatment with long-acting bronchodilators.

PALAVRAS-CHAVE: Chronic Obstructive Pulmonary Disease; Inhaled corticosteroids; pneumonia risk

PP929 - INTEGRATIVE AND COMPLEMENTARY PRACTICES: INTEGRALITY CARE IN PRIMARY HEALTH CARE

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Integrative and Complementary Practices: integrality care in Primary Health Care

Incorporating Integrative and Complementary Practices in the perspective of prevention, promotion and recovery of health in Primary Care has been widely discussed within the Unified Public Health System (SUS) (BRAZIL, 2006). This study is the result of the experience of a Municipal Health Center (CMS) in Rio de Janeiro-RJ proposing the implementation of Integrative and Complementary Practices (PIC's) in a therapeutic group in mental health supported by NASF team that CMS. The work aims at the integrality care of users with some kind of mental suffering (including mild and moderate mental disorders), which make up a significant percentage of the demand of registered users. The general objective is to study the effectiveness of these practices through a qualitative study with participants of group members from their experience reports and their perception of well being full since the entry into the group. Activities are developed informed in practices such as diaphragmatic breathing, meditation Mindfulness, medicinal Horta, Tai chi chuan, Self-massaging in Chinese Medicine and Aromatherapy. Users report remission of their symptoms, attributing participation in group a relevant factor to develop their own coping mechanisms and self care. Also note the increase of the possibilities of continued care, humane and integral health, as well as increasing the solvability of the system and expanding access, ensuring quality, effectiveness and efficiency in health care. So, too, it is possible to promote the rationalization of health actions, stimulating innovative alternatives and socially contributory to the sustainable development of communities (BRAZIL 2006).

PALAVRAS-CHAVE: Integrative and Complementary Practices

PP930 - INTERVENTIONS FOR HARMFUL AND RISKY DRINKING IN GENERALE PRACTICE

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INTRODUCTION and OBJECTIVE

Alcoholism is a chronic and progressive disease that includes problems controlling drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, physical dependence. The assumption is that, currently, there is at least 30 million alcoholics in the world and every year around 3.3 million people die because of alcoholism. Identifying and managing alcoholism before it has interfered with patient's work and family may increase the possibility of prolonged recovery. General practitioners (GP) are in an ideal position to detect, prevent and manage patients' alcohol problems. The purpose of this article is to present how to manage alcohol problems in general practice.

METHOD

This article presents a framework for management of alcohol problems in general practice, based on guidelines for the treatment of alcohol problems. Using the case report, we show how to assess the degree of dependence, motivation to change and match the intervention to stage of change. In treatment of this patient we note empathic support, careful monitoring of response and frequent follow-ups.

RESULTS and CONCLUSION

The management of alcohol conditions requires a multidisciplinary approach to patient management. General practitioners (GP) are in ideal position to detect, prevent and manage patients' alcohol problems. Offering counselling and advice on the reduction of alcohol consumption are the key roles in general practice. GPs have to be educated about skills related to alcohol screening and brief intervention in providing effective service to patients and their families experiencing alcohol related problems.

PALAVRAS-CHAVE: alcohol drinking; general practice; early medical intervention

PP931 - INTRA-ARTICULAR CORTICOSTEROIDS FOR DEGENERATIVE JOINT DISEASE OF THE KNEE IN PRIMARY CARE

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Introduction and Objective

Gonarthrosis has large Chronic Disease Prevalence in the Brazilian population and is closely related to the development and maintenance of other chronic diseases. An alternative treatment, intra-articular infiltration with corticosteroids, whose focus is on improving the symptoms of pain for a period of 3-4 weeks (NNT-3-4) with a low adverse effects risk. Due to the quick and simple technique, the prolonged analgesic duration and low material Cost its applicability becomes very suitable for primary care. Report our experience with a joint infiltration in CF Nelio Oliveira / Rio de Janeiro, describe the technique used, results OS after 3 weeks and assess the validity In this feature the APS FROM DATA collected.

Methodology

We use diagnosis criteria in the American College of Rheumatology for osteoarthritis Knee diagnosis for eligibility of patients. The Patient selection starts in his choose for articular infiltration. Each infiltration was made with betamethasone and lidocaine. Were made 23 applications ago period of 20 months. 20 answered a calling questionnaire, 18 reported improvement within the first 2 weeks. 17% report that could receive the treatment again.

Conclusion

This practice in our Family Clinic showed that intra-articular treatment for degenerative joint disease of the knee is an excellent example of resoluteness. Their effectiveness, associated with low technology practice, reinforces the importance of this procedure in APS.

PALAVRAS-CHAVE: Osteoarthritis, Knee; Pain Management; Ambulatory Surgical Procedures

PP932 - IRON DEFICIENCY ANEMIA AND POSTPARTUM DEPRESSION – AN EVIDENCE-BASED REVIEW

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Introduction and Objective:

In Portugal, primary care plays an important role as the first contact of pregnant women with the health care system. Postpartum Depression (PPD) is a common psychiatric illness which affects mother's mental health, as well as the family relationship with the newborn. Recently, iron deficiency anemia has been considered a PPD risk factor. The objective is to show the relationship between anemia during pregnancy/postpartum period and PPD, as well as understanding if iron supplementation reduces the incidence of PPD.

METHOD:

Data were obtained through clinical guidelines, systematic reviews, meta-analysis and clinical trials published between February 2006 to February 2016, in Portuguese and in English, on Pubmed, NGClearinghouse, CMA Infobase, NICE, The Cochrane Library, Bandolier, USPTF, DARE and NEJM. Three MeSH terms were used: "anemia", "iron" and "postpartum depression". The "Strength of Recommendation Taxonomy Scale" of the "American Family Physician" was used to grade the evidence.

RESULTS and CONCLUSIONS:

356 studies were found. Seven studies met the inclusion criteria: six randomized clinical trials and one systematic review. There is evidence that anemia during pregnancy/postpartum period might be a risk factor for PPD. Early supplementation of iron in women with PPD proved beneficial in some studies. In a clinical trial, there was no evidence of the existence of a relationship between maternal iron levels and the risk of PPD development.

We conclude that there is scientific evidence of the benefit of iron supplementation during pregnancy and the postpartum period, on the reduction of PPD.

PALAVRAS-CHAVE: Anemia; Iron; Postpartum depression

PP933 - IS MY MOTHER GETTING DEMENTIAL?

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BACKGROUND AND AIM:

As a reflex of Medicine development and of the improvement in health care availability, the elder represent a major part of the health care population, particularly among primary attention. Diseases that usually present typical signs/symptoms are frequently less obvious in these ages and pass unnoticed. Therefore, these unspecific manifestations may result in a clinic's devaluation, contributing to a worsening of the elder's general state.

METHODS:

Case report.

RESULTS AND CONCLUSION:

Female, 80 years old, born and resident in Olhão, widow, with one daughter with whom she lives. Autonomous for daily activities. The patient went to her Family Physician (FP) in April 2015 with her daughter, who explained a four days evolution of confusion manifestations (apathy, inadequate behaviour, inappropriate laughter) anorexia and a subfebrile temperature. The patient did not show self-perception of this acute cognitive decline, but her daughter expressed concern with the possibility of a demential disease progression. A chest radiography (no alterations) and an urine test (positive for leucocytes and nitrites) were performed. The patient was prescribed empiric therapy, with an uruculture analysis for posterior reevaluation. By that time, the patient had return to her usual humour and her daughter was tranquillised. Advanced age constitutes a risk factor of comorbidities' development, which may contribute to a higher vulnerable state and to a lesser capacity in functional and cognitive preservation. Consequently, the FP is in a privileged position for supplying explanations and attempted interventions, lowering the negative repercussions in the ageing process and in the family anxiety.

PALAVRAS-CHAVE: Aged; Dementia; Comorbidity

PP936 - KETOGENIC DIETS IN THE MANAGEMENT OF TYPE 2 DIABETES MELLITUS: A SYSTEMATIC REVIEW

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Introduction and Objective:

The prevalence of diabetes mellitus is a global, growing health problem. The World Health Organization estimates that 9% of the adult world population has diabetes. Recent publications suggest that low-carbohydrate diets, of which ketogenic diets are a special case, should be the first approach for treating diabetes. The objective of this work was to evaluate the effectiveness and the safety of ketogenic diets in type 2 diabetes mellitus (DM2) management.

Methods:

A systematic review was performed using PubMed, SciELO, and the Cochrane Library databases to identify studies in which patients received ketogenic diets as a health intervention for DM2 management. The search included papers published in English, Portuguese and Spanish between 2006 and 2015. Reviews and clinical trials that evaluated the use of ketogenic diets in DM2 management were included, while articles reporting studies in animals were excluded.

Results and Conclusions:

Eight papers were selected, of which three reviews and five clinical trials. The clinical trials have lasted between 13 and 56 weeks and the number of subjects varied from 34 to 363. In these trials, the adoption of a ketogenic diet resulted in better glycemic control, hemoglobin A1c and fasting glucose, and body weight loss. The critical reviews concluded that concerns about the safety of ketogenic diets are conjectural rather than data driven. In conclusion, the scientific literature in this area is still limited and far from conclusive. However, the obtained results are promising and indicate that ketogenic diets should be experimented by DM2 patients.

PALAVRAS-CHAVE: Diabetes Mellitus; Ketogenic Diet; Diet, Carbohydrate-Restricted

PP937 - KNOWLEDGE, ATTITUDES AND PRACTICES OF PROFESSIONALS IN THE

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Introduction and objectives:

Congenital syphilis (CS) is caused by the mother to child transmission of syphilis during pregnancy and is associated with an increased risk of adverse perinatal outcomes. CS can be controlled by the identification and treatment of infected women during pregnancy. However, the rate of CS in Brazil was 4.7 per 1000 live births in 2014, a value 10 times higher than the elimination goal. The aim of this study was to evaluate the knowledge, attitudes and practice (KAP) of health professionals from the Family Health Strategy (FHS) of Teresina, a municipality with 90% coverage of FHS in the Northeast region of Brazil.

Methods:

Cross sectional study conducted in 2015 with 366 nurses and doctors corresponding to 70.9% of the eligible professionals that worked in the 89 primary care units of Teresina. A self-reported questionnaire containing information of KPA and barriers and suggestions for improvements was used. Descriptive and bivariate analyses with the use of the chi-square test were performed.

Results and conclusions:

Errors in routine screening during prenatal care, in treatment of the infected women, in cure control, in the approach of partners and problems in the application of penicillin were identified. Poor knowledge of diagnostic tests available and of the epidemiological profile of the disease was also verified. Early identification of pregnant women, implementation of rapid tests in primary care, ensuring treatment of pregnant women with penicillin, training on clinical management and counseling, and educational activities with users are essential proposals to eliminate congenital syphilis.

PALAVRAS-CHAVE: syphilis; prenatal care; Family Health Strategy

PP939 - LEPROSY NEW CASE DETECTION TRENDS AND THE EFFECT OF PREVENTIVE INTERVENTIONS IN PARÁ STATE, BRAZIL: A MODELLING STUDY

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Introduction and Objective.

Leprosy remains a public health problem in Brazil. Although the overall number of new cases is declining, there are still areas with a high disease burden, such as Pará State. We aim to predict future trends in new case detection rate (NCDR) and explore the potential impact of contact tracing and chemoprophylaxis on NCDR in Pará State.

Methods.

We used SIMCOLEP, an existing microsimulation model for the transmission and control of *M. leprae* in a population structured by households. The baseline scenario was the current control program, consisting of multidrug therapy, passive case detection, and active case detection from 2003 onwards. Future projections of the NCDR were made until 2050 given the continuation of the current control program (i.e. baseline). We further investigated the potential impact of two scenarios for future control of leprosy: 1) discontinuation of contact tracing; and 2) continuation of current control in combination with chemoprophylaxis.

Results and Conclusions.

The modelled NCDR in Pará State after 2014 shows a continuous downward trend, reaching the official elimination target of 10 cases per 100,000 population by 2030. Systematic contact tracing in combination with chemoprophylaxis for contacts will reduce the NCDR by 40% and bring attainment of the elimination target two years forward to 2028. The NCDR of leprosy will continue to decrease in Pará State. Elimination of leprosy as a public health problem can possibly be achieved around 2030.

PALAVRAS-CHAVE: Leprosy; Epidemiology; Modelling

PP940 - LGBT POPULATION'S HEALTH IN BRAZIL: DEMANDS AND CHALLENGES

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Introduction and objectives:

The special attention to the LGBT population (lesbian, gay, bisexual, transgender) started with AIDS prevention programs and, today, the public politics were extended. However, the Ministry of Health (MH) recognizes that this population is still being victim of discrimination and exclusion, leaving them vulnerable. There are still barriers to be brought down until LGBT's health can be offered completely. This paper is intended to point out challenges and demands on LGBT's health as well as start a reflection about actions that could make improvements on this group's health.

Methods:

Research specialized literature (Scielo and PubMed).

Results and conclusions:

According to MH, the homophobia is considered a stimulating factor in the diseases and suffering dissemination, what can cause episodes of depression and even suicide. Moreover, it leads to unemployment and difficulties in housing and feeding. The health problems covers a wide range, it affects lesbian, having higher rates of uterus cancer and breast cancer than heterosexual women, and the transgender having their condition included in CID-10 as gender identity disorder. Health professionals have, in general, lack of knowledge of specific demands of LGBT's, which can endanger their health. Doing so, the demand for health services decreases and usually trained professionals aren't available. It is necessary: training of health professionals to receive the patients, depathologize their transsexuality and increase the offer of specific health services for this population.

PALAVRAS-CHAVE: sexism; lesbian; gays

PP942 - LITHOPEDION AND LACK OF UNIVERSALITY: CASE REPORT.

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INTRODUCTION AND OBJECTIVE:

Lithopedion (litho: Stone; pedion: children) is the name given to extra-uterine pregnancy that evolves with fetal death and calcification. Nowadays, access to prenatal care in primary care enables early identification of cases of ectopic pregnancy, enabling appropriate treatment that prevents the calcification of the fetus and the evolution to lithopedion. The objective of this study is to report a case of lithopedion and correlate with the absence of universal access to health services.

METHODS:

At home visits to patients and after consent, there was a history, physical examination and analysis of imaging studies and correlated with other cases reported in the scientific literature.

RESULTS AND CONCLUSIONS:

J.C.L., 85, widow, residing in the rural municipality of Nativity - Tocantins, reports that at 40 years old was pregnant at around 6 months of pregnancy presented frame of severe abdominal pain and feeling of imminent death. At the time, she went to a healer who prescribed herbal remedies. After several days of fever, there was a gradual improvement in the clinic, but the fetus never came out of his belly. After diagnostic investigation today, imaging revealed a lithopedion (calcified fetus) in the abdominal cavity, likely the result of an ectopic pregnancy not surgically treated.

We conclude that the lithopedion is a rare phenomenon, caused mainly by the lack of a proper pre-natal care to the population, which would enable the early diagnosis of extra-uterine pregnancy and proper treatment. Universal access to health services constitutes a primary prevention strategy to lithopedion.

PALAVRAS-CHAVE: Prenatal Care; Primary Health Care; Public Health

PP943 - LONG-TERM RISK OF OSTEOPOROSIS AFTER GASTRECTOMY IN GASTRIC CANCER SURVIVORS

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Background:

The rate of complications of gastric cancer is increasing with the increase in the survival rate. One of the complications, osteoporosis, has the potential to lead to further complications that may influence the quality of life. This study aims to investigate the incidence of osteoporosis and the relevant factors for long-term survivors who underwent gastrectomy for gastric cancer in Korea.

Method:

The study targeted 256 patients who went through the bone density examination by DXA. They underwent gastric cancer operation in ASAN Medical Center, were expected to reach complete remission after 5 years of the operation, and visited the department of family medicine from 2004 to 2015. Osteoporosis was defined as T-score \leq -2.5. The related risk factors were analyzed by using logistic regression analysis.

Results:

The average age was 54.6 \pm 9.8 years. Their average time passage after the operation was 7.1 \pm 2.2 years. The incidence rate of osteoporosis was 34.3%. The multivariate analysis results revealed that the incidence risk of osteoporosis after the operation increases with the increase in the age of the patients at the time of the operation (50-59,OR 2.397; 95% CI,1.110-5.174;P=0.026; \geq 60,OR 5.508;95% CI,2.346-10.906;P<0.001), with lower post-operative weight (OR0.919; 95%CI, 0.885-0.955;P<0.001), and with the increased ALP(OR 7.581;95% CI,1.880-30.570;P=0.004).

Conclusion:

It was confirmed that the incidence rate of osteoporosis was higher in the case of the long-term survivors after gastric cancer operation compared to the general population. The risk factors should be understood and the diagnosis, prevention, and treatment of osteoporosis in due course are essential.

PALAVRAS-CHAVE: gastric cancer; gastrectomy; osteoporosis

PP944 - LOOKING FOR INFORMATION ON INTERNET BY PATIENTS TREATED IN A HEALTH CENTER

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Aim:

To know those patients who use Internet to answer their questions about health issues and the assessment they make on the sources.

Design:

Cross Sectional study

Setting:

Urban Health Center in Málaga (Spain) that attends 36,000 people from very diverse social and cultural level

Participants:

221 patients attended consecutively by 21 family doctors that work in El Palo Health Center. Nonresponders only 16 cases. The final sample allows studying the main aim of our research with an accuracy of 0.022 and a confidence level of 95% (alpha error 0.05).

Measurements:

Use of Internet, personal, health and environment characteristics of the patients studied by self-administered questionnaire. Data collection by two trained doctors in July 2015. Logistic regression multivariate analysis. Dependent variable: Use of internet to find Health information.

Results:

Average age of surveyed patients 48.15 years (SD = 16.67), with predominance of females (60.2%), a medium/high income in half the cases (51.6%) and education level basic (31.7%), medium (36.2%) or high (29.9%). Internet was used to answer Health questions by 34.8% of respondents. The doubts were answered in 55.6% of cases. Internet was used for the consultation at the interview time in 61.3% of those using this source of information. 61.3% think internet is a good source for information on Health issues.

Conclusions:

Internet use for these purposes is very common. It can be a first class source of information, especially if we teach patients where to look.

PALAVRAS-CHAVE: Clinical information; Internet; Primary Care

PP945 - LOW BACK PAIN AS FIRST MANIFESTATION OF MULTIPLE MYELOMA – A CASE REPORT

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Introduction and Objective:

A 65-year-old caucasian female presents with intermittent low back pain for four months that is resistant to several analgesic drugs prescribed. She also had progressive weakness and anorexia and lost 7 Kg in 4 months. Blood tests requested by her family doctor revealed anemia, with no iron deficiency, and lumbar x-ray revealed lytic lesions. She was referred to the Hospital Emergency Unit, since she had progressive disability, for further investigation. The patient was hospitalized and diagnosed with multiple myeloma, with a concordant serum protein electrophoresis and a myelogram.

The aim of this work is to describe this clinical case and to highlight this kind of presentation of multiple myeloma.

Methods:

Review of the clinical process and of recent literature associated with suspicion and diagnose of multiple myeloma.

Results and Conclusions:

Multiple myeloma is the most common bone malignancy and it occurs with increased frequency in older persons. Bone pain, particularly low back pain, is a typical symptom, such as anemia, renal insufficiency, and hypercalcemia. However, it can also be an incidental discovery on blood analysis with serum protein electrophoresis. A patient with back pain and fatigue, for more than two to four weeks, and resistance to symptomatic treatment, should undergo further evaluation, and multiple myeloma should be a differential diagnosis for family doctors. A complete blood count, erythrocyte sedimentation rate, chemistry panel, serum and urine protein electrophoresis, radiography, and vitamin D levels can assist in the differential diagnosis.

PALAVRAS-CHAVE: Multiple Myeloma; Low Back Pain; Primary Health Care

PP946 - LOW CARBOHYDRATE DIET (LCD) HAVE GREAT EFFECTS FOR WEIGHT REDUCTION AND GLUCOSE/LIPIDS METABOLISM IN MORE THAN 2000 CASES

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Introduction and Objective:

The standard method of diet therapy for metabolic syndrome has been calorie restriction (CR) for long years. Recently, the low carbohydrate diet (LCD) has become an effective therapy in patients with obesity, diabetes, metabolic syndrome and locomotive syndrome.

We have developed the social and medical movement of LCD in Japan for long years, and we will report the efficacy of LCD for 2184 cases and the detail of several cases with glucose/lipid metabolism impairment. Method: The subjects included were 2184 cases with obesity and diabetes, metabolic syndrome, who were on LCD therapy for more than 6 months and evaluated the changes of body weight, HbA1c and lipid profile. Results and Conclusions: We investigated the following study. Study-1; The subjects (n=2184) showed reduction rate of body weight as follows; more than 10% (27%). 5.0-9.9% (32%). 0-4.9% (35%). Study-2; The case is 39 years-old female with elevated HbA1c (10-11 %) for 7 months. After starting of LCD, HbA1c decreased from 10.8% to 6.3%, body weight decreased from 83.2kg to 66.6kg for 6 months. Study-3; The case is 62 years-old men with elevated serum triglyceride (TG) (358-982 mg/dL) for years. LCD decreased serum TG to 207-238mg/dL in 1 year, and 108-144mg/dL in 2 years. From these results, LCD seems to be effective therapy through our clinical experiences, with the pathophysiological speculation of the role of ketone bodies.

PALAVRAS-CHAVE: low carbohydrate diet; metabolic syndrome; weight reduction

PP947 - LUQ PAIN?! A CASE OF A HEMORRHAGIC ADRENAL GLAND IN PREGNANCY

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Introduction/Objective:

Adrenal enlargement is a physiologic change in pregnancy, with rare complications. This is a case of an acute abdomen in a gravid patient, confirmed as adrenal hemorrhage; an intrinsic diagnostic challenge, as well as a rarely reported left sided occurrence.

21 year-old G1 at 33 weeks with intractable LUQ pain. A recent diagnosis of cholelithiasis was felt to mask her diagnosis and further investigation was initiated. A renal US, LUQ US and repeat RUQ US had no acute findings. CT scan revealed a 4x2x2cm lesion concerning for adrenal hemorrhage. She was urgently transferred to a higher level facility where she was conservatively managed and had an uncomplicated delivery.

Methods:

Chart review after transfer, after delivery and PubMed search of relevant keywords was performed.

Results/Conclusion:

The incidence of spontaneous adrenal hemorrhage (SAH) is <1% and commonly seen on the right side. SAH presents with nonspecific symptoms and may lead to acute adrenal crisis, shock, and death. Adrenal hemorrhages, although a rare condition should be considered in gravid patients with acute abdomen after excluding common diagnoses. Our case seeks to draw attention to this diagnosis, as well the rare occurrence of a left-sided hemorrhage. Whether gravid or not, acute abdomens should be approached in an algorithmic manner. Risks and benefits to both mother and fetus must be weighed with a goal of confirming the diagnosis in a timely fashion.

PALAVRAS-CHAVE: Adrenal mass; Pregnancy; Abdominal pain in pregnancy

PP948 - LYME DISEASE: DIAGNOSTIC CHALLENGE

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This work tells about J.B.B. 26, who came to the unit with a diagnosis of tendonitis in wrists and evolved in two months for disabling polyarthritis unresponsive to corticosteroids and immunomodulatory, becoming bedridden.

When reporting the rapid evolution of the patient aim is to show the importance of diagnosis in primary care, listening to the patient and their feelings about their illness and how it was important to wake up treatment from the clinical diagnosis of Lyme disease.

J.B.B. seeks unity with complaints of pain in wrists for 15 days with evolution to elbows and shoulders. On examination arthritis hands joints and arthralgia of all joints being examined steroids started. Tests with autoimmune and inflammatory response negative markers. It evolved in days with polyarthritis which made it impossible to walk. Initiated fatigue upon exertion. He said then that he had been bitten by tick with migratory erythema and fever. Although symptoms compatible with Lyme disease the disease was denied by the rheumatology and infectious diseases services. By becoming bedridden with pain and fatigue negotiate the start of empirical treatment for Lyme at home with ceftriaxone and hydroxychloroquine.

In four days of antibiotic therapy he resumed walking. In 10 days improves complete arthritis; Today, 45 days after the treatment the patient is no pain, no fatigue, returning to your daily routine.

Apply the steps of medicine focused on the person in this case was key to its resolution.

PALAVRAS-CHAVE: Lyme disease; person-centered medicine; polyarthritis

PP949 - MAIN CAUSES OF HOSPITAL ADMISSIONS IN THE BRAZILIAN UNIFIED HEALTH SYSTEM IN 2014

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Introduction and Objectives:

The DATASUS is an online platform of Brazilian Ministry of Health. It provides, among other services, identify the geographical inequalities in the use of hospital services.

To analyze the gender and age group more prevalent in the hospital admissions by the Brazilian Unified Health System (SUS), as main causes of these admissions,

Methods:

Were used data of DATASUS to evaluate gender , age group , global spending and main causes of all hospital admissions in the year of 2014.

Results:

Were found a total of 11,072,247 hospital admissions. As to gender, 41.1 % were men and 58.9 % were women. The prevalence of persons below 19 years-old was 23.67 %; 20-39 years-old, 31.58%; 40-59 years-old, 20.8%; over 60 years-old, 23.93 %. Regarding the main causes of hospital admissions, the first 5 causes account for 61.2 % of all hospital admissions: 'pregnancy, childbirth and the puerperium' (20,66%), 'diseases of the respiratory system' (10,98%), 'diseases of the circulatory system' (10,14%), 'injury, poisoning and certain other consequences of external causes' (9,88%) and 'diseases of digestive system' (9,54%).

Conclusion:

From the results obtained, we can provide information to managers of hospitals, in order to help them plan, more appropriately, health strategies by identifying the real needs in their hospitals, the profile of the population served and thus better organize the service of the units individually in order to allocate funds, human resources, and other actions to treat and rehabilitate such diseases more forcefully, for the well being full of users.

PALAVRAS-CHAVE: Hospital admissions; Brazilian Unified Health System; DATASUS

PP950 - MALIGNANT EXTERNAL OTITIS: THOUGHTS ABOUT RARE DISEASES AND REFERRAL IN PRIMARY HEALTH CARE

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Introduction:

Malignant external otitis (MEO) is an invasive and necrotizing infection that begins at the external acoustic meatus and quickly progresses to the parotid region, mastoid, facial nerve, middle ear, reaching the base of the cranium. Treatment usually lasts 4 to 5 weeks and, if not treated in time, can be fatal. It affects especially men over 60 and children with immunosuppressive disease, in tropical regions. Mortality rate is under 10%.

Objective:

Case report of MEO that shows a delay in referral from basic to the specialized care service, resulting in patient's injury.

Method:

A case report and bibliographical review about MEO and criteria for referral to the SCS.

Results and Conclusions:

The report comes from Rio de Janeiro, Brazil, in 2010. The patient AVS, 73, male, entered the ENT Department of the Federal Hospital of Andaraí, complaining of facial paralysis and purulent discharge in the ipsilateral ear for the past 3 days. He had a history of 6 similar episodes that were treated in a health clinic as external otitis, using otological drops for 3 months. Soon after his admission, the patient was hospitalized and antibiotic therapy was initiated. After 5 months of treatment, the patient was discharged with the maintenance of facial paralysis, surgical excision of part of the mastoid, loss of hearing in his right ear and chronic vertigo/buzzing. All these conditions could have been avoided with early, appropriate intervention.

PALAVRAS-CHAVE: Malignant external otitis

PP951 - MANAGEMENT OF CHILDHOOD ALOPECIA AREATA

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- Alopecia areata (AA) is a immuno-mediated cronic disorder, characterized by the interruption of the hair cycle, targeting anagen hair follicles and causing non-scarring hair loss. The most commonly affected area is the scalp, but other hair-bearing areas can be affected, showing from discrete to large patches of alopecia or a total body hair loss. It targets 1 in 1000 peoples and onset is usually under 30 years of age. AA is associated with other immune-mediated disorders such as vitiligo and thyroiditis, so these conditions must be searched for. Recovery within a year and spontaneous hair grow are usual, even though almost all will relapse. Childhood AA and duration of more than a year are both worst prognosis factors. Generally, examination is enough for the diagnosis: discrete and smooth alopecia patches, “exclamation mark” hairs limiting the patch and occasional red skin. The “hair pull test” is positive (if active alopecia). Differential must include tinea capitis, trichotillomania, cicatricial alopecia, androgenic alopecia, secondary sifilis, telogen effluvium and triangular alopecia. Objective: highlight the difference on management of AA in children.

- UpToDate and Pubmed search with MeSH Alopecia.

- The management of AA in Children is limited because of this age group’s intolerance to some treatments (cutaneous reaction of anthralin and pain upon intra-lesional glucocorticoids (GC) administration) and possible serious side effects from systemic GC including adrenal suppression, growth retardation and loss of bone density. Topical potent GC are the first approach. Other therapies such as Minoxidil and topical immunotherapy are to consider.

PALAVRAS-CHAVE: Alopecia areata management; Alopecia; areata

PP952 - MANAGEMENT OF INDIVIDUALS AT RISK OF OSTEOPOROSIS

BEEG, S¹;

Background:

Osteoporosis is a condition characterised by low bone mineral density which can result in fragility fractures if left untreated. Osteoporotic fractures significantly contribute towards morbidity and mortality in the elderly, who are most commonly at risk, particularly women. With an ageing population, greater emphasis is placed on preventing osteoporosis among the elderly. This study will therefore examine the interventions in place that aim to reduce the incidence of osteoporosis through assessment tools and follow-up management where individuals at increased risk are identified and treated according to the guidelines.

Objective:

The aim of the study is to audit a General Practice to assess whether the identification and management of patients at risk of osteoporosis are in accordance with guidelines.

Method:

Medical records of patients registered at Begg Practice - St. John's Hill Surgery, London will be audited using the EMIS software. Using the Osteoporosis: assessing the risk of fragility fracture, NICE guidelines [CG146] patients will be identified as being at risk of osteoporosis if they are (a) woman ≥ 65 years and man ≥ 75 years; or if they have any of the following risk factors (b) parental history of hip fracture, alcohol intake ≥ 3 units/day, rheumatoid arthritis, glucocorticoid use for ≥ 3 months, oestrogen deficiency, early menopause, BMI <19 kg/m², hypogonadism in men, osteomalacia, thyrotoxicosis, hyperparathyroidism, hepatic disease, growth hormone treatment, malabsorption, kidney dialysis, or prolonged immobility.

Results and Conclusion:

The findings of the study are pending and will be presented at the conference.

PALAVRAS-CHAVE: Osteoporosis Risk Management; Clinical Audit; General Practice

PP954 - MANAGEMENT OF THE ANXIETY DISORDER BY THE FAMILY DOCTOR: A SUCCESS STORY

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Introduction and Objective

Alto da Boa Vista is a neighborhood that has developed in an isolated manner inside the city of Rio de Janeiro, given the presence of the Tijuca Florest, the fourth largest green urban area in the country. Due to its territorial isolation and mild temperatures, there is great prevalence of anxiety disorders, the treatment of which is multidisciplinary. This work aims to present the comprehensive and successful approach of a family doctor faced with an adolescent patient with anxiety disorder.

Method

Report of a case, held at CMS Nicola Albano, of an obese female patient, with recurrent complaints of periods with intense anxiety, tachycardia and sensation of imminent death. Seven medical appointments and six months of medicamentous treatment with Serotonin Reuptake Inhibitor were carried out over the course of a year. The management of the treatment included bonding, receptiveness, person centered approach and strengthening of resilience factors.

Results and Conclusions

The medical appointments achieved successful results for the patient and the family health team. The adolescent has been asymptomatic for seven months, with emotional comfort and longitudinal care. The team had added to its history a successful experience, enhancing care by means of the main Family and Community Health tools, such as the person centered approach and individual and family therapy strategies.

PALAVRAS-CHAVE: Anxiety Disorders; Comprehensive Health Care; Personal Health Services

PP955 - MAORI - THE LAST INDIGENOUS POPULATION IN PROCESS TO GLOBLIZATION

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INTRODUCTION:

It is evident in the current literature the clear relationship between high blood pressure (hypertension) and the Western lifestyle. Thus, the Maori being - indigenous people originating from New Zealand and Pacific Islands - one of the last ethnic groups to have undergone the process of globalization consequences, become an excellent study model to evaluate the pathological impact of the influence of style life.

OBJECTIVES:

To evaluate the impact of acculturation to the Western world by an indigenous, economically and educationally disadvantaged population.

METHODS:

Data obtained during the stage of the authors in the Calder Centre Auckland City Mission, New Zealand and literature. in medical search engines, "PubMed" "Tripdatabase".

RESULTS:

There is an increased prevalence of risk factors such as obesity, diabetes, hypercholesterolemia and hypertension in this specific population, across all age groups. The reasons go for genetic issues - transition to the reality and Western culture still too recent for an adaptation to behavioral stimuli force - and educational, for the majority of Maori adults are illiterate and easily influenced by the great affordability to processed food products. Enhances the three most common health problems in this population: hypertension (83%), eye problems (58%) and ischemic heart disease (44%).

CONCLUSION:

It should be noted as well the need to promote and guide proper and timely subjects of special populations in a holistic approach between the individual and the cultural environment in which it operates, in order to educate and warn of the hidden dangers of lifestyle West. More studies should be performed.

PALAVRAS-CHAVE: global health; indegenous population; blood pressure

PP956 - MATRIX SUPPORT IN DERMATOLOGY AS A DISTINCT FACTOR IN THE TRAINING OF A FAMILY DOCTOR: TWO ACRAL LENTIGINOUS MELANOMA CASE REPORTS

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Introduction:

Acral Lentiginous Melanoma I (ALM) is a melanoma subtype with distinct differences in the observed frequencies between ethnic groups. ALM is only 2% -8% of melanomas in Caucasians, but represents the most common in darker-pigmented individuals (60% -72% african-Americans and 29% -46% Asian). ALM is diagnosed more often in an older population, with the average age of onset 65 years. The most common place for ALM is sole. There is often a delay in diagnosis of this cancer that is often mistakenly diagnosed as a plantar wart or hematoma, leading to a more advanced lesions at diagnosis associated with worse outcome.

Objective:

To make primary care physicians health as these possible diagnosis reporting two cases of acral lentiginous melanoma diagnosed in the Santa Marta's Family Clinic through matricial focused on dermatology for medical residency.

Methods:

Report of two cases diagnosed in primary health care, including photographic records, with a brief summary of the literature on the subject.

Results and conclusions:

The matricial in Dermatology proved important for the detection of unusual malignant lesions, contributing to training of resident physician general practitioner, improving clinical suspicion and quality of care.

PALAVRAS-CHAVE: Melanoma; Primary Health Care; Dermatology

PP957 - MEDICAL HERBS: ALTERNATIVE TOOL IN BENZODIAZEPINICOS DEPENDENT WEANING GROUP AND PAIN IN THE UBS

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Introduction / objective:

Benzodiazepines (BZD) account for about 50% of all prescription psychotropic drugs, most of this done by general practitioners (1). There are significant socioeconomic costs associated with prolonged use of BZD as accident risk, antisocial attitudes, reduced work capacity and costs of hospitalization (2).

The literature shows the importance of seeking alternatives and health actions that promote proper use of benzodiazepines in health services (3). Psychosocial groups in this regard are management strategies of patients with harmful / abuse and BZD-dependent in primary care (4). The National Policy on Integrative and Complementary Practices in the Unified Health System (SUS), phytotherapy is presented as an option to be implemented in healthcare practice (2).

Method:

In the central region UBS has existed for three years, a BZD's weaning group, coordinated by a psychologist and a psychiatrist, who held 10 weekly meetings of an hour and a half. The objective of this group is to offer the user the increase in its repertoire of responses to anxiety and / or insomnia through the use of medicinal herbs.

Results and conclusions:

The implementation of medicinal herbs such as valerian, lemon grass and lemon balm has been shown to be important therapeutic alternative to BZD's weaning aid, and may potentiate the actions and health care in primary care.

PALAVRAS-CHAVE: Complementary Therapies; Primary Health Care; Educación en Salud

PP961 - NODULAR MELANOMA - CASE REPORT AND DIFFICULTIES ENCOUNTERED DURING CLINICAL MANAGEMENT ON PRIMARY CARE

Colao CF ¹; Alves FG ¹; 1 - CMS SALLES NETTO;

Introduction/Objectives:

Skin cancer such as basal cell carcinoma, squamous cell carcinoma, and melanoma is the most commonly diagnosed cancer. Although melanoma accounts for about 5% to 6% of skin cancer diagnoses, it accounts for approximately 75% of the mortality from skin cancer. It is important that the general public and health professionals recognize the warning signs of the most common cancers that could better prognosis if discovered early. It is recommended early diagnosis, but no screening for skin cancer. This study aims to report the case of a patient with melanoma diagnosed after biopsy performed by the family doctor and alert professionals working in primary care about the issue and difficulties encountered in the process.

Methodology:

It is a descriptive study based on chart review and bibliographical research on SCIELO, PUBMED and LILACS databases.

Results/Conclusion:

After the first contact, in three months the patient had performed a biopsy on basic health unit and had confirmed histopathological diagnosis. It was concluded that access, longitudinality care and the bond are essential. Despite the efforts of primary care professionals, there are obstacles in the care network that hamper and hinder the solving of the case.

PALAVRAS-CHAVE: Comprehensive health care; Health Services Accessibility; Melanoma

PP962 - MENTAL HEALTH CARE: HOW CAN FAMILY HEALTH TEAMS INTEGRATE IT INTO PRIMARY HEALTHCARE?

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Mental health is one of the responsibilities of Brazil's Family Health system. This review of literature sought to understand what position Mental Health occupies in the practice of the Family Health Strategy. A search was made of the scientific literature in the database of the Virtual Health Library (Biblioteca Virtual de Saúde), for the keywords: 'Mental Health'; 'Family Health'; 'Primary Healthcare'. The criteria for inclusion were: Brazilian studies from 2009 through 2012 that contributed to understanding of the following question: "How to insert Mental health care into the routine of the Family Health Strategy?" A total of 11 articles were found, which identified difficulties and strategies of the professionals in Primary Healthcare in relation to mental health. Referral, and medicalization, were common practices. Matrix Support is the strategy of training and skill acquisition for teams that enables new approaches in mental health in the context of Primary healthcare. It is necessary for Management of the Health System to take an active role in the construction of healthcare networks in mental health.

PALAVRAS-CHAVE: Primary healthcare; Mental health; Family Health

PP963 - CONTRACEPTIVE AGENTS AND SMOKING STATUS

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Introduction and Objective

In Portugal, the tobacco consumption among women between 15-64 years is 32.8%. The use of combined hormonal contraceptives(CHC) associated with tobacco increases the risk of cardiovascular disease(CVD) and the risk of myocardial infarction increases if ≥ 15 cigarettes/day. The CHC should not be used in women with >35 years and who smokes ≥ 15 cigarettes/day and should be preferred to other contraception in women >35 years and who smokes 15 cigarettes/day or suspended its use for <1 year. The aim of this study is to characterize the contraceptives used in women with 35-50 years and assess the adequacy of contraceptives in women with smoking habits.

Method

Study: Cross-sectional descriptive. Population: women 35-50 years belonging to the author's file. Exclusion criteria: no indication for contraception (menopause, hysterectomy, pregnancy or without sexual activity); incomplete registration; without consultation in the last three years. Data source: MIM@UF® and SClínico®. Statistical analysis: Excel®.

Results and Conclusions

There was obtained a sample of 140 women with an average age of 42.7 years. It was found that 54.3% of women on CHC, 12.9% barrier methods, 12.9% tubal ligation, 8.6% subcutaneous implantation, 8.6% intrauterine device, 1.4% progestin-only pill and 1.4% injectable progestogen. 26 women (18.6%) had smoking habits (16 women <15 cigarettes/day and 10 women ≥ 15 cigarettes/day). Within the 38.5% smokers not using CHC and 61.5% have an association between tobacco and CHC (50.0% with absolute contraindication and 50.0% relative contraindication to its use). In conclusion, due to the existence of other suitable contraceptives, it is up to the Family Doctor to remain active in the prevention of CVD, taking the initiative to encourage smoking cessation or by changing the contraceptives.

PALAVRAS-CHAVE: Agentes Contraceptivos; Tabagismo; Doença Cardiovascular

PP964 - MISSION XIKRIN:BRINGING HEALTH AND PREVENTION TO PARAUPEBAS' KAYAPO XIKRIN COMMUNITIES; A DIFFERENTIATED CARE.

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INTRODUCTION:

Pertaining to Parauapebas' county in Para's southeast, the Xikrin ethnicity gathers 1818 people sparsed in three hamlets: Kateté, Djudjekô and Ôodjã. Together with DSEI-GUATOC/PA, UFPA's medical-biological studies programme consulted 333 Indigenous permeating the tree thorps during a five-day schedule.

OBJECTIVE:

Evaluate the health condition of Kateté's, Djudjekô's and Ôodjã's Indigenous.

METHODOLOGY:

Were realized: anthropometric evaluations, medical consultations and laboratorial exams (CBC, biochemistry and parasitological). 118 women, 97 men, 118 children attended to the programme.

RESULTS:

The Xikrin indigenous people have a very livid culture, which is responsible for direct repercussions in their people's health. Heavy duties are culturally women-only devoir, therefore females are the ones responsible for dairy log and fruits "paneiro" carrying- better explaining the usual (70%) headaches and low back pain complaints during their medical consultations. Amongst men, lower member pain was the more recurrently pointed health issue- obesity and sedentary lifestyle associated. 118 children were consulted having diarrhea, impetigo, superior airways infection and parasitosis the more common diagnosis- accounting for 92% of the clinical symptoms. Between parasite infections it was found higher prevalence of E. nana, E. coli, T.trichiuris and Hookworm.

CONCLUSION:

Women complaints are mostly due to cultural habits therefore the holistic treatment is a challenge considering it demands alteration of secular practices. In respect to males, data analysis infers that diet changes would strongly contribute to their well-being. Pediatrics diagnostics could be a reflex of infants' hygiene conditions.

PALAVRAS-CHAVE: Xikrin; Indigenous-healthcare; UFPA

PP965 - MOBILE PHONE TEXT MESSAGING TO IMPROVE COMPLIANCE IN DIABETIC PATIENTS

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Introduction and Objective:

Treatment adherence in chronically ill patients is difficult in clinical practice and poses a continuous challenge. It is well documented that most diabetic patients do not achieve glycemic targets due partially to not taking medication correctly. The aim of this project is to improve adherence to medication using mobile information technology (SMS, WhatsApp, text messaging, etc.) in patients with uncontrolled diabetes.

Methods:

Through an interventional prospective study of interrupted time series design, we will use IT programs to implement mobile text messaging and augment the patient's compliance to treatment. Patients from the city of Campinas, SP with text messaging capable mobile phones were enrolled in the study. They will receive personalized appointment reminders via text message for medication timing. Efficacy of mobile text messaging for patient adherence will be tracked for 90 days using the following parameters: fasting blood glucose, glycated hemoglobin and urine micro-albumin in addition to answering a set of questions.

Results and Conclusions:

A total of 30 diabetic patients were screened and 19 (63%) have access to a mobile device capable of receiving messages. From this total, 15 (84%) are familiar with mobile text messaging systems and will continue the assessment.

This project should provide a simple, inexpensive and accessible methodology to increase adherence rates of diabetic patients to the prescribed medication schedule. This study may have a positive impact on behavior and motivation in respect to adherence and compliance to the prescribed treatment.

PALAVRAS-CHAVE: Information technology; Medication adherence; Diabetes Mellitus

PP966 - MOST COMMON CHRONIC COMPLICATIONS OF TYPE 2 DIABETES IN OUTPATIENTS AT HOSPITAL DE CLINICAS

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Introduction:

Diabetes has become one of the most important chronic illnesses, where complications associated with the disease are numerous, in addition to the heavy economical and social burden they bring about.

Objectives:

To determine the most common chronic complications in type 2 diabetics that come as outpatients at Hospital de Clinicas.

Design:

Descriptive, retrospective, crosssection

Materials and Methods:

180 charts were reviewed between march to june 2014 of which 117 complied with inclusion criteria. Age, sex, years of disease, comorbidities, HbA1c levels, chronic complications, established treatment and hospital admittances were considered.

Results:

57,3 % of diabetics were females. Average age was $61,6 \pm 9,7$ (33 a 87) years. Average years with diagnosed diabetes was $10 \pm 8,1$ (1 a 37). 100% of patients presented with comorbidities, 74,3% with hypertension, 59% dyslipidemia, 25% obesity, 24% hypothyroidism, among others. Average HbA1c after a year of treatment in all patients was $7,7 \pm 2,02$ (3,6 a 14,5)%. 43,5% achieved an HbA1c objective, 56,5% was outside set objective. 42,1% used oral antidiabetics (OAD). 39% used some sort of insulin and 19% used insulin plus OAD. 41% had at least one chronic diabetes related complication with nephropathy being the most common with 23%, followed by retinopathy with 15%, neuropathy 8%, vasculopathy 7%, diabetic foot 6%.

Conclusion:

The search for chronic diabetes associated complications in the out patient may pose a challenge for the attending physician, since through fast recognition progression of such complications may be stopped and the quality of life of diabetic patients improved.

PALAVRAS-CHAVE: glycosylated haemoglobin; Diabetes; follow up

**PP967 - MOTHERS ON CRACK: REPRODUCTIVE RIGHTS AND
MOTHERING HOMELESS WOMEN ASSISTED BY CONSULTÓRIO DE RUA
(CLINIC ON THE STREET) SMSDC-RJ-5.1**

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RJ - CAP 5.1; 2 - SMS RJ CAP 3.3; 3 - CREAS A. SPOSATI 8^a CDS; 4 -
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5.1;

INTRODUCTION

Homeless pregnant women and crack use: How to proceed? Consultório na Rua (Clinic on the street), established by PNAB in 2011, aims to increase people's access to comprehensive health care, but the fetus will be born and what happens next? The baby is entitled to be cared by his mother, but will this woman be able to offer it on the street?

MATERIAL AND METHODS:

Qualitative research with two homeless pregnant women in the 5.1 Programmatic area in the city of Rio de Janeiro, accompanied by CNAR during 2015. We have divided and analyzed speeches in two categories according to the socio-anthropological theory: "becoming a mother" and "to be a mother"

RESULTS:

We have accompanied these pregnant women up to 6 months postpartum. On the one hand we have the face of "no desiring" to be a mother, the other hand, the struggle between affection to his daughter and refusal to internalize contemporary mothering standards.

In this monitoring, CNAR 5.1 built enlarged cross-sector network, the possibility to both exercise their reproductive rights, maternity and child care, assisting them in child protection issues and the exercise of their own citizenship. The proximity of the Public Ministry, as a partner in these discussions, brought new possibilities for intervention beyond the shelter: support for child care, extended and foster families.

CONCLUSION

Discuss the reproductive rights of homeless women and at the same time ensuring the ECA compliance is the great challenge of our time.

PALAVRAS-CHAVE: DEMOGRAPHY; Intersectoral; Homeless Persons

PP968 - MULTIDISCIPLINARY ATTENDANCE IN INDIGENOUS COMMUNITIES OF BRAZILIAN AMAZON

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Introduction & Objective:

The Program Estudos Médico-Biológicos of UFPA with the support of the Secretaria Especial de Saúde Indígena (SESAI) formed by a multidisciplinary team provided assistance for a week to Katete, Djudjêkô and Oodjã indigenous communities, the Xikrin ethnicity, located on a reservation in Pará Southeast. The objective was to provide assistance and to correlate their culture to complaints/morbidity.

Methods:

The team went by road from Belém to the village and has assisted nearly 600 indigenous. Sites were organized for the operation of the laboratory and areas for attendance. Home visits occurs whenever necessary, at any time of the day, prioritizing bedridden and disabled indigenous.

Results & Conclusion:

During the period were carried out: home visits; rapid test for TB, syphilis and hepatitis B; TORCH serology; BAAR research (in suspected cases); CBC and biochemistry; parasitological stool; Pap cytology; dental care; psychosocial care actions/mental health and medical care. Dentistry held numerous extractions and health education. The mental health program worked in surveillance of controlled medications and psychological support for families which could be identified cases of psychopathy in children. In turn, the medical care to children, women and men was divided into three spaces and complaints were complemented with laboratory tests. The indigenous community, therefore, requires multidisciplinary support for maintaining their health as a whole. However, despite the intervention, several procedures have experienced resistance due to their culture, does not impose any treatment or behavior, which become work with indigenous peoples a big challenge.

PALAVRAS-CHAVE: Medical assistance; Indigenous health; Multidisciplinary teams

PP969 - MULTIDISCIPLINARY INTERVENTION ON THE DIABETIC PATIENT TO REDUCE ALTERED GLYCOSYLATED HEMOGLOBIN.

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Introduction:

Diabetes is a chronic disease responsible for many amputations and obits worldwide, requiring continuous and permanent assistance. Primary Health Care acts on, but not limited to, diabetes prevention, sequelae control and education. Different professionals work together in multidisciplinary groups to achieve population welfare, in particular with diabetics. Glycosylated hemoglobin is a fundamental parameter to assess how patients evolve in controlling diabetes. It provides reliable information regarding retrospective blood glucose levels compared to capillary glycemia. This survey aims to examine how glycosylated hemoglobin will respond to a direct, intense intervention of a multidisciplinary group consisting of Pharmacist, Nutritionist and a Physical Trainer after three months.

Metodology:

The intervention was based on three center lines: Pharmaceutical intervention, Nutritional guidance and stimulating physical activity. Sixteen patients of a previous list have been invited and briefed on the procedures and deadlines. Two interventions happened in group sessions as all other encounters were individuals.

Results:

Nine out of the sixteen invited patients finished the procedures and were submitted to blood exams in order to check the level of glycosylated hemoglobin. Four of the dropouts were male; all nine final results are of female patients. Eight patients achieved reduction of the parameter, averaged 17,25%, as one of them showed increased level. The suggested intervention proved to be effective and reproducible. It is possible to achieve better results with larger follow up time and addition of other professional such as the Psychologist.

PALAVRAS-CHAVE: Hemoglobin A, Glycosylated; Diabetes Melittus; Clinical Pharmacy Service.

PP970 - MUNCHAUSEN SYNDROME DIAGNOSED BY PRIMARY CARE TEAM IN A PRISON IN BRASÍLIA-DF: A CASE REPORT

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Introduction and objectives:

The Munchausen Syndrome, also known as Factitious Disorder, is described as a condition in which the person intentionally produces signs of medical disorders with the single apparent goal of taking the role of a patient and receiving health care attention. The objective of this case report is to illustrate the case of a patient who wandered through institutions of both the prison and the health systems for years, being finally diagnosed with Factitious Disorder by his primary care team at a correctional facility in Brasília-DF.

Method:

Case report.

Results and conclusions:

A. L. M. F., 39 years-old, male, has undergone exhaustive investigation in several situations. The records we have start from July 2014 and go until March 2015, with 5 hospitalizations in the period. Some of the causes were numbness and hemiplegia, referred spinal tumor, trauma, loss of consciousness, seizures, among others. We have noticed that characteristics as accessibility, longitudinal care, coordination of care, integrality and matrix support allowed the primary health care team in the prison to diagnose and properly treat the patient, something that was not possible to be achieved by the several institutions where he had been hospitalized before.

PALAVRAS-CHAVE: prison; case reports; Munchausen Syndrome

PP974 - NARRATIVES OF RESILIENCE, VULNERABILITY AND HOME CARE ASSISTANCE: CASE REPORT IN A LOW-INCOME COMMUNITY IN THE CITY OF RIO DE JANEIRO

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Resilience, a physics arising concept has been increasingly adopted in Health. In this area, can be defined as the human ability to face health problems and day-to-day adversities in a positive way, overcoming them and, moreover, positively transformed by them, developing the ability to a more appropriate response when facing new life challenges. It is not an acquired state, but a process that is built through the development of certain characteristics, considered pillars of resilience: Insight, Independence; Ability to relate; Initiative; Humor; Creativity; Morality and consistent Self-Esteem. This report aims to identify and discuss the health resilience factors, observed in an elderly with a history of thromboangiitis obliterans, amputated of both legs, which presents significant degree of physical limitation. A resident of a low-income community in the city of Rio de Janeiro, is accompanied by a Family Health Program team through home care (Visitas Domiciliares - VDs). The study of resilience was through consent narrative record, obtained during VDs by a family doctor and community (Medico de Familia e Comunidade - MFC). Resilience was measured by Wagnild and Young resilience analytical scale. The result was positive, highlighting five components: Perseverance, Self-confidence, serenity, life direction and self-sufficiency. Being resilient is an important factor for the health protection and recovery. Everyone has the ability to become resilient. The MFC needs to develop skills to identify and support the resilience development as part of its diagnostic and therapeutic approach.

PALAVRAS-CHAVE: Resiliência; Saúde; Atenção Primária à Saúde

PP975 - NARRATIVE MEDICINE: SCRIPTS THAT TRANSFORMS YOU

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1 - USF São João do Estoril;

Introduction and Objective:

Narrative emerges as a medical competence and an enhancing tool for the general practitioner's (GP) daily routine beyond scientific skills only. Writing becomes a reminder to listen closely to each patient and to our own feelings as we interact with them. This poster aims to clarify this method and its influence on clinical practice.

Method:

A group of preceptors and residents of São João do Estoril Health Unit made a comprehensive reflection on the clinical narratives, sharing and exploring different perspectives about: the doctor's emotions and self-awareness beyond his professional reasoning; the doctor-patient relationship and its circumstances; new views of seeing and understanding of each person/patient; and last but not least, the repercussions of these shared contents on the health team.

Results and Conclusions:

This work has emphasized the importance of narrative medicine when used on a regular basis, contributing to the humanization of health care and providing moments of "epiphany". The authors observed an empowerment in the doctor-patient relationship and found attitudes and illnesses that until then were unfold, leading to constant learning and understanding. Awareness and self-assessment are a critical component of professionalism and the process of shared experiences in form of writing is an essential pathway to the sustainable development of narrative medicine.

PALAVRAS-CHAVE: Empathy; Physician-patient relations; Life change events

PP976 - NECK MOBILIZATION AND STROKE AT 30 YEARS OLD, WHEN ALTERNATIVE MEDICINE IS A PROBLEM - CASE REPORT

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Introduction and objective

The incidence of stroke caused by cervical manipulation ranges from one in 400.000 to one in 5.8 million. However, no consideration is given to the possibility that many strokes caused by neck manipulation may go unreported. We aim to present a case of a stroke after spinal mobilization.

Methods

Interviews and clinical file consulting.

Results and Conclusion

A 30 years old female, from a nuclear family, functional APGAR, Duvall's stage 1, followed by her family doctor for birth control, hirsutism treatment and by occasional lumbago, medicated with combined oral contraceptive and diclofenac in SOS, started with neck pain after flexion movement. After ~10 days she booked an alternative medicine consultation (osteopathy/homeopathy). During cervical manipulation, by the osteopathy practitioner, the patient felt the following symptoms: dizziness, vomiting, vision impairment and loss of neck muscular strength. The emergency number was called and the patient was carried to the local hospital. At the hospital the patient was diagnosed with anterior inferior cerebellar artery embolic stroke and a right vertebral artery lesion, suggestive of a translating dissecting mechanism. Patient is medicated with warfarin. After a stroke and along warfarin treatment, this patient could not keep the same medication and has an increased risk of another stroke at long-term. Moreover, is possible she still looks for alternative medicine, as alimentary supplements/teas, which could undergo warfarin interaction. The difficulty explaining patients the risk of non-evidence based practices is increased for family doctors; however is present more than ever in every day consultation.

PALAVRAS-CHAVE: Stroke; Spinal manipulation; Drugs interaction

**PP978 - NO RELATION BETWEEN WEIGHT INCREASE AND
CONSTIPATION SHOWN AFTER SMOKING CESSATION, AND SMALL
INTESTINE MOVEMENT.**

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It is known that smokers experience temporary body weight (BW) increase or constipation after they stop smoking. Despite various studies on its mechanism being done, it still remains unknown.

We conducted a before-after smoking cessation test with those smokers who agreed to stop smoking and examined how their body measurements including weight and small-intestinal transit time measured by breath hydrogen test change after receiving the treatment of smoking cessation.

This study also involves the difference between smokers and non-smokers, which is shown by body measurements including weight and breath hydrogen test conducted for those non-smokers agreed.

This shows that there is an obvious increase in body weight after the cessation of smoking (before BW 71.7 ± 15.3 Kg, after BW 72.7 ± 15.6 Kg, $p=0.003$), while no obvious change was seen in the movement of small intestine (before $t_{1/2ex} 12.72 \pm 18.17$, after $t_{1/2ex} 23.1 \pm 59.8$, $p > 0.05$).

This indicates that the presence and the absence of smoking have little influence on the movement of small intestine. As a result of this study, it was confirmed that there is no relation between weight increase and constipation shown after smoking cessation, and small intestine movement.

1) Ghoo YF, Maes BD, Geypens BJ, et al. Measurement of gastric emptying rate of solids by means of a carbon-labeled octanoic acid breath test. *Gastroenterology* 1993; 104:1040-1047.

PALAVRAS-CHAVE: smoking cessation; body weight; intestine movement

PP981 - NOW YOU SEE IT, NOW YOU DON'T: A CASE OF INTERMITTENT LBBB

Nieves ML ¹; Nieves ML ²; Leader MR ²; 1 - Naval Medical Center Jacksonville; 2 - Naval Hospital Jacksonville;

Introduction/Objective:

Left bundle branch block (LBBB) is an electrocardiogram pattern that often occurs in patients with underlying heart disease. The uncommon phenomenon of intermittent LBBB is usually rate dependent, associated with exercise, or the result of an acute coronary syndrome (ACS). Presented is a case of a 27 year-old female, with no cardiac history who was transferred to our facility with a 2-day history of epigastric pain and new LBBB on ECG. Upon arrival, her abdominal pain resolved and continuous cardiac monitoring yielded intermittent LBBB without significant changes in heart rate. Serial cardiac biomarkers were negative, resting and dobutamine stress echocardiograms were unremarkable, but Lexiscan yielded a moderate-sized mixed anterior wall defect extending to the apex.

Methods:

Chart review after transfer, after discharge and PubMed search of relevant keywords was performed.

Results/Conclusions:

LBBB rarely occurs in young healthy persons. Multiple studies have shown an association between LBBB and sudden cardiac death. Other studies have not only implied a relationship between intermittent LBBB and ACS but also implicated it as an independent prognostic marker for coronary artery disease.

All patients admitted with chest pain or an anginal equivalent should be placed on continuous cardiac monitoring. As this case illustrates, LBBB occurring intermittently could be easily missed on serial ECGs. When intermittent LBBB is detected in younger patients, they should be carefully evaluated for hypertension, CAD, valvular heart disease, and cardiomyopathies. In higher risk individuals with LBBB, more advanced cardiac imaging is preferred for the diagnosis and risk stratification.

PALAVRAS-CHAVE: Left bundle branch block; Epigastric pain; Lexiscan

PP982 - NURSING ASSISTANCE TO A VENOUS ULCER PATIENT WITH HYDROPOLYMER FOAM ON A RIO DE JANEIRO FAMILY CLINIC

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Chronic venous insufficiency is a form of venous stasis, for failure of the valves; having as one of the manifestations the ulceration. The lower members ulcers are defined as injuries that can arise spontaneously or accidentally, and they do not heal in a given time interval. This study aims to present the evolution of the curative of venous ulcers with hydropolymer foam in a Family Clinic. It is a descriptive research, according to the case study methodology. The study was conducted in a Family Clinic, in the west of the city of Rio de Janeiro, about a patient with venous ulcer in both lower limbs in the region of the medial and lateral malleolus. The wounds existed for five years. Monitoring was carried out in that unit, using photographs and nursing evolutions in the period of December 2013 to April 2014; upon acceptance by signing the free and enlightened consent form. Sixty years patient, hypertensive and presenting varicose veins and venous legs ulcer, began treatment with hydropolymer foam covering, being evidenced significant developments in its healing until its tonality by the entire 6 months of use, the dressings being carried out 2 times a week. By correct evaluation of lesions that are submitted by users and with diverse and available material (cover), we can reduce the number of amputations and chronic wounds that we have in our city and improve the quality of life.

PALAVRAS-CHAVE: venous ulcer; curative; hidropilymer foam

PP983 - NUTRITIONAL CARE FOR ELDERLY PATIENTS WITH HYPERTENSION AND DIABETES

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Introductions and Objectives:

High rates of overweight and obesity, sedentary behaviour and increase of life expectancy are the main factors for high incidence and prevalence of Diabetes and Hypertension in the elderly population. Therefore, diet is a crucial element on prevention and treatment. This study focused on a group of elderly patients affected by these conditions, that are assisted by a Basic Healthcare Unit (UBS) in Jardim Niterói, São Paulo. The objective was to promote an active intervention of nutritional care for Diabetes and Hypertension.

Methods:

An active search was performed for patients above 60 years old affected by Diabetes and/or Hypertension, in the region of UBS Jardim Niterói. During the search, patients were invited to a meeting, where they would participate on group dynamics and conversations about nutrition and cooking. At the meeting, the participants were offered healthy snacks, made with appropriate ingredients for their health condition, along with information of how to prepare them. Also, participants were invited to play a Bingo game, which the prize was a food basket and a recipe book.

Results and Conclusions:

The meeting had a total of 16 participants, which were all very engaged on the conversations and group dynamics, presenting a series of questions related to their condition and their lifestyle. After the meeting, they felt more confident and motivated to maintain a proper diet and lifestyle. Therefore, it is possible to affirm that adequate orientation along with close nutritional care are effective on improving outcome of these conditions.

PALAVRAS-CHAVE: Seniors; Diabetes; Systemic Hypertension

PP984 - NUTRITIONAL STATUS OF CHILDREN AND FOOD PRACTICE WITH 2 TO 5 YEARS ACCOMPANIED ON A FAMILY HEALTH STRATEGY ANANINDEUA.

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Introduction and objective:

Infant nutritional assessment is an important parameter for observation of child development and consequently with the socio-economic advancement of the country. The objective of this research is to describe the nutritional status and dietary practices of children aged between two and five years together in the municipality of Ananindeua-PA Basic Health Unit.

Methodology:

We interviewed the heads of 52 children, responding to the form of markers of dietary intake and nutritional monitoring map proposed by SISVAN (National System for Nutritional Surveillance), and analyzed the nutritional status of each child in the indexes proposed by the WHO (Organization World Health) in 2006.

Results and conclusion:

The majority of children are female (61.53%), 5.77% of children were underweight for their age, and as often had high weight for age. The sharp thinness was observed in 3.85% and thinness in 5.77% of children studied. Mothers were most responsible for the children, and 57.7% had completed high school and only 9.6% higher education. As to income, 42.3% of households have maturities between 0 and 1 minimum wage. Those responsible of 41.6% reported anemia. The meat was the best accepted food (96.1%) and the majority of children (53.8%) eat watching television. The child nutrition must be accompanied with rigor, since it is associated with deficits in the development reflects the socioeconomic inequality and is influenced by family income and maternal education, so investments are needed in structuring sectors such as education, sanitation and health for healthy growth for these children.

PALAVRAS-CHAVE: nutritional evaluation; nutritional transition; obesity

PP985 - TUBERCULOSIS TREATMENT IN THE FAMILY HEALTH STRATEGY: RESCUING FROM ABANDONMENT

Ribeiro MA ¹; 1 - Instituto de Atenção Básica;

ABSTRACT

This study aims to identify through library research strategies adopted by family health teams to rescue dropout cases of tuberculosis treatment. Data were obtained from a survey conducted between the months of June and July 2013 in the productions indexed in bibliographic databases in electronic format. 242 articles were found after selective reading the abstracts, only 23 articles were selected. After reading in full of all the 23 articles only 6 were selected. The strategies to be developed in the family health team to rescue dropout cases of tuberculosis treatment are entirely related to the factors that led to this user to abandon the treatment, based on this analysis emerged two categories for discussion of the case: Strategies assistance and Strategies management. The development of the bond, the achievement of a greater number of home visits in two three first months of treatment, care grounded in basic human needs, educational activities and multidisciplinary and DOTS were identified as care strategies that need to be further elaborated in the scope of control treatment of tuberculosis.

PALAVRAS-CHAVE: tuberculose; tratamento; abandono

PP986 - OBESITY IN THE YOUTH: HEALTH EDUCATION APPROACH IN THE SCHOOL

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ABSTRACT

Childhood obesity has become a worldwide health problem , responsible for several comorbidities in children and adolescents , such as hypertension , diabetes, orthopedic problems, dyslipidemia and emotional problems (bullying). High rates of early weaning of breastfeeding associated with the introduction of infant formula with added starch and sugar, nutritional and dietary pattern during pregnancy with abuse hypercaloric diets , the model spread of processed foods and fast food , are conditions that keep close relation with the risk of childhood obesity , as the familiar result in the future of this child. Thus the association of the error associated with the food in a sedentary standard of living " more technology " strongly contribute to childhood obesity. In this study, the Family Health Team comments on the nutritional assessment occurred between teenage students of Elementary Education II , aged 11 years to 15 years , the Municipal School Earl Pereira Carneiro . Then brings a proposal for educational activities including the promotion of health and prevention for this group, through the adoption of healthier habits .

PALAVRAS-CHAVE: OBESIDADE; ADOLESCENCIA; COMORBIDADES

PP988 - OBESITY IN ADOLESCENCE: AN EXPANDED APPROACH TO HEALTH FAMILY PROGRAM

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Introduction:

Eating habits and physical activity have profoundly changed in recent decades. The number of obese individuals, and especially obese adolescents, has grown alarmingly placing the obesity epidemic condition as a serious public health problem. The risk of obese adolescents becoming obese adults is very high and so the problem must be addressed from the outset. Health professionals working in Primary Care must have the proper training to deal comprehensively and effectively with the problem, considering that the Overweight consequences may reflect serious complications later in adult life.

Objectives:

To implement an expanded approach to obesity in adolescence. Promote accession of adolescents and their families to comprehensive care. Coordinate the adolescent care in the health system. Stimulate change of lifestyle with regular physical activity and eating habits.

Method:

Clinical case in the Family Health Unit Jardim Salvador in the city of Petrópolis / RJ

Results and conclusions:

Adolescent obesity is a difficult disease to approach, but its fight has extreme importance in this individuals' life stage. The need for expansion and improvement of public policies aimed at improving the nutritional status of individuals was observed, as well as the training of professionals who deal with such patients.

PALAVRAS-CHAVE: Adolescence; Obesity; Care

PP989 - OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) USED AS PROGRESS TEST IN A RESIDENCY OF FAMILY MEDICINE

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Introduction:

Progress testing is an assessment of all students in different levels of training at regular intervals. These tests are designed to assess the final curricular competences. For each level, participants are expected to obtain increasing scores according to their acquisition of competences. The objective is to evaluate an OSCE for residents of Family Medicine (FM) used as progress test.

Methodology:

We implemented the OSCE- progress test in the FM residency in a University Hospital in Buenos Aires. The purpose was to give students feedback, analyze the profile of residents in each dimension, define the progress of the acquisition of competencies across different years and design possible remedial plans. Reliability, discrimination rates and performance per year per student were calculated. Satisfaction was evaluated by a 5- point Likert scale.

Results:

In 2015, 16 residents were assessed in a 14-station OSCE. Chronbach Alpha was 0.83. The score means per year of residency were 72.76 (SD 2.53) for fourth year, 50.89 (SD 1.96) for third year, 55.42 (SD 2.53) for second year and 65.05 (SD 2.19) for first year ($p < 0.05$). Feedback was adjusted to the relative performance of each participant regarding their year of residency. Resident satisfaction grade was 4.3.

Conclusions:

OSCE- progress test is useful to assess the acquisition of competences during the residency and give constructive feedback.

PALAVRAS-CHAVE: OSCDE; Progress testing; Assesment

PP997 - PALLIATIVE CARE AT KOMFO ANOKYE TEACHING HOSPITAL (KATH), KUMASI, GHANA- A PRELIMINARY REPORT

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Introduction and Objective.

The disease burden of cancers and other terminal illnesses has increased steadily in Ghana over the past decade. A palliative care team was established in 2015. The aim of this study is to determine the characteristics of patients seen by the team since its establishment.

Methods.

A retrospective review of records of patients seen by the Palliative Care team, from 1st January to December 31st 2015 at KATH was conducted.

Results and Conclusion.

28 patients received Palliative Care. Majority were female (79%). Most came from the Ashanti Region (75%). Department of Oncology was the source of most referrals (54 %), followed by Oral Health (14%), Family Medicine (11%), Surgery (11%), Child Health (7%) and Social Welfare (4%). Patients ages ranged from 8 to 89 years, with an average age of 46 years. Patients presented with the following cancers: breast (9), head and neck (5), genito-urinary (5), gastrointestinal (4), limbs (2), lymphopietic (1). Other conditions were severe burns (1) and Cardiac Failure (1). Most of the clients were seen as outpatients with a few being inpatients. Majority of the patients died within 30 days after referral to the team.

PALAVRAS-CHAVE: Palliative Care; Cancer; Ghana

PP999 - PALLIATIVE CARE HELPS PATIENTS WITH TERMINAL ILLNESS LIVE BETTER

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Introduction and Objective:

Palliative care is treatment of the discomfort, symptoms and stress of terminal illness. It helps to manage symptoms or side effects of medical treatment. The patient and family members are provided with emotional, social and spiritual support to help them with the dying process. Palliative care intends neither to hasten nor postpone death. It provides relief from pain and other distressing symptoms. To improve quality of life of patients with terminal illness.

Methods:

Quantitative data analysis of 75 patients aged 60-75years with life-threatening illness. We extract the most distressing symptoms -pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, problems with sleep. All patients had a three months follow up.

Results and Conclusions:

Pain was present at all patients, on a various scale. Three complications related symptoms were found at 60% of patients, and 40% of patients had more than three symptoms present. All patients received supportive therapy. Some 72% of patients established a positive impact on the course of illness. Palliative care refers to the supportive care of patients with life treating illness, as well as the supportive care that is available for family members. The goal is to improve the quality of life of the patient with terminal illness.

PALAVRAS-CHAVE: palliative care; patient; terminal illness

PP1000 - PALLIATIVE CARE IN A LONG TERM CARE INSTITUTION FOR THE ELDERLY: OTHERNESS AND HUMANIZATION

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Introduction and Objectives:

The progressive population aging is associated with increased occurrence of chronic diseases, which may threaten the continuity of life. In the absence of cure prospects, and the face of suffering due to insufficient treatment, it's up to the health professional, reduce pain, provide comfort and dignity to the last day of life of the individual. This reality was experienced by medical students at the Pontifical Catholic University of Goiás, through the activities carried out in the Northwest Region of Goiania, Vila Finsocial, which accompanied the operation of a Long Term Care Institutions for the Elderly (LTCE), Solar Espírita Apóstolo Tomé, which receive assistance from the Primary Care (PC) - CAIS Finsocial.

Method:

We conducted 6 weekly visits to CAIS Finsocial to understand the working dynamics of the Unit and PC professionals. Then the scholars visited the LTCE, supervised by the local coordinator, analyzed the physical structure and the quality of all the services offered to the elderly.

Results and Conclusions:

The role of the PC in the functioning of LTCE is fundamental, without home visits, the institution couldn't provide basic health care for those seniors whose transportation isn't feasible. Furthermore, the proximity creates bonds and decreases loneliness, companion of many institutionalized elderly. Learning through experience has enabled scholars to transcend the literary knowledge. Palliative care is also restore the dignity of life, is to humanize the routine, work hard to keep lives until the last moment, is to have a holistic view, is to live otherness.

PALAVRAS-CHAVE: Palliative Care; Health Services for the Aged; Primary Health Care

PP1003 - PARANEOPLASIC SYNDROME: INSIDIOUS UNSPECIFIC CONSTELLATION OF SYMPTOMS – A CASE REPORT

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Background:

Recent medical advances improved understanding, diagnosis, and treatment of paraneoplastic syndromes. These syndromes may affect distinct organ systems mostly respiratory. Patients may present with autonomic neuropathy prior to diagnosis of cancer or at the time of diagnosis, like abnormal gastrointestinal motility. Unspecific symptoms like cough and asthenia should not be neglected mainly if associated with paraneoplastic flags.

Description:

Male 79-year-old, caucasian, married, retired, phase VIII of Duval's cycle, medium Graffar's (III/IV), no familiar risk, hypertension and ex-smoker (90 pack/year smoking history) presented with asthenia, adynamia, cough and haemoptoic sputum. Thorax x-ray shown enlargement of cardio thoracic index, which had been explained by his age. After a severe constipation episode, an abdominal tomography showed a pneumonia and therapy was established. Despite treatment, the inflammatory markers and clinical condition evolved and he became with fever as well as lung related symptoms got worsen. Another thorax x- ray was performed and pointed out a caveated image with an air fluid level. Thorax tomography confirmed a proliferative mass and added additional information – 2 metastatic lesions in ribs and mediastinal lymphadenopathy. The bronchoscopy reveals a necrotic infiltrative lesion of right inferior lobar bronchus.

Conclusion:

This clinical report states the importance of careful evaluation with unspecific symptoms and signs. More disturbances over time reveal a decreased general wellbeing that is perceived and followed by family physician.

PALAVRAS-CHAVE: Paraneoplastic syndrome; obstipation; lung abscess

PP1006 - PATENT FORAMEN OVALE: A CLINICAL CASE

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Introduction:

Patent foramen ovale (PFO) is a flaplike opening between the atrial septal primum and secundum at the location of the fossa ovalis. PFO is detected in 15% of the population. The prevalence and size is similar in males and females and declines progressively with age. Most patients are asymptomatic, while the remaining show history of stroke or transient ischemic event of undefined etiology, migraine or migraine like symptoms and neurologic decompression sickness. Our aim was to describe a clinical case of a patient with PFO, following an ischemic stroke.

Clinical case:

45 year old male with personal history of aural migraines. On January 2016 he had an episode of monoparesis of the lower right limb with alteration in his walking. He was interned with an ischemic stroke diagnosis. Despite being under therapy, during the internment his neurological deficits worsen. The investigation of the embolic source revealed a PFO (all other studies returned negative). He was submitted to catheterization with percutaneous occlusion of PFO. At discharge, he was prescribed with aspirin 100 mg, clopidogrel 75 mg and simvastatin 20 mg.

Results and Conclusion:

When PFO is associated with an otherwise unexplained neurologic event, traditional treatment has been antiplatelet therapy alone in low-risk patients. Percutaneous closure of PFO during cardiac catheterization is a therapeutic option for patient with recurrent cryptogenic stroke due to presumed paradoxical embolism. The family doctor has a fundamental role in the continuity of the treatment for this patient, who must undergo periodic echocardiograms.

PALAVRAS-CHAVE: Foramen Ovale, Patent; Stroke

PP1008 - PEMPHIGOID GESTATIONIS: A PREGNANCY DISEASE OR A FAMILY DISEASE?

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Background:

Pemphigoid Gestationis is an autoimmune bullous disease that appears around 20 weeks of pregnancy, occurring in 1 of 40,000 pregnancies. Although usually solved spontaneously at the end of pregnancy, acute exacerbations may occur during delivery or immediately postpartum, with hormone therapy or menstrual cycles. Usually begins with urticarial lesions that develop into blisters that extend to entire body, except face, palms and soles. Immunofluorescence technique makes a definitive diagnosis and treatment is based on corticosteroid therapy.

Case report:

29 years old pregnant, without any relevant previous disease, with normal ultrasound scans and analysis of pregnancy. Around 30 weeks of pregnancy, emerged a maculopapular rash with itching and polycyclic lesions in armpits, groin and upper body. She was observed by a dermatologist who diagnosed a polymorphic eruption of pregnancy. Due to the progressive worsening of lesions it was performed a skin biopsy that was inconclusive, but immunofluorescence technique revealed Pemphigoid Gestationis. Despite high doses of systemic corticosteroids therapy, there were severe exacerbations during pregnancy and childbirth. She kept getting worse during menstrual cycle in postpartum, so she began goserelin treatment monthly for 1 year.

Conclusion:

The Pemphigoid Gestationis makes differential diagnoses with other specific pregnancy skin diseases. In addition to diagnostic and therapeutic challenges, this case also represents a challenge to her family doctor, who plays an important role in monitoring all the family problems: the inability of breastfeeding and taking care of the newborn, the impact of overloading the husband, the cushingoid look, multiple secondary effects of medication and the iatrogenic menopause.

PALAVRAS-CHAVE: Pemphigoid Gestationis; Pregnancy complications; Therapeutics

PP1009 - USERS'S MEDICO-SOCIAL PROFILE IN A HEALTH CARE CENTER OF SALVADOR - BAHIA, BRAZIL

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In Brazil, the traditional health centers (HC) suffer from a lack of data about patients and consultation's issues that makes difficult to organize the work process.

This prospective study gathered demographic, epidemiological and consultation's issues data from two hundred general practice (GP) consultations of a traditional HC in Salvador – Brazil in order to reorganize the HC according to the specificities of the local population and the local capacities.

The results confirmed national data and feminization of primary care (PC) users with 75% of women in the consultations and we point out that 18% of the users were illiterate and 67% have not completed primary school. The main causes and complaints for attendance were rarely linked to serious diseases in terms of complications, but were often due to various types of pain (members, spine, head, epigastrium, thoracic and abdominal) which accounted for 42% of complaints. The referral rate was 16%, which means that the consultations' case-resolving was 84%, higher than recommended for a good functioning of health system.

We conclude that we work daily with a socio-economic and educational vulnerable population, which induces a worse health's state than the general population's (Bodenmann P, 2009). In this context, we know that we must strengthen the link between the health centers and the patients, as well as health education measures through interactive work groups related to most frequent complaints and pathologies of users, in order to improve the health and quality of life of the local population.

PALAVRAS-CHAVE: Health center; Health profile; Referral and Consultation

PP1010 - PERIARTICULAR INFILTRATION IN PRIMARY HEALTH CARE

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Rheumatological disease is of high economical and social significance in Portugal, representing 16-23% of contacts in primary health care settings. Musculoskeletal infiltrations are seen as an important adjuvant therapy in the approach of articular and periarticular disease. According to a number of authors, these techniques can be performed by general practitioners, as long as they possess the necessary training and the required logistical and organizational conditions are met.

Implementing periarticular infiltrations in primary health care (PHC) would result in a reduction in work absenteeism, higher patient satisfaction, a lower number of patient contacts, and a rise in team motivation in primary health care units, as well as in a widening of the general practitioner's activities and skills. This measure could also allow for better articulation and complementarity between different levels of health care.

Goal: To show the relevance of periarticular infiltrations in the setting of PHC by measuring the self-perception of improvement experienced by patients submitted to the procedures that took place in the São João do Estoril Family Health Unit during the year of 2015.

Methods: The data referring to patient satisfaction was gathered by phone interviews done at a minimum of two weeks post-procedure, and through the application of the a Likert-like self-perception scale.

Conclusions: This study reinforces the importance of the availability of this therapeutical option in PHC settings. These relatively simple, safe and cost-effective techniques should be encouraged and included in the learning of general practitioners.

PALAVRAS-CHAVE: Rheumatology; pain

PP1011 - PERSISTENT ERYTHEMA NODOSUM AS A MANIFESTATION OF HODGKIN'S LYMPHOMA

Pereira MLF ¹; Machado AG ²; Gomes CF ²; Reigada SCS ²; Jorge FS ³; 1 - USF Modivas; 2 - USF Monte da Luz; 3 - USF Santa Luzia;

ABSTRACT

INTRODUCTION

This is a case report of a patient with Hodgkin's Lymphoma presenting as Erythema Nodosum. Although uncommon, Erythema Nodosum is one of the possible manifestations of Hodgkin's Lymphoma. We believe this association warrants better recognition, as it is poorly documented in the literature.

CASE REPORT

A 57-year-old caucasian female resorted to the primary care services with pink painful nodules in the anterior aspect of both lower limbs, suggestive of Erythema Nodosum. The diagnosis of Hodgkin's Lymphoma remained unclear for a year, until the patient additionally described pain on the upper abdominal quadrants which required more clinical, laboratorial and image investigation. From this second investigation, she was diagnosed not only with Lymphoma, but also with Hepatitis B.

CONCLUSION

The aim of the present case report is to remind that persistent and unexplained Erythema Nodosum like eruptions should prompt consideration of Hodgkin's Lymphoma.

PALAVRAS-CHAVE: Erythema Nodosum; Hodgkin's Lymphoma

PP1012 - PERSON CENTERED MEDICINE: THE IMPORTANCE OF COMMUNICATION IN CLINICAL PRACTICE

Krauss GA¹; Orikasa GS¹; David FH¹; Dias AM¹; Oliveira VP¹; Martinez CAR¹; 1 - Universidade São Francisco;

Introduction:

Several clinical skills are needed in medical practice. The communication in doctor-patient relationship might determine the level of quality and effectiveness of primary care. However, when mistreated generates distrust of medical skills, medical inability to perceive questions of patients, resulting in failures in the treatment of patients. Although there are studies supporting its effectiveness in the current clinical practice it underused, contributing in reducing the resoluteness of the Brazilian health system. Objectives: This paper aims to highlight the importance of developing the communicative skills needed in medical training and subsequent clinical practice.

Method and results:

For the constructions of this paper were used research tools as SciELO, Capes Portal and PubMed during the period from 2010 to 2015. 20 articles, written in English or Portuguese, were selected with themes such as medical communication skill and person-centered medicine, 12 articles of communications skills and 8 about medical person-center approach.

Conclusion:

There are still many challenges in doctor-patient communication. The building of this trustful relationship in a medical consultation requires the doctor some communications strategies, in order to blend their actions, approaching the patient, improving the doctor-patient relationship. The benefits of it are evident, requiring greater diffusion in academy, ensuring best quality in medical education in Brazil.

PALAVRAS-CHAVE: Communication Skills; Physician Patient Relations; Patient-Centered Care

PP1013 - PHARMACEUTICAL CARE IN THE FAMILY HEALTH STRATEGY: THE IMPORTANCE OF THE PHARMACIST IN PATIENT CARE.

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Introduction:

The Pharmaceutical Care actions only for the provision of medicines, do not take account of the needs of integral health care. There is a need to approach the pharmacist with health facilities with greater involvement of the relationship between the user and the rational use of medicines. Objective: To describe the pharmaceutical services performed in a Health Strategy Unit Family.

Method:

Data for pharmaceutical actions were collected from March to November 2015 through an Excel spreadsheet and analyzed statistically.

Results:

Of the total shares (n = 158), there were 34 (21.51%) collective actions, 67 (42.40%) pharmaceutical care actions to the patient, 2 (1.26%) team training, 43 (27.21%) technical information, 11 (7%) interventions in prescription and 1 (0.63) home visit. Regarding the related theme of the total (158) 11 were information related to drug administration, 9 related to dose, 13 health education groups, 17 on information regarding the indication, 3 relating to interaction, 2 home visit guidance, 80 general guidelines, 17 related to the dosage and 6 concerning the safety and drug efficacy. Already on the type of care, 56 shares were in the smoking group, 12 children's health, respiratory diseases 11, 11 women's health, 29 diabetes, 32 hypertension, leprosy 2, 2 STD / AIDS and 3 Mental Health.

Conclusion:

The pharmacist must possess skills and knowledge that allows respond to the paradigm shift of the profession, focusing on product-centric to a new vision focused on individuals, their families and the community.

PALAVRAS-CHAVE: Family Health Strategy; pharmaceutical care

PP1014 - PHYSICAL DISABILITY AND ITS REPERCUSSION IN SOCIAL AND FUNCTIONAL PATIENTS WITH LEPROSY POST-DISCHARGE FROM MULTIDRUG THERAPY

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INTRODUCTION/OBJECTIVE:

This paper sought to analyze the clinical characteristics, social insertion and functional limitations in patients with leprosy. They were evaluated in a national reference university hospital in southeast Brazil during the period 1998 to 2013.

METHODS:

One hundred thirty six patients (aged 12–82 years) with leprosy were enrolled in a cross-sectional descriptive study after discharge from multidrug therapy treatment. Participants were submitted to clinical and functional evaluations as well as characterization of the restrictions to social involvement, through SALSA (Screening of Activity Limitation And Safety Awareness) and Participation Scales.

RESULTS/CONCLUSIONS:

The patients (79 males, 57 females) had a mean age of 44.67 ± 15.05 years. The most prevalent characteristics were male (79%), multibacillary (86%) and some disability (91.2%). From those, 33.8% were classified as degree 2 disability. At the moment of evaluation 56.5% of patients reported pain and 27.2% had used corticosteroid therapy. Ninety-five patients underwent neural decompression or tendon transfer surgery. Age under 64 years and complaint about pain represented a higher risk to limitation of activity. 75% of total patients had functional limitation and 52.2% had social restriction. Despite the context of a reference hospital, it's important to highlight the late diagnostics in this study. Our findings suggest that being over the age of 64 was a protective factor for activity limitations, which may be related with a higher impact of the disease in the young, causing more limitations on activities. The treatment with MDT eradicates *M. Leprae*, however it doesn't overcome the physical deformities already in place.

PALAVRAS-CHAVE: Leprosy; Rehabilitation; Disability

PP1015 - POINT-OF-CARE ULTRASOUND IN PRIMARY CARE - AN ANALYSIS OF POSSIBLE USES, LIMITATIONS AND FUTURE PERSPECTIVES IN RIO'S FAMILY MEDICINE

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Introduction and Objectives:

Point-of-care ultrasonography is a new technology that is being incorporated in the daily practice of several areas of medicine as a helpful examination tool for making therapeutic and diagnostic decisions after condensed and objective training, without the objective of substituting the specialist exam.

The goal of this revision is to relate the recent evidence of point-of-care ultrasound use with primary care reality, not only suggesting possibilities of incorporation of this new technology, but also bringing into discussion the limitations and necessary factors for this to happen.

Methods:

Systematic analysis of articles and revisions published between 2012 and October of 2015, accessed through PUBMED, after searching the following key words: bedside ultrasound, primary care ultrasound, point-of-care ultrasound, telemedicine point-of-care ultrasound. From an initial selection of 25 articles based on the relevance for primary care practice, 13 were used in this paper.

Results and conclusion:

Point-of-care ultrasound presents a remarkable potential for uses in Family Medicine daily practice, already showing high efficacy in diagnosis such as pneumonia and deep vein thrombosis, alongside other uses in procedures and telemedicine. However, new studies are needed to determine curriculum and specific indications directed to primary care use, taking into consideration the positive and negative potential impact in quaternary prevention.

PALAVRAS-CHAVE: ultrasound; primary care; point-of-care

PP1016 - POSTHERPETIC NEURALGIA IN THE ELDERLY

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- Introduction

Postherpetic neuralgia (PHN) is a common complication from the reactivation of the varicella zoster virus manifested as herpes zoster. It affects mainly immunosuppressed people and the elderly. Despite improvements from modern pharmacology, the management and appropriate control of pain is still a challenge. Treatment specificities must be observed, especially with elderly population.

- Objectives

To show principles of pharmacokinetics in the elderly aiming at the individualization of prescription and review updates of pharmacological therapy.

- Method

Bibliographical review about PHN in elderly people using Medline, Pubmed, and SciElo databases, with material published in the last 10 years.

- Results and Conclusions

Antiviral medications must be initiated as soon as possible, preferably up to 72 hours later, to reduce the severity/duration of eruptions and reduce pain in the acute phase. Neuropathic pain is often severe and affects the patient's quality of life. The first-line therapy is the tricyclic antidepressants and gabapentinoids, but they have a slow start of action and countless adverse effects. In elderly people, considerations like the decline of functional reserve, alterations of pharmacokinetics and pharmacodynamics, and the presence of comorbidities must be analyzed. Topical options for treatment could be used because they proved to be efficient with patients experiencing fewer side effects. The complex physiopathology of PHN allows for several therapeutic targets, even if the mechanism of action that promotes analgesia is still not completely understood. Treatment response is unpredictable, and two patients with postherpetic neuralgia can respond differently to the same action.

PALAVRAS-CHAVE: Postherpetic; Neuralgia; Elderly

PP1017 - POTENTIALLY INAPPROPRIATE MEDICATIONS USE IN ELDERLY HOME CARE PATIENTS

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Introduction and Objective:

Elderly home care patients are vulnerable to potentially inappropriate medications (PIMs) use due to multiple chronic diseases and multiple medications. The aim of this study is to identify the rate of polypharmacy and prevalence of PIM use among elderly home care patients.

Method:

This analysis included 429 patients aged 65 years and older who received home health care service from Dışkapı Yıldırım Beyazıt Training and Research Hospital in 2015. Data was obtained from patients' medical files. PIMs were identified according to 2012 Beers criteria and STOPP/START criteria version 2.

Results and Conclusion:

The most common five diseases were HT (%68.5), cerebrovascular event (%32.4), DM (%28.7), hemiplegia (%27.0) and alzheimer's disease-dementia (%26.1), respectively. Polypharmacy was recorded in 56.7% of all patients. According to the Beers and STOPP/START criterion, there were 156 (%36.4) and 202 (%47.1) patients with at least one PIM, respectively. The most prevalent PIMs detected by the Beers criteria were antipsychotics (38.0%), NSAIDs (11.8%), antispasmodics (8.5%), alpha blockers (8.1%) and non-dihydropyridine calcium channel blockers (7.4%). As for the STOPP/START criteria, they were antipsychotics (22.3%), acetylsalicylic acid (11.5%), anticholinergics (8.1%), proton pump inhibitors (7.0%) and loop diuretics (4.5%), respectively. A higher prevalence rate of PIMs was detected using the STOPP/START criteria than with Beers criteria (p=0.001). The agreement for PIM detection between two criteria was moderate.

The high rate of polypharmacy and PIM found in our study point out the need for usage of PIM detection criteria more widely especially for assessment of geriatric home care patients.

PALAVRAS-CHAVE: Home care; Elderly; Polypharmacy

PP1018 - PRACTICES COMPLEMENTARY AND INTEGRATIVE - AURICULOTHERAPY USE IN THE FIGHT AGAINST SMOKING IN PRIMARY CARE

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INTRODUCTION AND OBJECTIVE:

The Municipal Health's Secretary of Rio de Janeiro (SMS /RJ) provides treatment to users who express a desire to quit smoking. Nicotine causes addiction, physical, emotional and behavioral changes. Studies claim that association of therapeutic resources is effective in treatment to quit smoking.

One of the key features of Traditional Chinese Medicine is Auriculoterapia that ensures complementarity treatment and contributes to strengthening the principles of Health Unic System of Brasil, with expanded view of the health-disease and global care promotion.

Auriculoterapia is a microsystem that represents the body's organs and structures in the ear. The ears have points or reflex areas that correspond to all the organs and body functions and, when stimulated by mustard seeds, the brain receives an impulse that triggers a series of physical phenomena, producing well-being and balance.

METHODOLOGY:

This is a partnership of Control Area Technical Tobacco and the Technical Area of Complementary and Integrative Practices. The application is offered Auriculoterapia users entered into the program to Combat Smoking SMS/RJ. Treatment is intensified in the first weeks, when the user starts Tobacco Group.

RESULTS AND CONCLUSIONS:

A weekly application of auriculotherapy produces well-being and balance, helping the symptoms of nicotine withdrawal such as anxiety, irritability, restlessness, hunger, sadness and fear of change of behavior. The weekly contact, host, qualified listening and patient doctor relationship stimulate the user to complete the treatment and quit smoking.

PALAVRAS-CHAVE: Auriculotherapy; Smoking; Primary Health Care

PP1019 - COMPLEMENTARY AND INTEGRATIVE PRACTICES IN THE BRAZILIAN PUBLIC HEALTH CARE SYSTEM: USAGE, RESTRICTIONS AND CAPABILITIES

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Reflect on Integrative Practices and Health Complementary added to those already offered is important for increasing forms of care and treatment and that according to the National Policy of Integrative and Complementary Practices (NPICP) are held by through effective and safe technologies, with an emphasis on welcoming listening, the development of the therapeutic relationship and the integration of the human being with the environment and society.

This study has the general objective: to analyze the Brazilian research in Integrative Practices and Health Complementary in PHC described in scientific literature, in the period 2006-2014; as specific objectives: to know how ICP have been used in the health care of users of the PHC; discuss the limits and potential of Integrative Practice and Health Complementary in the Unified Health System from the studied literature.

This is a descriptive study of integrative review of qualitative literature. Data collection was performed in the VHL and were selected 08 articles for analysis. This work showed that the presence of chronic disease was associated with the increased demand for unconventional therapies and conventional treatment has demonstrated limited efficacy for these patients. In short, it is expected that increasingly the NPICP can be incorporated and implemented in the UHS, in the perspective of disease prevention and health promotion and recovery, with emphasis on primary care, focused on the continued, humanized and comprehensive care in health, thus contributing to increasing the solvability of the UHS and increased access to ICP, ensuring quality, effectiveness, efficiency and safety in use.

PALAVRAS-CHAVE: Complementary Therapies; Primary Health Care; Utilization

PP1020 - PRECEPTORS, COMMUNITY AND FAMILY MEDICINE RESIDENT TOGETHER IN THE CLINICAL MANAGEMENT OF PATIENTS WITH MITRAL STENOSIS OF RHEUMATIC FEVER.

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The family and community doctor is the professional responsible for providing integral and continuing care to every individual applying for medical assistance, being able to mobilize other health professionals to do so. In this context, the presence of tutors was essential, favoring the physician resident to acquire clinical competence for correct diagnosis. Thus, this case report aims to discuss the management and monitoring of patient with double mitral lesion by rheumatic impairment in a family health attention unit in the city of Cuiabá -MT, with the effective participation of preceptor doctors. The Rheumatic Fever especially affects children and young adults. The most feared manifestation is carditis, which accounts for the chronic sequelae often disabling at early stages of life, generating high social and economic cost. Despite the recognized importance of the problem, the health measures adopted until now have proven to be insufficient for adequate control of rheumatic fever in Brazil. As a method for the preparation of this case report, we used the tracking of secondary data in the patient's medical record, primary data collection through clinical interview and registration of diagnostic imaging. Therefore, the patient was informed and asked for its consent through a Free and Informed Consent Term (TCLE). The results obtained were diagnosis and patient treatment on time, new knowledge for the clinical management of the disease, besides the strengthen of the patient-physician-preceptors friendship ties. We conclude that the availability of tutors and the interest of the physician resident contributes to the proper handling of the case.

PALAVRAS-CHAVE: clinical competence; resident; preceptor

PP1021 - PRENATAL EXPOSURE TO ILLICIT DRUG ABUSE... WHICH CONSEQUENCES?

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Introduction and Objective:

Illicit drug abuse during pregnancy is an important public health issue and its use prevalence remains underestimated. This problem may lead to complications that affect the mother, fetus and child development. However, the type of consequences is still a matter of controversies. This issue takes a high importance in primary care services since Family Physician (FP) accompanies pregnancies and child development. The aim of this revision is to determine the aspects that should be considered during the follow up of pregnant women who consume illicit drugs and their children's development.

Method:

Revision of articles published on PubMed featuring the MeSH terms "illicit drugs", "pregnancy", "child development" and "primary health care". Comprehensive searches had been conducted in January 2016 and limited to publications between January 2011 and January 2016, in Portuguese or English.

Results and Conclusions:

Evidence shows that obstetric complications that have been associated with illicit drug abuse during pregnancy are preterm labor, miscarriage, abruption and postpartum hemorrhage. On the other hand, the exposed child has a heightened risk for fetal malformations, executive function difficulties, psychopathologies and poorer mental/motor development. Illicit drug abuse is commonly associated with tobacco or alcohol abuse and poor nutrition. Therefore, it is important to have an assessment of all risk exposure during pregnancy. This public health issue involves a special biopsychosocial dimension, where the FP plays a leading role on prevention and identification of exposure, recognition of medical issues in exposed newborn, and on the protection and follow-up of the exposed infant.

PALAVRAS-CHAVE: Street Drugs; Pregnancy; Child Development

PP1022 - PRESCRIPTION OF ANTICOAGULANT THERAPY IN ATRIAL FIBRILLATION/FLUTTER IN FIVE FAMILY CARE UNITS IN OPORTO, PORTUGAL

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Introduction and Objective:

Atrial fibrillation/flutter (AF) is the most frequent form of sustained arrhythmia and is associated with increased risk of stroke and increased morbidity and mortality. Research has demonstrated that the prescription of oral anticoagulants (OAC) for AF differs between the medical specialties responsible for the diagnosis, and primary care physicians resist starting OAC in those patients. We aim to identify differences in the prescription of OAC in patients diagnosed with AF, between primary care physicians and hospital care clinical specialties.

Methods:

Patient newly diagnosed with AF, between January 2010 and December 2015, were selected from the pool of registered patients from five Family Care Units, in Oporto. The following variables were retrieved from the clinical electronic files: the specialty responsible for the diagnosis, and for the prescription of OAC, and the variables from the scores CHA2DS2-VASc and HAS-BLED.

Results and Conclusions:

We expect to reveal a minor prescription trend from primary care physicians in whom thromboembolic prophylaxis is indicated. A statistical relationship between this trend and CHA2DS2-VASc and HAS-BLED scores, is also expected. Primary care physicians may have an important role in diagnosis and decision to begin OAC in AF patients. Knowledge about OAC prescription trend and related variables can lead to the understanding of resisting causes, and to signalize the need to change conduct in AF, for the benefit of the patient.

PALAVRAS-CHAVE: atrial fibrillation; anticoagulant; primary health care

PP1023 - PRESCRIPTION OF STEROID WARNING CARDS TO PATIENTS TAKING INHALED CORTICOSTEROIDS

BEGG, S¹;

Aims:

Identification of adult patients requiring high dose inhaled steroids and ensure they are provided with an “inhaled steroid warning card.”

Standards:

Standards for this Audit were obtained from London Respiratory Network and produced by NHS England. Individual patients were categorised as taking low, intermediate and high dose inhaled steroids based on their total daily prescribed use and were then subsequently categorised as (a)not requiring, (b)considering requirement of ICS card, ICS card required respectively.

Method:

Data was collected retrospectively from the electronic patient record system (EMIS web healthcare©). The records were searched to identify patients who were receiving steroids and who had be given a diagnosis of either COPD or asthma. The search period was limited to patients receiving a repeat prescription for steroids between the 2nd of April to the 3rd of September 2015.

Results:

113 patients, 17 were prescribed other forms of steroids (nasal and topical) in addition to ICS in this 3 month period. Thirteen of these patients were prescribed additional steroids either on the same day or within 1 month of being prescribed an ICS; 7 of these patients were on low dose ICS, 2 intermediate dose and 3 on high dose ICS.

Discussion:

Results of this audit show that 27% of patients required a steroid warning card based on the doses of ICS prescribed. This was discussed with the clinical team and a formalised action plan implemented. There was a reaudit after 6 month interval. The results will be presented at the conference. .

PALAVRAS-CHAVE: inhaled; steroids; ICS

PP1024 - PRESENCE OF M. LEPRAE IN THE SPUTUM OF A PATIENT WITH RESPIRATORY SYMPTOMS IN BELÉM, PARÁ STATE, BRAZIL.

Matos, HJ. ¹; Lima, LNGC ¹; Lopes, ML ¹; Ramos, FLP ¹; 1 - Instituto Evandro Chagas;

Introduction.

The state of Pará has a high leprosy prevalence rate (4.07 / 10,000) in Brazil, with an incidence rate of 50.75 / 100,000 (data from 2012). Belém, the capital, had an incidence rate considered too high (23.47 / 100,000), with 331 new cases reported in 2012 (DATASUS, 2014). Some cases of patients with respiratory symptoms have been reported in leprosy and tuberculosis coinfection. Nevertheless, it is quite possible that these symptoms may be related to *M. leprae* and not entirely to *M. tuberculosis*.

Objective.

Present a case report of a patient with lepromatous leprosy with respiratory symptoms.

Methods.

A male patient, 30 years old, from Belém, Pará State, was examined on September 11, 2013 at Unified Medical Service of the Instituto Evandro Chagas in Belém, Pará State, with a main complaint of productive cough for three months with purulent sputum.

Results and Conclusions.

On clinical examination, it was noted that the patient bilateral ear infiltration, multiple hypoesthetic hypo and hyperchromic spots, and anesthetic spots in the lower and upper limbs. Lymph smears of the two earlobes, right elbow and left ankle were performed, with staining by the method of Ziehl-Neelsen. A bacterial index (BI) of 4.25 was obtained. Samples of sputum and nasal secretions (NS) through swab technique were collected for Polymerase Chain Reaction (PCR) for *M. leprae*. Both were positive and anti-PGL-1 was also positive. Leprosy should be considered in all patients who have skin or nerve lesions suggestive of leprosy, even in patients with unusual presenting symptoms.

PALAVRAS-CHAVE: Leprosy; Diagnosis; Polymerase Chain reaction

PP1025 - PRESSURE ULCERS HEALING IN PATIENTS ADMITTED TO HOME CARE SERVICES

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Introduction:

The high prevalence of pressure ulcers(PU) is found in the literature and in the practice of Home Care Services(HCS). However, little is known about healing in the HCS. Thus, research is needed in this area.

Objective:

To evaluate the healing of PU in patients from a HCS.

Methods:

Study conducted at the Home Care Program of Conceição Hospital Group(HCP/CHG). Intentional sample with sequential insertion of the subjects in the study. Sociodemographic and clinical data were collected. The healing was evaluated by the Pressure Ulcer Scale for Healing(PUSH) and measuring by the lesion area(planimetry and depth). Data were obtained from a patients records and home visits on admission, in four and six weeks. Descriptive and inferential analyzes were performed by statistical program(SPSS18.0). Study was approved by the Ethics Committee of the Federal University of Rio Grande do Sul(n. 965.082).

Results:

Of the 38 subjects, 50% were male with a higher prevalence of elderly (60.5%). The arterial hypertension was the most prevalent morbidity and stroke was the most frequent diagnosis (28.9%) that indicated the monitoring the HCP/CHG. The median of PU was 2 (P25-75: 1-3), totaling 87 PU and category II (48.3%) and III (35.6%) were predominant. Approximately 50% of PU healed over three weeks. The planimetry, depth and PUSH varied significantly in four and six weeks ($p < 0.05$).

Conclusions:

There was an improvement in healing of PU by the three measures used allowing to observe the HCS potentialities in the care of the patients with PU.

PALAVRAS-CHAVE: home care services; pressure ulcer; wound healing

PP1026 - PREVALENCE AND FACTORS ASSOCIATED WITH ANEMIA IN PREGNANCY

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Anemia was the common problem in pregnant women. Early detection and determine the cause and factors associated with anemia would help primary care physician for proper treatment and subsequently reduce both maternal and neonatal complication. The aim of this study was to determine the prevalence and factors associated with anemia in pregnancy having their antenatal care at Sichon Hospital in southern Thailand. This cross sectional study was conducted. Medical records of total number of 326 pregnant women who had their antenatal care during May 2013 to November 2013 were included. Personal history and obstetric history were collected. The cut-off point of anemia was hemoglobin < 11 g/dl. The results revealed that prevalence of anemia in pregnant women was 13.8 %. Factors associated with anemia in pregnant women were monthly family income < 7,500 Baht (p-value = 0.027) and gestational age at first ANC >14 weeks (p-value < 0.001) Thus anemia in pregnancy remained one of public health problem in Thailand. Therefore, the determination of factors associated with anemia could provide appropriate care in early pregnancy.

PALAVRAS-CHAVE: Anemia; Pregnancy

PP1028 - PREVALENCE OF DOMESTIC UNINTENTIONAL INJURIES IN INFANTS

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Introduction:

Unintentional injuries are the first cause of morbi-mortality in infants. In order to implement preventive measures, prevalence and risk factors must be evaluated.

Objective:

To evaluate the prevalence of domestic unintentional injuries in children between 0 - 4 years of age admitted to La Union Health Care Center between September 2012 and January 2013.

Method:

A cross sectional study was undertaken. A survey was distributed to parents of children between the ages of 0-4 at the Health Care Center's waiting room. The aspects evaluated were home/cradle safety, child game, transportation and child supervision.

Results:

Ninety surveys were answered. In children younger than 1 year old, the prevalence of unintentional injuries was 18% and the main injuries were because of falls (100%). In the age group of 1-4, the prevalence of unintentional injuries was 24%. The most affected aspects were home/cradle and the transportation safety.

Conclusion:

The prevalence of domestic unintentional injuries is high among children between 0-4 years old. It seems important to implement strategies such as education programs for the community in order to prevent future domestic accidents and injuries, and work particularly upon the areas home/cradle and transportation safety.

PALAVRAS-CHAVE: Unintentional Injuries; Infants

PP1031 - PREVALENCE OF POLYPHARMACY IN A GERIATRIC FRAIL POPULATION

NADAL, C. ¹; 1 - CESFAM RANCAGUA;

Introduction:

Since most chronic diseases are associated with older age, the elderly are the main target for an increase in prescribing medications. The relationship between medication-prescribed and functional status variability was studied in this research project.

Objective:

The objective of this research was to provide a description of drugs prescribed and functional status of patients older than 64 years.

Design and setting:

A descriptive, retrospective and cross sectional study was performed with the geriatric population of three primary care health providers in the northwest side of Rancagua, Chile. Sample was composed of 221 patients over 64 years old. Data collected from the Attendance Register Chart inside the Electronic Medical Record. IBM SPSS® Statistics 22, making use essentially of descriptive statistics and association between variables.

Results:

The evaluated patients received an average of 4 drugs during the last 3 months prior to the Annual Review of Preventive Medicine, with a percentage of 44% for those exposed to polypharmacy. According to functional status, 47.5% had a condition of frailty and the remaining 52.4%, of independence. There was a statistically significant association between polypharmacy and frailty.

Conclusions:

This study suggested that number of drugs prescribed could vary among the geriatric population according to their functional status, gender and age. The statistically significant association between polypharmacy and frailty could be interpreted as a product of a decline in biological functions, which are accompanied by pharmacotherapy or the effects of drugs that cause a decrease in the reserve capacity of an aged body over time.

PALAVRAS-CHAVE: polypharmacy; geriatric population; frailty

PP1032 - PREVALENCE OF SEXUAL DYSFUNCTION AND ASSOCIATED RISK FACTORS IN MIDDLE AGED AND ELDERLY KOREAN MEN IN PRIMARY CARE

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Introduction and Objective

Sexual dysfunction (SD) is highly prevalent worldwide. Several studies have investigated the risk factors for erectile dysfunction (ED), premature ejaculation (PE), and late-onset hypogonadism (LOH) individually. However, few studies have considered ED, PE, and LOH as categories of SD. The aim of this study was to investigate the prevalence of SD and its associated risk factors in primary care patients.

Method

Study subjects were enrolled by 18 family physicians from 15 hospital-based family practices in Korea from August 2010 to May 2011. Participants answered a questionnaire regarding their demographic characteristics and lifestyle factors as well as the Korean version of the Androgen Deficiency in the Aging Male, the International Index of Erectile Function, and the Premature Ejaculation Diagnostic Tool questionnaires.

Results and Conclusions

SD prevalence among the study participants ≥ 40 years old was 64.9%. ED prevalence was 43.7%, PE prevalence was 38.6%, and LOH prevalence was 16.8%. SD prevalence was significantly associated with increased age and low income. Obesity was a significant lifestyle factor associated with SD. SD prevalence was significantly higher in patients with hypertension, diabetes, and depression. Findings highlight the importance of asking screening questions for SD in primary care, especially in these groups of patients.

PALAVRAS-CHAVE: erectile dysfunction; premature ejaculation; risk factors

**PP1033 - PREVALENCE OF STUNTING AND HYPOTHYROIDISM IN
PEDIATRIC POPULATION ASSISTED IN THE FIRST LEVEL CARE.
MONTEVIDEO, 2014.**

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Introduction:

Growth is essential to assess health and development in childhood setting, alteration, warns of underlying diseases or causes. An endocrine factor involved in growth regulation is thyroid hormone. Other non-endocrine factors: genetic information, psychological and social influences and nutrition. Knowing prevalence of these entities in Uruguay, clinical diagnosis and resulting behaviors helps reduce incidence of disease and is essential to implement measures.

Objective:

To estimate prevalence of stunting in children aged 0-5 years and coexistence with hypothyroidism.

Specific:

1-Estimate prevalence of stunting in children aged 0-5 years in polyclinic Los Angeles, Barrio Municipal, Casavalle, Montevideo. 2- Estimate prevalence of hypothyroidism in children 0-5 years. 3- compare frequency of diagnosis of hypothyroidism in children with short stature and not tienen.4- characterize population of 0-5 years, polyclinic Los Angeles.

Methodology:

cross-sectional study, described frequency of stunting and hypothyroidism in children 0-5 years and characterization.

Results:

274 children: stunting, 18.6%. Hypothyroidism 4%, 250 children. Hypothyroidism children without stunting 1.3%, stunting 25.9%, $p < 0.05$. Talla Floor without paraclinical 66%. PDE stunting fed at 6 months 34.3%. Without stunting powered PDE 51.8%, $p < 0.05$. stunting and anemia 33.3%, without stunting and anemia 6.5%, $p < 0.05$. No statistically significant difference between groups of children with short stature without stunting: epic fourth product, NBI development.

PALAVRAS-CHAVE: Growth Disorders; hypothyroidism children; primary care

**PP1034 - PREVALENCE, PRESENTATION AND CO-MORBIDITY PATTERN
ASSOCIATED WITH DEPRESSION AMONG GERIATRIC PATIENTS
ATTENDING A GOPC IN NIGERIA**

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Background and Objective:

The study was done to determine the prevalence, presentation and co-morbidity pattern of depressive illness among the elderly patients attending the Family Medicine clinic of the University of Port Harcourt Teaching Hospital (UPTH). This was done against the background of increased morbidity of depressive illness among the elderly culminating in disability and suicidal risk necessitating prevention, screening and timely intervention.

Methods:

A descriptive cross-sectional study of one hundred and fifty elderly (65 years and older) were recruited into the study by the systematic random sampling technique in which every 5th elderly patient was recruited into the study, clerked, physically examined and eventually administered a questionnaire that included the Geriatric Depression Scale, until the required number was attained. Where necessary, relevant laboratory investigations were requested for to ascertain the significance of somatic complaints and detect the presence of co-morbid medical conditions. Data was analysed with the Epi-info version 3.2.2 software.

Results and Conclusion:

28% of the patients were found to be mildly, moderately and severely depressed. Only those with diabetes mellitus ($p=0.000$) and stroke ($p=0.000$) had a statistically significant association with depression. The main presenting complaints significantly associated with depression include multiple somatic complaints ($X^2=15.423$, $p < 0.001$), internal heat ($X^2=6.416$, $p = 0.004$) and delusions/hallucinations ($X^2=7.187$, $p= 0.028$). The study showed that the prevalence of depression in the elderly was 28%. A significant number of them had diabetes mellitus and stroke as co-morbidities. The major reasons for encounter were multiple somatic complaints, internal heat and delusions/hallucinations.

PALAVRAS-CHAVE: Geriatric depression; co-morbidities; presenting complaints

PP1035 - PREVALENCE OF PERIPHERAL NEUROPATHY IN DIABETIC IN PRIMARY HEALTH CARE

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Introduction and Objective:

In the world, every 30 seconds a lower limb (or part OF that) is lost due to diabetes mellitus (DM). Amputees, up to 85% previously have ulceration and diabetic neuropathy (NPD) is present in over 80% of these patients. The NPD is the most common complications of diabetes and the most important early event in predisposition to ulcers. Early diagnosis could prevent up to 85% of amputations. In this sense, family health strategy teams are essential for early diagnosis and prevention of this serious complication. The aim is to identify the prevalence of NPD in patients ascribed to Restinga/SP Health Basic Unit.

Methods:

This cross-sectional study involving patients with diabetes type 2. The data were collected through interviews, physical examination, sensitivity tests (128 Hz tuning fork and monofilament 10g), anthropometric data and lab tests.

Results and Conclusions:

We evaluated 59 patients. The average age was 61.9 years and most female; 52.5% are under 10 years of diagnosis and 59.3% are obese. The average glycated hemoglobin was 8.2 g%. It was observed diabetic peripheral neuropathy by 61%. Of these, 54.3% used insulin. At risk for diabetic foot are 78%. The frequency of patients with foot inspection damage was 50.8%. Hypertension is 78%. Only 15.3% are smokers. Using low cost tests whith easy application was possible to make early diagnosis of neuropathy and provide a Health Basic Unit intervention to prevent this serious complication.

PALAVRAS-CHAVE: Neuropatias Diabéticas; Diabetes Mellitus; Prevenção

PP1036 - HYPERTENSION PREVALENCE, KNOWLEDGE , TREATMENT AND CONTROL IN SÃO TOMÉ AND PRÍNCIPE

Barros C ¹; Torre JB ¹; Barros E ²; 1 - USF Conde Saude; 2 - Departamento das doenças não transmissíveis, ministério da saúde;

Introduction and objectives: The burden of noncommunicable diseases (NCDs), including cardiovascular (CVD) is one of the biggest challenges of the XXI century for the developing countries where these diseases continue to increase, affecting the socio-economic development. Living an epidemiological transition, São Tomé is no exception.

Hypertension is an important CVD risk factor and there are few studies on its prevalence in the population of Sao Tome , which aim to determine as well as knowledge of diagnosis, treatment and disease control level.

Methods:

Cross-sectional study. Data collected in July 2014 on São Tome island residents between 18 to 90 years. Were obtained a randomized sample, proportional stratification; margin of error of 5 %. Blood pressure were measured three times, on the left arm, seated. Hypertension was defined as systolic blood pressure ≥ 140 mmHg and/or mean diastolic pressure ≥ 90 mmHg or antihypertensive therapy use.

Results and Conclusions:

Of the 365 individuals included, 50.7% are female and the average age is 36.8 years. The hypertension prevalence is 29.0% ; increases with age (9.8 % in group <35 years; 35-64 47.6% ; 69.2 % > 64). From the total of hypertensive, 28.3 % unaware having the disease and 64.2 % were treated . Treaties , 57.4 % were not controlled. The prevalence of hypertension in São Tome lead to consider it a priority risk factor that should be subject to intervention through programs of prevention, detection and treatment.

PALAVRAS-CHAVE: hypertension; prevalence; Sao.Tome

**PP1037 - PREVENTING CHRONIC KIDNEY DISEASE IN PRIMARY CARE:
EVALUATION OF RENAL DYSFUNCTION IN DIABETIC AND
HYPERTENSIVE POPULATION IN FAMILY MEDICINE SERVICE**

Xavier Júnior, WA¹; Cardoso, C.J.S.¹; SILVA, B.K.¹; MARCHI, M.L.¹; 1 -
Universidade de Cuiabá;

Introduction/Objective:

Chronic Kidney Disease (CKD) is a risk factor for mortality and cardiovascular disease. It remains asymptomatic until advanced stages of renal dysfunction and its main causes are diabetes and hypertension. This study aimed to improve the medical assistance for diabetic and hypertensive population in Unidade de Saúde da Família Santa Isabel III, Cuiabá – Mato Grosso by evaluating their Glomerular Filtration Rate (GFR).

Methods:

Transversal study based on record review that collected data to estimate GFR, by Cockcroft-Gault method, of patients attended from January to November 2015. The data were processed by descriptive statistics: percentage of variables and their relations. Other nephropathies were excluded.

Results and Conclusion:

From 111 patients about 75,7% had hypertension, 3,6% diabetes and 20,7% both, in which 59%, 25% and 54% were controlled respectively. 63% were women. 4,5%, 37,8%, 45,9% e 10,8% were until 39, 40 to 59, 60 to 75 and over 75 years old respectively. They were categorized by CKD stages according to National Kidney Foundation: 37,8%, 37,0%, 23,4% and 1,8% on stages 1, 2, 3 and 4 respectively. 25,2% showed CKD over stage 3, that requires following with nephrologist, but none of them got it. In patients over stage 3 7,2% presented elevated creatinine; 7,2% hyperkalemia; 7,1% anemia and 3,6% abnormal calcium and phosphorus metabolism. Kidney injury must be tracked at least annually in all diabetic and hypertensive patient. Its preventive approach is a pillar of their treatment and requires premature diagnose, well-timed nephrologist routing and adopting protective measures to preserve renal function.

PALAVRAS-CHAVE: chronic kidney disease; hypertensive nephropathy; diabetic nephropathy

PP1038 - PRIMARY CARE FOR CHILDREN WITH AUTISM

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Introduction:

Autism Spectrum Disorder (ASD) is characterized by persistent difficulties in social interaction and social communication as well as restrictive and repetitive behavior patterns. What does it mean to have a successful adulthood for individuals with ASD? When autism was first described by Leo Kanner in 1943 this appeared to be a rare disorder, however the prevalence has steadily increased. The Center for Disease Control's described a prevalence of one in 68 children in 2010 with a 4 to 1 ratio of male to female children. While this may not represent the exact prevalence it correlates with other studies across multiple nations and widely separated locations. The impact on the patient, family and community can be profound. Family Physicians need to be knowledgeable about screening, diagnosis, and long term care of the ASD patient and their families.

Method:

This review of ASD was compiled through evaluating available medical literature, based on strength of evidence. Presentation including video will facilitate realignment of expectations in ASD care, review modalities for assessment and provide overview of interventions of proven utility.

Results and Conclusion:

Just as the diagnosis has evolved over time so has the assessment of outcomes. An interdisciplinary approach is usually employed in the management of ASD and medical treatment, as monotherapy is not recommended. Early Intensive Behavioral Intervention (EIBI) can lead to significant improvements. Nonetheless, medical management may prove to be a beneficial adjunct. A systematic approach for diagnosis and interventions may facilitate greater success in ASD care.

PALAVRAS-CHAVE: Autism; Children; Management

PP1039 - PRIMARY PREVENTION IN THE ELDERLY

Neto D ¹; Abreu TV ¹; 1 - USF Venda Nova;

Introduction/Objective

The average life expectancy in Portugal was increased by three years between 2002 and 2012. The associated longevity requires a paradigm shift regarding prevention. The elderly are at an increased risk of disease that can limit their functional status. However, they may also be targeted for preventive measures, including vaccination, promotion of physical exercise and evaluation of the risk of falling. The work aims to review the Primary Prevention in the Elderly.

Methods

Research review articles in the CochraneLibrary databases, UpToDate, DynaMed, PubMed, Medline, ClinicalKey and in the Portuguese General Health bureau guidelines, published in the last 10 years, in English and in Portuguese, by using the MESH terms "screening elderly" and "primary prevention".

Results

Vaccination is not restricted to paediatrics or limited to tetanus and flu vaccination. Because of immunosuppression, vaccination in the elderly can have a significant role, namely anti-pneumococcal and herpes zoster. Physical exercise has shown global benefits, if adequate to the functional status of each elderly. Moreover, the risk of falling should be periodically assessed by validated scales.

Conclusions

By prolonging life expectancy, the age conventionally called "Elderly" increases, also expanding the range of included conditions. The evidence that supports the establishment of appropriate performance standards to such a diverse population is scant. Overall, there must be taken into account inherent benefits and risks for each preventive action. One of the pillars of Family Medicine is precisely prevention (with a role in all age groups) which must be adapted in a sustainable and systematic way to each patient.

PALAVRAS-CHAVE: Elderly; Primary Prevention; Family Medicine

PP1040 - PROFILE OF PATIENTS WITH TUBERCULOSIS: ESTABLISHING STRATEGIES FOR PREVENTION, TREATMENT AND CURE

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INTRODUCTION AND OBJECTIVE:

It is known that patients abandon treatment against tuberculosis is a major public health problem to be tackled by the agencies responsible for health in Brazil. This study aimed to characterize the epidemiology and risk factors associated with treatment abandonment by patients with tuberculosis.

METHOD:

A quantitative, descriptive and exploratory study conducted in Fortaleza, with 60 patients with tuberculosis who discontinued treatment before curing. These patients were registered in the SINAN from 2010 to 2015. It analyzed the data based on the current literature on the subject.

RESULTS AND CONCLUSION:

There are some risk factors that favor the abandonment of tuberculosis treatment: 69,02% of patients were men, mainly black (88,97%), between 25 and 45 years, and living in the urban area of the metropolis. It was also seen that 47,89% of patients had studied for four to seven years and that many were alcoholics (68,03%), which hurt the treatment, 51% did not report the type of work they performed or if they had some work. It was also observed that 44 patients have been reinfected, requiring further treatment, while 16 had to restart the treatment due to the abandonment. It was possible to verify that the alcoholic patients, black, urban, with low education and low socioeconomic conditions are more likely to abandon treatment, which is confirmed in the literature. It is mainly this population that requires greater investment in preventing disease.

PALAVRAS-CHAVE: Tuberculosis; Community Health Planning; Medication Adherence

PP1041 - PROFILE OF SELF- MEDICATION IN A FAMILY HEALTH UNIT CUIABA, MATO GROSSO - BRAZIL

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Introduction:

The self-medication as a common problem in primary health care.

Objective:

To characterize the profile and habits related to self-medication in patients enrolled in a Family Health Unit (FHU) in the city of Cuiabá, Mato Grosso – Brazil.

Methods:

An observational and cross-sectional study, carried out by applying a validated questionnaire relating to self-medication, targeted at patients treated in said FHU during the months of June and July 2015.

Results:

85 per cent of patients interviewed said they had if self-medication. The most commonly used drugs were analgesics / antipyretics (91%), influenza (62%) and cough syrups (61%). As the main reasons of self-medication, were found the following clinical situations: headache (79%), cold / flu (67%) and fever (66%).

Conclusion:

The present study is to highlight the self-medication as a common problem in primary health care. Denote the fundamental role of primary prevention in tackling this sociocultural problem through awareness campaigns for the public as to the risks posed by self-medication; just as it explains the need for proper supervision and regulation of pharmaceutical products by the competent bodies, aimed at strengthening the primary prevention and health education for the benefit of patients.

PALAVRAS-CHAVE: Self-medication; Primary Prevention; Family Health Unit

PP1042 - UNIQUE THERAPEUTIC PROJECT: BRINGING TOGETHER PATIENT AND CAREGIVER

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In Brazil, since the NHS was established, there is an attempt to bring health to those in need. It is one of the proposals of complete care. One major example is the Home Care, which bring us the Single Project Therapeutics that makes the multidisciplinary team, the caregiver and the patient, active subjects in "health-disease" process. The aim of this study is to demonstrate how this approach can be important for improving patient's life quality.

The patient, female, age 78, was assisted by our team for a month. She was suffering of recurrent depressive disorder and dementia symptoms, detected by the three words test. She also had polyarthralgia with pain on her hips and knees. Furthermore, the patient resided in an unsuitable environment and was socially isolated. There was a constant misunderstanding between the husband, her caregiver, and the multidisciplinary team, as he applied his intuition and life experiences to the daily practice of patient's care rather than follow the health team guidelines.

The therapeutic methods devised by the team were the improvement of the house's structure, the patient's inclusion in society again through religious groups and carry out activities that approached the patient and her husband. The team also took playful materials that helped on remedies' management and activities to exercise the patient's memory.

The team observed a greater independence of the patient and an increase of her life's quality. Thus, we promoted the stimulation of her autonomy and the improvement of the relation between her and the caregiver.

PALAVRAS-CHAVE: Community Health Services; Caregivers; Patient Care Management

PP1043 - PROTOCOL ADAPTATION OF B-THALASSEMIA CLINICAL MANAGEMENT IN PRIMARY HEALTH CARE (PHC)

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1 INTRODUCTION AND OBJECTIVE

The Primary Health Care is the first point of contact of the health system, being responsible for attending the conditions of health of the population, both acute as chronic. Among chronic diseases, hereditary anemias are responsible for substantial morbidity and mortality, divided into thalassemia and hemoglobinopathies. To manage the patients with thalassemia is important to reach a precise diagnosis of the pathological condition, which has a differential diagnosis of anemias presenting microcytosis and hypochromia like iron deficiency anemias and chronic diseases.

Early diagnose and treatment are the Primary Health Care aim. In order to improve the handling of B-thalassemia at PHC, literature has been revised and went through protocol adaptation based on ABRASTA .

2 METHOD

Literature review of thalassemia was carried out in the databases SciELO, LILACS, BVS, PubMed and the Journal of Hematology, published between 2010 and 2015, in English and Portuguese. Key words: "primary care", "attention chronic diseases", "thalassemia", "differential diagnosis of iron deficiency anemia" and "chronic anemia".

Afterwards, ABRASTA protocol was adapted.

3 RESULTS AND CONCLUSION

• MINOR

Hb 10 -12 g/dl

Microcytosis and hypochromia

HbA2>4%

Follow-up

• INTERMEDIA

Hb 8 -10 g/dL

HbA2 (>4%) HbF (10-50%)

transfusion dependent on clinical signs

Folic acid supplementation (1mg/day)

• MAJOR

Hb <7 g/dL

Evident clinical signs after 6 months of life

HbA2 (<4%) HbF <50%

Regular blood transfusions

The proper management of this condition improves quality of life of patients and the adapted ABRASTA protocol can be used as a reference for improving the monitoring at PHC.

PALAVRAS-CHAVE: Thalassemia; Primary health care; Disease management

PP1044 - PSORIASIS AND DEPRESSION: APPROACH BIDIRECTIONALITY

TEIXEIRA AF¹; SAMPAIO RD¹; SCHUH R¹; TAUFICK SR¹; MARQUES BCC¹; RUECKL SC¹; ANDRADE VLA²; 1 - Universidade José do Rosário Vellano; 2 - Universidade Federal de Minas Gerais;

Introduction / Objective:

Psoriasis is a chronic immune-mediated inflammatory skin disease. About 2 % of the world population is affected. Evidence suggests that cardiovascular diseases, metabolic syndrome, cancer and depression are found in increased frequency in patients with psoriasis. With respect to depression it is not clear whether psoriasis triggers depression or depression may have a role in the development of psoriasis. Therefore, the present study aims to assess whether there is a bidirectional relationship between the two diseases.

Methodology:

It's a Systematic Literature Review using data bases PubMed, Lilacs and Scielo that were surveyed with following descriptors " Psoriasis " , " depression " , " Psycho - dermatology " and " comorbidity ". Fifteen articles met the inclusion criteria. The quality of articles that were selected, was evaluated via Check list do Preferred Reporting Items for Systematic Reviews and Meta-Analyses and Check list de Critical Appraisal Skills Programme.

Results / conclusion:

Thirteen studies conclude that psoriasis can lead to depression. However, while a study suggested a bidirectional relationship between psoriasis and depression; another article with similar methodology found conflicting results. Psoriasis can trigger depressive disorders, however due to lack of studies, It is not possible to confirm that depression leads to psoriasis. In addition, the studies used in this review are transverse and longitudinal studies are needed to assess more accurately the relationship between psoriasis and depression.

PALAVRAS-CHAVE: Psoriasis; Depression; Psycho – dermatology

PP1045 - PSYCHIATRY IN THE PRIMARY CARE CONTEXT

Mascarenhas CE ¹; Gomes TAF ¹; Chagas LHM ²; Lima HMS ³; Guerra CA ²; Valente MC ³; Pascoal AS ⁴; 1 - Universidade Estácio de Sá; 2 - Clínica da Família Anthidio Dias da Silveira; 3 - Clínica da Família Maria de Azevedo Rodrigues Pereira; 4 - Clínica da Família Maria de Azevedo Rodrigues Pereira

Introduction:

The Brazilian public health system started in 1808. Since its beginning, it went through several political and operational changes, until the creation of SUS (Unified Health System in Portuguese), in 1988. The presence of general practitioners leading the care is essential for the proper functioning of the primary care. Nevertheless, there are still some society demands that are not highlighted and/or tracked, as it is the case of mental health.

Objectives:

Study the context of mental health in primary care, with its changes throughout history, the way it is recognized and tracked in such level of care, analyzing its positive aspects and its deficiencies.

Methodology:

Appraisal of the related medical literature, taking as the starting point psychiatry, primary care and the relationship between both.

Discussion:

Epidemiological studies have shown that mental disorders have become commonplace in a global scale. Such disorders are very common and capable of leading to disabilities and suffering. Their correct and early diagnosis in primary care is essential. One of the benefits of the insertion of mental health in primary care is the possibility of a more heartening acceptance of the afflicted individuals by the medical personnel. That allows the medical staff to better know the individuals and their realities.

Conclusion:

It is fundamental to recognize psychiatry as a reality in the primary care context and to always assess the mental state, analyzing it and suggesting which treatment should be done.

PALAVRAS-CHAVE: primary care; mental disorders; mental health promotion

PP1046 - PULMONARY EMBOLISM IN YOUNG WOMEN IN PRIMARY HEALTH CARE

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Introduction

PTE caused by thrombus is a common complication in elderly bedridden people or in postoperative complications. Diagnosis in young healthy people with no previous illnesses or injuries is hindered.

Case description

30 years old healthy woman. A day earlier she visited emergency doctor due to palpitations (ecg fr 115/min). Doctor prescribed beta blocker and advised thyroid hormones test (she has naturally big eyes). Now she reports again, complains about shortness of breath and chest pain. She is a smoker, using combined contraceptive pill. TA-120/80, pale, tachycardia, normal heart sounds. Pulmonary exam: right basal respiratory sound impaired. ECG: sinus tachycardia 140/min, RV strain, S1Q3T3. Patient sent to the Institute for Pulmonary Diseases with suspected PTE.

Initial hospital exams:

Leukocytosis, anemia, fibrinogen 8.2g/l, CRP>100mg/l, D-dimer-3668ng/ml. CXR: cardiac silhouette extended to the right, hazy shadow present on the right basal. CTPA: numerous defects in contrast filling of polygonal shapes in the projections of the lower lobar and consequential segmental branches. Patient then treated with continuous heparin infusion with PPI, oxygen therapy, antibiotics. Once the INR had normalized, patient was allowed to go home and was recommended OAC therapy and regular control of INR.

Follow-up ultrasound:

Phlebothrombosis cruris sin (subacute form). Genetic testing showed homozygous MTHFR. Hemostaseologist recommended treatment: ASA 100mg with gastroprotection. 3 years later, ultrasound showed pregnancy, LMW recommended by the guideline. Childbirth by c-section went fine.

Conclusion

It is difficult to diagnose PTE in young people with no previous illnesses. When prescribing hormonal contraception to smokers, be very cautious.

PALAVRAS-CHAVE: Pulmonary Thromboembolism; Contraception; Primary Health Care

PP1047 - PULMONARY PARACOCCIDIOIDOMYCOSIS IN ELDERLY: A CASE REPORT IN PRIMARY CARE IN POÇOS DE CALDAS CITY

Colaço, EMP¹; 1 - Secretaria Municipal de Saúde de Poços de Caldas;

Introduction:

Paracoccidioidomycosis is a systemic mycosis caused by *Paracoccidioides brasiliensis*. It is the main systemic mycosis in Brazil.

Objective:

Case report diagnostic Paracoccidioidomycose.

Case Report:

GSF, 78, who lives in Pocos de Caldas, Minas Gerais, Brazil. Retired, works with seasonal coffee harvest. Comes to her GP reporting cough unproductive, dyspnea at night and respiratory chest discomfort. Symptoms progressed during the past 04 months. Fever sporadic low. Auscultation Respiratory: pulmonary murmur with reduction plus crackles in middle third bilaterally. Tests ordered: Thorax X-ray + baciloscopia in sputum, where it was shown in radiography: alveolar infiltrates in third average bilaterally. negative sputum smear but with evidence of the presence of yeast / hyphae. After these results, new sputum collection with sputum culture for *Mycobacterium tuberculosis* and fungi was request where had growth of *Paracoccidioides brasiliensis* and no growth of *Mycobacterium tuberculosis*. Started Treatment with Itraconazole with improvement of symptoms, with monthly visits in Primary Care Unit.

Discussion:

The disease primarily affects adult, with rural or gardening habits. The respiratory symptoms in general is scarce, highlighting dyspnea, cough with sputum that can be purulent or hyaline eventually with hemoptysis. Interesting that there is clinical and radiological dissociation. Because the higher prevalence in our country, tuberculosis should always be considered in respiratory conditions with features.

Conclusion:

In Brazil, we must awyas considered the tuberculosis. However, paracoccidioidomycosis remain as a differential diagnosis if there are compatible epidemiological history. Family Physician inserted in scenarios where there are elements of rural, pulmonary mycosis should be aware.

PALAVRAS-CHAVE: Paracoccidioidomycosis; Rural Health; Primary Health Care

PP1048 - PULMONARY TUBERCULOSIS : HISTORICAL ASPECTS AND BIOPSYCHOSOCIAL

OLIVEIRA LB¹; FROES ETO¹; XAVIER FCS¹; Souza GBM²; Coelho ML²; Gomes RLM²; 1 - FACULDADES INTEGRADAS PITÁGORAS DE MONTES CLAROS; 2 - Faculdades Integradas Pitágoras de Montes Claros;

This study is a literature review about the historical and biopsychosocial aspects of pulmonary tuberculosis (TB). Based on materials already developed, consisting of scientific articles searched in the Virtual Health Library, using the database Lilacs, nursing Database (BDENF) and Medline, the study was based in 07 selected references. The results shows that pulmonary tuberculosis remains as a serious public health problem, stigmatized and still developing in a context of poverty and considerable social inequalities. Analyzing the daily health issues, it carries the concept of a remote and reductionist disease as the hygienist paradigm, where the focus is on healing and not on the person in its complexity that experiences a disease. It is also considered that the community and the environment where the patient lives has a decisive role to the concept of disease, values and historical marks from generation to generation. It was concluded that the continuation nowadays of TB occurs because of abandonment of treatment, and this low adhesion occurs because of the collateral effects, external aggravating and peculiarities of the disease such as alcoholism, drugs, adverse reactions, socioeconomic problems, difficulties of access to treatment, relationship with health professionals and the feeling of healing before the end of treatment. This study aimed to review in an exploratory and qualitative way the historical, biological (clinical, diagnosis and treatment) and psychosocial aspects of pulmonary tuberculosis nationwide.

PALAVRAS-CHAVE: biopsychosocial; HISTORICAL ASPECTS ; PULMONARY TUBERCULOSIS

PP1049 - PULSATILE TINNITUS: A CASE REPORT

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Introduction:

Tinnitus is a common symptom affecting 10%–15% of the population. Pulsatile tinnitus is not as common as nonpulsatile tinnitus, and it is most commonly seen in the presence of abnormal extracranial or intracranial blood vessels.

Case Report:

A 59-year-old woman presented a 5-month history of pulsatile tinnitus in the right ear, which developed suddenly without trauma, thrombosis, infection or surgery. Clinical examination was negative for systemic disorders, and otologic examination was negative and revealed neither rhythmic contractions of the soft tissues nor palpable murmurs of the preauricular region. Doppler examination of the supra-aortic trunk was within normal limits, and high-resolution computed tomography (CT) examination of the temporal bone did not reveal any pathological alterations. Angiography demonstrated a intracranial dural arteriovenous fistula (DAVF) of the right lateral sinus, and, subsequently, three lective arterial embolization of the DAVF were performed. The patient did not experience complications secondary to embolization, and the symptoms of tinnitus resolved after the treatment and did not recur during the one-year follow-up period.

Discussion:

Pulsatile tinnitus occurs with systemic diseases, such as anemia, thyrotoxicosis, valvular heart disease, that after the hemodynamics of the vascular system and local disorders, such as arteriovenous malformations, dural arteriovenous and arterial wall diseases. Correct diagnosis must be supported by detailed case history and by thorough, objective clinical examination, which should be associated with other procedures. Conventional cerebral angiography is the diagnostic exam of choice. The treatment strategy for DAVF includes conservative management, embolization and surgical resection.

PALAVRAS-CHAVE: Tinnitus; Pulsatile; Embolization

PP1052 - QUALITY OF INFANT FEEDING AND MATERNAL PERCEPTION ABOUT ADHERENCE OF GUIDELINES AND FOOD INFLUENCE ON THEIR CHILDREN'S HEALTH

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Objectives:

Evaluate the quality of feeding in children younger than one year old attended in a health unit and the maternal perception about adherence of guidelines of health professionals and food influence on their children's health.

Methods:

Descriptive quantitative research relevant at primary level. The data were obtained through the application of questionnaire to 150 mothers/caregivers of children up to 11 months and 29 days attended at the unit and who agreed to participate in the study. The data collection occurred during the months of December 2014 to March 2015.

Results:

96% of mothers have the perception to follow the guidelines of the health team and 4% do not have (of these, 17% showed concern about food influence on child's health). 45% underwent early weaning, which in 31% of cases occurred in the first month of life. The breastfeeding was maintained after the introduction of foods at 6 months in 74% of cases. In the introduction, 74% offered initially liquid and 26% solids. 30% of mothers of older than six months offer food with sugar, 74% milk and derivatives, 94% fruit and 76% vegetables. 79% amass food before offer and 4% beat in the blender.

Conclusion:

There was early introduction of food in about half of the cases and a large number of mothers that provides food not recommended in the first year of life. We observed an inconsistency between the perception and the maternal attitudes, and a low percentage of concern about food influence on the health of children.

PALAVRAS-CHAVE: Alimentação infantil; Percepção materna; Recomendações

PP1054 - RATES AND INDICATIONS OF CAESAREAN SECTION IN PRIMARY HEALTH CARE OF NEPAL

Prasad A¹; 1 - Kathmandu Medical College Teaching Hospital;

Title: Rates and Indications of Caesarean Section in Primary Health Care of Nepal

Introduction:

Increasing rate of cesarean section is an area of concern globally

Objective:

To determine the rate and clinical indications of Caesarean section

Methods:

A hospital based descriptive study was carried out from 15th June 2015 to 15th January 2016 in Department of obstetrics at Kathmandu Medical Teaching Hospital. All the patients who delivered by caesarean section were included in the study. Basic demographic and clinical indications were noted.

Results:

A total of 1172 deliveries were carried out during the study period. Total number of caesarean section was 537 accounting to 45%. Most of the patients were of the age group of 25-29 (42%). Most of the patients were Primigravida (274=51%). Emergency caesarean section was 411 (76.5%). Elective caesarean section was 126 (23.4%). Multigravida (71%) underwent more elective procedure than Primigravida(25.39%).

The most common and frequent indications were

1. Fetal distress=150 (27.9%)
2. Failed induction= 105 (19.5%)
3. Previous cesarean section=60 (11.17%)
4. Cephalo-pelvic disproportion= 58 (10.87%)
5. Previous cesarean section with other obstetric risk factors=53 (9.8%)

Conclusion:

The rate of cesarean section is quite high than that recommended by WHO which is (10-15%). Most of the cesarean section was emergency cesarean section with fetal distress being the leading cause.

PALAVRAS-CHAVE: caeserean section; rate; indication

PP1055 - RELATIONSHIP BETWEEN ONCOLOGICAL DISEASE AND THE DIAGNOSIS OF PSYCHIATRIC DISTURBANCES AND PRESCRIPTION OF PSYCHOTROPIC DRUGS.

Simões M ¹; Pinho A ²; Rocha I ¹; 1 - UCSP Penacova ; 2 - USF Trevim-Sol;

Introduction and objectives:

Cancer is probably the most feared disease in the modern world. It is a difficult truth because it refers the doctor and the patient to a confrontation with the idea of death. The psychological component in cancer treatment is increasingly recognized.

To evaluate the relation between the oncological disease and psychiatric disturbances that this implies in the course of the disease. Study and characterization of two populations with oncologic pathology and the assessment of prescription of psychotropic drugs during.

Methods:

Cross-sectional study of two files of two health unit of patients that presented a cancer diagnosis in their list of problems, according to the ICPC-2 classification. Internal evaluation and peer review through data sources SAM®, MIM@UF, MedicineOne®. The descriptive analysis was performed through Excel.

Results and conclusions:

The age bracket with the greatest incidence of neoplasia is ≥ 75 years, with a larger prevalence in the male gender. The more frequent in the population under study were prostate, colon and breast cancer. 42.5% of the patients were medicated with psychotropic drugs. Of the patients medicated 58.5% started this therapy after the diagnosis of cancer. The most used pharmacological group were the benzodiazepines, in monotherapy (27%) or in association with antidepressants (22%).

The prevailing psychiatric disturbances were adjustment reactions and major depression. There was an excessive use of benzodiazepines in detriment of antidepressants. The various types of cancer and the various types of treatment have different implications that can translate into levels of disparate psychopathologies.

PALAVRAS-CHAVE: Doença oncológica; Doença psiquiátrica; Psicofármacos

PP1056 - RESILIENCE AS A RISK FACTOR FOR DEPRESSIVE DISORDERS IN CHILDREN AND ADOLESCENTS: HOW THE PRIMARY CARE CAN PREVENT THIS DISEASE.

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INTRODUCTION:

Depression is a disease that affects young people in an universal way, and the family can be positive or negative when it comes to the onset of this mental disorder, depending on the factors that involves the family structure and it's role in the children's and teenager's formation.

OBJECTIVE:

Clarify resilience as a risk factor for the development of depression in children and adolescents, and to understand how the family can act preventively, in this situation, along with the active support of the family doctor, through health promotion.

METHOD:

The study was conducted for six months by the participants through a literature review.

RESULTS AND CONCLUSION:

It was noticed that low resilience makes the young people more susceptible to become depressive, and the main symptoms are changes in the cognitive function and distorted reality interpretations. So, the family's effective participation in the child's life is crucial to the progress of treatment of depression in children. Besides, it's important the family doctor to be aware when he's attending the patient, because, if he notices that the family has some relationship issues of any kind or relatives addicted in alcohol or other drugs, he needs to refer the children and adolescents to a psychologist or a psychiatrist, depending on the situation. This is way of trying to prevent depression, since it was seen in this study that these situations make the young ones more susceptible to have low resilience, which is a risk factor for kids and teenagers develop depressive disorders.

PALAVRAS-CHAVE: Depression; Family; Primary Care

PP1059 - RISK FACTORS ASSOCIATED WITH HIGH-RISK ALCOHOL DRINKING BEHAVIOR OF CANCER SURVIVORS

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Introduction and Objective

High-risk alcohol drinking is often reported to be highly prevalent among cancer survivors, despite an adverse effect on cancer treatment and prognosis. The purpose of this study was to evaluate the factors that are associated with the high-risk drinking of cancer survivors after cancer diagnosis.

Method

The study subjects were 1,269 adult (≥ 20 years old) cancer survivors who participated in the Korean National Health and Nutrition Examination Surveys conducted from 2007 to 2013. We defined 'high-risk drinking' as consuming ≥ 7 glasses of alcohol for males and ≥ 5 glasses of alcohol for females at one sitting and classified high-risk drinking at least once a month as 'high-risk drinker'. Multiple logistic regression analysis was used to evaluate the correlates of dependent variables.

Results and Conclusions

The high-risk drinkers occupied 31.1% of the persistent alcohol drinking survivors. Older age (OR=0.96; 95% CI 0.93–0.99), female sex (OR =0.15; 95% CI 0.08–0.27), and old age (≥ 65 years) at cancer diagnosis (OR=0.39; 95% CI 0.16–0.92) were associated with a decreased risk of persistent high-risk drinking. Meanwhile, shorter duration (≤ 9 years) of education (OR=1.88; 95% CI 1.05–3.39), alcohol-related cancer (OR=1.99; 95% CI 1.18–3.35), and short (< 10 years) time lapse after cancer diagnosis (OR=1.96; 95% CI 1.02–3.77) were independently associated with persistent high-risk drinking of cancer survivors. These findings suggest that more efforts for stopping alcohol consumption should be put on the cancer survivors, especially when they have those factors that are associated with high-risk drinking.

PALAVRAS-CHAVE: Neoplasms; Survivors; Binge Drinking

PP1060 - SAVINGS AND QUATERNARY PREVENTION

Simões NM¹; Faustino AR¹; RIBEIRO MA²; 1 - USF D. DINIZ; 2 - USF D.DINIZ;

introduction:

In 2012 ,the European Medicines Agency (EMA) and the Committee for Medicinal Products for Human use (CHMP) concluded that trimetazidine has not demonstrated benefit in treating tinnitus, vertigo or visual disturbances ,keeping only the indication in the prophylaxis of angina pectoris. It was recommended by Infarmed to withdrawing its prescription in patients for whom there is no indication.

Method:

research through statistical program Mim@uf

Objectives:

The Work consists in the verification of compliance with the recommendation of the EMA between 2012 and 2015 in the universe of the elderly Family Health Unit D.Diniz (n= 2163) and reducing associated costs.

Conclusions:

It was observed the gradual decrease of the prescription as standard of EMA and Infarmed : 6.75% of the elderly used trimetazidine in 2012 and only 1.1% took it in 2015. Besides quaternary prevention, reduction of costs was about 23 248 Euros.

PALAVRAS-CHAVE: trimetazidine; quaternary prevention; EMA recommendation

PP1061 - SCLERODERMA ASSOCIATION WITH HYPERTENSION IN PRIMARY HEALTH CARE: A CASE REPORT

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INTRODUCTION AND OBJECTIVES:

The Scleroderma (SSc) is a disease characterized by inflammation, fibrosis and autoimmune response causing skin changes and in some organs. Renal involvement is a complication of great importance, most patients initially presenting renal dysfunction minor, 50% had systemic arterial hypertension (SAH) and about 10% develop renal crisis that mimics malignant hypertension, which can lead to severe kidney failure. Report patient in the discipline Learning Programme in Basic Attention V patient diagnosed with hypertension difficult to control and SSc.

METHODS:

Case report.

RESULTS AND CONCLUSION:

J.M.B, female, 29, born in Paraíba, returns after performing biopsy 4 months ago diagnosed with SSc, treatment with 30 mg Prednisone ,250 mg Imiquimod and 1% Hydrocortisone. She's SAH of difficult control bearer for 4 years using 25 mg Hydrochlorothiazide , 50 mg Atenolol , 0.5 mg Anlodipine besilate. She attended consultation with abdominal tomography and ultrasound Doppler of the urinary tract that showed no significant differences. The Physical examination revealed good general condition, Blood Pressure = 130 / 80mmHg; BMI = 27.98, Height = 1,51m, Weight = 63,8kg. The conduct was referral to a nutritionist for the control of body weight, and the nephrologist for kidney research involvement in the etiology of SAH. So, the main goal of primary attention is prevention and health promotion, all patients with SSc with some degree of renal dysfunction, should be investigated in order to modify disease progression and improve quality of life.

PALAVRAS-CHAVE: Primary Health Care; Hypertension, Malignant; Scleroderma, Limited

**PP1062 - SELF-PERCEPTION OF QUALITY OF LIFE IN TRANSGENDER
POPULATION WHO ATTEND A TEACHING AND ASSISTANCE CENTER.
URUGUAY 2015.**

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Introduction and Objective

The difficulty of accessibility to primary care for Trans population, is an aspect to be improved to ensure the right to the highest attainable standard of physical and mental health. The multidimensionality deprivation, identify this population as vulnerable having adverse consequences on their welfare and quality of life.

The aim of this manuscript is to describe self-perception of quality of life in Transgender persons who are attending the service.

Methodology

56 persons consulting service in the second semester of 2015 were included, the health questionnaire SF -36 (Ware and Sherbourne) (Spanish Version Alonso et al, 1995) was applied after informed consent. This questionnaire includes eight health dimensions and gives results ranging from 0 to 100, from worst to best status.

Results and Conclusions

Physical functioning: 93.5
Role limitations due to physical health: 91.7
Role limitations due to emotional problems: 84
Energy/fatigue: 70.7
Emotional well-being 76.2
Social functioning: 87.5
Pain: 86.4
General health: 75.8

It was found that the general perception of quality of life is good, it would be interesting to compare these results with other populations with same followed longitudinally, which will give more conclusive results.

PALAVRAS-CHAVE: Transgender persons; Quality of life; Primary care

PP1063 - SEXUAL VIOLENCE: A CHALLENGE FOR THE ATTENTION OF PRIMARY HEALTH PROFESSIONALS.

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Introduction:

This paper presents the work experience of the Education Program for Work (PET) on Gender and Sexuality in the city of Rio de Janeiro. Sexual abuse is among the challenging demands met in Primary Care.

Objective:

To present the process of identifying and following up cases of sexual abuse attended by doctor and nurse together the team of collaborative care.

Methodology:

This study examined the cases of 05 patients aged between 15 and 49 years. The inclusion criteria for the study were: presence of at least one episode of sexual abuse and user of the public health service. Exclusion criteria were the presence of psychotic symptoms and severe mental retardation.

Results:

It was traced a profile including characteristics such as type of abuse suffered, age of onset of abuse, ending age, number of episodes, who was the perpetrator of violence, revealing attempts or call for help. The analysis of the reports identified attitudes, actions and interventions that facilitated the identification of cases by the nurse and family doctor, women's follow-up with psychologist contributor of aid and the evolution of the case three months after the first consultation. In addition, they identified the symptoms as the main complaint for the medical care of the search, the medical history of these patients and the reported family history in your medical record.

Conclusion:

It was found that women sought care with unexplained gynecological complaints, with parallel symptoms of anxiety, depression and post-traumatic stress disorder

PALAVRAS-CHAVE: SEXUAL VIOLENCE; primary care health; Women's health

PP1064 - SHAKEN BABY SYNDROME

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- WHO states that 25-50% of all children are subjected to some kind of violence. Shaken Baby Syndrome (SBS) is a severe oh head trauma and occurs when the child is subjected to rapid acceleration, deceleration and rotational forces with or without trauma, resulting in subdural hemorrhage, subarachnoid hemorrhage, retina hemorrhage, and encephalopathy or bone fractures with no cranial external damage. Extreme stress can impair the development of the nervous and immune systems. Consequently, as adults, these children are at increased risk for several health problems. A number of risk factors for child maltreatment have been identified: children under 3 years old (higher in infants), prematurity, chronic or congenital disorders, behavioral disorders and insomnia. It is present on every socioeconomic class. Worldwide incidence is believed to be 14-40.5/100000 children per year; Mortality rates are 13-36%; Morbidity rates are 62-96%. There can be a history of several accidental traumas, trauma not seen by caregiver, generally with plausible explanation. Clinical features are unspecific, but it can lead us to suspect this kind of maltreatment. The objective of this presentation is to raise awareness for SBS and the need for prevention, its risk factor and consequences and to highlight the hints we can find on physical exam.

- Search on PubMed, Medline and WHO, SPP and UNICEF websites with MeSH terms Shaken Baby Syndrome, SBS e Abusive Head Trauma.

- Prevention and education are crucial to reduce the number of children with chronic health disorders caused by Shaken Baby Syndrome.

PALAVRAS-CHAVE: Shaken Baby Syndrome; SBS; child abuse

PP1066 - SHRINKING LUNG SYNDROME DIAGNOSED AND ACCOMPANIED BY PRIMARY CARE - CASE REPORT.

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INTRODUCTION AND OBJECTIVE:

A Shrinking Lung Syndrome (SLS) is a rare respiratory complication of systemic lupus erythematosus (SLE) as a result of diaphragm weakening, leading to atelectasis, dyspnea and respiratory failure. The exact mechanism of how the SLS occurs is still unknown. The purpose of this work is to report the case of Shrinking Lung Syndrome diagnosed and accompanied by primary care.

METHODS:

For this case was used the medical records and patient interview after consent and literature review.

RESULTS AND CONCLUSIONS:

Report the case of a female patient, 36 years old with SLE, whose research in primary care resulted in the diagnosis of SLS. The patient had longstanding SLE treated with prednisone 5mg / day, complaining of dyspnea with diffuse inspiratory wheezing, presented radiograph showing elevated hemidiaphragm with bilateral atelectasis in the standard bases of "shrinking lung." She was treated with prednisone 1 mg / kg / day, hydroxychloroquine, albendazole for 3 days, calcium carbonate, glycemic control, weight control, blood pressure control and concurrent monitoring with rheumatologist who kept conduct. She showed improvement of symptoms and had prednisone dose adjusted to 10mg/day. It concludes that, although rare, the SLS is a disease in which primary care is able to diagnose the presence of dyspnea without heart or hematologic cause, with imaging test showing characteristic changes, and monitoring, reducing costs on public health and preventing unnecessary hospitalizations.

PALAVRAS-CHAVE: Systemic Lupus Erythematosus; Primary Health Care; Public Health

PP1067 - PURPLE URINE SYNDROME IN PRIMARY CARE

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Introduction:

The purple urine bag syndrome is a rare manifestation of a urinary tract infection mainly characterized by the violet coloration of urine collector bag in chronically catheterized patients. It is usually described in patients in the ICU or wards and geriatric hospitals. Most researchers consider the extremely rare syndrome with a prevalence ranging from 8.3% to 16.7%, however a study in a geriatric hospital found a prevalence of 27% in patients with dementia associated. The main risk factors are female, alkaline urine, urinary tract infection, dementia and constipation. Usually has a benign course and is easily treated.

Objective:

To report an unusual case of purple urine syndrome and raise awareness among doctors of primary health care for such a rare phenomenon in our clinical practice.

Method:

Case report of the purple urine bag syndrome in primary care with a brief summary of the literature using PubMed and Scielo main sources of search beyond photographic documentation circumstances of the case.

Results and conclusions:

It is shown with this study that the disease can be found in primary care in patients chronically catheterized outpatient.

PALAVRAS-CHAVE: Urinary Catheterization; Urinary Tract Infections; Primary Health Care

PP1069 - SMARTPHONE INTERVENTIONS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE: A SYSTEMATIC REVIEW OF THE EVIDENCE

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Introduction:

People with chronic obstructive pulmonary disease (COPD) need support strategies to help them monitor their illness and participate in their own health management. Therefore, smartphones and health-related applications can play an important role as monitors with attached sensors, reliable information providers, and 24 hour enabled communication channels.

Objective:

To determine the current state of research of smartphone use in COPD.

Methods:

The research on PubMed® was performed on December 2015, using the terms [internet, phone, smartphone, mhealth, social media, text messages, apps] combined with [chronic obstructive pulmonary disease]. Studies were included if they described a smartphone intervention targeted adults diagnosed with COPD, focused on self-management, frequency of exacerbations and lifestyle modification, in the last 5 years.

Results:

Of the 488 papers identified, 2 met inclusion criteria, both being randomized controlled trials. The first study demonstrated an increase in the daily activity level of COPD patients after a 4 week period using a smartphone application providing motivational cues for exercise. The second study demonstrated greater improvement in self-efficacy for managing dyspnea and greater perceived levels of support at an exercise program by the intervention group, wearing a smartphone and web diary for self-management of COPD during 12 months; there were no differences in dyspnea with activities, exercise behaviour, performance and health-related quality of life across groups in this study.

Conclusions:

Smartphone strategies can provide a viable option for facilitating chronic obstructive pulmonary disease self-management. Further research is needed to develop more precise and complete applications aiming this chronic disease.

PALAVRAS-CHAVE: chronic obstructive pulmonary disease; smartphone; self-management

PP1070 - SOCIAL MEDIA AND MOBILE APPLICATIONS: FACILITATING OF LIFESTYLE CHANGE AND ADHERENCE TO TREATMENT OF HYPERTENSIVE PATIENTS IN PRIMARY HEALTHCARE

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Introduction and Objective:

Poor adherence has been identified as the main cause of failure to control hypertension. Despite the knowledge about the risks and disabling that can result from disease, patients often do not adhere to prescribed therapy. The objective of this review was to identify studies that used social media and Internet based interventions to promote information of self-care in hypertensive patients.

METHOD:

Literature review was conducted in databases: PubMed/Medline, Lilacs, and Scielo considering articles published between 2005 and 2015. Descriptors MeSH: "hypertension" and "social media" and "hypertension".

Results and conclusion:

In this study, eight papers identified following topics: technology mobile (mHealth); development the management instrument; Facebook groups; YouTube videos; source of information, quality of information in sites; and incorporation the technology advances in community hypertension programs. These systems used for improving education and social support shown are effective. Despite the use of social media sites for hypertension-related, information and communication are limited. Still the credibility of the source of information should be reliable. The professional-patient relationship is important factor for adherence and maintaining the patient's motivation for treatment. Social media and other web-based technologies are characterized to be extensive popular penetration and low cost communication tools. The adoption in the practice as tools for education for self-care in primary healthcare, within the realities of health systems is quite possible. Future research is needed to overcome barriers of primary health sector.

PALAVRAS-CHAVE: Hypertension; Social Media; Primary Health Care.

PP1071 - SOCIOECONOMIC PROFILE AND EATING HABITS OF THE PERSON WITH ACQUIRED PHYSICAL DISABILITY IN THE CITY OF ITAJAÍ (SC).

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Introduction and aim:

The physical deficiency is a complete or uncompleted alteration of one or more sections of the human body, resulting in a deterioration of the physical functions. The aim of this study was to understand the type of disability and the eating habits of people with acquired physical disability, assisted by health units and rehabilitation clinics in the city of Itajaí (SC).

Methods:

For the data collection was used a questionnaire with socioeconomic variables and types of disabilities. The eating habits were identified by an eating frequency questionnaire. The data were analyzed using descriptive statistics.

Results and conclusions:

The average age was of 50.6 years old and the majority (54.7%) were male. Regarding the deficiency, the main type was the paraplegia (29.68%). As for income, it was noticed that before the disability, 42.30% of the respondents had a monthly income of up to two national minimum wage and after the deficiency this percentage increased to 48.09% of respondents. The consumption of vegetables was higher (63.9%) when compared to beans (55.7%), rice (36.1%), whole bread (31.1%) and whole rice (24.6%). The presence of unhealthy food was found in whole milk (44.3%) and refined carbohydrates, except: rice, whole rice, bread and whole bread (29.5%). Conclusion: The physical deficiency has a great impact on the lives of the respondents, changing their income and family habits. Regarding the eating habits was found in their diet the prevalence of healthy foods, however, there was a significant consumption of fatlike foods, an alarming factor given that this public tends to be sedentary.

PALAVRAS-CHAVE: Disabled People; Unified Health System; Epidemiology

PP1072 - SPATIAL ANALYSIS OF CONGENITAL SYPHILIS CASES IN A HEALTH PROGRAMME AREA IN THE MUNICIPALITY OF RIO THE JANEIRO

Machareth HRM¹; Marincola FCV¹; Oliveira RR¹; Souza IS¹; Moraes MRG¹; Salles TCS¹; Rial LAD¹; Mesquita LM¹; Rajão FL¹; 1 - Coordenadoria de Saúde 5.1, Prefeitura Municipal do Rio de Janeiro;

The evaluation in the spatial distribution of the congenital syphilis cases supports the decision taking with potential to impact the epidemiological profile of congenital syphilis in the area. The objective was analyze the spatial distribution of congenital syphilis cases, in Health Programme Area 51 residents, in the municipality of Rio de Janeiro. A sectional study carried out on 173 of congenital syphilis cases, diagnosed in 2014, in mothers that reside in PA 5.1, in the municipality of Rio de Janeiro. It was used the municipal basic data from SINAN, updated in March 2015. The reference unit group that was evaluated was composed of 14 units of Health Family Strategy/HFS (Type A) and 07 units formed with traditional model team and HFS (Type B). It was geoprocesed 173 notifications of congenital syphilis. It was seen that 68,79% of the notified cases are located in areas that are covered by the HFS. The units that stand out were: the unit 15 with a frequency of 15,03% from the total of notified and domiciled cases in the area, with a cover of 20,00% by the HFS. The unit 14 with 12,72% of the diagnosed cases in the area, with a cover of 20,00% by the HFS and the unit 10 with 8,67% and 39,80% of covered area by the HFS. It can be noticed that the three units highlighted, all type B, contributed with almost 40% of the cases, with a percentage of cover well below the average presented in the area.

PALAVRAS-CHAVE: Congenital Syphilis; Spatial Analysis; Health Family Strategy

PP1073 - STONES, BONES, MOANS AND GROANS, SARCOIDOSIS? AN ATYPICAL PRESENTATION OF SARCOID DISEASE

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Introduction:

Sarcoidosis is a poorly understood disease wherein extra-pulmonary involvement is common, but isolated extra-pulmonary disease is rare. This case describes hepatic sarcoidosis without pulmonary involvement, presenting as symptomatic hypercalcemia.

Case:

A 65y.o. female presented to clinic with polydipsia, polyuria, nausea, abdominal pain, and 50 lb weight loss. Her serum calcium was 17mg/dL, prompting admission. CT was significant for three 2mm basilar lung nodules. Labs showed elevated Alk Phos, GGT, normal AST, ALT, PTH, and PTHrp. Light chain analysis was consistent with CKD. Bone and liver biopsies showed non-caseating granulomas. She responded to crystalloids, calcitonin, and bisphosphonates. She was diagnosed with extra-pulmonary sarcoidosis, started on steroids, and discharged home with follow-up.

Discussion:

The differential of symptomatic hypercalcemia is broad, including PTH mediated causes, malignancy, and medications. While sarcoidosis is a known cause, it typically presents with hilar adenopathy and hypercalciuria, not symptomatic hypercalcemia. This case describes a patient presenting with symptomatic hypercalcemia without hilar adenopathy, ultimately diagnosed with hepatic sarcoidosis. Liver and renal involvement among sarcoidosis patients are common, however studies show only 2% of isolated extrathoracic sarcoidosis. Hilar adenopathy is the typical finding of sarcoidosis.

Scholarly Question:

In patients with hypercalcemia, what is the probability of sarcoidosis without hilar adenopathy?

Conclusion:

The differential of hypercalcemia is broad. Sarcoidosis is a common cause of hypercalcemia that affects many organ systems with atypical presentations. During an initial hypercalcemia workup, early investigation of other potentially involved organ systems for sarcoidosis may prevent delayed diagnosis and unnecessary interventions in patients without hilar adenopathy.

PALAVRAS-CHAVE: Sarcoidosis; Hypercalcemia; Non-Caseating Granuloma

PP1074 - STROKE BRAIN IN INFANT: THE IMPORTANCE OF THE FAMILY DOCTOR FOR EARLY DIAGNOSIS – A CASE REPORT

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INTRODUCTION AND OBJECTIVE:

The incidence of stroke in pediatrics is rare; it varies between two and eight per 100,000 children below 14 years old. It generally presents as basis congenital heart disease, sickle cell anemia and vascular malformations. The objective of this study is to report a case of ischemic stroke in an infant and the importance of the family doctor and community on recognizing the symptoms early to forward to reference services.

METHODS:

Data was obtained through review of medical records, patient's mother interview after consent and literature review.

RESULTS AND CONCLUSION:

A 1-year-7-month infant presented right frame hemiparesis, with labial deviation associated with non-measured fever and irritability. The mother stated that sought treatment for 4 consecutive days in primary care, and the child was diagnosed with pharyngitis. Despite a difficult diagnosis to be done in children, as soon as he arrived at the public reference hospital stroke was suspected. Laboratory tests and imaging were requested. Computed tomography performed at the entrance, showed ischemic areas in parietotemporal region. Although most common in adults and elderly, the stroke also occurs in children and young adults, resulting in significant morbidity and mortality, so it should soon be suspected by the doctor at the primary care for forwarding to the referral service for therapy and early preventive measures, in order to minimize complications. Better training of family doctors on the early recognition of signs and symptoms may contribute to faster diagnoses and less sequelae.

PALAVRAS-CHAVE: Primary Health Care; Stroke; Infant

PP1075 - STUDY OF FATIGUE FROM THE PERSPECTIVE OF PALLIATIVE CARE

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INTRODUCTION AND OBJECTIVES:

Fatigue is defined as a subjective and persistent feeling of weariness, physical exhaustion, emotional and / or cognitive, that needs research and care. The objective was to determine the prevalence of fatigue in patients of the Clinics Hospital of Rio Branco, Acre, Brazil, from the perspective of palliative care, to identify more associated diseases with such symptom and evaluate the quality of provision of palliative care in this hospital service.

METHODS:

This was a descriptive and cross-sectional study. The sample consisted of 50 hospitalized adult patients of the Clinics Hospital of Rio Branco - Acre. Sampling was the type conglomerate. The data were collected through interviews, whose script followed the questionnaire Piper fatigue scale modified 2009.

RESULTS AND CONCLUSIONS:

It was found that 82% of surveyed reported some degree of fatigue. The intense, moderate and mild fatigue prevalence rates were 44%, 28% and 10%, respectively. It was observed that lung diseases were more related to the fatigue symptom, in absolute terms, corresponding to 10 cases. The most prevalent symptom was pain with 49%. It was observed high prevalence of fatigue, adversely affecting the quality of life of patients under study. This suggests that the hospital in question has still much to do in the field of palliative practice in order to improve the current situation of chronic patients by providing them with greater comfort.

PALAVRAS-CHAVE: Fatigue; Palliative Care; Hospital

PP1076 - STUDY OF THE MEDICATION GIVEN TO CHILDREN PREVIOUSLY THE VISIT TO A PEDIATRIC EMERGENCY DEPARTMENT

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Introduction:

The errors in dosage and therapeutic indication in some pediatric drugs are common.

Objective:

Characterize the population of children and caregivers who uses a Pediatric Emergency Department (SUP) and the medication administered previously.

Methods:

Descriptive study with analytical, observational component. Convenience sample of caregivers / children who use the SUP in a hospital, between 10 November and 31 December 2014. Bivariate analysis with Chi-square and T-student, to a 0.05 significance level.

Results:

100 valid questionnaires, filled mostly by mothers who accompanied the children to the SUP (79%), followed by fathers (19%) and grandparents (2%). Most caregivers were unskilled workers. The average age of mothers was 35.8 years and children 5.9 years. The most frequent reasons for going to the SUP were fever (n = 66), cough (n = 49) and sore throat (n = 22). Paracetamol was the most frequently administered drug (n = 75) before resorting to the SUP, 64% in the form of syrup, followed ibuprofen (n = 37). The dose was wrong in 64% of cases of paracetamol, of which 65% in overdoses, ibuprofen 22% in infradose and 51% overdose. When administered together, both dosage error occurred in 68%. Mostly the previous provisions were made by physicians. The bivariate analysis between the dose error of the drugs and the type and features of the caregiver type specifier was not statistically significant.

Conclusions:

Health care providers should take time to explain the regimen of drugs to its users and how to behave in case of illness.

PALAVRAS-CHAVE: self medication; ambulatory care; child

PP1077 - SUBCLINICAL HYPOTHYROIDISM: FROM CONTROVERSIAL TO CONSENSUS

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Introduction and Objective:

Subclinical hypothyroidism (SCHT) prevalence in general population fluctuates from 4-15%, according to gender, age and studied population's characteristics. The goal is reviewing and systematizing different SCHAT's data, as clinical consequences and management.

Method:

Systematic review based on guidelines published by the European Thyroid Association, Association of Clinical Endocrinologists American, American Thyroid Association, the Brazilian Society of Endocrinology and Metabolism and scientific research in PubMed, using Mesh terms: subclinical hypothyroidism, risk factors. It was also consulted UpToDate 2014. Articles published in English and Portuguese were selected.

Results and Conclusions:

The SCHAT is defined as TSH higher than the statistically normal value and free T4 within the reference range, in the absence of clinical symptoms. The progression to clinical hypothyroidism may occur with a cumulative incidence of 33-55%, and predominantly among women with high TSH levels (≥ 10 mU/L) and presence of anti-peroxidase antibodies. The spontaneous normalization occur most likely in patients with TSH < 10 mU/L, in the absence of anti-peroxidase antibodies and within the first 2 years after diagnosis. The association of SCHAT and cardiovascular disease, dyslipidemia, metabolic syndrome and neuropsychiatric problems is inconclusive. There is controversial evidence about the impact on SCHAT's mortality. The therapeutic management of SCHAT is also controversial about the criteria to initiate therapy with L-thyroxine or not. The treatment's control frequency must be adapted to the treatment phase. As a conclusion, more systematic studies and randomized clinical trials with better methodological quality are needed to make the evidence clear in relation of treatment's benefits.

PALAVRAS-CHAVE: subclinical hypothyroidism; risk; factors

PP1078 - SURVIVAL OF TUBERCULOSIS PATIENTS ATTENDED IN BASIC CARE UNITS IN PROGRAMME AREA IN THE MUNICIPALITY OF RIO DE JANEIRO

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Tuberculosis is a major problem of public health. Study the mortality dynamics is an important epidemiologic tool, capable of clarify the disease behavior on population. The objective was the evaluation of the survival of tuberculosis patients, attended and diagnosed in BCU in programme area in the municipality of Rio de Janeiro. A cohort study with 2148 patients diagnosed between 2009 and 2012, attended in BCU in a programme area in the municipality of Rio de Janeiro. It was used the Kaplan Meier method for an evaluation of the survival curves and the Log-Rank, applying the chi-square test to check the statistical summary between the variables. It was used R 3.2.0®. From the total of diagnostics, there were 213 deaths, which 69,95% were men. On evaluating the time until death between men and women, it could be seen that 50,00% of women died in up to 218 days, approximately 7,1 months after the diagnosis, whereas 50,00% of men died in up to 389 days, approximately 13 months after the diagnosis. On evaluating the deaths according to age group, it could be seen that 50,23% of the cases were aged between 35-59 years, 26,29% were aged 60 years or more and 23,00% were aged between 16-34 years. Among the 213 patients that died, 28,63% had tuberculosis as basic cause of death, 20,18% had the HIV and 48,35% had other causes. Thus, it could be observed that almost 10% of patients had died, being the women the ones that presented a lower survival.

PALAVRAS-CHAVE: Tuberculosis; Survival; Basic Health Attention

PP1081 - TAKING THE BASIC ATTENTION TO WOMEN RIPARIAN IN THE MUNICIPALITY OF MELGAÇO - MARAJOS' ISLAND

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Introduction:

The municipality of Melgaço-Marajo's Island- , with estimated a population of 26,397 people, has one of the worst HDI (Human Development Index) in Brazil, as well as a high poverty index and health deficit. The biological medical studies program of UFPA in partnership with the city hall, held consultations in four riverain villages.

Objective:

To evaluate the health of riveraind women in the municipality of Melgaço - Marajo's Island.

Methodology:

During the days August 29 to September 3, 2015, were realized: Medical consultations, anthropometric and laboratory tests (blood count, biochemistry, parasitological, Pap smear). Two hundred twenty-three women aged 13 to 93 years old were consulted

Results / Discussion:

Due to lack of sanitation and clean water, as well as the orientation on hygiene and healthy habits, the local population is an easy target to reinfection and poly infection, as evidenced by the number of patients with parasitosis/ mycoses. It was also possible to diagnose diabetes, hypertension, obesity, dyspepsia and gastritis. Among the main complaints found in the anamnesis are: headache (53 patients), stomachache / bellyache (41 patients), pain in upper and lower limbs. (12 patients) and spots on the skin (09 patients). As for complaints of gynecological pain, 37 patients had pelvic pain / discharge. In total, 61 preventive tests were realized (Pap smear), of which 30 showed normal diagnosis (normal vaginal epithelium), 25 diagnosed with inflammation / atrophy with inflammation and 6 NIC with NIC alterations, being that 4 were diagnosed high grade.

Conclusion:

The action showed the need to create promotion and prevention to women's health.

PALAVRAS-CHAVE: Marajo's Island; riveraind women; Avaliation

PP1082 - TEENAGE PREGNANCY: A STUDY OF PARAMETERS RELATED TO MOTHERS AND NEWBORNS IN CAMPINAS

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Introduction and Objective

Teenage pregnancy is a topic much discussed nowadays and approached by different areas of knowledge. Thus the present study aims to discover and describe the correlation between teenage pregnancy and gestational and neonatal parameters: number of prenatal doctor appointments, duration of pregnancy, birth delivery type, birth weight, Apgar score at 1 minute and 5 minutes, in the city of Campinas (SP - Brazil).

Method

For this, there was assemblage, analysis and tabulation in Excel spreadsheets from SISNAC, the Live Births Information System and IBGE, the Brazilian Institute of Geography and Statistics for the years 2006 to 2015, setting a intersection between the predictor variable: maternal age groups 10-14, 15-20 and from 21 to 49, with the other aforementioned outcome variables.

Conclusions

From the results it was verified that for some parameters, lower values for indicators are in greater proportion amongst younger pregnant women. Pregnant women aged between 10 and 19 years old presented a higher proportion of indicators such as: number of prenatal visits less than seven, birth weight below 2999g, Apgar one minute less than eight, gestational time less than 36 weeks. Another parameter that the maternal age appears to be related to is the type of birth delivery that indicated significant differences between age groups. The prevalence of cesarean births is 70% of the deliveries from pregnant women between 20 and 49 years in the city of Campinas, while this type of delivery occurred in 40% of pregnant adolescents.

PALAVRAS-CHAVE: SINASC; Pregnancy; Adolescence

PP1083 - THE 5 MINUTE CERVICAL SPINE CONSULT IN FAMILY MEDICINE

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Background & Aim

The cervical spine pathology represents one of the most prevalent issues in the Family Medicine (FM) consult. Most of the patients that will need referral to the Orthopaedics consult will either have Cervical Spondylotic Mielopathy (CSM) or Cervical Radiculopathy (due to an Herniated Disc Compression). Nevertheless, many are the pain generators in the cervical spine, and so, the picture might be confusional. The purpose of this presentation is to make the FM able to do a quick and systematic evaluation of the patient with spine pain, and choose between conservative treatment or orthopaedic referral.

Method

Presentation of an example of Cervical Spine Pain evaluation.

Results

The first step is to exclude the “red flags” that need an urgent referral: Trauma, Suspicion of Neoplastic or Infectious disease and Neurologic Deficits. After that it is important to clearly characterize pain but also pay attention to other classic symptoms. CSM will present itself with axial neck pain, occipital headache, extremity paresthesias, clumsiness in hands and gait imbalance. Cervical Radiculopathy will present itself with sensory or motor symptoms in the upper extremity. Simple tricks like the shoulder abduction test or the Hoffman test will provide valid information to, for example, distinguish this clinic from shoulder pain.

Conclusions

We propose a simple algorithm and systematic evaluation for FM practice, that together with the feedback from the orthopaedic consult, should ease the assessment of a patient with cervical spine pain and pathology.

PALAVRAS-CHAVE: Cervical; Pain; Family Medicine

PP1085 - THE 5 MINUTE LUMBAR SPINE CONSULT IN FAMILY MEDICINE

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Introduction and Objective:

The lumbar spine pathology represents one of the most prevalent issues in the Family Medicine (FM) consult. Many are the pain generators in the lumbar spine, and so, the picture might be confusional. The purpose of this presentation is to make the FM able to do a systematic evaluation of the patient with lumbar pain, and choose between conservative treatment or orthopaedic referral.

Method:

Presentation of an example of Lumbar Spine Pain evaluation

Results and Conclusions:

The first step is to exclude the “red flags” that need an urgent referral: Trauma, Suspicion of Neoplastic or Infectious disease and Neurologic Deficits. After that, we should try to fit the patients pain in one of the most common surgically treatable pathologies: herniated disc compression, lumbar stenosis or spondylolysis. Age is the first discriminator: young patient – disc herniation; older patient – lumbar stenosis. The younger patient with herniated disc will have usually unilateral leg pain, with no clear alleviating position and with a positive Straight Leg Raise (SLR). The older patient with lumbar stenosis will have bilateral leg pain with walking (Neurogenic Claudication), that limits his daily activities and that improves with flexion. The SLR is negative. The spondylolysis might be present in younger or older patients, and can be seen in an X-ray in a patient with lumbar back pain for more than 1 month. This is our purpose of a simple algorithm and systematic evaluation for FM practice to ease the assessment of a patient with lumbar back pain

PALAVRAS-CHAVE: Lumbar Back Pain; Family Medicine; Algorithm

PP1086 - THE 5 MINUTE SHOULDER APPROACH IN GENERAL PRACTITIONER CONSULTATION

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Background & Aim

Shoulder pathology and pain represents a prevalent issue in the general practitioner consult. The majority of this pathology is caused by peri-articular structures, which support and stabilise the articulation, or referred pain. The peri-articular structures include tendons (principally the rotators cuff), ligaments and bursas, that commonly are affected inflammation (acute or chronic) or rupture. Most of this pathology is managed by nonsurgical treatments. The purpose of this presentation is to make the general practitioner able to do a quick and systematic evaluation of the shoulder and manage its treatment.

Method

Presentation of a short and systematic evaluation algorithm of the shoulder pathology. Starting with a small revision of important aspect of anatomy in shoulder region and nociceptive structures. Systematic clinical evaluation with a focused anamnesis and objective exam. An overview of common causes of shoulder pain and functional disability, and its treatments. (Rotator cuff injury, Labral tear, Adhesive capsulitis, shoulder instability, lenohumeral osteoarthritis). A quick reference of the most common causes of referred shoulder pain (neural impingement at the level of the cervical spine, peripheral nerve entrapment, diaphragmatic irritation and myocardial ischemia)

Results

Capacitate the general practitioner to evaluate effectively shoulder complains, guiding the investigation and the treatment, making the consult more usefull for the patient well-being.

Conclusions

With a simple algorithm and a systematic evaluation of the shoulder the bjective exam is sufficient to suspect the diagnosis and start the treatment effectively, using just 5 min of consult.

PALAVRAS-CHAVE: Shoulder; Pain; Family Medicine

PP1087 - THE ACTING OF THE PROFESSIONALS IN THE GOOD PERFORMANCE OF PRIMARY ATTENTION TO SUICIDE PREVENTION

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INTRODUCTION AND OBJECTIVE:

The number of people with suicidal intentions that are not diagnosed in primary care, a lack of previous knowledge about psychiatric disorders on health professionals part is significant in our daily lives. Therefore, the article targets to highlight the skills that can be accomplished by several primary health care professionals in suicide prevention.

METHOD:

Databases SciELO, PubMed and BVS have been consulted and selected 30 articles (1998-2014).

RESULTS AND CONCLUSION:

The professionals involved in primary care, such as family doctors, psychologists, community health workers and physical educators, are significantly important in the prevention of suicide; once the ones present greater contact and acceptance by the community, increasing the practice of preventive measures of suicide. In this context, community health workers and physical educators can contribute to the prevention of disease; and, they can assess the environment and the emotional state of the person, and encourage them to practice physical activities and sports, respectively. Integrated with the reality of the patient, the family doctor, after clinical identification, classification of suicide risk assessment of ideation, plan and attempt from the patient, can take appropriate therapeutic measures. It is considered that further improvement and integration among professionals, through studies and lectures conducted by the unit staff about the psychiatric disorders targeting suicide, would raise the diagnostic rate of this disorder and the possibility of early treatment in favor of the life of the suicidal patient.

PALAVRAS-CHAVE: Suicide; Prevention; Primary care

PP1088 - THE ADDED VALUE OF C-REACTIVE PROTEIN IN DIAGNOSING PNEUMONIA IN PRIMARY CARE

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Abstract

Objectives. C-reactive protein (CRP) is increasingly used in the diagnostic work-up for community acquired pneumonia in primary care. The added diagnostic value of CRP beyond signs and symptoms however remains unclear. We aim to quantify the added value of CRP using individual patient data of multiple studies.

Methods.

Studies on diagnostic accuracy of CRP in adult outpatients with suspected lower respiratory tract infections were included in this individual patient data meta-analysis. The added value of CRP beyond a basic signs and symptoms prediction model was assessed based on improvement in discrimination and risk classification both within the individual studies as well as across studies.

Results.

Authors of 8 studies (n=5308) provided their datasets. In all datasets discrimination improved after adding CRP to the basic model, with a mean improvement in area under the ROC curve of 0.075 (range: 0.02-0.18). Overall the proportion of patients without pneumonia correctly classified as low risk increased from 28% to 36% when CRP was added. Furthermore, the proportion of patients with pneumonia assigned to the low risk category remained equal (n=4), the proportion of patients assigned to the intermediate category decreased from 56% to 51% and the proportion correctly classified as high risk increased from 63% to 70%.

Conclusion.

Adding CRP to the diagnostic workup of patients suspected of pneumonia in primary care improves their risk classification. However, even with CRP a substantial group will still be labelled as having intermediate risk of pneumonia, in which challenges in clinical decision making remain.

PALAVRAS-CHAVE: C-reactive protein; meta analysis; management

PP1089 - THE ANALYSIS OF COMPLAINTS AT A JAPANESE SEASIDE CLINIC

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[Introduction]

Beginning patients physician relationship is that listening to chief complaint of them. Previous data demonstrates the relevance between weather and diseases. Our purpose is to reveal the relevance between atmospheric phenomena and complaints.

[Objectives]

We observed and analyzed the number and complaints of patients visiting the clinic.

[Methods]

We conducted a descriptive epidemiological study at Uchiumi Clinic in Japan from November 2014 to January 2016. We extracted data of 1849 patients and coded the consultation reasons with the factor 1 of International Classification of Primary Care, Second edition (ICPC-2). Furthermore, we analyzed the relevance between complaints at a Japanese seaside clinic and the weather data from Japan Meteorological Agency and microfine particulate matter (PM2.5) data from Ehime Prefectural Institute of Public Health and Environmental Science. In addition, we compared the results with those from previous studies.

[Results]

The total number of complaints was 2553. Age ranged from 0 to 102 years (average, 67.5 years). The number of females was 1106 (59.8%) and that of males was 743 (40.2%). Most complaints were from those in their 80s (29.3%). The major classes of complaints was R (Respiratory) 27.2%. There was no relationship among the total number of complaints, each classification, and various atmospheric factor, e.g. PM2.5, average humidity (%), diurnal range in temperature or atmospheric pressure (hPa).

[Conclusions]

In one Japanese seaside clinic, the results of this study are in line with those of previous studies with regard to the main complaint by disease classification, there is no similarity in relation to atmospheric phenomena.

PALAVRAS-CHAVE: complaints; ICPC-2; atmospheric phenomena

PP1090 - THE ART OF CARING , THE HOMEOPATHY SIMILARITIES AND FAMILY MEDICINE AND COMMUNITY

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Introduction:

This text aims to propose an evaluation and find similarities between homeopathy and the general practitioner, based on the literature of primary health care and family medicine, crossing with Organon information, the main text of specialty initiated by Samuel Hahnemann. It is divided into three paragraphs summarized: individualization of the subject, promotion and prevention and conclusion.

Individualization of the subject: In general practitioner this theme is very well defined in clinical method centered on the person, divided into six components (exploring the disease, understanding the person, group plan, prevention and promotion, intensify the relationship and be realistic). In homeopathy we have the issue with the following sections: seek what should really be cured, judiciously based on observation and HealthCare, listening with patience and research. Always observe social and food issues. Promotion and prevention(including quaternary prevention).

This topic is the basis of the general practitioner, but also within the homeopathy has long described. It is essential that the agent of healing (the doctor) know the causal factors of the disease and get push them, whether physical, psychological, social, lifestyle. They can all be obstacles to healing (secondary and tertiary prevention). However, homeopathy, as much as allopathy can lead to worsening of the disease if the drug is poorly prescribed - quaternary prevention.

Conclusion:

Homeopathy is a medical specialty dated 1792, over a century before the primary healthcare. However, as shown above both have many similarities culinam with care to the individual completely.

PALAVRAS-CHAVE: Homeopathy; primary care; Family Practice

PP1091 - THE BALANCE OF CONTROL: A CASE OF UNSTABLE INSULIN DEPENDENT DIABETES IN LEARNING DIFFICULTIES

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We present a case of unstable insulin dependent diabetes. This patient's care was complicated by learning difficulties and the illusion of comfort. In June 2013, his HbA1c was 51mmol/mol, coping well and asymptomatic. This allowed his family doctors the safety of passive surveillance and the hope of stability. For the next two years, his HbA1c rose to 101(August-2014) and 126(October-2015) mmol/mol. At presentation, this 74 year old gentleman was polydipsic, polyuric and suffering from chronic weight loss. There was not yet evidence of retinopathy or renal involvement. He was originally achieving good scores for Activities-of-Daily-Living; and thus started on, as per national guidance, self-administered basal insulin.

This was not successful and was referred to our family practice. We agreed with the use of basal insulin, but immediately requested for district nurse support in administration. The risk of post-prandial peaks was partially offset by dietary advice. His glycaemic control was affecting his cognition, and on the background of learning difficulties, it would have been simpler to take a paternal method to management. However, the ability to create a solid architecture around which he could make his own decisions allowed his symptoms to improve; and three months later, his HbA1c was 52mmol/mol.

Type 2 Diabetes Mellitus is a progressive condition, of which natural history is complicated by multiple factors. Specific attention should be given to those at risk of poor glycaemic control, even though they may be stable at present. We discuss current literature for glycaemic surveillance in at-risk population groups.

PALAVRAS-CHAVE: Diabetes Mellitus, Type 2; Learning Disorders; Insulin

PP1093 - THE DIFFERENT SHADES OF CARE AND ITS IMPACT - A CASE REPORT

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Introduction:

The latest evidence shows that the holistic approach of patients at end of life increases their quality of life and probably their survival time. This case report intends to reflect about this phenomenon and its implications.

Methods:

Data collection of clinical process and literature review.

Results:

An autonomous woman lived alone in social housing and was visited by her Family Physician (FP). She used to receive the FP with a challenging cheeky grin, in a small luminous airy house, animated by parakeet's chants. In 2011, with 87 years, she suffered a stroke that left her aphasic and totally dependent; she was taken to her daughter's house, who became her main caregiver. During the FP house visits she was very plaintive, with little social interaction, bedridden in a small, dark, silent, impersonal room and could barely be touched, due to the pain. Procedures and medication were done, with no visible effect. In 2012 she was moved to her son's residence. Here, she was progressively more serene, in a luminous, airy room, delighted with a parakeet's chant, a wind vane and stimuli from her new caregivers. All the painkillers were slowly removed. In the last house visit she received the FP with the same challenging cheeky grin.

Conclusion:

The care given to people with chronic incurable illnesses depends on the dyad patient/doctor and must be adjusted to the needs of the patient. The primordial goal is the comfort, quality of life and preservation of the person's dignity and interaction with significant people.

PALAVRAS-CHAVE: palliative care; caregiver; quality of life

PP1094 - THE EFFECT OF VITAMIN D REPLACEMENT ON LIPID LEVELS OF DYSLIPIDEMIC PATIENTS

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Introduction and Objective:

Evidences are increasing that vitamin D plays an important role in the development of CVD. The aim of this study to investigate the effect of vitamin D replacement on lipid levels in dyslipidemic patients with vitamin D deficiency.

Method:

Dyslipidemic patients with vitamin D deficiency to Family Medicine Clinic between June–August 2014 were included to the study. 109 patients who had LDL-cholesterol between 100 and 190 mg/dl with vitamin D levels less than 30 ng/dl were selected. Control blood tests taken after 8 to 10 weeks, a total of 85 patients were reached and included to the study. Patients who had vitamin D level above 30 ng/ml on control blood test were included to the study group and who had under 30 ng/ml were included to the control group. The average vitamin D level of patients was 10.8 ± 6.4 ng / ml. Before vitamin D replacement, there were no significant difference between study and control groups. After vitamin D replacement, while a significant reduction in TG and total cholesterol levels were detected, there was no significant difference in LDL and HDL levels in case group. In the control group, LDL levels were increased at the last measurement.

Results and Conclusion:

Vitamin D replacement was shown to create a positive effect on lipid profile with decreasing triglyceride and total cholesterol values of our patients. Although the effect of vitamin D replacement on lipid profile is a controversial issue, our work is important for our country to be the first study on this subject.

PALAVRAS-CHAVE: Dyslipidemia; Vitamin D; Cardiovascular disease

PP1095 - THE EFFECT OF VITAMIN D THERAPY ON DYSLIPIDEMIC PATIENTS WITH OR WITHOUT SUB-CLINICAL HYPOTHYROIDISM: A RANDOMISED CONTROLLED STUDY

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Introduction and Objective:

Low Vitamin D status is associated with worsened cardiovascular outcome. In this randomized placebo-controlled trial, we aimed to determine the effect of Vitamin D therapy in dyslipidemic and Vitamin D deficient patients with or without sub-clinical hypothyroidism.

Method:

Patients with or without subclinical hypothyroidism, dyslipidemic and Vitamin D deficient who admitted to the outpatient clinic of the Family Medicine Clinic of Diskapi Yildirim Beyazit Training and Research Hospital between August 2014 and June 2015 were included in the study. A total of 64 patients (29 cases with subclinical hypothyroidism , 30 controls) who completed vitamin D therapy for a total of 8 weeks were included in the study.

Results and Conclusion:

Comparing the two groups, there were no statistically significant differences concerning their age, gender, body mass index (BMI) and lipid profile before the Vitamin D therapy. Following the vitamin D therapy, the TSH levels significantly decreased in the case group ($p=0,046$). Our study cases had a significantly lower 25 (OH) vitamin D level than those in the control group ($p=0.001$). While a significant reduction in total cholesterol and triglycerid levels were detected after Vitamin D therapy ($p= 0.02$ and 0.03), there were no significant differences in the lipid profile of the case group. Vitamin D therapy had reduced TSH levels independently from BMI and lipids. Moreover, Vitamin D therapy caused favorable lipid levels in the control group while there was not significant difference in the case group. According to our study, Vitamin D therapy could be associated with atherosclerosis.

PALAVRAS-CHAVE: Dislipidemia; Subclinical Hypothyroidism; Vitamin D

PP1096 - THE ENT OSCE: HOW WELL PRIMARY CARE RESIDENTS PERFORM?

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Ear, nose and throat (ENT) problems are common in Primary Care (PC). Studies about the competence of PC residents to diagnose and manage ENT problems are lacking. The objective is to assess the competence to diagnose and manage prevalent ENT problems in medical residents of PC.

We identified the prevalent ENT problems with a “Delphi” method including ten experts. A blueprint was defined to design the stations with standardized patients and simulators. The OSCE included 2 six-station circuits: one in Paediatrics and the other, in Adults. Two stations, with adolescent ENT problems, were used in both circuits. Standard setting was calculated by the borderline group method. A post examination meeting was planned to provide feedback.

A total of 25 PGY 3 and 4 residents from Family Medicine (n= 8), General Internal Medicine (n=10) and Paediatrics (n=7) voluntarily participated. The global Cronbach’s alpha coefficient was 0.70. In the paediatric circuit, the mean score of FM residents was 63.21% and paediatrics residents’, 67.38% (p= ns); in the adult circuit, FM residents mean score was 64.22%, and GIM’s, 55.80% (p=0.02). A passing score of 55.77 % was obtained for the paediatric circuit and, 55.55 %, for the adult circuit. Six GIM residents did not pass the adult circuit. All FM and paediatrics residents passed the OSCE. The lowest scores were obtained in the procedural station of epistaxis and sinusitis (failure rate= 68% and 36%, respectively).

The ENT OSCE is feasible and reliable. Family Medicine and Paediatrics Residents perform better than General Internal medicine Residents in diagnosing and treating ENT in Primary Care.

PALAVRAS-CHAVE: osce; medical education; Ear, nose and Throat

PP1097 - THE EVALUATION OF THE EFFECTS OF SLEEP QUALITY ON FATIGUE IN PEOPLE AGED BETWEEN 20-64 YEARS IN EDIRNE

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Introduction and Objectives:

Sleep is one of the basic needs for a healthy life and one of the most fundamental requirements, which provides growth, development, learning and resting in all ages of human beings, and prepares people for the next day. Fatigue, which is expressed as lack of physical and mental energy or exhaustion and seen very commonly in society, restricts individuals' personal, social, professional and psychological functions, and affects life quality negatively. This study strives to draw more generalisable conclusions concerning the effects of sleep quality on fatigue in subjects between the ages of 20-64 years in Edirne city center.

Method:

The data were collected using a questionnaire developed by the researcher. Including questions about the sociodemographic factors, the Pittsburgh Sleep Quality Index (PSQI) and the Piper Fatigue Scale (PFS).

Results and Conclusion:

The sample of this research comprised of 1568 volunteers between the ages of 20-64 years registered to the Family Health Centers in Edirne City Center. The analyses of the PSQI total scores have shown that 743 (47.4%) of the 1568 have scored 5 or above. Of the participants who have scored 5 or above which was the cut off point, 392 (52.8%) were female and 351 (47.2%) were male. When total PFS scores were evaluated, it was found that while 15.2% of the sample size did not feel fatigue, 84.8% of the sample size felt it. The findings have shown that as the quality of sleep deteriorates, as the level of fatigue increases.

PALAVRAS-CHAVE: sleep quality; fatigue; Pittsburgh Sleep Quality Index

PP1098 - THE FIGHT AGAINST DENGUE IN BRAZIL: UNION BETWEEN PRIMARY CARE, COMMUNITY AND HEALTH SURVEILLANCE AS AN EFFECTIVE STRATEGY

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Introduction:

Because of the great impact, in 2002, caused by dengue in Brazil, The Ministry of Health created the National Program for Dengue Control, and some of its principals the Integration of Primary Care and Health Surveillance so as to developing dengue control actions, based on the complementary work from Health agents and endemics fighting off agents. This study aimed to grasp the importance of health promotion activities and community awareness to applying for dengue fighting off measures; to observe the relevance of interdisciplinary actions to combat dengue; to assess limiting aspects of this fight.

Method:

The research has exploratory, descriptive, qualitative approach. The sample was collected out of 35 community health agents and 20 endemics combat agents in Fortaleza-CE, who underwent a semi-structured interview from August to November, in 2015.

Results and Conclusions:

The actions performed by agents with the communities aimed to eliminate breeding sites and educate residents. As for the aspects considered limiting to combat dengue in the communities, it prevailed - as hindering - public awareness for the elimination of breeding sites. These actions have brought about positive results over the years. The integration work of these professionals is an important strategy in fighting off the disease. It is still to be noted the importance of the integration between the Primary Care and Health Surveillance, so as to map out effective and consistent strategies regarding the Brazilian reality, basing actions on community health facilities.

PALAVRAS-CHAVE: Dengue; Prevention; Community Health Planning

PP1099 - THE IMPACT OF GLOBAL CRISIS IN ONE PATIENT'S OUTCOME

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Introduction and Objectives

In recent years, the global financial crisis has reflected in population's health, either by decreasing public investment in health or by creating economic difficulties in citizens. This case aims to demonstrate the impact of these difficulties in the citizens' access to healthcare.

Methods (case description)

F.A. is a 58 year-old male, living in Figueira da Foz, suffering from chronic alcoholism, severe esophagitis and gastritis, followed in September 2014 by his family doctor for alcohol withdrawal. He repeated an endoscopy revealing high degree dysplasia of the esophagus' Malpighian epithelium. In November, he was sent to a gastroenterology consultation in the Hospital of Coimbra. The patient missed all appointments until June 2015, then returning stating resumption of alcohol consumption. Refers that is still awaiting the gastroenterology consultation. In September, he states that he has been missing the appointments in Coimbra because of economic difficulties. It is therefore requested an urgent consultation in the Hospital of Figueira da Foz. Fifteen days later, this query is attended by the patient, in which he repeats the endoscopy, now revealing a carcinoma of the esophagus. Currently, the patient is attending the radiotherapy service, awaiting neoadjuvant treatment.

Discussion and Conclusions

The patient's economic difficulties implied the delay in the diagnosis of the carcinoma, which may lead to an adverse outcome, given the severity of the condition. Thus, it is also up to the family doctors to know the socioeconomic context of their patients, as this will have many implications managing their diseases.

PALAVRAS-CHAVE: Neoplasias Esofágicas; Desemprego

PP1100 - THE IMPACT OF PREGNANCY ON MOTHER'S HEALTH AND QUALITY OF LIFE

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Introduction and Objectives:

Gestation period when physiological, psychological and social changes occur and adapting to these changes, is an important process of female life. The aim of this study is to investigate the socio-demographic characteristics, expectations from pregnancy, pregnancy related anxiety and anxiety levels, family status and their level of social support and quality of life of the pregnant women in the first trimester.

Method:

This cross-sectional study is conducted among 196 pregnant women in first trimester between 05.04.2013 and 31.12.2013 in Family Health Centers in Edirne. The participants filled out the questionnaire on sociodemographic factors and obstetric history developed by the researchers along with the State and Trait Anxiety Inventory, Beck Depression Inventory for Primary Care, Multidimensional Scale of Perceived Social Support, Fear of Childbirth and Postpartum Period Scale and WHO Quality of Life –BREF quality of life scale.

Results and Conclusion:

With a cutoff score of 4 and higher for Beck depression scale for primary care the probability of depression was determined 14% of pregnant woman. There was no significant difference between age, educational status, working status, planned pregnancy and pregnancy related anxiety. Increase in number of children showed decrease in the quality of life. To be in younger group, having high level of education and having planned pregnancy showed increase in social support scores.

In conclusion, it's understood that pregnancy is a milestone in women's life which effects health biologically, psychologically and socially.

PALAVRAS-CHAVE: Pregnancy; first trimester; quality of life

PP1101 - THE IMPACT OF SLEEP QUALITY IN MEDICAL TRAINING

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INTRODUCTION AND OBJECTIVES:

The academic demands of medical students tend to change the quality of sleep and desynchronize the sleep-wake cycle, forcing them to choose between keeping a regular sleep-wake cycle or sleep well, to fulfill the academic requirements. The objective of this work was to study the sleep quality of medical students of the Federal University of Acre and make an association between sleep disorders of excessive somnolence during the day with the poor quality of sleep.

METHODS:

This was a cross-sectional study, quantitative, descriptive, survey type. The sample consisted of 181 students. The instrument used was the Pittsburgh Sleep Quality Index and Epworth Sleepiness Scale. Statistical analysis was performed using Statistical Package for Social Sciences.

RESULTS AND CONCLUSIONS:

Among the 181 students interviewed, there was a prevalence of 61.9% (n = 112) with bad sleep quality, and in this group 37.5% (n = 42) have sleep disorders of excessive somnolence. It was found 39.7% that reported pain as a major factor that affects the quality of sleep. The study found that most students have bad sleep quality and related deterioration in well-being during the day. Excessive somnolence seems to be the main factor of this disorder. Therefore, sleep and circadian rhythm should begin to integrate diagnostics, among those who are the most common in the class of medical students.

PALAVRAS-CHAVE: Sleep; Medical Student; Circadian Rhythm

PP1102 - THE IMPORTANCE OF BREAST CANCER PREVENTION CAMPAIGNS: A REPORT OF EXPERIENCE

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Introduction:

One of the areas of work in the Family Health Strategy is devoted to Women's Health. The campaigns aim to raise awareness of the society about the importance of educational and preventive actions.

Objective:

To describe the experience of a breast cancer prevention campaign.

Method:

This is the account of a university extension study developed by the faculty and the students of Medicine Integrated to the Health of the Community of a Midwest University.

Results:

The study subject was a group of 26 women with low income and low education. In this study it was possible to find the doctor-patient relationship, since it strove to approach the importance of basic care in relation to breast cancer and other comorbidities such as hypertension, diabetes and obesity; and endeavored to make the women potentially carrying hereditary breast cancer genes to be aware and participate in the annual prevention campaigns.

Conclusions:

Educational actions are fundamental to the promotion of women's health as self-care and disease prevention, and a unique moment, as well, for the learning of university students. The developed activities showed that a possible interaction with a health team will provide better results. We observed that many of these women did not know about the importance of their participation in breast cancer prevention campaigns. The socioeconomic and cultural level of the sample influenced negatively in the perception and concern with their own health. We suggest educational and preventive campaigns be maintained, and that they raise the adhesion of a larger number of participants.

PALAVRAS-CHAVE: primary prevention; breast cancer; education

PP1103 - THE INFLUENCE OF HYPERTENSION IN MULTIMORBIDITY AMONG OLDER ADULTS IN MIDWESTERN BRAZIL

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The aim of this study was to analyze the prevalence of multimorbidity (two or more health conditions simultaneously), associated factors and hypertension influence in older adults. A population-based cross-sectional design study with 932 elderly people from Goiania, Midwestern Brazil to evaluate the prevalence of multimorbidity and associated factors (smoking, alcohol consumption, overweight / obesity, physical inactivity, educational level, income and marital status). The outcome was multimorbidity measured through diseases count to the following nine health problems. From total sample of 932 elderly, 62.2% were female and 48,3% age between 60-69 years. The most prevalent diseases were high blood pressure (59,7%); osteoporosis (24,6%) and rheumatism, arthritis or arthrosis (21,4%). Multimorbidity was present in 50,5% of cases (56,5% females, 40,6% males). The prevalence increased with age: 43,1% (69-69 years), 58,1% (70-79 years) and 56,4% (80 years and more). Multimorbidity was associated with sex, age and educational status. The highest proportions of two or more diseases were among the elderly classified as inactive and those who did not consume alcohol. According health conditions, the highest prevalence of multimorbidity were found among the elderly who reported depressive symptoms (66.1 %) and health self-rated as poor (79.1 %). The hypertension was present in 70,8% of cases. Cognitive impairment and depression was present in 53,3% and 66,1% of individuals with multimorbidity. Our findings challenge the Brazilian Health System to configure new strategies to care of people with multimorbidity. The care of hypertension and related diseases requests special attention.

PALAVRAS-CHAVE: multimorbidity; primary care; family medicine

PP1104 - THE INFLUENCE OF PHYSICAL ACTIVITY IN HYPERTENSION: A SYSTEMATIC REVIEW

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Objective:

Identify a possible relationship between hypertension and physical activity level and, secondary, if higher levels of physical activity lead to better control of the disease.

Method:

Systematic review using the data banks: PubMed, SciELO and Lilacs. The search was performed using the key words hypertension and IPAq. IPAq is a self-administered questionnaire for the assessment of physical activity of a population. 55 abstracts were reviewed and those involving children, adolescents 15 years old and under, other pathologies than hypertension and healthy subjects were excluded. The 11 remaining articles were analyzed.

Results:

Most of the studies found moderate levels of physical activity among hypertensive patients. No association between low levels of physical activity and hypertension were found in the great majority of the studies analyzed. One article found a higher risk of developing hypertension among those with moderate levels of physical activity when compared to those with high levels. The only article that compared physical activity and control of hypertension found no association.

Conclusion:

Possibly higher levels of physical activity protect from hypertension but lower levels do not seem to be associated. The importance of physical activity in the treatment of hypertension is well established but its influence on the development and control as well as the levels that change the natural history of this disease still needs to be established.

PALAVRAS-CHAVE: hypertension; physical activity; review

PP1106 - THE INSERTION OF MEDICAL STUDENTS IN THE PROCESS OF INVESTIGATION OF STILLBIRTH DUE CONGENITAL SYPHILIS IN CAXIAS DO SUL, 2010-2014

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Introduction and Objective:

Syphilis is a sexually transmitted condition, affecting about 3,5% of pregnant Brazilian women, according to the Health Ministry, with perinatal mortality rate rounding about 40%. The objective is to report the insertion of medical students on the research of congenital syphilis associated to fetal death in Caxias do Sul.

Methodology:

Students and their tutors of PROPET Saúde UCS joined in a populational basis research of stillbirth cases occurred in Caxias do Sul - RS, between 2010 and 2014, that the basic cause was congenital syphilis (CS). The cases were identified by the academics in the municipal Woman's Health Core systematized data bank.

Results and conclusion:

Between 2011 and 2014, 30 cases of stillbirth due CS were reported in this city (average 7,5 cases/year). The medial coefficient of stillbirth in this period was about 1,19 cases/1000 live births. The majority of cases were pregnant women about 20 to 29 years old (45,6%), being that 30,0% were adolescents. The maternal education was under eight years of study, there wasn't prenatal assistance and they had a steady partner in 40%. The majority of cases (93,4%) occurred on SUS and 6,6% in Supplementary Health. About 56,7% of the stillbirths were premature and 97,7% had under 2.500 grams. Therefore, the congenital syphilis prevalence appears in high rate in Caxias do Sul, with negative impact on perinatal results, particularly on SUS. This experience allows consider that students can join the process of syphilis investigation and contribute with information to qualify the public politics.

PALAVRAS-CHAVE: Syphilis; Stillbirth; Congenital Syphilis

PP1108 - THE MANAGEMENT OF UPPER GASTROINTESTINAL DISORDERS AT PRIMARY CARE

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Peptic ulcer, dyspepsia (functional), gastroesophageal reflux disease are common source of morbidity, mortality, and cost. Despite appearing frequently errors could be seen in diagnosis. The early detection is the critical point to avoid unnecessary investigation and referral and to provide long-term effective control of symptoms in general practice. The aim of this workshop is to make a right differentiation between the causes of upper gastrointestinal symptoms in the era of primary care physicians way.

Method

A problem- solving method will be used for this workshop. Different cases of upper gastrointestinal symptoms will be presented with anamneses, physical examination and laboratories. The steps of delimitation, planning, preparing, examining and conclusion will be used.

Results

For this workshop, the expected audience would be 10-15 participants. There will be a short presentation for each case in an interactive session. All perspectives related to upper gastrointestinal symptoms will be discussed and experienced by the participants.

Conclusion

Gastrointestinal disorders are frequently seen in general practice, and the primary care physician is the critical health personelle in the diagnosis and management of the problems in the primary care. Continuing medical education is substantial in improving quality of care for patients with gastrointestinal diseases. These needs could be provided by a well-educated primary care physician. Through this workshop, the management of upper gastrointestinal disorders is intended to be updated.

PALAVRAS-CHAVE: upper gastrointestinal disorders; primary care

PP1109 - THE MEDICAL STUDENTS PARTICIPATION AT THE MATERNAL MORTALITY REVIEW IN CAXIAS DO SUL - RS

Pasche NL¹; Merlo VFC¹; Yum LWY¹; Claus SM¹; De Lorenzi DRS¹; Baccarin ACL¹; Vargas SB²; Almeida LG¹; 1 - Universidade de Caxias do Sul; 2 - Secretaria Municipal da Saúde de Caxias do Sul;

INTRODUCTION AND OBJECTIVE:

The maternal mortality is a health indicator that reflects the quality of the assistance given to the women during the pregnancy-puerperal cycle. However, many cases aren't notified, what makes fundamental its investigation between the feminine death cases on reproductive age. The objective is to report the experience of students during the process of maternal mortality investigation in Caxias do Sul.

METHODS:

Medical students accessed the notified women death cases during the reproductive age occurred between 1996 e 2013 in Caxias do Sul, reaching cases of maternal mortality at the data bank already systematized on the Woman Nucleus at the Municipal Health Center.

RESULTS AND CONCLUSION:

41 maternal deaths were identified, corresponding to a maternal mortality ratio (MMR) with 38,1 cases/100.000 live births (LV). About 61,8% were caused by a direct factors and 38,2% by indirect factors. The values from the MMR changes from 16,1 to 101,8 deaths/1000.000 LV. The majority of cases were women between 30 and 39 years old (48,8%) but 4,9% were younger than 20 years old and 7,3% were older than 40. In comparison, the MMR in Caxias do Sul declined 6,1% between 1993 and 2013. Assessing in separate the causes of women deaths, it was shown that the indirect causes declined 68,5% and the direct causes declined 5,7%. While in Brazil, as an all, it declined 43% (1990 to 2013). The insertion from academics was very effective while the investigation process on the maternal obituary, showing the information importance to the professional exercise.

PALAVRAS-CHAVE: Maternal Mortality; Medical Students; Health Quality

PP1111 - THE MEDICINAL PLANTS USED BY THE FAMILY HEALTH UNIT RESIDENCIAL COXIPÓ I PATIENTS, IN CUIABÁ – MATO GROSSO, BRAZIL.

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INTRODUCTION AND OBJECTIVE

The use of medicinal plants is one of the oldest medical techniques, and popular knowledge is fundamental to foster scientific research about the efficacy of these plants. This research aimed to elicit popular knowledge about medicinal plants from the population of the Family Health Unit (FHU) Residencial Coxipó I, in Cuiaba, Brazil, so as to offer a workshop about phytotherapy to the work team.

METHODOLOGY

First, a literature review was undertaken on papers from electronic databases. Then, a field research was conducted with FHU patients by means of a survey about medicinal plants, their indication, use frequency, usage instructions, morbidity along with allopathic drugs taken by patients. An amount of 39 surveys were answered between November, 2015 and January, 2016. Data were tabulated and plotted in Excel.

RESULTS AND CONCLUSIONS

Out of the 39 interviewees, 82% used medicinal plants, 87,5% of them were women, 53% were older than 50, 72% used two or more plants on a daily basis and 84,3% grew their plants at home. More than 50 plants were mentioned in the answers, mainly lemongrass, boldo, oil-grass, fennel, mint, chamomile, licorice weed, rosemary, garlic and cinnamon. Most interviewees used at least an allopathic drug every day. This study proved popular indications are close to the scientifically proven ones.

Results show the use of medicinal plants is deeply rooted in the studied population, so it is necessary to train the work team on phytotherapy in order to diversify the therapeutics and know possible drug interaction.

PALAVRAS-CHAVE: Phytotherapy; Health Centers; Ethnobotany

PP1113 - THE NUTRITIONAL APPROACH IN A WEIGHT LOSS GROUP IN PRIMARY CARE.

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Obesity is a chronic disease and difficult to treat. The group activity favors the formation of bond, and helps in motivating and discussion of relevant issues for nutritional education and weight loss.

This is an account of the experiment conducted with 20 obese patients for promoting weight loss through nutritional education and lifestyle change, from group sessions. The selected patients had participated in consults with nutritionist, and signed a consent form and it established a limit of 2 faults. The study period was 17 weeks, with weekly meetings. From 15 to 15 days the anthropometric measurements of participants were held. The multidisciplinary team participated in the meetings that had as themes: healthy eating, anxiety, culinary workshops, fiber and water, labels of processed food packaging, listening wheels and physical activity.

During the intervention it was observed that participants in the group had greater adherence to nutritional education, with reports of increased consumption of fruits, vegetables, water, fractionation meals and control the intake.

Eight patients were considered for the final sample because they were inside the absence limit allowed. The weight loss observed in the sum of the participants was 30,65 kg compared to the initial weight; and reduction of 11.97 kg / m² initial BMI.

In conclusion, the support group can be an important strategy in the actions of obesity treatment, contributing to weight loss and modification of lifestyle and eating habits.

PALAVRAS-CHAVE: obesity; nutrition; wheight loss

PP1115 - THE POLYPHARMACY IN PUBLIC GERIATRIC

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Introduction and Objective

The polypharmacy is characterized by the use of five or more medications and has increased among the elderly. (SANTOS et al., 2010). In Brazil, it is known that 23%, mainly elderly, are responsible for consuming 60% of the national production of medicines. The functional benefit of the drug may be accompanied by the deleterious effects, because the elderly have different pharmacodynamic and pharmacokinetic responses. Goal: Analyze the associated factors and consequences of polypharmacy among the elderly

Methodology:

A survey was conducted in the databases PubMed and Scielo between 2004 and 2012 for construction of a literature review.

Discussion and Conclusion

Santos et al described the factors associated with polifarmácia can see the doctor, the user or the drug itself. Among these, we can mention the increase in life expectancy, prevalence of chronic diseases, the power of the pharmaceutical industry and the marketing of medicines and this medicalization of training among health professionals (Souza et al., 2007, SECOLE et al., 2010). Cardiovascular drugs are the most prescribed by doctors among people over 60 years. Among the most prescribed drugs in the wrong way, they are the CNS depressant and analgesic (Hansen et al., 2006). Functional changes that occur with advancing age predisposes the increased consumption of drugs. It is necessary for the pharmaceutical industry, the health system, regulators, health professionals and patients to play their part to ensure a quality pharmacotherapy.

PALAVRAS-CHAVE: polypharmacy; old man; medicine

PP1116 - THE PREVALENCE AND SOCIODEMOGRAPHIC DETERMINANTS OF ASYMPTOMATIC BACTERIURIA IN PREGNANCY AT ACE MEDICARE CLINICS, OTA, NIGERIA

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Introduction and Objective:

Nigeria has the 11th highest maternal mortality ratio worldwide. Urinary tract infections are the most common bacterial infection in pregnancy. The precursor is usually a period of asymptomatic bacteriuria. Screening exercises are advocated to be routine only in communities with a prevalence of asymptomatic bacteriuria >2%. This study aimed to determine the prevalence and sociodemographic determinants of asymptomatic bacteriuria among pregnant women at the hospital in Ota, with a view to advocating routine screening.

Methods:

This was a descriptive cross-sectional study in which 188 consenting women were recruited using the systematic sampling method. Clean catch urine samples were taken for urinalysis and urine culture. The data was analyzed using SPSS 17.0. The chi-square test was used to explore associations between asymptomatic bacteriuria and the patients' sociodemographic characteristics at a significant p-value of <0.05.

Results and Conclusion:

The prevalence of asymptomatic bacteriuria in pregnancy at this facility was 21.8%. The incidence of bacteriuria increased with increasing maternal age. ($p = 0.007$). The most common causative organism was *Escherichia coli* (51.2%), followed by *Staphylococcus* spp. (39%). Most of the organisms (70.7%) were sensitive to Amoxicillin-clavulanate, and most (95.1%) were resistant to Ciprofloxacin and Cefixime. Asymptomatic bacteriuria is highly prevalent in this environment despite majority of the participants being of the higher socioeconomic class. Screening of all antenatal care attendees in the region is thus recommended. Maternal age is a good predictor of asymptomatic bacteriuria. Amoxicillin-clavulanate is still effective in this region while Ciprofloxacin and Cefixime are ineffective.

PALAVRAS-CHAVE: asymptomatic bacteriuria; pregnancy; sociodemographic determinants

PP1117 - THE RELATIONSHIP MEDICAL PATIENT: FAMILY CAREGIVERS AND ELDERLY

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Introduction and Objectives:

The Gerontology studies the aging process of people greater than 60 years, understands the biopsissociais changes and consequences of functional disabilities that create dependencies. Although the elderly need of guidance, care and attention, there is autonomy and capacity for decision-making. This work aims at the doctor's communication analysis with elderly patients, reflecting how the doctor-patient relationship is established when there is respect, attention and listening to the professional.

Methodology:

There was an interview with VBS, caretaker of an elderly, who reported their experience of care and the doctor-patient relationship. We proceeded to the examination of the case in light of the correlative theoretical framework.

Completion and Results:

We identified in the case, the inability of the business to establish communication and care towards the elderly. It was concluded that the attention and effective communication, particularly with seniors, allows physicians to establish a doctor-patient relationship. This phase of life, are vulnerable and feel isolated. Many health professionals treat them as if they had cognition, emotion and judgment. The elderly deserve respect and information about your health-disease process, in a biopsissocial approach.

PALAVRAS-CHAVE: Patient; Gerontology; Doctor-patient relationship.

PP1118 - THE ROLE OF DIET AND LIFESTYLE INTERVENTIONS IN HYPERURICEMIA

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Introduction:

Uric acid in the blood has an upper limit of solubility placed at 7 mg/dL. Urate is freely filtered at the glomerulus, reabsorbed, secreted, and then again reabsorbed in the proximal tubule. Hyperuricemia may occur because of decreased excretion, increased production, or a combination of these two mechanisms. Hyperuricemia is considered the precursor of gout, which is the most common potentially progressive and debilitating form of chronic inflammatory arthritis in adult, especially men. Worldwide, the prevalence of hyperuricemia has increased substantially in recent decades.

Methods:

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and PUBMED for meta-analyzes, systematic and classical reviews, clinical guidelines and randomized controlled trials, published since 2000 year, in English, Portuguese and Spanish languages, using the following MeSH terms: "hyperuricemia", "gout", "diet", "risk factors".

Results/Conclusion:

Given the recognized association between certain lifestyle risk factors and gout development, lifestyle changes such as losing weight, stopping smoking, drinking more coffee and dairy products, consuming more cherries, and consuming less sugar-sweetened drinks (that contain large amounts of fructose), alcoholic beverages, meat and seafood, were found to be the most commonly recommendations to people with hyperuricemia and gout. It is well known that hyperuricemia is far more common than gout, and that a large majority of people with hyperuricemia do not develop gout. However, the risk of gout increases dramatically with the increasing of serum urate level. Therefore, prevention of gout has the likelihood of decreasing not only the suffering associated with gout, but also reducing associated health care costs.

PALAVRAS-CHAVE: hyperuricemia; gout; diet

PP1119 - THE ROLE OF GP'S WHEN FACING A WOLFF-PARKINSON-WHITE PATTERN: A CASE REPORT

Ferreira ICD ¹; Pires da Silva V ¹; 1 - USF da Ramada;

Introduction and Objective:

Wolff-Parkinson-White (WPW) syndrome is a congenital condition involving abnormal conductive cardiac tissue that provides a pathway for a reentrant tachycardia circuit, in association with supraventricular tachycardia. It appears to affect both sexes; however, it's more frequent in males. Patients can have WPW pathway (WPW pattern) but never experience any symptoms. If symptoms do occur (WPW syndrome), they are related to an abnormal heart rhythm and patients may experience palpitations, dizziness, fainting, or rarely, sudden death as a result of the very rapid ventricular response seen in WPW syndrome. We present a case of WPW pattern and its management.

Method:

Data was gathered from interviews with patient, analysis of patient's clinical records including medical history, physical examination, diagnostic procedures and treatment. A literature review about the subject was also performed.

Results and Conclusions:

23-year-old woman, caucasian, no relevant personal or family history. Scheduled an appointment with her GP to request cardiac and analytic evaluation as she practices exercise regularly. Apparently with no complains. Exams result: sinus rhythm with a heart rate of 66 bpm, short PR interval and delta wave, suggesting pattern of WPW. Although she denied any symptoms, her mother refers some episodes of palpitations which the patient disregarded as exercise was an important feature in her life. Referral to a cardiologist for further investigation, stratification of sudden death risk and WPW management. GP's are in a privileged position to assess and clarify patients about this condition and may have an important role in patients' follow -up.

PALAVRAS-CHAVE: Wolff-Parkinson-White; Tachycardia; Management

PP1120 - THE ROLE OF PHYSIOTHERAPIST AS “GATEKEEPING” AND PART OF CARE IN THE PRIMARY HEALTH CARE

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Introduction.

The Institute of Social Responsibility Sírio Libanês manages nine teams of Health Family Strategy and one Support Nucleus of Health Family (SNHF) at downtown of São Paulo - Brazil. One of the characteristics these unities is the mixed profile with the Traditional Health Care representing 85% of the abrangency area and Health Family Strategy only 13%. Besides, these unities have a great number of elderly (approximately 20% of population). We have observed a significant demand to the service of Physiotherapy, due the epidemiological change of the latest years with a crescent number of chronic degenerative diseases. The SNHF physiotherapist has an important role in Primary Health Care, enhancing the “gatekeeping” of it.

Objective.

The aim of this study was to demonstrate how SNHF physiotherapist can support the management of the population who needs physiotherapy.

Methods.

The SNHF physiotherapist performed a screening of referrals and team training for management of chronic diseases.

Results and conclusions.

In May 2014, there was a repressed demand to the physiotherapy service of 143 people. After the evaluations, the patients were: a) referred to specialized Physiotherapy; b) oriented; c) referred to other services as walking groups, Lian Gong, acupuncture; d) Referred to chronic pain groups performed in Primary Health Care. After four months, there was not repressed demand to Physiotherapy service. The qualified evaluation of the demands can optimizes the care network avoiding unnecessary referral to other points of the network and improving the care and management of chronic diseases in the Primary Health Care.

PALAVRAS-CHAVE: physical therapy modalities; primary health care; chronic disease

PP1121 - THE ROLE OF PRIMARY HEALTH CARE IN THE MANAGEMENT OF PATIENTS AT RISK OF COMMITTING SUICIDE: A LITERATURE REVIEW

Oliveira LS ¹; Lucena ALA ¹; Castro JS ¹; 1 - Universidade Federal do Rio Grande do Norte;

Introduction / Objectives:

According to WHO, there are 804.000 suicides per year. In Brazil, suicide rate has increased by 30% among teenagers and adults over the past 25 years. It is a major public health problem, resulted by complex interactions between biopsychosociocultural and environmental factors. However, there are important factors which can be acknowledged and treated. Due to its close contact with the community, Primary Care plays an essential role in identification and referral of a suicidal, consequently being the health system's main level of suicide prevention. Thus, this paper analyzes the challenges of primary care management of users at risk of committing suicide.

Methodology:

This is a literature review on the Biblioteca Virtual em Saúde, along with "Suicidal Ideation" and "Primary Health Care" descriptors. All articles in portuguese, spanish and english indexed in the years 2010-2015 were included. Forty-eight articles were found, five of which were selected for the elaboration of this paper.

Results / Conclusion:

Approximately half of those who commit suicide seek help one month prior, specially the Primary Care, and many aren't diagnosed with mental disorder. A complicating factor is the difficulty perceived by professionals to discuss suicide with their patients; due to the uncertainty of how to address it, poor knowledge of risk factors or limited resources to start a treatment. Therefore, to further prevent suicides, more training of the health staff is essential to recognize this threat and treat it, allowing the use of questionnaires with patients and guidelines to assist their treatment.

PALAVRAS-CHAVE: Suicidal Ideation; Primary Health Care

PP1122 - THE ROLE OF THE PHYSIOTHERAPIST AS “GATEKEEPING” AND PART OF CARE IN THE PRIMARY HEALTH CARE

Alves FKA ¹; Medina ABP ²; de Souza MLP ²; Oliveira FR ²; 1 - Instituto de Responsabilidade Social Sírío Libanês/ Faculdade Metrocamp; 2 - Instituto de Responsabilidade Social Sírío Libanês;

Introduction.

The Institute of Social Responsibility Sírío Libanês manages nine teams of Health Family Strategy and one Support Nucleus of Health Family (SNHF) at downtown of São Paulo - Brazil. One of the characteristics these unities is the mixed profile with the Traditional Health Care representing 85% of the abrangency area and Health Family Strategy only 13%. Besides, these unities have a great number of elderly (approximately 20% of population). We have observed a significant demand to the service of Physiotherapy, due the epidemiological change of the latest years with a crescent number of chronic degenerative diseases. The SNHF physiotherapist has an important role in Primary Health Care, enhancing the “gatekeeping” of it.

Objective.

The aim of this study was to demonstrate how SNHF physiotherapist can support the management of the population who needs physiotherapy.

Methods.

The SNHF physiotherapist performed a screening of referrals and team training for management of chronic diseases.

Results and conclusions.

In May 2014, there was a repressed demand to the physiotherapy service of 143 people. After the evaluations, the patients were: a) referred to specialized Physiotherapy; b) oriented; c) referred to other services as walking groups, Lian Gong, acupuncture; d) Referred to chronic pain groups performed in Primary Health Care. After four months, there was not repressed demand to Physiotherapy service. The qualified evaluation of the demands can optimizes the care network avoiding unnecessary referral to other points of the network and improving the care and management of chronic diseases in the Primary Health Care.

PALAVRAS-CHAVE: physical therapy modalities; primary health care; chronic disease

PP1124 - THE SOCIAL REPRESENTATIONS OF PREGNANT WOMEN ON THE MEDICAL AND NURSING CONSULTATIONS

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This research aimed to identify the social representation of pregnant women about the medical consultation and nursing. The collection of information took place in December 2015 in 10 primary health care units in the municipality of Francisco Beltrao, using the focus group. The results of the analysis focused on three issues: the experience of pregnancy, pregnancy as changes in state and receive guidance on pregnancy / baby care. It is observed that the three themes pervade the family and the healthcare team, which plays a central role in the life of the mother. Through the reports it was found that depending on the social context of pregnant women and of existing beliefs, a woman may have many difficulties in understanding and implementation of care during pregnancy, childbirth and postpartum. Pregnant women when receiving the attention of health professionals, with a query that starts at the reception, guidance and monitoring of the health of mother and baby, awakens a feeling that there will be no problems during your pregnancy. There is a false sense that it is the responsibility of the professional to ensure the wellbeing of the pregnant woman and the baby through the consultations. The orientation of health professionals, especially medical, has a direct influence on the care of procedures in the mother and child. It is known that the professional has its role to assess, monitor and alert to any changes that may damage the health of the mother or the child, but pregnant women must also exercise its role to follow the recommendations.

PALAVRAS-CHAVE: nursig; Pregnancy

PP1125 - THE TRANSVAGINAL ULTRASOUND EXAM AT THE POINT OF CARE: FIRST TRIMESTER DATA 2011-2015

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Intro:

In 2006 a medical program combined the elements of obstetrics, ultrasound and family medicine. A one year fellowship for board certified super generalist was implemented. This fellowship emphasized quality improvement for prenatal care. Specifically , we developed a curriculum all phases of Point of Care ultrasound[POCUS]. This study describes the outcomes of transvaginal studies during the years 2011-2015.

Methods:

Using data from over 12 000 sequential ultrasound services in a private community health center combining high risk obstetrics and family medicine, frequencies were tabulated. In the study years 2011-2015, this community center proved total annual visit volumes of 40 000 and 500 deliveries.. Deliveries provided outcome data for quality of prenatal care. These data were used to assess blind spots in performance, document outcomes associated with transvaginal ultrasound. Condom sheaths and low grade cleaning with alcohol were used between examinations. Cases were followed delivery, completed miscarriage, or lost to follow-up. Documents for retention of data were saved in the computer. After 5 years of experience the curriculum was revised and simulators purchased to accelerate teaching of novices. Cervical length was added.

Results:

In comparison to previous studies, the utility and volume of point of care ultrasound has been underestimated. Quality was improved and risks were decreased. There are no previously published studies of this volume. The continuity of care and point of care service have not been previously described in the literature. Illustrative cases were collected for creation an improved curriculum within the surgical obstetrics fellowship with POCUS.

PALAVRAS-CHAVE: Ultrasound; Tranvaginal; Prenatal

PP1128 - TOPIRAMATE ASSOCIATED ACUTE ANGLE GLAUCOMA IN A PEDIATRIC PATIENT

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Introduction/Objective:

Topiramate is commonly prescribed for migraine prophylaxis with rare cases of acute angle glaucoma reported from its use. This case contributes to the literature one such case in a pediatric patient, and is presented to increase awareness.

16yo female with PMH of migraine presented to the ED for loss of vision over the preceding 18-24hrs and migraine with topiramate started 10d prior. The night before she had difficulty seeing across the room and noticed a headache. The day of admission she was limited to shadows and light and worsened headache. In the ED, Ophthalmology and Neurology found IOP of 30mm Hg bilaterally and migraine. Topiramate was discontinued. She was admitted for pain control and treatment of glaucoma with prednisolone, latanoprost, and timolol. During her admission her pain decreased to 4/10 and her IOP returned to normal.

Methods:

A chart review was performed after the patient was discharged. A Pubmed search of relevant keywords was used to find previously reports cases.

Results/Conclusions:

Topiramate is a widely used drug in adults, but has limited research in pediatrics. Acute glaucoma is well described in adults, but only one case reported in children at the time of this review. Our patient was similar to that report. Topiramate, previously only used off-label for migraine prophylaxis in pediatrics, received that indication from the FDA for ages 12-17 in 2014. With the possibility of increasing use in the pediatric population, it is imperative that family physicians recognize and quickly treat this adverse reaction.

PALAVRAS-CHAVE: Glaucoma; Topiramate; Pediatric

PP1130 - TRANSFERENCE IN GENERAL PRACTICE AND FAMILY MEDICINE CONSULTATION

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Introduction:

Transference, which can be defined as the attribution of our own emotions and feelings to someone else, is very common in Psychiatry and can be used as a therapeutic tool. In General Practice and Family Medicine is less recognized, but can have an equally important role, with a positive or negative impact in the help and doctor / patient relationship. This case report intends to reflect about this phenomenon and its negative implications in daily clinical practice.

Methods:

Data collection of patient clinical process and literature review.

Results:

Women, 27 years, with a history of anxiety disorder with worsening in the beginning of 2015. In the context of great emotional instability, the family doctor started a therapeutic counselling, while waiting for psychiatry and psychology consultation. The patient began to attend to the Health Unit 2-3 times a week, with non-urgent unspecific symptoms, and tried to establish a personal relationship with the family doctor asking insistently to be observed by the same health professional. The attempts of clarification about the role of family doctor and about the patient's behaviour and expectations have proved to be unsuccessful, leading to the end of the doctor/patient relationship, successive complaints and loss of quality of life of both.

Conclusion:

Transference is a common phenomenon in the doctor/patient relationship. The awareness and clarification of both, doctor and patient, of the respective roles can be crucial to prevent disruption of the relationship and the associated discomfort.

PALAVRAS-CHAVE: Transference; Physician-patient relations; Family practice

PP1131 - DENTAL TREATMENT IN A PATIENT WITH SPECIAL NEEDS IN PRIMARY CARE – CLINICAL CASE

Horta MRT ¹; 1 - Hospital Israelita Albert Einstein;

Introduction and Objective:

We met Felipe Miranda de Castro, 28, epileptic and with cerebral palsy in a monthly home visit. With the support of the Family Health Strategy Team we gained his parents' confidence and advised them on the use of anti-epilepsy drugs which cause severe gingival enlargement, leading to gingival hypertrophy due to poor hygiene and continuous mouth breathing, thus drying the mucosa. The patient was advised as to proper hygiene and the treatment was concluded in an outpatient setting – Basic Healthcare Unit facility, with no hospitalization needed. Gingival bleeding and cariogenic pain was decreased with this procedure, thus helping the patient's masticatory and digestive capacity.

Method:

We started the treatment in a dentist chair after three months of visits, with a lot of difficulty to brush teeth due to muscle stiffness, Restorations were concluded with average time of one hour per visit. We used biteguards made of tongue depressor sticks and gauze and we used the suction nonstop so as to avoid aspiration of debris and blood.

Result and Conclusion:

The change in hygiene habits and the crown-root smoothing led to an improvement in the clinical picture, regardless of the type of drug used, The severe hypertrophy was removed surgically, re-establishing tissue anatomy and physiology, controlling dental biofilm and inflammation. The treatment was successful in a Basic Healthcare Unit, without the need for transportation to specialized hospitals.

The importance of this case is to show that the distance to referral hospitals make family members give up going to the dentist. With this intervention we provided an improvement to the family quality of life and reduced treatment cost as it was not necessary to make trips to the hospital.

PALAVRAS-CHAVE: Epilético; Higiene; Hipertrofia

PP1132 - TREATMENT WITH PENTOXIFYLLINE IN SYMPTOMATIC PERIPHERAL ARTERIAL DISEASE – WHERE DO WE STAND?

Baptista S ¹; Rodrigues A ¹; 1 - Unidade de Saúde Familiar São Julião;

INTRODUCTION AND OBJECTIVES:

Peripheral arterial disease (PAD) is common. It's an important risk factor of cardiovascular events and has a negative impact in quality of life. Intermittent Claudication (IC) is the more frequent symptom of PAD. Medication, like pentoxifylline, has been used for symptomatic relieve of IC. But recently there are many studies that question its utility. The objective of this study is to review the role of pentoxifylline in IC (Evidence-based Medicine).

METHODS:

Systematic search of guidelines and systematic review (SR) with or without meta-analyses (MA) in National Guideline Clearinghouse, Canadian Medical Association, National Institute for Health and Care Excellence (NICE), Cochrane e MEDLINE® published in last ten years with MeSH keywords “pentoxifylline” and “peripheral arterial disease”. The quality of studies and the strength of recommendation (SOR) was determined by SORT scale of American Academy of Family Physicians.

RESULTS AND DISCUSSION:

There were find 246 articles. 2 guidelines were found with inclusion criteria, 2 MA and 1 SR. The evidence shows that pentoxifylline may have a role in treatment of IC. There is no sufficient evidence of good quality increase to recommend pentoxifylline in CI (SOR A), but it can be used as second line treatment in order to improve walk distance in CI as alternative to cilostazol (SOR A). Almost of the studies have poor quality and heterogeneity in terms of methods and in results, so more research is needed in this field.

PALAVRAS-CHAVE: Pentoxifylline; Claudication; Evidence

PP1133 - TUBERCULOUS SPONDYLITIS: A CLINICAL CASE

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Introduction:

The tuberculous spondylitis (TBS) is responsible for 10% of the extra-pulmonary forms of tuberculosis. TBS is manifested by pain and stiffness of movements. The bone destruction causes vertebral collapse and formation of abscess can lead to spinal compression. The aspiration of abscess or bone biopsy confirms the aetiology.

Objective:

Demonstrate the role of the family physician (FP) in recognizing unusual diseases.

Methodology:

Interview, consultation of the clinical process and bibliographical research. Male, caucasian, 73 years old, married went to FP presenting neck pain with 5 days of evolution without irradiation.

Results:

On physical examination showed cervical rigidity without sensitivity deficits. The patient was medicated and an X-ray of the cervical spine demonstrated cervical spondylosis. Months later the patient returned with a mass in the left cervical region associated with imbalance and loss of sensation in the fingers. Ultrasound and CT SCAN of cervical spine was requested. These exams suggested that the tumor formation could be a chondrosarcoma. The patient was oriented to Hospital where MRI was performed and also suggested chondrosarcoma or osteochondroma. The patient had serology and tumor markers negatives. The aspiration of abscess was positive for Mycobacterium tuberculosis, TBS was diagnosed.

Conclusions:

The diagnosis of TBS is a challenge and can be confused with other diseases. The location of TBS on the cervical spine is infrequent, the lower thoracic and upper lumbar region are the most affected in adults. This case demonstrate the importance of the FP on guidance of unusual diseases.

PALAVRAS-CHAVE: Tuberculosis; Spondylitis; Diagnosis

PP1134 - TYPE OF DELIVERY: RELATION OF MILK LETDOWN TIME, NIPPLE STIMULATION NEED AND MILKED VOLUME.

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Introduction:

Breastfeeding is an important natural method of bonding, affection, protection and nutrition for the child, effectively contributing to the reduction of infant morbidity and mortality. So, the health professional must understand the sociocultural context and promote strategies to support the establishment of breastfeeding.

Objectives:

To evaluate the time of milk letdown, the need for nipple stimulation and milked volume in relation to the type of parturition.

Methodology:

Quantitative approach study conducted in the milking parlor of an university hospital in the interior of Brazil with 327 mothers attended from June 2015 to January 2016.

Results:

Of the 327 mothers, 55.6% were primiparous and the type of delivery was: 71.2% cesarean section and normal delivery 28.8%. Those who had cesarean section (48.5%) required nipple stimulation more often ($X^2 = 3.5$; $p = 0.05$) than those of normal birth (30.8%). However, the time of milk letdown and milked volume were similar, with no relation to the type of delivery.

Conclusion:

The data show that, in most women, milk letdown follows the physiology of lactation. The volume milked, and the milk letdown, independent of the type of delivery. However, the need for nipple stimulation was higher in those subjected to caesarean section. It is noteworthy that women undergoing cesarean delivery require greater attention from the health team of primary care in regard to the clinical management of breastfeeding, especially during the initial period.

PALAVRAS-CHAVE: Breastfeeding; infant morbidity; breast milk

PP1135 - URINARY RETENTION: AN ALARM SIGNAL OF BENIGN PROSTATIC HYPERPLASIA

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The prevalence of lower urinary tract symptoms (LUTS) in men increases with age and has a great impact on quality of life. It's one of the most frequent reasons for consultation in primary health care among adult men. The acute urinary retention could be one of the main signs of chronic obstruction caused by benign prostatic hyperplasia (BPH).

Man, 65 years, with a history of essential arterial hypertension, type 2 diabetes mellitus, dyslipidemia, overweight and ex-smoker. On May 6th 2013, he went to a consultation with complaints of hypogastric abdominal pain, with 10 hours of evolution and progressive worsening, coupled with the absence of urination. A catheterization was carried out and symptoms have resolved. Once the clinical picture of LUTS was suggestive predominantly of emptying symptoms (obstructive), catheterization was kept one week, the patient was treated with antibiotics and α 1-adrenoceptor antagonist and diagnostic tests were made looking for possible obstructive causes (bladder, renal and prostate ultrasounds, urine II, creatinine and prostate specific antigene). On May14th, the catheter was withdrawn and spontaneous urination returned. He continued to take α 1-adrenoceptor antagonist. Two weeks later the medical exams confirmed an acute urinary retention secondary to BPH.

As the BPH progresses, complications may occur, such as urinary tract infections, urinary stones or chronic urinary retention. Acute urinary retention may be the first clinical finding for the diagnosis when patients do not value the LUTS, out of shame and fear to approach the subject in general and family medicine clinic.

PALAVRAS-CHAVE: Urinary retention; Symptoms of Lower Urinary Tract; Benign Prostatic Hyperplasia.

PP1136 - USE OF CONTRACEPTIVE METHODS AMONG WOMEN FROM 15 TO 20 YEARS OLD IN A FAMILY HEALTH UNIT.

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Introduction and objective:

The initiation of sexual activity in young women can cause a number of consequences due to inappropriate use or the lack of access to contraceptive methods, among them the early or unwanted pregnancy. Given the risks, this group requires greater attention from health professionals. Considering those who make use of contraceptives, in many cases the use is incorrect or inconsistent. The aim of this study is to evaluate the knowledge of women from 15 to 20 years old of different contraceptive methods.

Methods:

For this descriptive study, a questionnaire was applied for women from 15 to 20 years old that are followed by a family health team in Ribeirão Preto – SP (Brazil).

Results and conclusions:

Thirty two women were interviewed and 90,6% of them knew at least one contraceptive method. The most common was the male condom (78,1%), followed by the combined oral contraceptives (75%). Among the sexually active women (53,1%), 37,5% are already living in a stable union with their partners; 57,1% of them didn't use any method in their last sexual relation and 56,2% used emergency contraceptive pill at least once during their life. This behavior could expose these women to risky situations, such as: sexually transmitted infections, complications caused by inadequate use of contraceptives methods and early pregnancy, the latter being confirmed by 37,5% of the sexually active women.

PALAVRAS-CHAVE: Contraception behavior; Adolescent pregnancy; Contraceptive devices.

PP1137 - USE OF INCORRECT RAPID TESTING FOR SYPHILIS EXPERIENCE REPORT

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Introduction:

The rapid test must be performed after advice. If it is used improperly, it can bring harm. Treponemic test for syphilis will Always be positive after a first infection.

Objective:

To analyze the experience of poor use of rapid test for syphilis(treponemic) in an unit of primary health care and its consequences for a family.

Design:

Experience report.

Case Report:

A 54years old woman with syphilis at 11years-old has made a rapid test for syphilis offered by members of the health team, without pre-test counselling, under the allegation of overload in attendance. Positive test result led to accusations of adultery between the patient and her husband, as well as a high level of tension and discussion couple.

The problem was solved only after an intervention through the search for a history of previous pregressa disease in the couple, with clarification of what had occurred. Later, it was necessary to work with the family in order to get its confidence back.

Conclusion:

A good pre-test advice is essential, with a professional who knows the requester patient. The result of the examination will only make sense if we know the reason for the request, pathological current and previous history, along with the knowledge of the test`s possible errors. This avoids mistakes with serious consequences for the patient/family and loss of confidence in the professionals of the unit. A reorientation was set up for the whole team, with discussions of the doctor`s role and of the precaution when performing screening tests.

PALAVRAS-CHAVE: rapid test syphilis; parsing error; experience report

PP1138 - USING LOW DOSE LIRAGLUTIDE AS AN EFFECTIVE TREATMENT FOR OBESITY IN NON DIABETIC PATIENTS: A CASE SERIES

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Introduction and objective:

Obesity, a major risk factor of early onset cardiovascular disease, has become one of the greatest public health challenges of the twenty-first century. Thus, there seems to be an urgent necessity for the improvement of what is now an epidemic disease. Diet and healthy lifestyle are usually the first line of approach/treatment. However, when these strategies fail to achieve a sustained weight loss, pharmacological treatment is recommended. Analogs of GLP 1 (glucagon-like peptide-1) have emerged recently as an additional tool in the treatment of obesity, which, so far, seems to be promising. The objective of this work is to present the clinical cases of a family health unit, where the use of an analog of GLP-1 (liraglutide) led to weight reduction in obese patients without diabetes.

Method:

Treatment was opportunistically initiated in patients that were already being treated for obesity (pharmacological and non-pharmacologically). In this case, patients had a BMI greater than 30 kg/m² and were non-diabetic. The mean dose of liraglutide used was 1,2mg.

Results and Conclusions:

Until now, there are eight patients being prescribed an analogue of GLP-1. At the beginning of the treatment, the mean BMI was 37.1kg/m². After 3 months, there was an mean weight loss of 8.6kg and 15 Kg in a 6 month time span. About 2/3 of the patients had previously started drug therapy for obesity treatment with fluoxetine and / or topiramate (without significant improvement). The significant weight loss observed in these eight cases is according to the latest publications.

PALAVRAS-CHAVE: obesity; liraglutide

PP1139 - USUAL CARE AND EVALUATION OF FALL RISK INCREASING DRUGS IN OLDER DIZZY PATIENTS IN DUTCH GENERAL PRACTICE

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Introduction and objective

For general practitioners (GPs) dizziness is a challenging symptom to deal with. Data on the management of dizziness in older patients are mostly lacking. Fall Risk Increasing Drugs (FRIDs) may contribute to dizziness in older patients. The aim of this study is to gain more insight into GP's management of dizziness in older patients, including FRID evaluation and adjustment.

Method

Data were derived from electronic medical records of 46 Dutch general practices, obtained over a 12-month period in 2013. Patients were identified using International Classification of Primary Care codes and free text. Usual care was categorised into wait-and-see strategy (no treatment initiated); education and advice; additional testing; medication adjustment; and referral. In case of multiple treatment modalities in one consultation or in multiple consultations, all treatment modalities were categorised.

Results and conclusions

We identified 2812 dizzy patients older than 65 years. Frequently applied treatments included a wait-and-see strategy (28.4%) and education and advice (28.0%). Additional testing was performed in 26.8%; 19.0% of the patients were referred. Of the patients 87.2% had at least one FRID prescription. During the observation period, GPs adjusted prescriptions of one or more FRIDs for 11.7% of the patients.

Concluding, this study revealed a wide variety in management strategies for dizziness in older adults. The referral rate for dizziness was high compared to prior research. Although many older dizzy patients use at least one FRID, FRID evaluation and adjustment is scarce. We expect that more FRID adjustments may reduce dizziness and dizziness-related impairment.

PALAVRAS-CHAVE: dizziness; aged; therapy

PP1140 - VASCULAR AGE ESTIMATION USING FRAMINGHAM SCORE IN WHITE COAT PERSONNEL AT THE HOSPITAL DE CLINICAS

Jimenez MB, Torales J, Garcia L, Aquino N¹; 1 - Hospital de Clinicas;

Background:

Cardiovascular diseases constitute the first cause of morbidity and mortality in the world and its incidence is rising, for this reason we consider a priority to determine cardiovascular risk as a mean to prevent it by using the Vascular Age Estimate Calculus according to Framingham Score.

Objective:

To determine cardiovascular risk and cardiovascular age using Framingham score in White coat personnel at Hospital de Clinicas.

Methods:

Observational, descriptive cross section study. Surveys and laboratory tests were performed to 83 randomly assigned White coat personnel. Age, gender, diabetes, tabaquism, systolic blood pressure treated or not, HDL and Total cholesterol values were considered. Data was analyzed with MICROSOFT EXCEL 2010 and using Framingham score tables to calculate vascular age.

Results:

68% of study population were comprised of males and 32% females. Chronological average age was found to be 36 ± 2 years, with 30 being the minimum age and 60 the maximum. Vascular average age was 41 ± 2 years, with 30 being the minimum age and 79 the maximum. The highest percentage of the study population, 48%, presented low risk; 19% border line risk; 21% risks slightly above limit and 12% high risk. The highest difference between chronological and vascular age was found to be 24 years.

Conclusion:

With this study we found there was a difference between chronological age and vascular age. Stratifying the risk and taking into account Framingham Score most of the studied population presents low risk and slightly above average risk. Results found are worth considering since they represent cardiovascular risk factors not according to chronological age.

PALAVRAS-CHAVE: Age Vascular; Framingham Score; White Coat Personnel

PP1141 - VIOLENCE PROFILE CASES OCCURRED IN RESIDENTS OF RIO DE JANEIRO HEALTH DISTRICT IN 2015.

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An violence occurancy or suspicion notification currently is constituted as a fundamental tool for epidemiological surveillance, contributing to situational diagnosis and definition of violence coping strategies. This study aimed to outline the violence profile occurred in residents of Rio de Janeiro health district in 2015. To achieve this goal the ratio of violence cases was obtained from the data present in the Notifiable Diseases Information System (SINAN) and selected all cases of violence in Health District 5.1 (in Portuguese AP 5.1) residents reported in 2015. Were recorded 683 reports of violence in the AP 5.1 residents corresponding to 10.77% of the Rio de Janeiro city notifications. 21.08% of those notifications were generated by Basic Health Units. The residence was the main place of occurrence of violence situations representing 62.08% of the cases. The female victims accounted for 74.20% of notifications. The existence of link between aggressor and victim occurred in 92.00% of cases. About the type, phisic violence were presented in 55,05% of notifications; the psychological/moral violence in 23,43%; the self-harm in 23,28%; neglect/abandonment at 16,25%; the sexual violence in 14,49%; and financial/economic violence at 0.88%. Domestic violence proved to be very relevant in the AP 5.1 violence profile so it is possible to consider that the Family Health Strategy (in Portuguese ESF) can be a potential resource for prevention, care and monitoring of families in violence situations.

PALAVRAS-CHAVE: Violence; Family; Health

PP1142 - VITAMIN D AND ITS CLINICAL OUTCOMES : AN EPIDEMIOLOGICAL STUDY

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Objectives:

Identify the vitamin D levels in patients followed at a specialized Cystic Fibrosis(CF);Associate vitamin D values with presence of pancreatic insufficiency and nutritional status.

METHODS:

Retrospective, descriptive, quantitative study of medical charts from 21 pediatric patients with CF accompanied in ambulatory specialist Fortaleza–CE.The study was place between September and December 2015 by filling a standardized form. The sérum 25-hydroxyvitamin D(25-OHD) was measured with chemiluminescence enzyme imunoassay. Vitamin D deficiency was defined as below 20ng/ml; insufficiency of 20-30ng/ml and sufficiency 30-50ng/ml. For evaluation of pancreatic insufficiency use the positivity SUDAM III with higher reference values than 5% of fecal fat.

Results:

The 25-OHD status was measured in 21 patients;47.6%(10) showed vitamin D insufficiency and 23.8%(5) deficiency of vitamin D totaling a percentage of 71.4%(15) of hypovitaminosis. Among them, it was identified growth rate reduced and low weight gain in 73.3%(11);53.3%(8) were pancreatic insufficiency with changes in analysis of SUDAM III and diarrhea;80%(12) using a support dose of fat soluble vitamins. We identified 33.3%(5) of the sample with Body Mass Index<3 percentile;66.6%(10) between 3 percentile and<85. Wasn't enough information associated with sun exposure and diet of patients in medical records.

Conclusions:

It was found a strong association of vitamin D deficiency in patients with cystic fibrosis, reflecting on the low weight gain and growth deficit even in patients using fat-soluble vitamins in recommended doses. The genesis of these changes may be due to pancreatic insufficiency,sunlight deficiency or food deficit.This shows the necessity of tracking the dosage of vitamin D and its adequate replacement.

PALAVRAS-CHAVE: vitmin D; children; evaluation

PP1143 - VITAMIN D DEFICIENCY AND ITS ASSOCIATION WITH THYROID DISEASE

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Introduction:

The evidence is increasingly pointing towards vitamin D significant role in reducing the incidence of autoimmune diseases. In this study we aimed to examine the relationship between hypothyroidism and vitamin D deficiency.

Method:

This research is done in Istanbul Sisli Hamidiye Etfal Training and Research Hospital Family Medicine Policlinics, among patients aged 65 years, by evaluating retrospectively serum vitamin D, and its relation with TSH levels. The study was conducted between November, December 2015 and January 2016. In SPSS 20.0 program we used frequency, chi-square for analysis.

Results:

There were 322 patients tested for serum 25(OH)D and TSH levels. 61.2% (n=197) patients had low vitamin D levels. Of the study group 75.5%(n=243) were women, 24.5%(n=79) were men. Vitamin D deficiency were 58%(n=141) in women and 70.9%(n=56) in men (p=0.042) that meant. Patients who had vitamin D treatment 45.3%(n=146), 74%(n=108) were women and 26%(n=38) were men (p>0.571). 67.9%(n=38) of the patients who were given vitamin D treatment were also had levothyroxin replacement treatment (p<0.005). By other means patients who were given hypothyroidism treatment 26%(n=38) were also given vitamin D treatment(p<0.005).

Conclusion:

Our results indicated that vitamin D deficiency was very common in our population and it is related with hypothyroidism. So all health staff especially who work in primary health care centers should pay attention to screen patients who had serum vitamin D level for also TSH levels and it is also useful for reverse conditions

PALAVRAS-CHAVE: VITAMIN D DEFICIENCY

PP1145 - WHEN THE EDEMA IS NOT ALLERGIC – A CLINICAL REPORT

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Introduction:

Hereditary Angioedema (HAE) is a rare autosomal dominant disease, resulting from disturbances in the complement system, coagulation and kallikrein-bradykinin. It manifests through subcutaneous edema, abdominal pain, and laryngeal edema.

Objective:

To give visibility to HAE and its diagnosis, preventing fatal events.

Case report:

Female teenager of 17 years old, with no personal or family history of disease, had several episodes of angioedema limited to the hands when she started oral contraception. Three months later she had an exuberant episode of facial angioedema without dyspnea or hives, requiring hospitalization in pediatric department. The angioedema didn't respond to antihistamine, oral corticosteroid or adrenaline treatment. Because of the suspicion of HAE she was treated with C1 inhibitor concentrate with positive response in a few hours. She was referred to the Immunoallergology consult. The analysis showed low levels of C1 inhibitor and C4 and normal levels of C1q. She started treatment with tranexamic acid with no recurrence of symptoms.

Conclusion:

The genetic mutations of HAE determine qualitative or quantitative deficiency of C1 esterase inhibitor. The symptoms are frequently similar to other diseases, such as abdominal pain, facial, extremities or genital edema, fact that may delay the diagnosis. Emotional stress, physical trauma, estrogen or angiotensin converting enzyme inhibitor therapy may precipitate the symptoms. Any family doctor should be alert to the set of symptoms in order to timely diagnose the illness because laryngeal edema can be fatal. It's also important to screen the family due to the pattern of inheritance.

PALAVRAS-CHAVE: Hereditary Angioedema; Angioedema; Therapeutics

PP1146 - WHEN THE EXCESSIVE WATER INTAKE IS A PROBLEM: A CLINICAL CASE

PAMA M ¹; TEIXEIRA ID ²;

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Introduction:

Hyponatremia, defined as a serum sodium concentration below 135 meq/L, is the most common disorder of body fluid and electrolyte balance. Hyponatremia results from the intake and subsequent retention of water. It can lead to a wide spectrum of clinical symptoms, from subtle to severe, and it's associated to increased mortality and morbidity.

Case report:

A 36-year-old female, married, housekeeper, with a previous history of celiac disease, essential hypertension, obesity, hepatic steatosis, dyslipidemia and right amaurose.

On December 2015, the patient arrives at the ER with bilateral lower limbs paresthesiae, without any additional complaints. Her physical exam was normal. Analytically, there was a deployment of sodium of 116 mg/dl; with a 235 osmolarity. She was interned in the gastroenterology unit for normotonic sodium chloride correction and clarification of the etiology of hyponatremia. Primary causes of hyponatremia were excluded, with the consumption of thiazide-like diuretics for hypertension treatment as a possible cause. After discovering that patient's daily water intake was superior to 3 liters and psychiatry confirmed dysthymia characteristics, the hypothesis of potomania was considered. During her hospitalization, her natremia was normalized, which was maintained in ambulatory with a daily water consumption of approximately 1,5 liters.

Conclusion:

Potomania is an exclusion diagnosis in the investigation of a hyponatremia board, which is based essentially on anamnesis and the association with psychiatric pathology is known. This case shows the importance of family doctor know the habits and characteristics of our patients' personalities, in order to avoid and prevent the consequences of hyponatremia.

PALAVRAS-CHAVE: Hyponatremia; Potomania; Dysthymia

PP1147 - WHEN THE ITCHING ATTACKS - MANAGEMENT OF SCABIES IN CHILDREN

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Introduction/objective:

Scabies is a common parasitic infestation in the pediatric population, the global prevalence was estimated at 300,000 million cases. The diagnosis is clinical and an outbreak of scabies depends on the strict implementation of infection control measures and proper treatment. The work aims to review the literature on the treatment of scabies in children.

Methods:

Researches were performed on the CochraneLibrary, UpToDate, DynaMed, Medline, BMJ BestPractice, published in the last 10 years, in English and Portuguese, by using the MESH terms "scabies treatment" and "children".

Results:

From the research resulted 3 guidelines, 3 systemic reviews and 1 meta-analysis. From their analysis the topical permethrin 5% was the most effective with fewer side effects but sulfur 6-10% is the treatment of choice for children less than two months. The Crotamiton is approved by the FDA for treatment scabies only in the adult. Lindane 1% due to high toxicity level is no longer marketed in Europe, having your license removed in 2008. The topical benzyl benzoate 10-25% is recommended as the first line in some countries in Europe. Ivermectin is the only oral drug, used in some countries in cases of resistant scabies, is not licensed in most countries and in Portugal is not commercialized, existing only for hospital use. Should not be used in children under 2 years.

Conclusions:

Scabies remains a parasitic disease common in children whose treatment is a major challenge. Evidence was good in order to use permethrin 5% and sulfur 6-10% in the treatment of scabies in children. However, more studies are needed in order to compare the various drugs.

PALAVRAS-CHAVE: Scabies; Treatment; Children

PP1148 - WHEN THE TRUTH IS HIDDEN- A CASE REPORT

Neto D ¹; Neto A ²; 1 - USF Venda Nova; 2 - USF Forte;

Introduction:

The HIV infection is a chronic disease with continuous viral replication, immune system compromise and late clinical manifestations. The diagnosis is, unfortunately, often late and challenging.

Case Report:

Woman of 64 years, with a history of essential hypertension, depressive syndrome, chronic gastritis, diverticulosis and thyroid nodule. Medicated with: bromazepam, lisinopril/amlodipine and omeprazole. Came to the health center, in June 2015, with multiple complaints, one of progressive dysphagia, epigastric pain and fullness in the upper abdomen, despite medicated with proton pump inhibitors. The physical examination was normal. The diagnostic hypotheses was reflux esophagitis. We asked a upper gastrointestinal (UGI) endoscopy and clinical analysis. In the subsequent consultation, she brought the result of UGI endoscopy: white plaques around the esophagus and gastric mucosa with marbled aspect. Biopsies were performed. The diagnosis was esophageal candidiasis and biopsy revealed no active chronic gastritis without metaplasia. Order Helicobacter pylori research that came negative. Analytically without changes. In the same consultation was treated with fluconazole and asked of viral serology. The patient returns to consultation with weight loss (8kg in three months) and positive tests for HIV 1/2. Western Blot test and Infectious Diseases / Gastroenterology consultation are requested. The HIV confirmation tests came positive.

Discussion:

This case highlights the clinical suspicion of HIV after confirmation of esophageal candidiasis, as it often appears associated with HIV. Early diagnosis, here made possible by the appearance of opportunistic infection, allows preventing the advanced stages of the disease, which allows a better quality of life for the patient.

PALAVRAS-CHAVE: HIV; opportunistic infection; esophageal candidiasis

PP1149 - WHEN TREATMENT BRINGS UP NEW PROBLEMS – A CASE REPORT OF MALE OSTEOPOROSIS

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INTRODUCTION:

Male osteoporosis' prevalence has significantly increased with general population's aging. Although traditionally considered a women's disease, morbimortality rates associated with osteoporosis are higher in men. Consequences of osteoporosis in men are disregarded and often un(de)rdiagnosed and un(der)treated.

CASE REPORT:

Male, 55 years old, healthy, married, without children. He fractured left tibia and fibula and was submitted to conservative treatment, but a delay in bone healing was noticed after several weeks. In a clinical reevaluation with his Family Physician (FP), this one noticed at physical examination undeveloped sexual characters. The FP asked about sexlife and patient said he always had erectile dysfunction. In adition, he had no descendesse, so the FP thought about hypogonadism as a probable diagnosis, which was analitically confirmed and could justify osteoporosis. He then began antiresorptive therapy and testosterone. There was resolution of orthopedic problem and patient regained his sexlife. However, due to sexual activity's high frequency, the wife start to decline it, leading to gradual family dysfunction. So, patient gives up testosterone treatment for family harmony's sake. There's an improvement in family functioning, however patient has marked mood swings that invariably interfere with their quality of life. At the moment, patient doesn't know what to do – start testosterone or start an antidepressant....

CONCLUSION:

This case shows how important it is seek secondary (and potentially reversible) causes of osteoporosis. The FP has a crucial role not only on the diagnosis, but also on the assessment of the impact on social and family functioning, through longitudinal and comprehensive care.

PALAVRAS-CHAVE: Osteoporosis; Men; Treatment Outcome

PP1151 - WHY DO WE NOT TREAT PROPERLY AND WHAT ARE THE REASONS FOR SO MANY SUB-DIAGNOSIS OF OBESITY WITH DIABETES?

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INTRODUCTION AND OBJECTIVES:

OBESITY AND METABOLIC SYNDROME ARE CONSIDERED RISK FACTORS TO DIABETES, HYPERTENSION AND OTHERS COMORBIDITIES. IT IS CLEAR THAT THIS IS A FREQUENT HEALTH PROBLEM MANAGEMENT THAT REACHES SERIOUS PROPORTIONS WITHIN THAT ENDEMIC ISSUES IN THE CURRENT WORLD. THE PURPOSE OF OUR WORK IS JOINTLY ANALYZE THE DIAGNOSTICS LAUNCHED IN THE ELECTRONIC HEALTH RECORDS (EHR) ALLIED WITH BODY MASS INDEX (BMI).

METHODS:

WE HAVE SEARCHED THROUGH THE BUSINESS INTELLIGENCE TOOL DISPOSABLE WITHIN THE VITACARE SYSTEM IN OUR PRIMARY CARE AREA, WHERE WE JOINED TOGETHER THE BMI, INTERNATIONAL CODE OF DISEASE (ICD) OF DIABETES, HYPERTENSION AND OTHER ASSOCIATED CONDITIONS.

RESULTS AND CONCLUSIONS:

WE HAVE PREVIEWED 13.494 DIABETIC PATIENTS AVAILABLE FROM EHR, AFTER SCREENING FOR INCONFORMITIES FROM 19.038. WE FIND 10.569 (78,3%) WITH HYPERTENSION; 5.106 (48,3%) WITH BMI>30Kg/m², AND THE ICD OF OBESITY WERE LAUNCHED IN ONLY 596 (11,6%). EVEN THOSE IN WHICH THEY WERE LAUNCHED, 82,5% STAY OBESE AFTER 3 YEARS OF MEDICAL CARE, AND HALF OF THIS STILL KEEP THE CRITERIA FOR MORBID OBESITY. ONLY 14/596 (2,3%) WHO HAVE OBESITY ICD LAUNCHED, REACH IMC<25Kg/m². DIABETICS OBESE WITHOUT HYPERTENSION WERE 879/2.925 (30,0%), BY THE SAME WAY, ONLY 12,8% HAD OBESITY ICD LAUNCHED, WHILE 76,1% CONTINUE TO HAVE BMI>30Kg/m² AFTER 3 YEARS. WHY SUCH THAT SUB-DIAGNOSIS WITHIN DIABETES AND OBESITY SINCE EHR MAKES AVAILABLE THE BMI OF THEM ALL? WHY, EVEN WHEN CORRECT ICD IS LAUNCHED, WE PERSUE TO HAVE AN INADEQUATE THERAPEUTIC RESULT? HOW TO ENCOURAGE OUR FRIENDS OF FAMILY MEDICINE COMMUNITY TO SURPASS THE NECESSITY TO COMBAT OBESITY?

PALAVRAS-CHAVE: OBESITY; DIABETES; HYPERTENSION

PP1152 - WHY DO WE NOT TREAT PROPERLY AND WHAT ARE THE REASONS FOR SO MANY SUB-DIAGNOSIS OF OBESITY WITH HYPERTENSION?

LIMA, T.A. ¹; ALFENA, M.D. ²; CAMPOS, C.N. ³; LIMA, R.C.A. ⁴; TOLEDO, P.P.S. ⁵; ARAUJO, M.O. ²; ROCHA, A.F. ²; MOREIRA, L.A. ²; SOUZA, F. ²; ANDRADE MM ⁶; 1 - MD, MSc, MBA, COORDENADOR ESF AP5.1, IABAS; 2 - IABAS - INSTITUTO DE ATENÇÃO BÁSICA E AVANÇADA A SAÚDE; 3 - MD, ESF; 4 - MD, ESF, ESPECIALISTA SBMF; 5 - NIGI, IABAS; 6 - INSTITUTO DE ATENÇÃO BÁSICA E AVANÇADA A SAÚDE;

INTRODUCTION AND OBJECTIVES:

OBESITY ASSOCIATED WITH METABOLIC SYNDROME ARE CONSIDERED RISK FACTORS TO DIABETES, HYPERTENSION AND VARIOUS OTHERS CARDIO VASCULAR COMORBIDITIES. IT IS CLEAR THAT THIS IS A FREQUENT HEALTH PROBLEM MANAGEMENT THAT REACHES SERIOUS PROPORTIONS WITHIN THAT ENDEMIC ISSUES IN THE CURRENT WORLD. THE PURPOSE OF OUR WORK IS JOINTLY ANALYZE THE DIAGNOSTICS LAUNCHED IN THE ELECTRONIC HEALTH RECORDS (EHR) ALLIED WITH BODY MASS INDEX (BMI).

METHODS:

WITH THIS PURPOSE, WE HAVE SEARCHED THROUGH THE BUSINESS INTELLIGENCE TOOL DISPOSABLE WITHIN THE VITACARE SYSTEM IN OUR PRIMARY CARE AREA, WHERE WE JOINED TOGETHER THE BMI WITH INTERNATIONAL CODE OF DISEASE (ICD) OF HIGH BLOOD PRESSURE, DIABETES AND OTHERS ASSOCIATED DIAGNOSTICS.

RESULTS AND CONCLUSIONS:

WE HAVE PREVIEWED 37.355 PATIENTS AVAILABE FROM DISPOSABLE ELECTRONIC PRONCTUARY - EHR, HYPERTENSIVE ONES, AFTER SCREENING FOR ERRORS AND INCONFORMITIES FROM 57.121 PATIENTS. WE HAVE FOUNDED 10.374 (27,7%) DIABETICS DIAGNOSED ONES ASSOCIATED WITH HYPERTENSION, AND 16.903 (45,2%) WITH BMI>30Kg/m², ALTHOUGH THE ICD OF OBESITY (E660, E662, E668, E669, E678, E756) WERE LAUNCHED IN ONLY 1.789 (10,6%). IT IS IMPORTANT TO KEEP IN MIND THAT THESE 15.114 OBESE HYPERTENSIVE PATIENTS WHO DID NOT HAVE HAD LAUNCHED OBESITY DIAGNOSIS, 4.514 (29,8%) ALREADY HAVE DIABETES. WHY SUCH THAT SUB-DIAGNOSIS WITHIN HYPERTENSIVE AND DIABETES PATIENTS WITH OBESITY SINCE THE EHR MAKES AVAILABLE THE BMI OF THEM ALL? WHY, EVEN WHEN CORRECT ICD IS LAUNCHED, WE PERSUE TO HAVE AN INADEQUATE THERAPEUTIC RESULT? HOW TO ENCOURAGE OUR FRIENDS OF FAMILY MEDICINE COMMUNITY TO SURPASS THE NECESSITY TO COMBAT OBESITY?

PALAVRAS-CHAVE: OBESITY; DIABETES; HYPERTENSION

PP1153 - WORKING GROUP ON HOMELESS PERSONS (WGHP): ACCESS AND COMPLETENESS CARE

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This work is a consequence of the Working Group on Homeless Persons in health district² and the main objective is to facilitate access and inclusion of homeless persons in the health system.

To achieve this aim the qualitative methodology stands on care conceptions, extended clinic and matrix support³. The WGHP's meetings are bimonthly and are open to everyone. The work in the territory happens biweekly. Several actions have been done with the staff from UBS, Caps AD, CREAS*, Samba Group CapsAD and students and residents from University of the State of Rio de Janeiro. The active search in the territory has guaranteed access to more than one hundred people in different psychosocial demands as dressing, DST/Aids, tuberculosis, mental disorder, harmful use of drugs, documents emission, shelter, social benefits, among others. Approaches have been made by offering health inputs such as male and female condoms, oral hygiene and all referrals and follow-ups needed.

As results we highlight the knowledge of the territory, the expanding access, care of completeness with singular therapeutic project harm reduction actions, intersectoral strengthening, the health care network and network of psychosocial care and the participation of homeless persons and the community in the Working Group on Homeless Persons.

*CREAS é o Centro Especializado de Assistência Social. É uma unidade pública estatal responsável pela oferta de orientação e apoio especializados e continuados a indivíduos e famílias com seus direitos violados.

PALAVRAS-CHAVE: : Primary Health Care; Homeless Persons; Vulnerability

**PP1154 - “CONSULTÓRIO NA RUA” AND INTERSECTORAL NETWORK:
MONITORING AND HEALING TUBERCULOSIS IN HOMELESS PEOPLE
WITH A SHARED DIRECTLY OBSERVED TREATMENT.**

FERREIRA FILHO, LGL¹; TIBURCIO AC¹; PIO JE²; SILVA¹; FERREIRA DMB³; MARTINS MAS⁴; GIUNTINI MB⁴; ANDRADE ISA⁴; SILVA KMG⁴; 1 - SMS RJ - CAP 5.1; 2 - SMS/SUBPAV/SAP/CLCPE/GDPP; 3 - SMS RJ CAP 3.3; 4 - SMS RJ CAP 5.1;

INTRODUCTION:

The CNAR 5.1 is constituted as an instrument of the Basic Attention on the 5.1 Programmatic Area since December 2014 and adopted the WHO concept of tuberculosis as a global public health problem that requires practice control strategies that considers the humanitarian, economic and civil set in the specific propaedeutics to achieve cure. This way, the shared DOT proved to be an effective management tool and promoter of adherence and healing, especially to homeless citizens and institutional sheltering.

MATERIAL AND METHODS:

Shared DOT implementation allied to the CNAR SMSDC-RJ-51 strategies, "PRACTICAL APPROACH TO LUNG HEALTH" (PAL / WHO) and intersectoral dialogue for the identification and treatment of symptomatic respiratory in homeless people in Rio de Janeiro 5.1 Programmatic Area in 2015. For each patient, we seek to build a caring network that promotes the triad: access through treatment reference professionals in the various areas concerned in his itinerant trajectory of life, damage and vulnerabilities reduction, and CNAR Control matrix to the shared actions at the homeless local agglomeration.

RESULTS:

In 2015 the intersectoral network fostered by CNAR SMSDC-RJ-5.1 obtained two cases with a cure criteria in adults living on the streets, and now following eight other cases in the same population, one of MDR-TB, overcoming barriers and unique difficulties in favor of citizenship, cure and contacts control.

PALAVRAS-CHAVE: TUBERCULOSIS; DEMOGRAPHY; monitoring

PP1155 - "I WON'T DO MY ROUTINE CHECK UP" – NEEDLE PHOBIA, A COMMON OBSTACLE TO HEALTH CARE

Amorim C ¹; Ribeiro R ²; 1 - USF Gualtar; 2 - USF Bracara Augusta;

Needle phobia is a condition that affects about 10% of the population according to international studies. These patients avoid health care for most of their life, which is a major impediment for primary and secondary health care. The etiology of this phobia is based on the vasovagal reflex caused by the sting of the needle. Treatment of needle phobia is done through: patient education; relaxation techniques; use of benzodiazepines or topical anesthetics.

METHOD:

Male patient, 47 years old, unemployed, with 12 years of schooling. Clinical history: Type 2 Diabetes (since 2013) treated with oral antidiabetic medication, currently uncontrolled; Hypertension (since 2013); Medium-high global CV risk. The patient was advised to maintain a quarterly medical evaluation. However, of the 12 scheduled appointments between 2013 and 2015, the patient missed 8 (66.6%), most in the last two years. In September 2015, the patient admitted his fear of being stung by a needle, and justified his absence to the last appointments due to the frequent request for blood tests. After the needle phobia was diagnosed, the patient was treated with benzodiazepines and oriented to psychological support.

RESULTS AND CONCLUSIONS:

This case demonstrates the importance of the family physician's role in recognizing patients with a diagnosis of needle phobia, which can be easily misinterpreted as patient's low motivation and responsibility for their health care. Collaboration with other areas of health care (nurses, psychologists) is essential to solving this problem.

PALAVRAS-CHAVE: needle; phobia; treatment

ORGANIZAÇÃO DA PRÁTICA (CENTRO DE SAÚDE)

PP1156 - "MEDITATION IN THE CLASSROOM": HEALTH PROMOTION IN ADOLESCENTS, SAN BAUTISTA, CANELONES, URUGUAY, 2014-2015.

Castellano G¹; Ruétalo MR¹; Cuadrado M¹; 1 - Facultad de Medicina, Universidad de la República;

Introduction and objectives

Multiple scientific papers realize mindfulness meditation and other meditation techniques in educational environments showing health benefits for children and adolescents.

Objective:

Generate individual and group conditions for the management of emotions in an adolescent population of a group of high school in San Bautista, in the period November 2014 to December 2015.

Specific objectives:

1. Work concepts related to emotional intelligence.
2. Using meditation as a tool for self-knowledge and recognition of emotions.
3. Promote a good educational environment.
4. Produce knowledge regarding mindfulness meditation as a health tool producer.

Method:

Weekly activities take place during the school year with a group of 30 adolescents between 13 and 15 years, for 20 minutes in class time. Activities were aimed at the acquisition of skills in the field of emotional intelligence; self control, enthusiasm, empathy, perseverance and ability to motivate oneself and live in harmony with others. Meditation consisted of staying silent and rest, focusing on breath, concentrative, with music as support. A scale was applied for measuring anxiety ("state trait anxiety inventory"). Participation was voluntary.

Results and conclusions

All students accepted to participate. The meditation time tripled, achieving attention in most adolescents growing trend. Participants perceive work positive for group functioning. The first evaluation showed no significant differences in anxiety scale considering an analysis model before and after. Intervention period of three months was evaluated.

Meditation in the classroom is seen as an effective tool for the promotion of health in the adolescent population.

PALAVRAS-CHAVE: meditation; adolescent; emotional intelligence

PP1157 - "SAME DAY APPOINTMENT": FLEXIBLE SCHEDULE TO GUARANTEE ACCESS IN A FAMILY CLINIC OF RIO DE JANEIRO

Terrezo LCS¹; Queiroz OS¹; Machado HSV¹; Santos MCL¹; Ribeiro TA¹; 1 - SMSRJ;

Introduction and Objective:

Disorganized and restricted patients access to a Family Clinic leads to direct or indirect users' complaints and professionals' dissatisfaction in their workplace. In order to ensure patients access we considered changing our schedule model, This presentation aims to describe the experience of implementing advanced-access into a Family Clinic in Rio de Janeiro.

Method:

Literature review and debates were organized among the professional to raise awareness and knowledge about open-access schedules. We have decided to schedule routine appointments for children and pregnant, one patient per hour and prioritizing the free schedule for patients seeking a same-day appointment. The backlog was cleared on the first days of the month.

Results and conclusion:

At first, there was a significant increase in assistance pressure. Over time, however, the reduction of waiting time for a same day consultation was clear, increasing users' satisfaction. Also there was a dramatic reduction in absenteeism of scheduled appointments as well as a reduction in referrals. Therefore, rethinking the scheduling model, ensuring access to the FC made big improvements in user's and professional's satisfaction.

PALAVRAS-CHAVE: Gatekeeping; Primary Health Care; Appointments and Schedules

PP1158 - MATRIX SUPPORT EFFICIENCY: ANALYSIS OF THREE PRIMARY HEALTH CARE UNITS IN CAMPINAS

RIBEIRO MP ¹; VERRI BA ¹; 1 - Faculdade Sao Leopoldo Mandic;

Introduction and Objectives:

The matrix support on mental health is a relatively new approach in Brazil. The present study aims to analyze the matrix support performance on mental health care in three primary health care units in the city of Campinas, starting from the primary health care teams' perspective. This way topics such as the matrix support on mental health were praised; the flux of the mental health patient of these teams; facilitating and complicating aspects of matrix support on primary health care; the matrix support effectiveness on mental health in the three primary health care units.

Methodology:

It is about a qualitative, exploratory, descriptive and also explanatory research, which was carried out through the interview and the systematic observation of nineteen health care professionals of these three primary health care units.

Results and Conclusions:

as the results revealed, the matrix support still presents obstacles, such as the lack of interest and the full agenda of the health care professionals. However, the matrix support is an important tool to integrate the teams of the Family Health Strategy and Psychosocial Care Center, better capacitating these teams. All interviewers from the primary health care feel more secure to consult patients with mental health disorders after starting to participate in the matrix support.

PALAVRAS-CHAVE: Saúde mental; Atenção primária à saúde; Sistema Único de Saúde

**PP1159 - THE IMPORTANCE OF THE FAMILY HEALTH STRATEGYS
MULTIPROFESSIONAL TEAM ON THE CARE OF THE PACIENTS WITH
DIABETES**

COSTA, M. M. M.¹; GUEDES, A.¹; 1 - SMSDC CF EPITÁCIO SOARES REIS;

This is an experience report. The events here exposed took place at the Clínica da Família Epitácio Soares Reis AP 3.3, located in the district of Pavuna, in Rio de Janeiro, responsible for about 18,392 people. This health facility has four family health teams, each one composed by a medical doctor, nurse, nurse technician, and health community workers, and two oral health teams, each one with a dental surgeon, one oral health attendant, and one dental hygiene technician. Besides that, there is a team of endemic control agents. All these teams are assisted by a Family Health Support Team, with a nutritionist, a physiotherapist, a social worker and psychologist. The aim of this work is to report the importance of the Family Health Strategy's multiprofessional team on the care of the feet of patients with Diabetes, and therefore demonstrate the importance of team work that seeks to share responsibility within care between the members of the team, contributing to the quality of the health actions performed, and showing the role of the nurse in carrying out health and education activities, promoting self-care.

Conclusions:

This work allowed to point out the multiprofessional work, that shares the responsibility within the members of the team, to assess needed care and treatment of patients with Diabetes, with purpose of strengthening the adherence to treatment of the disease. and adding to the better quality of health actions performed.

PALAVRAS-CHAVE: equipe multiprofissional; diabetes mellitus

PP1160 - THE COMPREHENSIVENESS IN DOCTORS' PROFESSIONAL PRACTICE AMONG THE

Franco CM ¹; Giovanella L ¹; Almeida PF ²; Lima IR ³; 1 - Escola Nacional de Saúde Pública Sergio Arouca - Fiocruz; 2 - Instituto de Saúde Coletiva - Universidade Federal Fluminense; 3 - Faculdade de Medicina - Universidade Federal do Oeste da Bahia;

The reduced supply of health professionals, especially doctors, in remote and vulnerable areas affects access, equity and efficiency of health systems worldwide. In 2013, Brazil, faced with a major shortage of doctors prepared to work in primary health care and regional disparities, launched the Program More Doctors, wrapped the many controversies. The research aims to analyze the comprehensiveness in professional practices offered by the program, from a case study in Rio de Janeiro. An analysis matrix, with indicators and categories assigned to two dimensions of comprehensive practices, has been prepared: a biopsychosocial approach to care, with community orientation and the expanded and integrated actions cast of promotion, prevention and health care. Interviews were conducted with the Cuban physicians of the Program More Doctors in certain geographical area of the city and a focus group with their supervisors. In addition, reporting data were analyzed from supervisors and performance indicators of the teams. Preliminary results indicates that the Cuban doctors from 'More Doctors' in the city of Rio de Janeiro in your practice meet various components of the biopsychosocial approach to care, with community orientation while in the expanded and integrated cast dimension of promotion, prevention and care, the components are partly covered by limits of the organization of the municipal health system.

PALAVRAS-CHAVE: Comprehensiveness; Program More Doctors; Primary Health Care

PP1161 - A PERSPECTIVE OF THE COMMUNITY HEALTH AGENT IN WELCOME TRENCH

Oliveira ¹; Machado LCS ¹; Machado HSV ¹; Santos MCL ¹; Queiroz OS ¹; 1 - SMS-RJ;

Introduction and Objectives:

The new structural format of basic health units in the city of Rio de Janeiro have a reception by staff, positioning the community agent in the function of receiving the patient in the first contact. The agent serves to welcome, listen the demand, to register, share with the team and give a direction to the patient. Empowered in that situation, it is up to him the decision on the feasibility and forecasting time to the nursing or physician attendance. However, if the team has a restricted access, repulsed the unscheduled demand and works with a non-flexible schedule, this shift will be the one with highest stress for the agent when he has to give recurring negative answer for the population. We intend to discuss the agent's vulnerability in this situation.

Method:

The six staff agents of area 5 draw a comparison of their experience while working in the same team in two distinct moments before and after the opening of access, post entry of the medical residency, weighing how much this influences in their work in terms of conflicts with the population, teamwork and problem solving.

Results and Conclusions:

The open access where the vast majority of patients can reach the nurse or doctor ensures greater security for agent performance that is not able to screen. Such flow depends on a united team that enables a non-hierarchical dialogue and a clear understanding of spontaneous demand as a major duty of primary care.

PALAVRAS-CHAVE: Health Services Accessibility; Gatekeeping; Health Services Needs and Demand

PP1162 - TEEN SOCIAL NETWORK IN THE PRACTICE OF BREASTFEEDING: CONTRIBUTIONS TO FAMILY HEALTH TEAMS

Natividade CMR ¹; Souza MHN ²; 1 - Prefeitura Municipal do Rio de Janeiro; 2 - Universidade Federal do Rio de Janeiro;

Introduction:

Adolescence is a stage of human development which implies a period of physical and emotional changes. It should be considered an important period on life of women, because, among many possibilities, they might undergo situations such as: gestation, childbirth and breastfeeding.

Objectives:

Identify influences of social networks of the teenage mothers supported by Family Health Care Units in the city of Rio de Janeiro; describe influences of social networks of the teenage mothers during breastfeeding; analyze the meaning of teenager's relationship with the member of her social network during breastfeeding stage.

Method:

This paper is a qualitative investigation based on methodological and theoretical perspective of Social Network, described by Sanicola (2008). The participants were 15 teenage mothers.

Result and conclusion:

The analysis of the social network maps demonstrated strong ties with primary network members, especially her mother, mother-in-law, sisters-in-law, friends, sisters, baby's godmother and aunt, where those people were the most supportive during the breastfeeding stage. Secondary network members were especially health care professionals, such as nurses and physicians, who were looked for by the teenagers at difficult moments to solve breast problems or problems related to the breastfeeding technique. It is worth to point out that the knowledge of social relationships of the teenager, as well as the comprehension of influences exerted by her social network, comprises a very important benefit so that the team of Family Health Care Strategies can improve such network and implement efficient actions to protection, promotion and support of maternal breastfeeding.

PALAVRAS-CHAVE: Social Network; Breast Feeding; Family Health

PP1163 - FAMILY AND COMMUNITY MEDICINE RESIDENCY: THE LONGITUDINAL BOND - DILEMMAS FOR HEALTHCARE MANAGEMENT IN MANGUINHOS

SILVA JÚNIOR JC ¹; CUNHA EM ²; IZECKSOHN MMV ¹; 1 - UNIVERSIDADE FEDERAL DO RIO DE JANEIRO; 2 - FUNDAÇÃO OSWALDO CRUZ;

Introduction/Objectives:

The residency program in Family and Community Medicine has been consolidating in the city of Rio de Janeiro. In one of the city's health territories, the medical residents of this program are held responsible for the care management of the registered population, and must ensure the principles established for Primary Care (AP) in Brazil, establishing relationship with the user. This initiative promoted increased coverage in the locality. However, at the end of the course, this bond is discontinued and a new resident takes over the function. This work aims to discuss the characteristics and requirements for the establishment of the therapeutic relationship in the AP, as well as the possible consequences of the discontinuity of this bond.

Methodology:

This is experience report discussed the light of review of national and international literature on bond doctor-patient in AP.

Results/conclusions:

The therapeutic relationship built between the resident and the patient, as provided in the literature, is a relationship based on trust and responsibility. It is person-centered approach, but with attention to family characteristics and territory. The construction of this relationship requires time and dedication. The magnitude of the end of the therapeutic relationship can be observed by the speeches of the patients in their contact with the staff of AP, which with some discontent, questioning why the output of resident doctor. Despite advances in AP coverage in the Territory, one has to pay attention to the care of discontinuity consequences.

PALAVRAS-CHAVE: Vínculo; Residência médica; Atenção primária

PP1164 - A SUCCESSFUL EXPERIENCE OF THE INTEGRATED WORK OF SOCIAL AND HEALTH CARE

KISTENMACKER CCR ¹; FILHO LGLF ¹; TIBURCIO AC ¹; PROENCA WR ¹; SOUZA NP ¹; SILVA EA ¹; MACHADO CRAB ¹; SILVA AL ¹; MINEIRO AC ¹; MATOS LM ¹; 1 - PREFEITURA DO RIO DE JANEIRO;

1. Introduction:

This paper aims to discuss about the intersectoral relationship of CREAS Prof. Aldaíza Sposati, 8th CDS with the Office in the CAP 5.1 Street, specifying the powers of these services, with the different audiences that are in street situation as well as the work developed with their families, from the perspective of strengthening linkages and strengthening the protective function of the same.

2 - Methodology:

Interventions unfold through social approach in incidence of people from places in the streets; case studies involving both teams and other actors of the social assistance network that will contribute to overcoming the socially vulnerable individuals / families meet. There is the design strategy "Street Chat" under the lines of a conversation wheel with breakfast, from the year 2015, which envisages closer applicant's target audience of the services provided.

3 - Conclusion:

The CREAS / CNAR partnership has provided a positive experience, enabling progress regarding the integration of social welfare and health policy, which has been adding knowledge and broadening the perspectives of assisting the population in the streets and their families, when identified. Sees in these interventions grasp the needs and capabilities of users, in order to strengthen their autonomy and overcome the vulnerable conditions, contributing in many cases to family and / or community reintegration.

PALAVRAS-CHAVE: CREAS; CNAR; UNITY

**PP1166 - ACADEMIA CARIOCA PROGRAM AS A QUALIFIED PRACTICE
OF INCLUSION OF PERSONS WITH DISABILITIES IN FAMILY HEALTH
(SMS-RJ)**

Amaral, R ¹; Pinto, ALM ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Introduction:

insufficient presence of disabled people in the Family Health Strategy to the still restricted access of this population despite its ongoing process of geographic and organizational expansion. The the Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional, integrated lines of health care, to map the territory Family Clinic Ana Maria Conceição dos Santos Correia (AP 3.3), according to the Program of action protocol, noted the absence of actions to integrate people with disabilities to drive and its services.

Objective:

To analyze the inclusion of a physical activity adapted with the participation of disabled persons in a Family Clinic, its effects in the routine of professionals Family Health and community where they live.

Method:

16 participants were collected data allowing a qualitative assessment of processes through document analysis and systematic observation of living with them as they participated in activities and daily life of the Unit.

Results and Conclusion:

There was greater access to people with disabilities at the Health Unit, professionals declared themselves more familiar with the theme, the interpersonal report of improvement with the family, school and community environment (besides the development of motor aspects and cognitive). Thus, the inclusion of people with disabilities in the public health service was instrumental in breaking socio-cultural paradigms and qualification of access and host of the Family Health, impacting positively on the lives of people with disabilities and their families must be multiplied to other units.

PALAVRAS-CHAVE: Equity in Access; Family Health; Health Promotion

PP1167 - ACADEMIA CARIOCA PROGRAM: COMMUNITY AND INSTITUTIONAL GARDEN TO PROMOTE FOOD SECURITY IN THE FAMILY HEALTH (SMSRJ-BRAZIL)

Cardoso, J ¹; Reis, NS ¹; Guimarães, JA ¹; Boaretto, MC ¹; 1 - SMSRJ;

Introduction:

Community gardens, practiced in different spaces, including institutional, are considered integration instruments in sustainable development processes of people and the environment. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, in line with this purpose, the expansion of coordination of health care.

Objective:

Present the experience of the Academia Carioca Program through the use of free spaces in Primary Care Units (PSU) with the cultivation of institutional community gardens called "Promote, Prevent and Season".

Method:

This is a cross-sectional study with participant observation on the effects of cultivation of gardens in the community.

Results and Conclusion:

The action promoted the training of 100% of physical education professionals Academia Carioca Program which broadcast the Program participants acquired knowledge on the cultivation of gardens, creating a Multipliers Network of good practices. From this experience 80% of UAP have implanted gardens. The production of urban gardens promotes reflection of the participating subjects on healthy habits and home planting. Thus extend the home environment practices that promote food security and conscious consumption. We conclude that the health promotion perspective the initiative develops actions acting on issues that relate to the health-disease process, encouraging broader forms of intervention on the Social Determinants of Health with popular participation, encouraging healthy choices by individuals and communities in the territory where they live and work.

PALAVRAS-CHAVE: Consumer Participation; Agricultural Cultivation; Health Promotion

**PP1168 - ACADEMIA CARIOCA PROGRAM: EFFECTS OF PHYSICAL
ACTIVITY DIRECTED TO THE SPINE IN THE MANAGEMENT OF HEALTH
CARE LEVELS (SMS-RJ-BRAZIL)**

Sermarini, T ¹; Otero, I ¹; Leal, L ¹; Rodrigues, P ¹; Baleixo, R ¹; Amaral, R ¹;
Freitas, U ¹; Nicocelli, C ¹; Tenório, J ¹; Caetano, C ¹; Woodtli, R ¹; Silva, GLO ¹;
Dias, P ¹; Zeferino, MH ¹; Roseli ¹;
1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Introduction:

The pain in the spine are presented as one of the most frequent complaints in care and referrals to other levels of health care. Resulting from movement restrictions to temporary disability.

Objective:

To evaluate the effects of preventive action and therapeutic directed in favor of a healthy spine, introduced in 2012 by a physical education professional Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as a health promotion strategy and linked to Family Health, in people attended the public health service of the AP 3.3 region.

Method:

Participants of the study, 389 participants (93.3% women) registered in 13 of the 18 Primary Health Care Units with discomfort in the spine and directed by Family Health teams and analyzed as to the question PAIN in the SF-36 questionnaire after a year, and the cases that were actually referred to the Outpatient Setting System (SISREG).

Results and Conclusion:

Along the specific physical activity practices that occur one to two times a week, other activities are associated (reflexology, shiatsu, yoga and Ear, postural guidelines). There was improvement in pain intensity assessed by the SF-36 among participants. And in evaluating the forward list management for Unit SISREG specialties, 50% of cases no longer required. Results show that the Academia Carioca Program through the specific activity, in addition to improving functional occupational health and the participating people, increased the resoluteness of the teams in primary care and better skills in referrals.

PALAVRAS-CHAVE: Primary Health Care; Motor Activity; Health Promotion

PP1169 - ACADEMIA CARIOCA PROGRAM: EXPANSION OF HEALTH PROMOTION ACTIONS FOR AUTONOMY WITHIN THE FAMILY HEALTH (SMSRJ-BRAZIL)

Guimarães, JA ¹; Cardoso, J ¹; Remédios, JL ¹; Reis, NS ¹; Monteiro, AMC ¹; Boaretto, MC ¹; Torres, MRC ¹; 1 - SMSRJ;

Introduction:

The Family Health Strategy implemented by health care model requires between several actions closer health teams the population served and a connection with the related territory. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in the expansion of the coordination of health care.

Objective:

To present the action planned and carried out by staff of physical education professional Academia Carioca Program as mapping strategy planning through knowledge of local and cultural history.

Method:

This is a community trial of analysis of data obtained through participant observation conducted on systematic visits to places in the territory.

Results and Conclusion:

Strengthening ties with the place where they live, sometimes only recognized by their vulnerability and poverty. The transformation of the perception of their territoriality, from the knowledge of existing potential in the perception of the health team, promoted gain autonomy and mobility around the city. Thus, experience new value assesses the scene and improves self-esteem through the reaffirmation of the socio-cultural identity and stimulating the sense of community in the preservation of public spaces. Thus, the Academia Carioca Program team was able to provide this transformational initiative, which combines physical activity to Social Determinants of Health consistent with practices Family Health giving new meaning to social promotion of health for the population and the community where you live.

PALAVRAS-CHAVE: Health Programs and Plans; Health Promotion; Motor Activity

PP1170 - ACADEMIA CARIOCA PROGRAM: INTERSECTORAL PARTNERSHIPS TO WIDEN CLINIC STRENGTHENING THROUGH PROMOTIONAL HEALTH ACTIONS. (SMS-RJ)

Nascimento FC ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro (SMS-RJ);

Introduction:

The Family Health Strategy – FHS, accordingly with the Promotional National Health Politics, stimulates the doing of intersectoral practices as a way to strengthen the Widen Clinic's actions. The Academia Carioca Program implemented by the Municipal Secretariat of Health of Rio de Janeiro in 2009 develops its activities linked to the Health Units, forming an access point to the FHS through regular physical activity guided by a physical education professional in the territory.

Goal:

Get to know the health team's perception related to the partnerships performed in Municipal Center Professor Masao Goto's territory (AP 51), Zona Oeste (West Zone).

Method:

To data collection, were listed all partnerships performed between January to December of 2015 associated to unsystematic observation and team professionals' discourse analysis.

Results and conclusion:

On the mentioned period, 17 partnerships were established with 3.990 people integrated on 22 actions performed in the territory. All intermediated by The Academia Carioca Program physical education professional. Therefore, comparing 2015 with the previous year, the participation on the Program increased 30% and consequently the association to the actions offered by the Health Unit also increased as well as the services fluency improves (less absence to health appointments, accomplishment of medical exams and growing co-responsibility with the professionals). Conclude that the perception was considered relevant prior its potential to the social and health development. The Academia Carioca Program, linked to the Health Unit was considered strategic for the achievement of intersectorality and the strengthening of the family and community medicine practices.

PALAVRAS-CHAVE: Intersectoral Action; Primary Health Care; Health Programs and Plans

**PP1171 - ACADEMIA CARIOCA PROGRAM: THERAPEUTIC SINGULAR
PLAN IN THE COLLECTIVE CONSTRUCTION FOR HEALTH CARE -
PROFESSIONAL EXPERIENCE REPORT (SMS-RJ)**

Silva VC ¹; Oliveira JM ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro (SMS-RJ);

Introduction:

Performing a Single Therapeutic Plan presumes the collective construction of care through an integrated service for various areas of knowledge in vulnerable situations. Such a tool extends the capability of the therapeutic process of the healthcare team. The Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat has integrated the services of primary care network the physical education professionals active in the Support Center for Family Health (NASF).

Objective:

Describe the role of the Professional Physical Education Academia Carioca Program in the singular therapeutic plan of W.L.P. with Diogenes Syndrome for 10 years, ascribed territory dweller to the Family Clinic Wilson Mello Santos "Zico" (AP 51), West Zone.

Method:

Experience report on the planned intervention and the actions undertaken to enter W.L.P. to treat and reduce symptoms and behaviors syndrome (carelessness about personal hygiene and cleanliness of housing, social isolation, paranoia, and collecting of waste).

Results and Conclusion:

After outlining the action plan with the NASF, the Physical Education Professional volunteered to carry out the approach with the support of a psychologist, which continued for two months. Progressively W.L.P. back to family life, adhered to treatment, currently at home, and allowed the removal of scrap that hindered the public route and is presented as vectors of diseases. After evaluation team, the share of Academia Carioca Program was considered strategic in the resumption of the case and the positive results achieved that remain to the present.

PALAVRAS-CHAVE: Mental Health; Patient Care Team; Primary Health Care

PP1172 - ACADEMIA CARIOCA PROGRAM: WORKER HEALTH PROMOTION FOR ASSISTANCE QUALIFICATION IN THE FAMILY HEALTH STRATEGY (SMS-RJ-BRAZIL)

Miranda,JEP¹; Nascimento,B¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction:

Along the implementation of a health care model permeates the management of the workforce performing their services and influence throughout its functional life. However wear this force to work accidents and occupational diseases is presented as a result of a historical social process. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering regular physical activity oriented by physical education professional, integrated actions and services of Family Health, it acts in line with this purpose, expanding its activities to workers' health.

Objective:

To present the experience of three Health Units Planning Area 2.1, through physical education professional Academia Carioca Program has developed diverse activities for the acquisition of healthy habits and increased socialization in the workplace.

Method:

Systematic observation participant with analysis of tools for monitoring and self-evaluation team of Units Health participants.

Results and Conclusion:

After agreeing with the management of these units, professionals and employees have access to activities (running groups, functional Training, trails, and cultural tours). After the self-evaluation activities contributed to the improvement of labor relations, occupational health and notions of self-care. Enabling increased knowledge to be transmitted to the population from practical experience. Finally, the inclusion of the workforce in the context of health protection system is key to building a healthier working configuration with an impact on quality of care.

PALAVRAS-CHAVE: Occupational Health; Health Promotion; Motor Activity

PP1175 - ACCESSIBILITY TO HEALTH CARE CENTER: AN INSIDE PERSPECTIVE

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Introduction:

The 31st slum has an heterogenic population that is in constant growth. The 104th block belongs to one of the neighborhoods located furthest from the health care centers. This could interfere with accessibility to health and health care.

Objective:

To conduct a health situation analysis to learn the characteristics of this population, as well as their perception on local health providers. In order to plan and implement health actions directed to their needs.

Methods:

Data recollection was carried out during May-July 2014, through a questionnaire with three separates: housing conditions, cohabitants and health. 50 houses were interviewed through consecutive sampling. Data was analyzed with Epidat 4.0, categorical variables are expressed in %.

Results:

48% of families have been living in the neighborhood for less than 5 years, mostly young people (32.6 years, DS 11.87) born in foreign countries. 98% of the houses have essential services, overcrowding was found in 22%. 70% have preoccupations, mainly about employment, security, lightning, sewage and garbage disposal. 88% had medical consultations during 2013, 60% admitted difficulties in health care centers (impossibility of getting appointments, having to queue since dawn to get appointments, long waits until consultation) but only 26% recognized this as a problem.

Conclusions:

The population interviewed is young and has been living in the neighborhood for a short time. In spite of all the obstacles in access to health care centers only a few are aware of this as a problem and seems to be conceived as part of the health system.

PALAVRAS-CHAVE: Health services accessibility; Health care system; Vulnerable populations

PP1176 - ACTIVITIES IN THE NUCLEAR FAMILY, IN PRIMARY HEALTH CARE, IN CASE OF ALCOHOLISM.

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Introduction/Objectives:

The family disease model considers alcoholism a disease that affects not only the individual but his family as well. In this context having a complete understanding of this family dynamics is essential to all health care professionals, including students, so they can use the best treatment strategies for each situation. To analyze the importance of a longitudinal and integral health care for improving life quality of a family.

Methods:

We performed this case study on a family attended by a student group aiming to assess it's different functionality levels through family assessment tools such as the PRACTICE, APGAR, Ecomap and Genograms.

Results/Conclusion:

We analyzed the family with the PRACTICE and APGAR questionnaires, as well as using Genograms and the ECOMAP. All this information showed us that the family members lived in good terms, although with some conflicts that were mainly caused by the index patient alcoholism, but with the family still being classified as a well-structured and functional one. Using these analysis results as a starting point, the team proposed some changes that the family agreed to, which were: taking the index patient to the Psychosocial Care Center for Alcohol and Drugs (CAPS, in the Portuguese acronym). The importance of understanding the complexity and how can addiction disease affect the family functionality level became clear, but also showed the relevance of home visits for primary health care, as well as demonstrating the need of treatment for both the patient and it's family.

PALAVRAS-CHAVE: Family; Evaluation; Quality

PP1177 - ADAPTATION OF A RISK RATING PROTOCOL FOR USE ON A BASIC HEALTH UNIT

Dantas JES¹; Safieh RC¹; Fernandes RN¹; Dantas JVC¹; Borges HC¹; Lima Neto AV¹; Dantas JVC²; Neves NNA²; 1 - UnP; 2 - UNIVERSIDADE POTIGUAR;

Introduction and objective:

the Family Health Strategy is the foundation of primary care and provides almost always a greater demand than the capacity of absorption. Overcrowding creates organizational problems, as well as compliance in order of arrival, without establishing clinical evaluation, can cause harm to patients. In order to avoid inconvenience, an appropriate risk classification system it is necessary. The objective is to report the experience while adapting and implementing the Manchester Protocol as risk classification measure to optimize care at a basic health unit.

Method:

It is an experience report developed based on Integral Attention to discipline Intervention Project Health I, offered to the first semester of medical school at the University Potiguar (UNP). The intervention was performed by presenting System Manchester classification for health professionals of the Basic Health Unit Dr. Silvino Lamartine, with availability of colored chips for the classification of patients and risk classification of chips for professionals who apply the protocol.

Results and conclusion:

To ensure proper classification, the Manchester protocol uses a combination of defined flowcharts and discriminating. As an example, we can highlight the situation when a patient seeking treatment complaining of headache, are made several questions about other possible symptoms, called discriminators. After identifying these discriminating the patient is classified. From this perspective, the Manchester Protocol is a reliable tool and able to optimize the quality of health care in primary care, since it protects patients by ensuring levels of priority and suitability of standby time ideal for medical evaluation.

PALAVRAS-CHAVE: Primary Health Care; Public Health; Community Medicine

PP1178 - ADVANCED ACCESS VERSUS AGENDA MANAGEMENT IN PRIMARY CARE: BENEFITS AND CHALLENGES OF FAMILY AND COMMUNITY MEDICINE RESIDENTS

Ferreira MO ¹; Medeiros GR ²; Brochini MM ³; 1 - Clinica anthidio dias da silveira; 2 - Clinica da Família Anthidio Dias da Silveira; 3 - UFRJ - Instituto de Estudos em Saude Coletiva;

INTRODUCTION and OBJECTIVE:

Towards the changes in primary health care in Rio de Janeiro, through services reorganization and territories coverage expansion, users access has become a widely debated topic. With the Medical Residence Program implementation in the Family Clinic Anthídio Dias da Silveira, two teams, one using the scheduling appointments method (team 1) and other advanced access (team 2) were studied through critical analysis of work process.

METHODS:

Data from two teams were analyzed through the electronic medical record, which stores the records made by the team members and the experience of each resident during their first year of service.

RESULTS AND CONCLUSION:

There were a greater number of appointments on team 2, besides the lower absenteeism. On the other hand, on the resident's perspective, with the agenda management was possible to learn consultation timing and practice person-centered medicine techniques, besides it allowed previous cases studies. Team 1 reception group promotes an integrated multidisciplinary appointment that allows better information exchange among technical team. However there is dissatisfaction of patients regarding the waiting time, which does not happen in the Team 2, since it ensures the appointment for the day or the date chosen by the user. Thus, it is undeniable the benefits of advanced access to the community, but an organized schedule can provide better learning opportunities for the resident.

PALAVRAS-CHAVE: residents; advanced access; agenda management

PP1181 - ANALYSIS OF THE ADHERENCE TO THERAPEUTIC MEASURES OF DIABETES AND SYSTEMIC HYPERTENSION PATIENTS IN THE SANTA ISABEL COUNTY, IN GO

Peixoto, I. C. F. ¹; Lima, M. C. S. ¹; Motta Sarmiento, A. G. ²; 1 - Faculdade de Saúde da Universidade de Brasília; 2 - Faculdade de Medicina da Universidade de Brasília;

Introduction and objective:

Adherence to chronic diseases treatment, like in diabetes mellitus type II (NIDDM) and systemic hypertension (HT) is a decisive factor to the prognosis of the individual. However, in the social environment in which the person finds himself, like family, social interactions and relationships affect directly the recommended health prescriptions. In the case of Santa Isabel, the formal health recommendations are made through the primary health care unit, which is registered in the ESF (Estratégia de Saúde da Família) and has a broad coverage throughout the municipal territory. This study investigates the main factors that interfere in the adherence to HT and NIDDM treatments, and the influence that community has in these matters.

Methods:

This study used quantitative methods with intentional sample, and qualitative with focus groups, to rate the health service and the individual adherence to treatment in of hypertension and diabetes.

Results and conclusion:

The quantitative data shows that the majority of individuals has good adhesion to the NIDDM and HT treatment and the population, in general, is reasonably informed on the subject. We found that the rating of Santa Isabel in the ESF is higher than other cities that people are in the same socioeconomic condition. Both quantitative and qualitative research show a great satisfaction towards the health services offered in the NIDDM and HT treatment.

PALAVRAS-CHAVE: Patient Compliance; Hypertension; Diabetes Mellitus

PP1182 - ANALYSIS OF DEMAND IN A SUPPLEMENTARY PRIMARY CARE SERVICE USING THE INTERNATIONAL PRIMARY CARE CLASSIFICATION

Landsberg GAP ¹; Rodrigues R ¹; Soares MLM ¹; 1 - Unimed BH;

Introduction:

Reasons for encounter between patients and Primary Health Care (PHC) services may be classified with the International Classification of Primary Care (ICPC-2). This instrument allows to understand reasons why people seek care, being useful to plan strategies to attend population's demands.

Objective:

To analyse reasons for encounter in a private Primary Health Care service.

Methodology:

We analysed all reasons for encounter classified with the ICPC-2 related to consultations occurred in four Primary Health Care units in the metropolitan region of Belo Horizonte, Minas Gerais, between May 2013 and February 2016. Data was extracted in an unidentified way from the electronic medical record database.

Results:

Data related to 32,404 consultations from 10,282 patients generated 42.335 reason for encounter ICPC-2 codes, with an average of 1.3 reasons for encounter per visit. 889 different reasons for encounter were observed; 26 of them accounted for 50% of all contacts. Most of the reasons for visit were related to the ICPC-2 General and non-specific chapter (27% of total), followed by complaints in the musculoskeletal (12%) and respiratory apparatus (10%). About 10.2% of consultations were made for Medical Examination or Preventive Medicine and other 5.2% of visits occurred for Administrative Reasons. Three percent of visits were due to Social Problems.

Conclusion:

To understand reasons for encounter in the Primary Care context may be helpful to plan strategies to cope with health problems more commonly presented in general population.

PALAVRAS-CHAVE: Atenção Primária à Saúde; Acesso aos serviços de saúde; Acolhimento, necessidades e demandas de serviços de saúde

PP1184 - APPROACH OF A DYSFUNCTIONAL FAMILY BY FAMILY PHYSICIANS

Contadini VP ¹; Reis RC ¹; Vergara GAF ¹; 1 - UERJ;

• Introduction & Objective

Family Physicians daily have huge obstacles in concerne about adhesion to treatments. In almost all cases, the vulnerability of the population represents the main dilemma to be face by the family physicians, promoting better results in long-term assistance. In this case report, we presents the management on treatment of a man with drug and alcohol addiction and with dysfunctional family. Respiratory problems of the youngest son, a pregnant wife and the couple's relationship difficulties, brings him to take medical attention frequently. The objective of this article is to explicit that family physicians can promote improvements in families lives, making a holistic view, multidisciplinary approach and an equity treatment.

• Method

In eleven months of multidisciplinary assistance, we promote several home visits, outpatient consultants, and multidisciplinary consultants, those culminated in confidence and became able to make the systematic intervention spreadsheet, genogram, ecomap, and successful medical appointments.

• Results & Conclusions

After the approach, the patient start quitting drugs, and his wife decided to put an intrauterine device as contraception. The family now interacts better, they accept regular monitoring by the health team. Respiratory disease of the youngest son was controlled, and the other children are monitored regularly. It demonstrates that the understanding familiar dynamic, with multidisciplinary assistance, holistic view and equity, presents better results in long-term assistance.

PALAVRAS-CHAVE: Family Conflict; Primary Health Care; Family Medicine

PP1185 - BENEFITS AND CHALLENGES OF HOME VISITS IN BRAZILIAN'S PRIMARY HEALTH CARE: A LITERATURE REVIEW

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Introduction/Objective:

After the Family Health Strategy, the tool of the Home Visit (HV) has become a common practice within the Brazilian health facilities. It is an important device, allowing proximity of professionals with the illness situation of patients and their families and strengthening professional integrity. A visit allows more interventions based on the patient reality and the continuity of care. Therefore, this study sought to examine the benefits of HV and the challenges faced in practice.

Methodology:

This is a literature review performed by searching the Biblioteca Virtual em Saúde, using the keywords "home visit" and "primary health care". Inclusion criteria were portuguese articles published between 2009 and 2015. Seventy-three articles were found, five of which composed this paper.

Results/Conclusions:

HV is based on the apprehension of reality, allowing express life and work conditions of individuals as well as support the planning of actions to meet the population health needs in its particulars. Thus, it presents great potential for gains in efficiency, effectiveness and efficacy on health care processes in primary care. However, the presence of health professionals in the individuals private lives can become an instrument of control and imposition of lifestyle habits. Moreover, HV's consolidation comes up against the health system structural difficulties. Therefore, it is essential to enhance communication skills in professionals' education and to insert them into home visits as students, also encouraging scientific production about successful experiences of systematization of home care.

PALAVRAS-CHAVE: Home Visit; Primary Health Care

PP1186 - BREASTFEEDING QUALITY OF LIFE AND AFFECTIVE BONDS BETWEEN MOTHERS AND BABYS: EXPERIENCES IN FAMILY HEALTH STRATEGY.

Grassioli LG¹; Praciano PRH¹; Simões MFJ¹; Gomes NN¹; Carvalho CMC¹; Lima JLS¹; Macedo GC¹; Neto JMT¹; Mesquita DAK¹; Gifoni DP¹; Messias KLM¹; Padilha PS¹; Morais JLS¹; Pinho DC²; 1 - Universidade de Fortaleza; 2 - Universidade de Fortaleza;

Introduction and Objectives:

Breast-feeding is one of the most sensitive ways to ensure a satisfactory amount of nutrients and immunologic support to the toddler. It is also important to strengthen the bonding between the mother and the baby. This work is based on observation of health professionals of the city of Jucaás- CE, who encouraged breast-feeding. In this work we intend to identify and quantify the children in exclusive breast-feeding in two health units of this city.

Methodology:

It is a quantitative, explorative, descriptive, retrospective, documentary research in the city of Jucaás-CE. The research was made from January 2009 to March 2010. It was interviewed 300 people.

Results and conclusion:

The data analysis shows that only 41,3%, among the under four months old, was exclusive breastfed. This number shows a high percentage of children who does not have breast milk as exclusive feeding source. This reflects the precocious food exposition and in health risk in a short term time. In this context, we can notice a low rate of breast-feeding. This also shows how important the educational program done in this city is. It is expected to increase the number of breast-feeding and, in that way, to help the family bonding as well as the nutritional and immunologic supply for the children.

PALAVRAS-CHAVE: Breastfeeding; Health education; Health promotion

PP1187 - ACTIVE SEARCH OF RESPIRATORY SYMPTOMS: A STUDY FROM THE STANDPOINT OF FAMILY HEALTH PROFESSIONALS STRATEGY.

SILVA CL ¹; 1 - CMS Masao Goto;

This research examines how professionals deal with active search for respiratory symptoms (SR) as the action of the tuberculosis control program and the outcome of tuberculosis training in the work routine of family health professionals, because the confirmation of the case and the immediate initiation of treatment interrupts the chain of transmission of the disease. Objective: Analyzing the routine of family health professionals in active search measures of respiratory symptoms. Methodology: Research, with the completion of semi-structured interview and a script of open and closed questions. 40 health professionals, from four Family Health Clinics (CSF), located in the west of the city of Rio de Janeiro, were interviewed. The answers from the interviews were analyzed by the technique of thematic content analysis as theoretical basis of Laurence Bardin. Results: There was 25% of the professionals, among ACS and without TB training nursing technicians; among respondents 82.5% reported not to collect the SR sputum at the moment of the identification of the user; the professionals don't know their duties regarding the actions against tuberculosis, which breaks up the user's care. Thoughts: It is suggested the review of the methodology and teaching of in-service training, the appreciation of the continuing education activities in the units, the review of the functions of professionals, standardization of active search activities and the frequently evaluation of the results of TB Control Program services who professionals had participated.

PALAVRAS-CHAVE: Tuberculosis; Family Health Strategy; Continuing Education

PP1188 - CARDIOVASCULAR RISK IN DIABETICS ACCORDING TO THE FRAMINGHAM SCORE AT AN ESF IN CUIABÁ -MT.

Boiça LGO ¹; Lombardi JA ¹; Roldão SSM ¹; Borges ¹; 1 - Universidade de Cuiabá- UNIC;

INTRODUCTION AND AIM:

Cardiovascular diseases (CVD) are globally considered the leading cause of death and Diabetes Mellitus (DM) is an important risk factor that may increase 2 to 4 times its occurrence. It is estimated that 50% of people with diabetes die from cardiovascular disease. Considering that strategies for prevention of acute myocardial infarction, stroke and other events are necessary, the aim of the study is to identify the risk of presenting a cardiovascular event within 10 years among the registered diabetics and those accompanied in the BFHU in Cuiaba - MT.

METHOD:

A descriptive quantitative study based on a review of medical records of diabetics who underwent follow-up at the Unit in 2015. The Framingham score considered age, gender, systolic blood pressure, total cholesterol and HDL, the presence of diabetes, use of tobacco and cardiovascular event. The risk is considered low when the score is less than 10 %, when it is intermediate between 10 and 20 % and high when it is above 20%.

RESULT AND CONCLUSION:

From a total of 79 diabetic patients, the Framingham score was carried out on 33 (42%). Among these, 18% presented a low risk, 18% intermediate risk and 64 % showed a high risk for cardiovascular events. We conclude that most of the patients had a significant risk for CVD and risk stratification is critical to help the team develop the control actions and intervention of associated factors, ensuring an increase in patient survival.

PALAVRAS-CHAVE: Cardiovascular; Risk factors; Diabetes

PP1189 - CARE MENTAL HEALTH IN PRIMARY CARE: A DIALOGUE WITH COMMUNITY HEALTH WORKERS

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The Saco Grande's Health Center (HC) in Florianópolis / SC, through the year of 2013, was discussed scenario related to Mental Health and Primary Care triggered by the implementation process and qualification of Singular Therapeutic Project. The goal was to build an area of education in service with Community Health Workers (CHW) related to mental health care. The proposal was based on the reflection field of formation and care for people in psychological distress and / or severe mental disorder, using approaches related to Harm Reduction.

The proposal had the partnership of the medical family and community (MFC) of one of the teams of HC, CHW and a Ministry of Health consultant. The triggering activities developed during the months of July to December 2013, and subsequently held in team meetings. We used the own space of work of professionals and conversation circles were the way to enable the debate. developed themes: Right to Mental Health, Human Rights and Citizen Madness, Harm Reduction, Violence, Population in the streets.

Proposals developed from July to December 2013 served as the basis to indicate some progress in building knowledge of Mental Health in PHC. The total number of people involved was 25. The effects achieved refers to the increase in the degree of information on related topics, and the impact on the work process in the team involved on the issue Mental Health and Harm Reduction in a territory damaged the problem of drug trafficking.

PALAVRAS-CHAVE: Primary Health Care; Mental Health; Community Health Workers

PP1190 - CARE OF DYSFUNCTIONAL FAMILIES IN PHC: CASE REPORT IN MEDICAL EDUCATION

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INTRODUCTION AND OBJECTIVES

Primary Health Care (PHC) is ideally designed to assist all population, with the purpose to accomplish the main principles of Sistema Único de Saúde (SUS) such as integrality. Herewith, the family approach is essential to diagnose the family dynamics, the health condition of its members, and also allows the implementation of therapeutic plans not only for the treatment of diseases but also for health promotion. The purpose of this study is to demonstrate, through a case report, that family approach is important to expand the care in PHC.

METHODS

This research is based on an analytical and descriptive case report prepared during the activities of the discipline "Psychosocial Anamnesis in Community". During home visits at one family, students and their preceptors applied the following instruments: Genogram, PRACTICE, Ecomap, and FIRO. The results were analyzed considering the systemic family theory and related to the family illness process.

RESULTS AND CONCLUSIONS

The analyzed family consists of father, 55, mother, 52, and a daughter, 29, whose main issues were referred as alcohol abuse by the father, difficulties in retirement, depression and chronic diseases by the mother and obesity by the daughter. The systemic family approach points a distortion of roles between mother and daughter, who are fused in their emotions. The singular therapeutic project was prepared considering all the complex problems of psychosocial aspects and physical diseases, which demonstrate the possibility of practicing and expanding the integral clinic in primary health care.

PALAVRAS-CHAVE: Family; Primary Health Care; Medical education

PP1191 - CHALLENGES TO PSYCHOLOGIST WORKING IN PRIMARY CARE MATRIX SUPPORT TEAM

Starec V¹; 1 - Secretaria Municipal de saúde do Rio de Janeiro;

Introduction:

In our country (Brazil), most of the universities, while teaching psychology, foccus on individual care approaches, and the students graduate knowing a lot about psychoanalyses, compartmental or Gestalt theory. paying attention to the settings, time of sessions and all about the private clinic environment. While working as matrix support for the primary care teams, the psychologist has to deal with a lot of new principles and tools. The matrix support team (NASF in Portuguese) was built by the Ministry of Health of Brazil as a group of interdisciplinary professionals that work together with the PC to help them increase their solvability, quality, the range of problems that can be taking care of and as a permanent education to the staff. Probably, no psychologist student graduates having tools to succeed in such a task.

Method:

Build and work with new tools and devices can increase the quality of our work and the care offered to the patients. We use interconsultation, home visits, case conferences and worksharing. Elaborate individual and community therapeutic projects with the PC and the users increasing the possibility of team work. The creation of group activities tend to maximize the bennefits of the care and help building social support so needed nowadays.

Results:

The matrix support team helps to increase quality in primary care and to deal with a larger range of problems, therefore minimizing patients suffering.

PALAVRAS-CHAVE: Primary Health Care; Patient Care Team ; Health Care Quality, Access, and Evaluation

PP1192 - CHILD ABUSE. "ONLY IT IS RECOGNIZED WHAT IS KNOWN"

Klusova E¹; 1 - Emergency / Urgent Care Department, University Hospital Can Misses, Ibiza;

Background & Aim:

We are in the most absolute ignorance with regard to knowledge, diagnosis and performance. The Convention on the rights of the Child, UN, Art. 172 of the Civil Code defines the Child Abuse as any action (physical, sexual or emotional), negligent dealing or not accidental omission in the dealing towards a minor by their parents or carers, which causes physical or psychological harm and that threatens it's both physical and psychological development.

Content:

Based on this concept, we have analyzed the usual scenes of child abuse, social classes affected by the problem and economic and socio-political situations that aggravate it. Reasons of underdiagnosing and few denunciations. The short and long-term outcome of the child abuse. Women with childhood history of abuse or neglect, Statistics of the consequences. Attitude of the doctor in suspected abuse.

Types and forms of abuse:

Emotional, Physical Abuse

- Beaten child
- Shaken Baby
- Corporal Punishment

Münchhausen syndrome by proxy, Sexual abuse, Neglect and abandonment. Labour exploitation, Begging, Racial discrimination. Educational abuse. Forms of approach to the problem in the public Spanish health system

Results and Conclusions:

Gandhi said: "Only it is recognized what is known" We hope to be able to convince the listener to keep in mind the possibility of the diagnosis of child abuse to be able to recognize it and act consequently.

PALAVRAS-CHAVE: Battered Child Syndrome; ethics; legislation & jurisprudence

PP1193 - COMMUNITY APPROACH RATIONALITY

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Introduction and objectives:

Community Approach is a technique widely used by family physicians and Family Health Strategy teams in Brazil. It is executed by open dialogs and experience exchanges with the community members in order the health care team know the characteristics and idiosyncrasies of that community resulting in a better assessment. The understanding of the rationality implied in this relationship between community members and the health team and consequent professional interactions was the main objective of this research.

Methods:

Content analysis of the interviews carried out by the residents' association of the Morro Vital Brazil, in Niterói, RJ, and the Médico de Família de Niterói health team with local residents who lived there between the 1990 and 2000 decades.

Results and conclusion:

The community performance expresses the intentions of all those involved in a community. Analyzing the performance events helps the health team to understand the ideas that organize the community and how that is reflected in the coherence between the actions of the health team and the community response. The probability a behavior is repeated will guide the health team modus operandi. The "success" of an intervention will lie in its adequateness with the community performance. In other words, the Community Approach relies on the use of Weberian rationality to bring coherence to the interventions in the community.

PALAVRAS-CHAVE: Participation,; Family Practice; Primary Health Care

PP1194 - COMMUNITY- BASED ASSESSMENT OF QUALITY OF PRIMARY CARE IN THE TEACHING AND ASSISTANCE UNIT SAINT BOIS, URUGUAY 2014.

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Introduction and objectives:

The establishment in Uruguay (2007) of an integrated national health system, places the primary care as a substantial axis of change in the care model. Using an internationally validated instrument to assess the quality of services in primary care, enables assessment in a way of measurable and comparable adults perceptions on the quality of care received. The aim of this study is to measure quality of primary care attributes perceived by patients attended in a family and community medicine teaching care unit, UDA Saint Bois in 2014.

Methodology

A convenience sample of 187 adults from all policlinics belonging to the service was taken and the validated questionnaire to Uruguay PCAT was applied by medicine students who were previously trained. This instrument measures the perception of patients on the essential characteristics of primary care and have a scale from 0 to 10 (worst and best each other).

Results and conclusions:

First contact-utilization 9; First contact accessibility 6.3; Longitudinal care 8.6; Ongoing care 6; Ongoing care (information systems) 7.3; Comprehensiveness services available 3.1; Comprehensiveness services provided 4.3; Family scope 7.3; Community orientation 2.3; Cultural appropriateness 8. The study showed that community orientation, and comprehensiveness services(available and provided) must be more and better worked.

PALAVRAS-CHAVE: Quality assurance; Primary Care; Healt care

PP1195 - COMPLEMENTARY THERAPIES IN A FAMILY HEALTH UNIT: REDUCING MEDICATIONS AND ENHANCING THE TEAM TIES

PEDROSA PRB ¹; 1 - UNIFENAS;

Introduction/Objectives:

Complementary therapies are efficient to promote well-being. Usually the patients are referred to acupuncture as a specialist, in the second level of attention to health. The object of this study is to report a different experience, when the family health team offered this treatment as a group of collective activity.

Methods:

Ten patients were selected by the community agents to form a group that got together once a week for ten weeks. The criteria was chronic pain and the elderly had preference to start the treatment. The family physician studied acupuncture and trained the community agents to practice moxabustion and cupping therapy. The patients remained to receive the treatment.

Results/Conclusions:

The community agents reported feeling valued learning a new practice that could help the patients and the work as a team strengthened the connection between them. Throughout 18 months of experience, 72 patients were attended. The pain relief and the usage of pain medication was asked and noted every week. It was reported a reduction of anti-inflammatory and analgesic medication in 78%. The pain was measured asking the patients to give a grade to the pain, from zero (no pain) to ten (the worst pain ever). It was observed a decrease of the pain grade by 80% of the patients attended. The acupuncture and the other techniques were effective to relief the patients pain reducing medication usage. Other positive and unexpected outcomes were the healthcare workers increased self-esteem and improved teamwork.

PALAVRAS-CHAVE: Family Health; Health Centers; Complementary Therapies

PP1196 - UNDERSTANDING OF THE COMMUNITY HEALTH WORKERS ABOUT THEIR WORK IN A RURAL AREA

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Introduction and Objectives:

The undergraduates from Escola Superior de Ciências da Saúde (ESCS), at the Health Center (HC) Rota do Cavalo, had contact with the Community Health Workers (CHW). Motivated by the CHW collaboration to the community, it was chosen to report the impressions and functions of the Family Health Strategy (FHS) by the CHW, in order to identify the CHW profiles and their conception of work in basic health, including the conflicts and practices on FHS.

Methods:

Experience Report developed by a semi-structured interview applied on the CHW from Rota do Cavalo.

Results and Conclusion:

There were four CHW interviewed. They choose the job because of well location, well remuneration, vocation. The most common difficulties found were: rainy weather, presence of domestic animals and the relationship with families. They considered the structure of HC precarious and the difficulty to move around the territory. Their profession is not as well recognized as it should be, so they don't plan to retire in it. Even so, they showed satisfaction about the timetable and like their professional relationship with the team in the HC. It's also emphasized that the recognition of the territory and the identification of family demands contribute to the optimal functioning of the FHS. CHW's satisfactions favor the bond and the trust of the population, besides the team integration leverages the effective treatment to the patient. Basically, the CHW role should be valued in the FHS contest, because the bond with the community provides actions of Health Promotion efficiently.

PALAVRAS-CHAVE: Community Health Workers; Family Health Strategy; Health Promotion

PP1197 - CONCEPTS OF LAND AND LIMITATIONS IN THE ORGANIZATION OF THE PRACTICE OF HEALTH IN PRIMARY HEALTH CARE

Gleriano JS ¹; Martins LC ²; 1 - Universidade do Estado de Mato Grosso; 2 - Universidade Católica de Santos;

The appropriation of the term territory in health comes from conceptions of different areas of knowledge. For health practices in primary care it is understood that this meaning results from a follow-up demonstration of a particular place and its people. The aim is to reflect how management has organized the health of territory in primary care. This is a qualitative approach of reflection observed in research clipping in a city of Santos region to research the development of lightweight technologies in the doctors work. It is observed a coexisting mixing of units in the UBS, so-called traditional models, and in the Family Health Unit (USAF) proposal prepared on the principles of the Family Health Strategy (FHS). Reflecting on the organization's attention, it is realized that when opting for these two models there is confusion for the population accustomed to the traditional model and the opening of the territory in attention just using the UBS model in times of urgency and for medicinal purposes only, condition called pent-up demand. It is understood that s territory dividing attention to these two care models, can weaken the organizational aspect and control of indicators. One has to structure a mainly human resource framework dialogue within units, UBS by having certain medical specialties not found in the ESF and that by having a general medical condition can generate in the community satisfaction at UBS assistance to be serviced more quickly and by a specialist.

PALAVRAS-CHAVE: Primary Health Care; Integrality in Health; State Health Care Coverage

PP1201 - DARE TO ENCOURAGE YOUR PATIENTS TO 'APPRECIATE LOCAL AND THINK GLOBAL!'

BEGG, S¹;

Aim:

To assess opinions of patients with regard to global health and the strengths of local primary care services in South West London. The Begg Surgery is an inner city practice with a population of 4,300. The patient population consists mainly of 23 – 40 year old higher socioeconomic demographic with a significant proportion of deprivation.

Method:

A survey monkey and paper questionnaire was used to collate patient opinions. This was conducted for 6 months between February – October 2016.

Results & Conclusions:

The responses will be collated as per Millennium Goals and presented at the Conference.

PALAVRAS-CHAVE: global; local; millennium goals

PP1202 - DEMAND ANALYSIS IN FLORIANOPOLIS PRIMARY HEALTHCARE CONTEXT

Garibaldi JPN¹; Cunha CRH¹; 1 - SMS de Florianópolis;

Introduction and Objective:

Access is one of the essential attributes of primary healthcare (PHC). In Brazilian's PHC forums the debate of this attribute has been recurrent. A major focus is its reorganization, regarding the change from a traditional model (vertical and programmatic), for one that prioritizes same-day appointments. In the evaluation of access it is important to conduct the demand analysis, which may be qualitative or quantitative. The aim of this study was to perform a quantitative demand analysis of the 49 healthcare centers (HCs) of Florianópolis, during the year 2015, with the specific objective to ascertain the following variables: provider visits per day (PV), visits per inhabitant per year (VI), visits per patient per year (VP) and utilization rate (UR).

Method:

This is a cross-sectional study, which used the medical consultations data, from the electronic medical record database, in addition to population estimates of each HC.

Results and Conclusions:

In the analysis of PV, the average number of visits was 16.8 (9.9 to 24.6). With regard to VI and VP the average was 1.14 (0.24 to 3.08) and 2.72 visits (1.8 to 3.91), respectively. The average UR was 41.2% of the population (4.3% to 91.0%). The study showed great variability in indicators of performed medical consultations, with marked workload inequity between professionals and access of the enrolled population between the different HCs analyzed. It is expected that it can contribute to the management of access and health human resources of the different PHC realities in the city.

PALAVRAS-CHAVE: Health Services Evaluation; Health Services Accessibility; Health Services Needs and Demand

PP1204 - DEPRESSION LEVEL AND THE IMPACT ON THE NUTRITIONAL CONDITION ON ELDERLY PATIENTS

CARRON IMAS, CARLA¹; RAMIREZ ORTIZ, TATIANA¹; MENDOZA LURASCHI, TATIANA¹; 1 - INSTITUTO DE PREVISION SOCIAL;

Introduction:

Elderly population is a group who present several problems in relation to the nutritional condition . Aging is a natural process trough the cycle of life , however not all humans go old in the same way, the quality of life and the independency is related with the opportunities that the person had trough infance and adolescents years, education, lifestyle, and health also have an important role. Depression is very common on elderly Etiology of depression has many causes among retirement, death of a member of the family, loneliness, and cognitive impairment who comes with the process of aging.

Objective:

Determinate level of depression and the impact on the nutritional condition of elderly patients from a healthcare unit.

Methods:

Observational,descriptive, prospective,analitic, non probablistic of consecutibe selection study. Two scales were used Mini Nutritional Assesment that evaluates the nutritional condition and the Yesavage Scale for depression.

Results: 15,6% present normal nutritional condition.

48,5% malnutritionrisk.

35,9% malnutrition.

42,2% has proteic energetic waste and 50% of those are male.

6,3% does not have depression.

64,1% has mild depression.

29,6% has severe depression.

Conclusion: there is an inverse relation between the nutritional condition and the level of depression The higher the nutriotional condition is the lower level of depression exist. And equally with de proteic energetic reserves the more high is the reserve the lower level of depression appear. Is important to identify the signs of depression as soon as their appear and to treat the improving the quality of life and health condition on elderly population to avoid health problems related.

PALAVRAS-CHAVE: mini nutritional assesment; depression; yesavage

PP1205 - DESIGN AND IMPLEMENTATION OF A PUBLIC SECTOR ELECTRONIC HEALTH RECORD IN RURAL NEPAL

Gauchan B ¹; 1 - Possible ;

Globally, electronic health records form a central component of modern healthcare systems infrastructure. They are essential for effective impact evaluation, longitudinal care provision, tracking of patients, quality improvement, and efficient and accountable financial management. Yet the vast majority of electronic health records have been designed for resource-rich environments and are overly complex, costly, and difficult to maintain. Here, we describe the design and implementation of an OpenMRS-based electronic health record at a public sector district hospital in rural Nepal. We designed the system with the following product goals: optimization for longitudinal care; integration across sites of care; simplicity of user interface with a focus on mid-level practitioners; compatibility with the national healthcare information reporting system; and reliability to both electrical and internet disruptions. We aim to scale this electronic health record within the district and then develop it as a national model across Nepal's public sector healthcare system.

PALAVRAS-CHAVE: Electronic Health Record; Rural Practice; Quality Improvement

PP1207 - DEVELOPMENTS OF CLINICAL PRACTICE GUIDELINES IN PRIMARY CARE INCREASES THE VALUE AND REDUCE THE WASTE

Zulfa AR ¹; Khan AS ²; 1 - Ministry of Health; 2 - King Faisal University;

Introduction and Objectives:

In the Kingdom health system consists of several services offer by different stakeholders and moreover the system is mainly run by expatriates come from different backgrounds and health culture. Thus the health system in Saudi Arabia requires standardized practice guidelines. The Saudi Centre for Evidence Based Health Care, Ministry of Health took an initiative and developed guidelines and disseminated among practice physicians.

Method:

In order to make clinical practice guidelines (CPG) the contributing specialists were experts from the Ministry of Health (MoH), and other almost all stakeholders from Internationally through McMaster University's experts. The Saudi Centre for Evidence Based Health Care (EBHC) provided a list of potential topics to be addressed in CPGs after thorough consultations with the local stakeholders and based on available evidence syntheses. As a quality measure for any practice guideline prior to dissemination, the final report have been internal peer reviewed by a methodological expert who has not been involved in this guideline development.

Results and Conclusion:

As a result the Saudi Centre for Evidence Based Health Care (EBHC) developed 12 CPG on prevention of VTE for non surgical, screening of Breast Cancer, Cervical Cancer, Osteoporosis and HTN, colon cancer, management of preeclampsia & eclampsia, obesity, Allergic Rhinitis, ST elevation in MI, migraine, sickle cell anemia and thalassemia. These CGPs have been disseminated and available on Ministry of Health website (<http://www.moh.gov.sa/depts/Proofs/Pages/Guidelines.aspx>). These CGPs will helpful to reduce the variability in the practices and community receives high quality care at the primary health care level.

PALAVRAS-CHAVE: Evidence Based Medicine; Clinical Practice Guidelines; Primary Health Care

PP1209 - DIFFERENTIATED SERVICES FOR ADOLESCENTS IN LAS PIEDRAS, CANELONES URUGUAY : FEATURES OF ASSISTED POPULATION

BERGERET S ¹; 1 - UDA LAS PIEDRAS;

Introduction.

This poster presents a case study by a group of technicians from the Educational Assistance Unit "Las Piedras" (Canelones, Uruguay). The performance of 5 differentiated services adolescent care in the area is provided. The social-demographic, educational, family characteristics and the major health problems of adolescents treated in these services (period 2012-2014). The main purposes of this work are to describe the performance of the differentiated service of adolescent care which have operated since 2009, and characterize the population served in it.

Methodology.

In the care service there are interdisciplinary teams working accord to the integral attentional model of the adolescents proposed to the health public ministry (MSP). The information of the patients is recorded in the clinical history of the Informatic System of the Adolescent (CLAP/OPS/ OMS). From this database was obtained the information for this work.

Results.

In the total sample, 38 % of adolescents had not school lag. 38%. 12% presented institutional disaffiliation. 68% did not present chronic diseases. Asthma, allergy, hypothyroidism, epilepsy and psychiatric disorders were the most prevalent chronic diseases. Half of teenagers came from two-parent families, 25% of single parents. 6% did not live with either parent. 11% reported living in families with domestic violence. The prevalence of use of different psychoactive substances (not alcohol or snuff) was 2.6%.

Conclusions.

We emphasized the importance of proper registration and conduct researchs in primary care . For future investigations, there is the concern of measuring the impact of these services on the health of adolescents.

PALAVRAS-CHAVE: Differentiated services for adolescents

**PP1210 - DOCTOR-CENTERED VERSUS PATIENT CENTERED CARE:
EFFECT ON PATIENT ENABLEMENT AMONG ADULT HYPERTENSIVES
AT A GENERAL OUT-PATIENT CLINIC IN AFRICA.**

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Introduction and objective:

Doctor-centered care is routinely practiced in African out-patient clinics and has been criticised for failing to enable patients as equal stakeholders. This study's aim was to determine if Patient-centered care was a better approach in the management of hypertension using patient enablement as a quality indicator.

Methods:

This was a RCT involving 84 patients aged 18 years and above. The study groups comprised of newly diagnosed and known hypertensives attending the General Outpatient Clinic (GOPC) of the Jos University Teaching Hospital, Nigeria. The intervention was consultation based on patient centered care while the control group received routine care. Patient enablement and adherence were assessed using the Patient Enablement Index (PEI) and Medical Outcomes Study General Adherence Scale respectively. Follow-up continued for 12 weeks during which BP measurements, assessment for patient enablement and adherence were repeated bi-weekly.

Results and Conclusion:

At the end of the study, mean PEI score for the intervention group was slightly higher than the control group. (11.8 vs 11.5, $p = 0.2$). No statistically significant difference was observed for adherence. However, the intervention group showed a sustained increase in the trend for adherence. Both groups had similar BP control rates. A statistically significant association between proportion of patients with good PEI scores and those with controlled BP was observed for both groups. ($\chi^2 10.3$, $df 2$, $p = 0.01$). While this study established a positive relationship between patient enablement and BP control, the intervention yielded minimal benefit compared to usual care in this African setting.

PALAVRAS-CHAVE: Hypertension; Patient-centered care; Outpatients

PP1211 - DOCTORS' S LIGHT TECHNOLOGY USAGE IN THE PRIMARY HEALTH CARE (PHC)

Gleriano JS ¹; Martins LC ²; 1 - Universidade do Estado de Mato Grosso; 2 - Universidade Católica de Santos ;

The intersection among health, education and work permeates the institutionalization of SUS since its proposed construction. The aim was to identify how much the doctors working in Primary Health Centers in Guaruja city, SP feel trained in the use of light technology care. This was a cross-sectional study applied to doctors through a structured questionnaire. A descriptive analysis, chi-square test and Mann-Whitney U test were performed; the significance level was of 5%. The prevalence are of Brazilians, male, white, unmarried and childless, with employment in the CLT regime ($p < 0.05$), in the family health strategy, however they have longer service life bond in the county when they are in the Basic Health Units ($p < 0.05$). Professionals from Family Health, in relation to age group, are younger than the ones from the Basic Health Units. All of them said they had not participated to the introductory training. It was observed that the greater representation studied at a public institution with an interval of five years and with training area of expertise in occupational medicine. With regard to light technologies for the family and community approach, multidisciplinary work, group activities and home visits, in general analysis, they feel qualified to perform the activities. The expanded clinical reflection should be treated in a matter such as a human resources policy by realizing the absence of continuing and ongoing education in this area, noting that the spaces of care are not only specific to a clinical look at the pathological.

PALAVRAS-CHAVE: Primary Health Care; Physican's Role; Physicians

PP1212 - DRAMATIZATION IN TEAM MEETINGS: A STRATEGY FOR THE QUALIFICATION OF DOMICILIARY VISITS BY COMMUNITY HEALTH AGENTS

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Introduction and Objective

The Community Health Agent (CHA) is the main link between the community and the Primary Care Health Unit. Requirements for a CHA are: reside in the area where his or her activities will be performed for at least two years, to be literate, older than eighteen years old and have time availability. The CHA develops preventive and health promotion activities, through Domiciliary Visits (DVs) and educative actions, in households and in the community, under the supervision and monitoring of the nurse or doctor. The qualification of the CHA is performed by the Family Health Team gradually and permanently. This work aims to disseminate a successful experience of qualifying DVs of the CHA of a Family Clinic, in the Alto da Boa Vista neighborhood, in the Rio de Janeiro city.

Method

Use of dramatization of pre-established demographic profiles, during team meetings, as strategy of qualification of the DVs performed by the CHA. The main profiles were: children, women of childbearing age, pregnant and postpartum women, adults with chronic diseases and highly vulnerable families.

Results and Conclusions

It was possible to identify strengths and weaknesses of the DVs approach of the Florest Team. This occurred both through the eyes of the technical team and of the CHA who did not participate in the dramatizations. Thus, a basic script with the essential points of each kind of DV was constructed, contributing to better practice and record of health activities performed by those professionals.

PALAVRAS-CHAVE: Home Care Services; Community Health Workers ; Patient Care Team

PP1213 - ECOMAP AT THE TERRITORIALIZATION AS A TOOL OF THE BASIC HEALTH CARE TO THE ENLARGED FAMILY CARE.

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There are tools in the National Policy on Primary Health Care that are capable to contribute to an enlarged attention to the family health. In this case report, we used the Ecomap at the territorialization, in order for knowledge about a family of four elderly ladies was enlarged, as well as its health potential. The characteristics of this family are compatible with the current demographic transition, showing the ageing and the feminization of population. There are also incompatibilities, such as the epidemiological aspects that, contrary to expectations, were not observed high prevalence of chronic diseases. This family is constituted by four retired elderly ladies: the matriarch M.S.,102, without diagnosis; her daughter C.S., 71, hypertensive, diabetic and smoking habits; foster sister S.S.,78, hypertensive, glaucoma and osteopenia and her foster daughter A.M.S.,68, hypertensive. Analyzing the Ecomap of this family, we observed other diagnosis, such as social isolation, sedentary lifestyle, conflicting relations among family members, which enabled diagnostic hypothesis of insomnia, depression and anxiety. It is also noted poor compliance to gynecological care offered at the Basic Health Unit where they are fulfilled. In short, it is demonstrated the importance to consider not only the illness, but also the sick person and the process of becoming ill, showing that simple and cheap tools added to the interests of the professional in promoting health to the population are effective and open the way to a reform at the aimed sector, guaranteeing an enlarged health assistance to families and people of all age groups.

PALAVRAS-CHAVE: primary health care; family health; tools

PP1214 - PERMANENT EDUCATION IN TUBERCULOSIS FOR NURSES OF FAMILY HEALTH STRATEGY: CASE STUDY

VIEIRA ACT¹; CUNHA FTS¹; 1 - Universidade Federal do Estado do Rio de Janeiro;

Introduction

The Health Strategy Family (HSF) stand out TB indicators The practice of Continuing Education by the nurse is recognized as a means to control because the deficit of trained personnel (BRAZIL , 2009) . It was qualitatively investigated how these professionals understand and apply to Continuing Education.

Goals

Understanding the learning process fostered by the nurse of the HSF from knowledge, empirical and scientific ; Interpret how this process contributes or not to advance the quality of care for people with TB.

Methodology

This is a qualitative research with methodological direction of the theory of Discourse Analysis (ORLANDI , 2011) . They were held seven semi -structured interviews with nurses an RJ unit later transcribed and analyzed.

Results

The collected interviews showed influence of the epidemiological data on tuberculosis . There is influence of the historicity of the disease with the use of indicators to define the actions , the importance of the power of information systems and the provision of epidemiological reports for management. Lifelong learning is seen as a necessary practice for the improvement of actions in tuberculosis. However , there were traditional educational projects , focused on the biomedical model , passive joint and sometimes without excluding cooperation with the social sciences.

Conclusion

We may be at a time of transition between the existing educational models , but there was a predominance of the traditional model . Implications for nursing : It is suggested to management of Tuberculosis actions in RJ encouraging the improvement of nurses to critical and reflective educational practices

PALAVRAS-CHAVE: Nurse; Tuberculosis; Education, Continuing

PP1215 - ELDERLY PATIENTS – IMPROVING THE QUALITY OF HEALTH CARE IN A PRIMARY CARE UNIT

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INTRODUCTION AND OBJECTIVE:

The demographic changes of the last century have resulted in the modification and sometimes inversion of the population pyramid, reflecting the aging of the population. The promotion of healthy aging and the early identification of problems associated with high morbidity and mortality in this stage of life, is the foundation of care in surveillance of elderly users in Primary Care. The main objectives were to: increase the number of patients with age over 75 years with routine consultation; improve the organization and quality of health care to the elderly; improve the quality of the clinical records.

METHOD:

Internal and retrospective observational study. Population: patients aged over 75 years. Exclusions: patients with functional limitation that receive home care and patients with chronic disease that have a specific surveillance protocol. Sample: Randomized, representative, corresponding to 28.3% of the total study population, taking into account a sampling error of about 4%. Intervention: creation of a task force that promotes elderly health care and monitors indicators. Evaluation of thirteen quality of care indicators before intervention and approximately one year after intervention.

RESULTS AND CONCLUSIONS:

Improvement of health care was achieved in 10 of 13 indicators. Overall quality standards showed major improvement. The objectives set out at the beginning were met, but still there is room for further improvement in the following years.

PALAVRAS-CHAVE: elderly; quality; primary health care

PP1216 - ELIMINATING BARRIERS TO ACCESS

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The NAPS- Center for Primary Care Unimed Guarulhos was open in August 2012. After six months, patients were waiting at least 10 days to get an appointment. The primary care team wanted to reduce the waiting time to zero days. To achieve this goal, the team created an improvement project in February 2013, called Eliminating Barriers to Access (EBA). Using IHI Model for Improvement, the team redesigned the scheduling process implementing the “advanced access”. In April 2013, the waiting time for a visit was reduced to 5 days. Patients and the primary care team struggled with this concept at the beginning, making the implementation a huge challenge. With the Advanced Access model implemented in July 2014 was possible to reduce from 10 to 0 days the waiting for an appointment at NAPS. This result has remained sustainable for almost two years, contributing to patient satisfaction and better care, securing this important attribute of Primary Care.

PALAVRAS-CHAVE: Access to Health Care; Primary Health Care; Quality of Health Care

PP1217 - ENTERING THE TERRITORY IN ORDER TO LEVERAGE ACCESS: EXPERIENCE REPORT

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The territorialization is a fundamental Family Health Strategy tool in the current understanding of the health-disease process, pointing biological, psychological and social variables in order to propose actions that may facilitate understanding and intervention of problems affecting a territory. In this context, the Heart Center (HC) Lineu Jucá in Fortaleza offers health care to its patients in the territory in a space provided by the community through an established link. The objective was to report the experience of medical students with accessibility and territorialization in HC. It is a descriptive study of the environment recognition, population and social dynamics in an area of difficult access both by geography as by social tensions. Medical students could join the entire healthcare team in order to make home visits and follow the appointments in the territory, besides the performed ones at the HC. So they could have an approach towards the reality experienced in the community by the professionals, facing its main strengths and difficulties. Problems such as poor sanitation and lack of garbage collection, and social challenges such as alcoholism, drug abuse and violence were observed. Another important aspect was the enhancement of patient-professional relationship as a foundation on team performance and access to health services. The health team's role in the community was essential to creating links. So a rich experience on access and territorialization was provided to medical students.

PALAVRAS-CHAVE: Catchment area (Health); Internship and residency; Health services accessibility

PP1219 - EXCHANGING EXPERIENCES: BOARD OF PARTICIPATORY MANAGEMENT (CGP) IN VIDIGAL COMMUNITY'S CMS DR. RODOLPHO PERISSÉ

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The Primary Health Care fulfills a strategic role in the SUS dynamics. As a matter of fact, builds ongoing relationships with people. This line of strategy is vital to the social health needs. Collegiate Participatory Management (CGP) form professionals working in social management of health policy. The co-responsibility of individuals for health is an important strategy to aggregate groups around the problematic health conditions. So, your needs are also SUS management priorities. In 2012, CMS Dr. Rodolpho Perissé Vidigal was chosen to start the CGPS in health facilities of the Catchment Area Coordination 2.1 (CAP2.1) linked to the SMS / RJ. The goal was to strengthen the management of the health system, with organization and participatory responsibility. It creates spaces for dialogue between users and health services in the area. The experience that unity was inspiring, and other CGPS were deployed. In interactive workshops, health professionals discuss dynamics that marked their path, in line with their relationship in the community. There are group discussions on the participation of each of the CGP; and community participation within the units. In short, Collective spaces are rich in interactions and conflicts with exchange of knowledge. Discussions about respect; empathy; experience; host; exchanges of ideas and suggestions more effectively, as well as implement new actions that respond to community aspirations occurs. Behold the great challenge: to incorporate learning to daily life of the teams, with the health needs of the reference population and at the same time change the organization of work.

PALAVRAS-CHAVE: intersectoral; participatory management of collegiate; social control

PP1221 - EXPANSION OF THE FAMILY HEALTH STRATEGY: EXPANDING THE PROMOTION AND PREVENTION IN HEALTH

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Since 2009 the municipality of Rio de Janeiro initiated a change process in the Primary Health Care with the expansion of the Family Health Strategy (ESF). Following areas gradually received ESF teams and new health facilities were opened in these locations. This policy increased the population's access to health services, which increased dramatically the production of outpatient procedures. Whereas Primary Health Care has an important role in disease prevention and health promotion, this study aims to analyze the production procedures of Group 1 - Promotion of Shares and Health Prevention in the Programming Area 1.0 and associate the expansion of ESF. It analyzed the production of Group 1 of the procedures in the period of 2011 to 2015 in the AP 1.0 based on secondary data from the Outpatient Information System (SIA/SUS), available at the municipal TABNET, and data from the expansion of ESF SUBPAV Platform. Data collection was conducted in January 2016. In the historical series from 2011 to 2015 identifies large increase in the production procedures of Group 1. In 2015 production was more than double the production of 2011. In the same period the ESF registered the triple of people, following the growth of the production of Group 1. The expansion in the FHS in the AP 1.0 was associated with an expansion in the actions of promotion and prevention, expressing the change in the healthcare model.

PALAVRAS-CHAVE: Health promotion; Primary Health Care; Family health

PP1222 - EXPERIENCE OF IMPLEMENTATION OF THE FAMILY HEALTH STRATEGY IN HEALTH CENTER OF CAPÃO GRANDE

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INTRODUCTION AND AIM:

This article describes the challenges and potentials experienced during the implementation of the Family Health Strategy (FHS) at the Health Center of Capão Grande, Várzea Grande - MT.

METHODS:

A descriptive study grounded in personal records.

RESULTS:

In the study, it was identified several potentials, such as: Complete Professional staff; the manager of the Unit is specialized in Public Health; good infrastructure for data processing; straight relations with the community due to good dialogue; Access to Continuing Education via Tutoring of State's Programmes such as the Primary Care Valorization Program (PROVAB) and teleconsulting via Telessaude-MT; Support of municipal institution in continued improves in the Unite. Although it was identified several challenges, like: Improving the physical infrastructure with the support of public and community powers; Improvement in inputs management and control; Lack of basic inputs; absence of continuing education most professionals; Professionals incapable to have altruistic attitude and flexibility with low resources; Need to educate the public to understand the function of the Unit; Outdated epidemiological data; lack of public conscience to conservation of the public goods.

CONCLUSION:

It was concluded that it is not possible to carry out the FHS in a society without submerging in their culture, in their beliefs and ways of living; The political system is continuing putting the poor as worthy of welfare and not as active agents for modification of the environment in which they live; The construction of the FHS is procedural and slow, starting with the awareness of primary care professionals.

PALAVRAS-CHAVE: Primary Health Care; Health Facility Administration; Program Development

PP1223 - EXPERIENCE REPORT OF MEDICAL STUDENTS ABOUT INTEGRAL CARE OF THE FAMILYS IN THE DENDÊ COMMUNITY

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Introduction and objective:

The inclusion of the family as the center of healthcare attention was an achievement to modify the biomedic care model and improve life quality. It's essential to share with a family the responsibilities of this improvement, based on educational and health measures. This study has the purpose to evaluate the importance of a longitudinal and integral care in the improvement of a family's life quality based on educational measures.

Method:

An experience report about interdisciplinary interventions done by the year of 2014 in family from Dendê community in Fortaleza, Brazil, with medical students and healthcare professionals participation. Data were collected through family approach interview instruments. Then, plans and interventions were made, through the consolidation of deals about education and healthcare. The teams returned to evaluate the change's results.

Results and conclusions:

It was notable how the family had a good, well-structured way of living and detained a network of functional support. In the family's health analysis, a high prevalence of chronicle diseases and inadequate alimentation were noted. The main patient's father was a chronic alcoholic and, in times, this destabilized the family's health. After analysis were made, changes based on healthcare education focusing on the alimentation and more frequent Basic Care followings covenants were made. The family's good relationship analysis was possible thanks to the longitudinal care. This family's health approach is efficient in consolidating the covenant changes made in the educational and healthcare environment.

PALAVRAS-CHAVE: Family Health; Health Promotion; Primary Health Care

PP1224 - EXPERIENCE REPORT: THE IMPORTANCE OF THE MEDICAL CARE OF A PERSON LIVING WITH HIV IN THE PRIMARY HEALTH CARE

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The Ministry of Health estimates approximately 734 thousand people living with HIV in Brazil in the year 2014, corresponding to a prevalence rate of 0.4%. The Government measures against AIDS (Acquired Immunodeficiency Syndrome) in the country include preventive perspective as well as the welfare perspective, so that SUS (Unified Health System) assumed the responsibility of making diagnosis and distributing free antiretroviral drugs to patients with the disease, without neglecting preventive practices. The Primary Health Care (APS) has a very important role in this regard as it offers, based on their principles, accessibility necessary for first-contact care, comprehensive health care, longitudinal doctor-patient relationship and patient healthcare coordination. The APS family doctor has key role when we take into consideration its training focused on the clinical method of patient-centered medicine, which explores both the disease and illness experience, understands the whole person, finds common ground, incorporates prevention and health promotion, enhances the relationship and is realistic. This work is intended to address the role of the family doctor in primary health care, from prevention, diagnosis and treatment, as well as preventive and community health care of a person living with HIV. This is an observational study based upon the methodology of experience report and examples of common situations experienced by a resident doctor in Family Practice serving on APS in Rio de Janeiro.

PALAVRAS-CHAVE: Primary Health Care; Acquired Immunodeficiency Syndrome; Experience Report

PP1225 - EXPERIENCE REPORT: THE USE OF REFLECTIVE DIARY BY MEDICAL STUDENTS IN A BASIC HELTH UNIT

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INTRODUCTION/OBJECTIVES:

The reflective diary is a tool that enables the systematization of the observations and data collected during the internship. This tool allows monitoring of practical activities, promoting the development of skills guided by the ethics of interpersonal relationships. Thus, the present report aims to describe the experience of the authors in completing the reflective diaries conducted at the UESF Vila Mutirão in Goiania - Goiás, analyzing so, the relevance of reflective diary on critical education, humanistic and general development of medical students.

METHODS:

This is a descriptive study of a qualitative nature in the form of experience report that was based on the theme addressed by the daily, as emotions and ethical, objective and subjective activity reported to demarcate four areas of discussion: Improving skills and competencies; express the emotional reactions; practice of self-assessment, and academic-physician-patient relationship and patient.

RESULTS/CONCLUSION:

Experience with reflective diary in the practice of medicine course is of great value, allowing the practice academic reflection on the vicissitudes of the doctor in the environment of Basic Health Unit, developing narrative abilities and appreciate the manifestation of feelings and ethical values in academic-patient relationship. Finally, it should be noted that the development of critical thinking and reflective afforded by daily, helps the student have the ability to better plan medical practices , make decisions , analyze paradigms and develop hypotheses with a biopsychosocial approach aimed at your, the patient and the staff welfare.

PALAVRAS-CHAVE: Health Education; Physicians; Patient Care Team

PP1226 - EXPOSURE TO PESTICIDES IN RURAL AREA OF BRASÍLIA/DF: MAPPING AND PROFILE OF WORKERS

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- Introduction and Objective:

Since 2008 Brazil occupies the position as the largest consumer of pesticides in the world. It has a great impact in public health. it gets everywhere and involves different populational groups. According to ANVISA data, in the last ten years the global pesticide market has grown 93%, while the Brazilian market grew 190%. We have the objective to identify and monitorize the cases of expotion to pesticides at the Núcelo Rural of Rio Preto in Planatina/DF.

- Method:

The Health Unit has a 1500 people in its population. It was used such criteria in order to be included: Free and Informed Consent; Direct contact with pesticides; Live within the described area with ACS (730hab). The identified population was registered with a care card and recieved orientations from ANVISA'S pesticides manual. All of those that registered were referred to the Anual Campaign of Plasmatic Cholinesterase. Those who showed laboratory would be evaluated and fowarded to a Worker's Health Center in order to get toxicological monitoring. Others will be a part of educational campaigns periodically prograded.

- Results and Conclusions:

There were identified 105 people that mantain a contact with pesticides, that corresponds to 14% of the described population made by the ACS. No worker has showed any alterations in the Plasmatic Cholinesterase test (intoxication). In conclusion, it is a important health diagnose to its population. Eductional campaigns are necessary to teach the proper management of farm inputs, planned with a specific agenda at the Health Unit.

PALAVRAS-CHAVE: Agrotóxicos; Atenção básica; Saúde do trabalhador rural

PP1228 - FAMILY AND COMMUNITY MEDICINE - MFC: PROFESSIONAL EXPERIENCE AS PRECEPTOR TO INTERNSHIP IN MFC IN THE AMAZON

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Introduction and Objective:

I completed residency in Family and Community Medicine, in February 2015. I started in Primary care in the city of Porto Velho / RO, part of the Legal Amazon, as a doctor of family and Community while in mentoring activities with internship students in the same year. Primary care is the patient's gateway to the health system, we aimed to report the experience as preceptor of MFC at the Family Health Unit-FHU Little Pedacinho de Chão neighborhood, Porto Velho/RO.

Method:

Qualitative approach focused on action research process that strives for the social context and in practice researchers and respondents are involved to solve a certain problem. In this research materialized in the various stories and experiences of life to the proposition of the best chances of overcoming the disease, as well as the best way to conduct treatment, monitoring and evaluation of people's situation.

Results and conclusions:

a)preceptor and 4 internal, 3 days per week, 3 months, 180 people assisted; b)understanding of the students / internal of the MFC function and the importance of that attention in Primary care; c)students / internal declared "work with the person striving for holistic view can create opportunities for people to have better life quality and experience greater professional satisfaction." Thus we conclude that experience as MFC in Amazonia in mentoring / internship allowed through the theoretical and practical knowledge experience the processes which involve health / disease of people and provided an opportunity of better quality of life.

PALAVRAS-CHAVE: MFC; Preceptorship; Internship

PP1229 - FAMILY AND HEALTH PRODUCTION IN DENDÊ COMMUNITY IN FORTALEZA

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INTRODUCTION AND OBJECTIVE

Family has a really wide concept, since there are several types of family, according to each culture and social constructions. However, while cohabiting with a certain family, it is possible to comprehend the different types of relations between it's members and between the family and the community, making it possible to interpret how much the family plays an important role during health care process.

METHOD

The present study is featured as a qualitative study, in which it was analyzed the social context of a certain family in Dendê Community, in Edson Queiroz's District, on the city of Fortaleza - Brazil. Thereby, for this study analysis, it was used instruments of family-based approach such as Family's History, Life Cycle, Genogram, Eco-Map, PRACTICE, APGAR and FIRO. In this study, all the ethical principles were respected and it was requested permission for the occurrence of this case study.

RESULTS AND CONCLUSIONS

According with the results obtained in this case study, which involved a miscellaneous analysis of a family in the community, it was possible to understand the important role played by the family in the health care process. Furthermore, the types of relations between the family and the community became comprehensible. Thus, it is clear that the family environment and the relations built on it denote crucial factors for the analyzed family, interfering directly in the health care process of it's members.

PALAVRAS-CHAVE: Family; Primary Health Care; Integrality in Health

PP1230 - FAMILY APPROACH IN PRIMARY HEALTH CARE: REFLECTIONS FROM A CASE REPORT

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FAMILY APPROACH IN PRIMARY HEALTH CARE: REFLECTIONS FROM A CASE REPORT

INTRODUCTION AND OBJECTIVE

The Primary Health Care set up as a care model that focuses attention on the family, considering the environment, lifestyle and health promotion as its basic fundamentals. The objective is, through a case study, highlighting the relevance of teaching / use of specific tools in order to understand the structure and family dynamics, favoring the expansion of the clinic.

METHOD

A descriptive research from structured case report during internship activities in Family and Community Medicine of the medical course. From family home visits were applied: Genogram, PRACTICE, ECOMAP and FIRO. Then analyzed the results in the light of systemic and family psychoanalytic theories.

RESULTS AND CONCLUSIONS

The household consisted of mother (45), son (11) and the child's caregiver (25) and family demand was the child's behavior change, with school and low income aggression after birth of twins of a caregiver. By psychoanalytic family approach, it is inferred using mechanisms by the child as the fixation and regression, as well as an Oedipal complex unresolved. Systemic family approach instruments inform a distortion of family roles with the caregiver assuming the role of mother and the child, referring sometimes as brother, now a father of twins. Therefore, a theoretical foundation of family-centered care offers subsidy for the construction of meaning and significance to complaints or dysfunctional behavior changes in the family.

PALAVRAS-CHAVE: Family; Primary Care

PP1231 - FAMILY HEALTH PROGRAM IMPLICATIONS IN ENTRANCE DOOR ORGANIZATION IN A MIXED UNIT: CHANGING OF USER EMBRACEMENT PROFILE IN THE TERRITORY

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Introduction and aim:

Primary health units can solve gateway and timely the most of health problems of the population. Thus, the host extends from the user's reception in the health system and full accountability needs to solving their problems. From this, this study aims to understand how is access organization to spontaneous demand from a primary care unit in Rio de Janeiro.

Methodology:

12 months experience Reporting (January-December 2015) the implementation of the risk rating system in family health in a mixed unit, which serves 4965 patients for fulfilling spontaneous demand. Therefore, this process included 03 stages: 1) introductory training of the teams; 2) pilot project; 3) implementation itself.

Results:

The stage 1 realized in five meetings for the establishment of classification of claims according to the need of urgency of care in: red, yellow, green and blue. To this end, the nurses and doctors were trained. In the pilot project, a family health team was established to initiate this process. After two months, the results were discussed and analyzed by the protocol team. It was found that most of the visits (70%) comprised in blue cases, as trading revenues. Subsequently, for deployment, set up schedule times free to physicians (03 visits per shift) for easier access. A minority of cases, 3% was sent to emergency.

As a conclusion, The risk classification organized access, most of the demands as possible scheduling. However, it presents the need for free medical schedules for ease and improvement of solving the demands found.

PALAVRAS-CHAVE: Primary Health Care; Health Services Needs; Outcomes Assessment

PP1232 - FAMILY RESILIENCE AND PROTECTIVE FACTORS IN ILLNESS: A CASE STUDY IN A BRAZILIAN SOCIALLY VULNERABLE CONTEXT

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Introduction:

It is known that family resilience processes are associated to context factors, such as social support, especially when facing stressing events.

Objectives:

This study aims to understand how families deal with an illness and what resources they can use to reestablish a healthy functioning.

Method:

Two families that identified a disease as the greater difficulty faced by them in the last years was selected for this study. Data was collected using semi-structured interviews. This study is part of a broader longitudinal research that aims to follow the family development and resilience processes in a neighborhood in Porto Alegre, south Brazil. The families were selected considering the type of adversity faced by them, the observed outcomes and the available resources. A content categorical analysis was used, considering categories previously defined: the most difficult event faced during the last years, resources and coping strategies and outcomes.

Results and conclusion:

Even facing similar difficulties, it seems that having a variety of resources, such as social support and family unity, helps families to develop better strategies to reestablish a healthy functioning. The results indicate that, when establishing a treatment plan, the healthcare professionals must be attentive not only about patient adherence and personal resources, but also about the coping strategies of the entire family and its social network.

PALAVRAS-CHAVE: Resilience, Psychological; Family Health; Social Networking

PP1233 - FAMILY VISIT: A MULTISYSTEM EVALUATION AS AN EXPERIENCE REPORT

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Introduction:

The family must be seen beyond blood ties, and it should be considered a social and communitarian network. Therefore, the health-disease process exceeds the clinical aspect and the family medicine has great value in this context. The present study aims, through acquired knowledge about the aspects of the target family, to develop intervention plans to enhance life quality of all members, reflecting thereby the social determinants of health shared with the Family Health Team.

Methods:

In May 2014, two visits to a family of users of the Family Health Unit were held in a community of Fortaleza-CE. The information was collected from non-structured and subjective interview and applied in a household member. It was also used familiar approach instruments such as GENOGRAM, PRACTICE, APGAR, FIRO and ECOMAP.

Results:

We identified difficulties in the target family, which do not affect gravely the health of members. The major concern was placed in the index patient in relation to their fears and anxieties as a triggering factor of morbidity. It was obtained note 5 in the APGAR (moderately functional group), the FIRO pointed a greater distance between the nuclear family.

Conclusion:

We understand the reality of the index patient as extremely important for interventions involving psychosocial aspect. We noticed that the approach of the family should be effectively performed, in order to reduce potential risks to their well-being, having Family Health Strategy as the greatest responsible in this process of improving the quality of life of human communities.

PALAVRAS-CHAVE: Family; Evaluation; Health Promotion

PP1234 - TRAINING AND INTEGRATED CARE: MAKING THE DIFFERENCE IN LIFE OF CAREGIVERS.

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INTRODUCTION AND OBJECTIVES:

Caring for someone, totally or partially dependent, it is not an easy task. It leads to wear and neglect their own health caregiver. Carers are a great opportunity to work for the formation of different health professionals involved in the network, in an integrated manner, valuing the expertise and what each has to offer. This study aims to report a time to promote the health of the caregiver, involving a student of medicine degree, a team of the Family Health Strategy, a resident of Health and Community Medicine and residents of multi-family residence in health.

METHODOLOGY:

After evaluating the home in caregivers, conducted by internal supervised medicine, the need for a different time with the caregiver was found, involving the entire multidisciplinary team in training, inserted into the Basic Health Unit Maria Neide. The program, jointly organized, involved a relaxed time in a church area where all the actors involved in the process discussed specific issues related to its area of operation, in a wheel conversation with active participation of those involved. At the end, a snack was served, increasing the time to celebrate.

RESULTS:

There was an active participation of the guests involved, residents, and internal team members, promoting an integrated action where each knowledge was valued and used for the benefit of the caregiver. It was recognized also the need for continuation of this activity with the creation of a group to work the needs of caregivers.

PALAVRAS-CHAVE: Cuidador; Formação; Equipe

PP1235 - MANAGEMENT OF FAMILY HEALTH STRATEGY TEAMS ORGANIZATION: GOOGLE DRIVE SPREADSHEETS EXPERIENCE

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Introduction and Objective:

Rio de Janeiro City is in a process of expansion of the Primary Health Care (PHC) and the health teams often find bureaucratic organizational models and "static" monitoring programs with low information. International experiences show a model in which the PHC becomes a complex care involving new professional practices, technologies and organizational arrangements capable of providing early diagnosis, quality of care and risk identification. PHC is characterized by a set of health actions at individual and collective levels, providing integrated, continuous and organized care to the enrolled population, developing actions that prioritize risk groups in order to prevent the onset/persistence of diseases and avoidable harm and participating in the local planning of health as well as monitoring the evaluation of actions. This exposition aims to present experience with spreadsheets and its impact.

Method:

Spreadsheets were organized using Google Drive for study and monitoring health programs (hypertension, diabetes, tuberculosis, cervical cancer screening, child and pregnant women care, referrals to other health attention levels etc). By sharing with the technical team, the instrument can be explored and its utility maximized.

Results and Conclusions:

This report brings the possibility of replication in other units and improvement of it, to optimize the organization of health teams, which are usually responsible for a large number of patients, and need to adopt practical and efficient models. Because of its easy access, online and immediate updating and the possibility of parallel editing, Google Drive spreadsheets bring greater organization and control of multiple programs.

PALAVRAS-CHAVE: Saúde da Família; Organização e Administração

PP1237 - GROUP OF CAREGIVERS: A QUALITATIVE ANALYSIS ON THE EFFECT OF CARING ABOUT THOSE WHO CARE

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Introduction:

Little has been written about the so-called "invisible patients ", present in consultations and home visits, but always hidden under the responsibility of caring for another individual. Several times goes unnoticed unless their help is requested by the health care professional. When this reality is combined with other social determinants of health such as poverty, violence and abandonment, the scenario worsens and the outcomes are almost always unfavorable.

Objective:

Analyze the effects of a group dedicated to the demands of caregivers.

Method:

In August 2015, the Area 5 team of the Family Clinic Zilda Arns, started a mutual support group work called "Group of Caregivers" dedicated to non-professional caregivers of all ages. A key feature of the group is that its format was decided by all participants, going against the conventional format of "educational groups ". To assess the effects of this group, a questionnaire was developed, with open questions, most of them suggested by the participants. With the outcomes, a qualitative research was performed through frequency analysis.

Results and Conclusions:

After a few meetings, it was possible to note a significant change of speech in some participants and the observation of such changes provided sufficient material for this study to take place. Qualitative analysis shows that the implementation of the group was positive in many aspects. Going through the responses, it is possible to conclude that improvement in life quality, increase on self-esteem, individual empowerment are some of the effects of the group of Caregivers.

PALAVRAS-CHAVE: caregivers; empowerment; self-help groups

PP1238 - GROUP THERAPY IN FAMILY HEALTH UNITS AS PROMOTING QUALITY OF LIFE IN ELDERLY PATIENTS.

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Introduction Objective:

A big problem of aging is the loneliness. Many elderly people lose their social ties, the nucleus of the work, their spouse, their loved ones and have little contact with their children, tending to live alone or under the third-party care. Demonstrate that engagement in group activities generate changes in the behavior of the elderly, above all, to expand the circle of friendship, helping to break loneliness situations and generating quality of life.

Method:

Research review of scientific articles published by research platforms such SCIELO and LILACS, aim to improve this present work.

Results Conclusion:

The elderly groups are benefited from the exchange of experiences that occur between them, apart from the health professional contributions, causing them to need to rethink their attitudes at the individual level and collective. Group work in communities is an important tool for raising awareness of individuals about their social environment and their health and life. This also allows the health professional to know the reality and the people potential, facilitating them lead to health education, and the opportunity to allow the individual to express their thoughts, give your opinion, your point of view or his silence. The group therapy in health care units is a feature that enhances the health of action, having also pedagogical application in training and professional improvement from whom the perform and is definitely an activity to be carried out widely to the public good.

PALAVRAS-CHAVE: Public health; Health education; Group Therapy

PP1239 - HANDLING HIV CARRIERS IN PRIMARY HEALTH CARE

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Introduction:

The reality of the population infected with HIV has changed, as has the way for accessing treatment in Brazil's Unified Health System, which decentralized patient care from specialized care services (SCS) to Family Health Teams (FHT). The challenge for the Ministry of Health (MS) is to train FHT professionals to handle asymptomatic patients, do prescriptions of antiretroviral therapy (ART), and conduct health promotion.

Objectives:

Summarize treatment approaches recommended by the MS for handling HIV carriers in primary health care, and show the results in cities that have implemented this model.

Method:

Bibliographical review of MS protocols in Brazil and internationally about handling HIV in primary health care.

Results/Conclusions:

The shared management of HIV carrier care between primary and secondary health networks has proved to be effective in at least four Brazilian capitals (Curitiba, Porto Alegre, Rio de Janeiro, and Fortaleza) and served as a laboratory for the implementation of guidelines. Global and regional instruments needed became evident, like direct channels of information and continued education, linking SCS to the FHTs. Releasing lab tests to the FHTs, the simplification of guidelines for asymptomatic patient care, facilitating access to the beginning of ART, were key for patient's adherence to treatment. The involvement of FHT in the care and reception of patients, in addition to the release of the combination pill, will be important variables to improve access and are crucial in the results, aiming to reduce morbidity and mortality caused by immunodeficiency syndrome.

PALAVRAS-CHAVE: HIV; FAMILY MEDICINE; TREATMENT

PP1240 - HEALTH CARE ACCESS AND RECEPTIVITY TO USERS IN A UNIT IN ITAJAÍ, SANTA CATARINA, BRAZIL

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Introduction and Objective:

The impasse experienced with the achievement of universal access to health services requires a constant struggle for strengthening health as a public good. On the national scene we live with selective, exclusive and focused access and some users do not find the services listening to their demands, both the service model and the lack of access to opportunity.

The purpose of this activity is to provide access to health services for the population that works and is not included in the assistance programs of health services.

Method:

The ESF 16 Itaipava district of Itajaí / SC, on the perception of an invisible population to the services offered by the health unit, since April 2012 decided to offer alternate time, in the last Saturdays of the month, for medical care and nursing for people who work during the week and it has difficult access.

Results and Conclusions:

We had a full approval of the initiative by the population, evidenced by the following statements: ". This reserved time once a month is great for all those who, like me, work schedule that precludes our attendance at polyclinic" "For melt is very important to be answered on Saturday. it's been three years since I refer myself for not having time." We need to break with the passivity of the health services and its inverse care law practices where the availability of good health care tends to vary inversely with the needs of the population served.

PALAVRAS-CHAVE: Access to Health Care; Community Health Services; Healthcare Systems

PP1241 - HEALTH INDICATORS MONITORING OF TEAMS OF HEALTH FAMILY PROGRAM UNIT IN RIO DE JANEIRO

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INTRUDUCTION AND AIMS:

Health Family Program indicators can help in the analysis by providing benchmarks in the quality of care provided. From this, this study has the following aim: to assess the health indicators in a Health Family Program Unit in Rio de Janeiro

METHOD:

This is a study a quantitative approach of longitudinal type. The results presented are based on the values achieved in the quarter of January, February, March and compared to the months of October, November, December 2015 by the teams of a a Health Family Program Unit in Rio de Janeiro. The procedure for achieving the indicators presented was the analysis by OSINFO and Electronic medical records Panel and the formula established by the Technical Agreement II Management Agreement / Variable 2.

RESULTS AND CONCLUSION:

In the analyzed indicators, the percentage of visits by his own family doctor, Percentage of queries for their own family doctor proportion of items of deployed service portfolio, percentage of children with vaccination calendar days (updated) to the two years. To this end, the main strategies adopted were: orientation of community health workers in appointments and scheduling, training of professionals, weekly monitoring of the immunization schedule of children in the territory. Therefore, recognizes the indicators and qualification strategy of the multidisciplinary team, in addition to promoting the realization of the development of a reflective analysis of the indicators, contributing to the growth of theoretical and practical knowledge in primary care.

PALAVRAS-CHAVE: Primary Health Care; Health Status Indicator; Outcomes Assessment

PP1242 - HEALTH INFORMATION SYSTEM - SISAB: THE ACS AND QUALITY OF DATA

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Background & AIM:

Health information systems should be used as tools in the identification and assessment of families and individuals in a population and allow for the construction of health indicators that will define priorities to be addressed. This study aims to offer theoretical and practical training in operating the SISAB to Community Health Agents (ACS) in an administrative district in the city of Belem.

Methods:

Theoretical and practical workshops were carried out with emphasis on the importance of the ESUS-AB Strategy and the correct filling in of data on the platform that feeds the SISAB information system. The workshops were attended by 95 ACS. During the activities, all the items of all the forms used by ACSs were discussed.

Results & Conclusion:

During the workshops, the authors perceived that most of the participants doubts were not regarding the use of the system platform but the content of the forms. Failure of the health teams to discuss the system and inefficient supervision resulted in errors in form completion. Thus the downgrading of the information produced by health teams is a result of the production of low quality and unreliable data, which hampers the effective performance of health teams in assisting populations to which they have been assigned and the use of data by governing bodies.

PALAVRAS-CHAVE: Health Information System; Community Health Workers; Primary Health Care

PP1243 - HEALTH LEVELS HIERARCHY IN BRAZIL: USER'S SATISFACTION BASED ON REVIEWS AND COMPARISONS.

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Introduction/Objectives:

The discussion concerning the Public Health became part of many international forums in Brazil in 1978. The academic community began to be more concerned with the quality of health care offered to the population in accordance with the Health Surveillance model proposed by the Unified Health System (better known by the acronym SUS). This paper aims to analyze the degree of user's satisfaction of a Basic Health Unit and an average complexity service of secondary care in Fortaleza-CE.

Methods:

A cross-sectional study of registered users in a Basic Unit and in an average complexity service in the city of Fortaleza. It was used a sample of 413 users, among the user's population of this Family Health Strategy over the period between February and May 2014.

Results/Conclusion:

The study showed a better degree of satisfaction of users who used the services of the secondary unit. The patients of the secondary unit had more facility to schedule medical appointments. Users with less education were more satisfied with the service provided by the basic health units. It can be concluded that the secondary unit had a better population assessment, suggesting deficiencies in the service of primary health care. There is verified tendency of positive assessment by the less privileged social classes. Future studies should approach qualitatively the exposed situations in order to develop the strengthening of structural and human relations of these health services.

PALAVRAS-CHAVE: Health care; Brazil; Reviews

PP1245 - HEALTH PROMOTION AND SELF-CARE IN A FAMILY INTERVENTION EXPERIENCE

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Introduction/Objectives:

Health promotion is the development of plans, policies and goals to prevent people from exposing themselves to diseases, rather than treating the already established ones. This approach tends to improve families' dynamics, establishing the self-care and offering qualification to exercise health promotion by themselves. Therefore, this study intends to intercede in patients' lives, encouraging families members to practice the self-care, exercising health promotion.

Methodology:

Experience report about a patient's (initials M.G.) life, held in Dendê community in September 2015. It consisted in home visits performed by a group of medical students that were aiming to cultivate self-care and health promotion in this community. The study consisted of a plan of intervention for the patient (that had physical and social issues) through the use of the self-care methodology.

Results and conclusion:

In the evaluation, M.G.'s eyes disease and the family's dynamics difficulties were pointed out. The counseling focus was to tranquilize the patient and then to start an agreement that consisted in the appointment of a surgical intervention for his eyes and emphasizing the family's and community relationships. The Assistance focused on the goals implementation obstacles, so that during the monitoring the patients still were motivated to continue the treatment. Thereby, the study shows the importance of interventions focusing health education.

PALAVRAS-CHAVE: Family Health; Health Promotion; Primary Health Care

PP1248 - HOME CARE TO PATIENT WITH LYMPHATIC FILARIASIS IN CAMPINAS: EXPERIENCE REPORT FROM MEDICINE GRADUATE.

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Introduction and Objective

The Home Care is an essential tool of the Family Health Program providing interaction in care of the individual in his environment. It is essential for epidemiological control aiming to interrupt the transmission of diseases and assist the patients. The WHO has proposed elimination of Lymphatic Filariasis by 2020 and Brazil is a signatory. This paper aims to describe the home visits in epidemiological surveillance related to Lymphatic Filariasis conducted with medicine graduate students.

Method

At the Primary Care Facility we learnt about the patient's medical record. The visit was pre scheduled and authorized by the patient. A group of three students, were accompanied to the residence by the teacher and health agent. At the home it was carried out a brief medical history taking, the observation of the environment and verification of the adherence to treatment, its reactions and effects. Also the patient received orientation about the necessary care and behaviour so that there is no progression of lymphedema.

Results and Conclusions

The patient reported on aspects of her health conditions and psychosocial consequences. Comorbidities were found: hypertension, diabetes and obesity. The patient who is unable to go to the Primary Care Facility is highly benefited by the home care that assures the continuity of the treatment. Thus it is concluded that Home Care experience in Primary Care, including promotion, prevention and control of diseases and disorders is a dynamic mechanism for understanding the health care approach of integrality and continuity.

PALAVRAS-CHAVE: continuity; home care; Lymphatic Filariasis

PP1249 - HOUSEHOLD MONITORING FOR FALLS PREVENTION THE ELDERLY PEOPLE AT TEAM 2 OF THE FAMILY HEALTH STRATEGY UNIT JARDIM BRASIL, ARARAQUARA

Camargo BP ¹; Bianco CI ¹; Kanso ML ¹; Campos WCM ¹; Mouro M ¹; Lacerda CA ¹; Calixto PA ¹; 1 - CENTRO UNIVERSITÁRIO DE ARARAQUARA-UNIARA;

INTRODUCTION AND OBJECTIVES:

Based on the increasing prevalence of the elderly population, has become more accentuated the need for activities focused at promoting elderly people health and preventing injuries. Events, such as decreased of visual acuity, and change of sensory and motor apparatus, arise throughout this age and cause difficulty in performing routine tasks making them unable to continue with their functional capacity. The main objective of this project is, through the intervention of students supervised by a Family Health Strategy team, promote the necessary support for families covered by this team with members over 65 years and to ensure maintenance of the physical integrity of the elderly. During the project will be emphasized the number of falls, relating them to the degree of dependence, in health promotion and guidance of families for preventive action. In this context obtain improving the quality of life of these seniors.

METHOD:

Elderly people data will be collected in the team 2 of the Family Health Strategy Unit - Jardim Brasil territory and then applied the Lawton and Barthel scales, associating the degree of dependence on the number of falls in the last month and the last six months, respectively. Field reports will be made about data obtained.

RESULTS AND CONCLUSIONS:

It program to evaluate these older in the amount of falls, the quality of life as well as the performance of its daily activities. The project is important because the students will contact family medicine and care for people within their households.

PALAVRAS-CHAVE: falls prevention; elderly people health

PP1251 - HOW TO ACT IN EMERGENCY SITUATIONS IN A PRIMARY CARE UNIT?

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Introduction:

Emergency situations are uncommon in primary care practice. The increase of visits from patients to primary units in Portugal due to current crisis associated with the long waiting period in hospital emergencies raises the importance of knowing how to act in these situations.

Methods:

We propose 3 algorithms based on European Resuscitation Guidelines that can help us being more systematic and decreasing the errors in these life-threatening events. The algorithms are adapted to Primary Care Unit's medication and experience's level of health professionals. So we propose a algorithm of coronary syndrome, a algorithm of anaphylaxis and a algorithm of basic life support in cardiac rest with automated external defibrillators (AEDs).

Results/Conclusion:

We think that our experience using these algorithms could increase the chance of survival and at same time the level of confidant of patients in their Primary Care Unit.

PALAVRAS-CHAVE: resuscitation; anaphylaxis; coronary syndrome

PP1252 - IMPACT OF AWARENESS WORKSHOPS ON YOUNG CHILDREN AGED 4 TO 8 YEARS OLD IN GENERAL PRACTICE

Mchich Alami FZ ¹; 1 - MG Maroc;

Introduction and objectives:

Young children often have diseases that can be prevented by awareness and accountability. The family doctor because of his position in society and the confidence he inspires children and their parents has an important role to play in education and prevention. to organize within the medical office sensitization workshops for a group of children and study the impact of these workshops on their behavior.

Method: organization of a series of three practical workshops for children aged 4 to 8 years old

- Sun related risks, precautions at the beach.
- How and when to wash hands.
- Right hygiene and How to brush teeth.

Results and conclusion:

The children are involved in all the activities in a good atmosphere.

At the end of the workshops the children feel responsible for supporting, monitoring and advising their friends and family. After a month: A meeting with the parents permitted to observe that: Parents did not need to remind children to wash their hands or brush their teeth, more children watching their parents and saying, "the doctor said that we should do that ... ". Involving children through practical workshops such as drawing, dancing and games has a certain impact over the short and long term. The more practical a workshop is the stronger is its impact. The knowledge of the different processes inducing a pathological state and the search for a solution within a group permitted to the child to identify himself as an effective and active actor.

PALAVRAS-CHAVE: primary care; prevention; raise awareness

PP1253 - IMPACT OF URBAN VIOLENCE IN THE FAMILY HEALTH STRATEGY: EXPERIENCE REPORT OF A HEALTH TEAM IN A COMMUNITY IN RJ.

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Introduction/Objective:

Violence has different definitions arising from different areas of knowledge, being recognized worldwide though as a social and public health issue. Professionals from Family Health Strategy (FHS) usually work in ongoing armed conflict zones exposed to different situations of violence, that influence their work both in physical and emotional levels. To study this aspect it seems crucial to assess the importance of teamwork and the development of preventive measures and support for all staff and local residents.

Methodology/Case report:

This study consists of a report of coping experience of violent situations, especially those related to armed conflict between police and drug trafficking militias, experienced by FHS teams at health care center prof. Julio Barbosa, located in a low income community in the northern zone of Rio de Janeiro, in which several episodes of violence occur in different forms and contexts, directly affecting patients, professionals and the operation of the unit. This scenario led the team to hold meetings about how to proceed in such situations, which culminated in the implementation of the Safer Access protocol, proposed by International Red Cross for workers and teams acting in conflict areas.

Results/Conclusion:

The situation experienced by the team resulted in significant advances in the development of Secure Access in the unit, and promote team unity, reflection on the banality of violence and influence of this community sectors. Nevertheless, professionals face a paradox between keeping the bond created with the community to which they provide comprehensive care versus the feeling of insecurity and impotence against urban violence.

PALAVRAS-CHAVE: FAMILY HEALTH; PATIENT CARE; EXPOSURE TO VIOLENCE

PP1254 - IMPLEMENTATION OF A COVER PAGE MODEL TO CHILD HOME CARE

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Introduction and aim:

Continuous and coordinated care to children in home depends on easy access to data. A multidisciplinary team generates extensive information and large records that turn continuity of care a challenge. To organize information and coordinate care, we aimed to present a cover Page model to children home care, developed by the physician and the nurse of a home care team.

Methods:

We developed a cover page that consists of eight field groups intended to register the main aspects of care, developed from the health records of the institution and also based on a previously developed and validated passbook of continuous care.

Results and conclusion:

The cover page consists of a general identification of the children, its caregiver, birth date, admission date, and last internment date, and the following: 1) List of chronic (ordered in numbers) and acute (ordered in letters) problems based at International Classification of Primary Care; 2) devices (stomas, oxygen therapy, support ventilation); 3) specific common problems (seizures, asthma, wound care, others); 4) nutrition state; 5) complementary and secondary care (health professionals and specialists accompanying the child and its periodicity); 6) laboratory tests plan and its periodicity; 7) therapeutic plan (drugs, dosage, intervals); 8) vaccination and allergies. The team has a copy of the cover pages when visiting children at home. Cover page facilitates to find information, helps to arrange care and organizes the home visit with less possibility of failures and medical errors.

PALAVRAS-CHAVE: Home Care Services ; Disabled Children; Medical Records, Problem-Oriented

PP1255 - IMPLEMENTATION OF ADVANCED ACCESS STRATEGY IN THE “CONFEDERAÇÃO SUIÇA” TEAM

Xavier, R.L. ¹; 1 - Prefeitura Municipal do Rio de Janeiro;

Introduction and Objectives:

After a first turbulent year of residency in Family Medicine, the need to reshape access regarding “Confederação Suíça” team urged. The large repressed demand due to the high turnover of doctors, population vulnerability and more than forty-five days waiting time for a consultation made the labor day stressful for users and frustrating for professionals. It was then suggested the possibility to implement the advanced access strategy and a comparative study between models within the team was aimed.

Method:

Data analysis in electronic medical records, case review and reports of experiences lived during the transition by team members.

Results and conclusion:

Objectively the first aspect to be noted was a drastic reduction in absenteeism, as well as increasing numbers of consultations offered to patients with waiting time reduction to one day. There was also stress reduction on the professionals previously involved in discussions driven by frustration and difficulties to ensure access. Yet, it was noticed an increase in effective resolution, a higher number of procedures and reduction in the need for referrals. Although a previous organization in the agenda may seem more convenient for professionals and the doctor, it is important to adjust the access to the community where the clinic is located, adapting to the territory peculiarities, reducing unnecessary wear and directing focus to important issues.

PALAVRAS-CHAVE: access; primal care; residence

PP1256 - IMPROVEMENT OF ATTENTION TO HYPERTENSION AND DIABETICS AT THE BASE POLE MAKIRA, ITACOATIARA/AM.

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Introduction and objective:

The chronic non-communicable diseases (like Hypertension and Diabetes Mellitus) are among the leading causes of death in the world. Improve the health care of adults suffering from such diseases means reduce severe complications and even many deaths. The actions of indigenous health care are part of the Brazilian health system, are decentralized in Poles Base and work as health units with a multidisciplinary team. The aim of this work was to improve the attention to adults with Hypertension and/or Diabetes Mellitus, implementing health actions in Makira in Base Pole Itacoatiara, Amazonas State, between September and December of 2013.

Method:

Were established goals, targets and indicators in order to evaluate the intervention at the pole. Were used as instruments to record mirror and worksheet data collection.

Results and Conclusions:

The results were positive 33 (27%) being met hypertensive and diabetic 06 (20%), with the improvement of activities such as conducting clinical tests on 33 (100%) hypertensive and in 06 (100%), diabetics record of information and guidelines on healthy eating, risks of smoking and regular practice of physical activity for all users registered in the program. However, other activities require greater attention as the dental evaluation and complementary examinations, showing thus the need for greater interaction between the health team, users, and managers in search of viable solutions for improving attention to all users belonging to the territory belongs to Makira base Pole.

PALAVRAS-CHAVE: family health; Primary health care; Chronic disease

PP1258 - INNOVATIVE TECHNIQUES AND MULTIDISCIPLINAR APPROACH TO WOUND CARE: A SUCCESS STORY

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Treatment of lesions has shown curative approach beyond techniques, whereas many other procedures. The assistance provided by the nursing team to the affected individual, incorporating specific physical examination, choice of treatment and adequate coverage, and construction of Singular Treatment Plan (STP) by the family health team. It's prevention and treatment of wounds should be carried out in service health, this study is an experience report of the team John Saldanha Municipal Health Center Athayde José da Fonseca, in 2015. There is a room to perform dressings, nursing staff and nursing technicians, support of the doctors and the Center for support to Health. This team follows the dressings, records in book diary and electronic medical records, treatment plan throughout evolution and each wound, considering the particular case, the injury and the patient. The follow-up MNCS, 73 years, hypertension and diabetes, allowed identify a vasculogenic ulcer in Lower Limb Left of 5cmx7cm / 9cmx7cm, depth of 1cm. Had necrotic tissue, jagged edges, hyperemia, swollen; exudate with foul odor. After multidisciplinary approach, preparation of STP, evaluating the best treatment and coverage to be used, monitoring for 5 months, it identified progressive improvement of the injury and scarring wound. The injury represents reduced self-esteem and lack of interest in leisure activities. The injury healed and maintenance of the monitoring team, the patient regained self-esteem and have resumed their activities. It is noteworthy that carry out differentiated treatment, multidisciplinary, integrated therapeutic actions provide better care, faster prognosis, successful treatment, influencing the individual's quality of life.

PALAVRAS-CHAVE: ulcer; health care; treatment

PP1259 - INTERNAL COLLEGIATE OF MANAGEMENT – A SHARED MANAGEMENT ATTEMPT

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In Clinica da Família Anthidio Dias da Silveira (a PHC facility that hosts more than eighty permanent professional and also family medicine and multidisciplinary residents and students) the urge to implement a shared management system has emerged. The main purpose is to overcome the challenge to turn this facility into a comfortable and welcoming place for both workers and users.

The action plan was to vote representatives from each and every professional category to gather monthly with the duty to discuss and revolve every subject that concerns the collective. In an attempt to give representatives the chance to discuss with his peers, the agenda of every meeting, should be voted in the previous meeting.

The group of representatives is called the Internal Collegiate of Management (ICM), and has been gathering monthly since May/2015. Since then, it has suffered a couple of changes, in order to better equate representations. The group has voted the necessity of more Community health agents representatives, since this category responds for half of the unit employees. The ICM has rapidly understood it's power and importance. In a constant maturing process, every subject is respectfully discussed. In parallel, each representative is working with its own category suitable paths to guarantee organized spaces to discuss topics and perspectives for the ICM meetings. Active participation in every important management decision has develop in the majority of workers a better sense of belonging. In addition, it's helping to overcome cultural and income dissemblance.

PALAVRAS-CHAVE: Institutional Management Teams; Health Care Team; Healthcare Providers

PP1260 - INTERRUPTION ON FAMILY MEDICINE CONSULTATION

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Introduction and objective:

The consultation is the cornerstone of the practice of family medicine . The quality of it is fundamental to establish a good doctor-patient relationship, required for clinical success. Many factors determine the quality of consultation, including interruptions. Once identified as a problem it will be possible to implement strategies to reduce them.

Method:

Observational, descriptive study. Interruptions incidence assessment on a family doctor consultation , as well as characterization of the main ways, interviews and reasons, during the months of January and February 2014. Data collection were made by 1 observer in record sheet with the many variables evaluated. Time recorded to the second.

Results and Conclusion:

200 consultations were registered , with a total duration of 57h18min and 17min15seg query average. There were 57 interrupted consultations (28%) , however there were several interruptions in the same consultation! They amounted to a total of 1h25min37s, having the major interruption lasted 11min2s and lower 2s, being the average 1min22s. The administrative were responsible for the largest number (56%) and more downtime (n = 2763s), mostly by phone. Longer interruptions are medical , either to support a medical condition , or internal issues. Possible bias: 1 doctor , organized consultation, several interruptions in the same query , some occurring between visits. Some corrective measures to be implemented are presenting results and discuss strategies ; flowchart of appointments ; disclosure of organizational information , replacement of the material in advance , chat conversation.

PALAVRAS-CHAVE: family doctor; consultation; interruptions

PP1262 - LAISON MULTIDISCIPLINAR: A TOOL IN CHRONIC WOUNDS MANAGEMENT

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LAISON MULTIDISCIPLINAR: A TOOL IN CHRONIC WOUNDS MANAGEMENT

INTRODUCTION AND OBJECTIVES:

The management of chronic wounds (foot injuries) challenges health teams as it is a condition that requires an integrated and continuous attention. This work was carried out in a health unit newly opened family, where they were identified 23 patients with chronic wounds, before unaccompanied. Objective: To describe the experience of multidisciplinary follow-up of these patients.

METHODS:

Based on the dressing room records, patients were identified, their injuries were photographed and made available to health staff in order to establish a targeted and shared care. A multidisciplinary team has been designated (technical nursing, nurse and doctor) reference to the initial assessment of the injury and the establishment of procedures to be followed. The prescribed treatment is made available to the team responsible for the patient will continue and may draw in case of doubts and change the stage of the lesions.

RESULTS AND CONCLUSION:

It was created one day in the month to assess healing. On this day, the multidisciplinary team meets together in the dressing room to discuss a plan of action. Through multidisciplinary assessment was possible drug intervention (antibiotics, analgesics etc.), establishment of adequate coverage and user training for self-care. There was a direction from professionals to discuss cases and the establishment of a care line that favored the improvement of lesions. With photographic documentation was possible an overview of the evolution of lesions. After the implementation of these actions have occurred two cure venous lesions in diabetic patients.

PALAVRAS-CHAVE: interdisciplinary Team of health; family health; foot injuries

PP1263 - MEDICATION DISTRIBUTION MANUAL WITH A FOCUS ON THE ELDERLY

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Introduction and Objectives

The National Health System, for its complexity and features needs a structured Pharmaceutical Assistance of qualified personnel for technical support to health actions and achieving good results. It is not enough to consider that we are offering comprehensive health care when the Pharmaceutical Assistance is reduced to the medication logistics (purchase, storage and distribution). You have to add value to the actions and health services, through the development of pharmaceutical services. It is known that many factors influence the proper adherence to treatment, like low education of users, forgetting of dosages and the lack of adequate information about the therapy. The objective of this study is to create mechanisms to ensure that the act of dispensing medicines, consists in delivering the medicine with usage guidelines, focusing on the elderly as a priority.

Method

We started to use some strategies to minimize the most common problems that hinder the proper adherence to treatment, as pictograms, drugs holders with clear identification, and strategies to facilitate the memory of the dose times, such as stickers, drawings and collages.

Conclusion (in quantification)

We observed that the strategies are useful and shows positive results in the correct treatment adherence, reduce the frequency of doses neglect, featuring so that a good drug-dispensing work is an important ally in the successful treatment.

PALAVRAS-CHAVE: Dispensing practices; Pharmaceutical Services; Health Manpower

PP1264 - LIVE MAP. THE USE OF TECHNOLOGICAL TOOLS TO IMPROVE COMMUNITY CARE

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INTRODUCTION AND OBJECTIVE:

The knowledge of the territory is essential for better community approach, by identifying its borders, its residents, social facilities and weaknesses, which in turn, is a constant economic transformation space, political, cultural and epidemiological . The construction of a living map, with simple features, can be a great facilitator of this process. The aim of this study is to present the use of Google Earth software to building a live map.

Method:

Using the Google Earth software, which features images from around the globe. The program allows you to work the maps in different ways and can be accessed by multiple devices. The construction of the living map is with the inclusion of icons that can be thought of in relation to the main needs of the territory. At the time they were placed information about the main lines of care, in addition to vulnerable families.

Results and Conclusion:

The use of a live map showed an enabling feature for the recognition of the territory, both for its weaknesses, as the potential, through the identification of key social facilities that people use to develop their life in the territory. In inaccessible areas there are some difficulties in identifying the exact location to be found. Live map can be a resource used in different territories and realities. It allows better recognition of the area and patients, allowing for better monitoring and reducing sentinel events, and allows a dynamic assessment of the territory.

PALAVRAS-CHAVE: Mapa vivo; Abordagem comunitária; georreferenciamento

PP1265 - MATRIX SUPPORT IN MENTAL HEALTH AT PRIMARY CARE IN CAUCAIA-CE, BRAZIL

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Matrix Support is an organizational arrangement and a methodology for managing work in health, which aims to get a widened clinic and dialogical integration among different specialties. This study seeks to evaluate integrated primary mental health care that was implemented in Caucaia since 2012, through matrix support care. An exploratory qualitative study was held in two health centers, to evaluate this implementation there. Open interviews, individual and collectives, were held done with two psychiatrists and three family doctors, and the material was analyzed through content analysis technique. Four categories were detected: definition of matrix support; how to implement and develop it; advantages and strengths; and limits of primary mental health matrix care. It was considered extremely useful, facilitating the implementation of: integrated teaching, learning and care process; co-responsible teamwork; comprehensive care; equity; increasing access; decentralization, use of community resources and mental health stigma reduction. The joint consultation was well accepted and distance liaison also relevant. Community activities must be developed along with other professionals of the matrix support teams, Family Health Support Centers and Community Mental Health Centers (CAPS). Registering psychotropic users was very helpful. The importance of Community Health workers was highlighted. The centralization of psychotropic dispensing at CAPS and precarious work relationships represented major barrier in Caucaia. The deficiency in the training of general practitioners and psychiatrists in mental health collaborative care was considered the major obstacle. In primary mental health care in Brazil nowadays, matrix support arises as a solution to improve training of teams and access to care.

PALAVRAS-CHAVE: Mental health; Primary healthcare; Brazil

PP1266 - MATRIXING SUPPORT: A MULTIPROFESSIONAL KNOWLEDGE EXCHANGING TOOL. AN EXPERIENCE REPORT IN A NURSING RESIDENCY PROGRAM

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Introduction:

Matrixing support is given by professionals of diverse fields of specialization to an interdisciplinary team aiming at enhancing their area of activity and problem-solving skills. In this scenario, Dr. Felipe Cardoso Family Health Clinic has developed two Centers of Family Health Support which assist 13 Family Health Strategy teams. The Nursing Residency Program integrates eight of those teams, enabling its residents to deal on a daily basis with a transversal and multiprofessional way of treating patients, since they are able to count with the following professional centers: Physiotherapy, Psychology, Social Work, Occupational Therapy and Nutrition. The multiprofessional contact experienced by the residents happens through integrated appointments, home visits, the creation of groups and the discussion of practical cases in group meetings, intersectoral meetings and through the collaborative elaboration of a Unified Therapeutic Project.

MAIN GOAL:

To highlight the importance of matrixing support to the improvement of Nursing Residents education in Family Health.

Method:

Experience reports.

RESULTS:

The actions developed alongside the Family Health Assistance Center give us means to analyze health aspects under a care-centered perspective, demystifying pre-constructed stigmas during residents' hospital-centered academic training, in which patients are seen separately from their reality. By dealing with the horizontal and longitudinal natures of care, residents break the cycle of referring patients to specialists and refraining from their sanitary responsibilities.

CONCLUSION:

Matrixing support is a tool for action and permanent learning in Nursing, having as a consequence the improvement of health care aiming at fulfilling health needs of the general population.

PALAVRAS-CHAVE: Family Health; Teaching Rounds ; Primary Health Care

PP1267 - MEDICINE OF RURAL AND ISOLATED AREAS: LEARNING FROM THE REALITY OFTEN NEGLECTED IN QUILOMBOLA COMMUNITIES OF VÃO GRANDE.

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The term quilombo widespread in Brazil during the colonial period refers to the communities created by the rebels to the slave system as a way to fight for the abolition of slavery. Since then, much has been done in terms of public policies for the recognition of these communities, which comes from a history of struggle and resistance, are widely recognized today. However, even with the progress achieved, this population still find themselves in vulnerable conditions, especially regarding to health, thus becoming a university extension workplace. Understanding this context, the Family Medicine Academic League, at Mato Grosso Federal University - Medical School developed a project with the remaining quilombola communities of Vão Grande in the county of Barra do Bugres, in order to understand their realities, diagnosing the main health problems, as well as its social determinants, so in partnership with the city, we would positively take part as academics, contributing to the community and also building knowledge that are essential to the formation of a humanist doctor. The activities took place in June 2015, through lectures, outpatient care, home visits and conversation circles with the community, educators, local and regional leaders. Medical care was performed in 63 people, which 62% were male and 38% female. The prevalent age groups were 0-20 years and 40-50 years. The main complaint found was low back pain. Thus, we conclude that the quilombola population of Vão Grande requires monitoring of a healthcare team more often, preventing diseases and improving quality of life.

PALAVRAS-CHAVE: Vulnerable Populations; Primary Health Care; Social Isolation

PP1268 - ANALYTICAL PROCEDURE OF THE COMPREHENSIVENESS IN PRACTICES AMONG THE

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More Doctors Program was created in 2013 to ensure greater supply of doctor in Primary Health Care. Apart from access to medical, comprehensive practices of these professionals matters in this offer. To this end, as part of a master's research project by Fiocruz, we seek to develop an appropriate methodology that involves a range of meanings about comprehensiveness, based in the city of Rio de Janeiro. As a method, it was carried out review of national and international literature on the topic, including assessment strategies of the various approaches to comprehensive practices. Proceeded to the horizontal reading to identify the dimensions, theoretical components, possible categories and indicators for empirical analysis correspondents in primary and secondary sources in Rio de Janeiro. As a result, the comprehensive practices was systematized in two dimensions: biopsychosocial approach to care, with community orientation and expanded and integrated cast of promotion, prevention and care. Each one, we identified theoretical components. To these they were set a total of 33 categories of analysis on primary sources, together with the 14 indicators on secondary sources. The elaborate array reveals the complexity involved in the provision of full medical care in Primary Care.

PALAVRAS-CHAVE: Atenção Primária à Saúde; Integralidade; Médicos de Atenção Primária

PP1270 - MULTIDISCIPLINARY MONITORING FOR HEALING CHRONIC WOUNDS

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Diabetes mellitus is a metabolic syndrome that occurs due to the inability or decreased insulin production by the pancreas. One of the complications of this disease is the diabetic neuropathy that affects the sensory peripheral nervous system, motor and autonomic, which can lead to the formation of a wound. Another complication is the peripheral vascular disease which in turn may lead to the amputation due to the arterial ischemia caused by atheromatous plaques obstruction. If the diabetic individual unknowns its condition and presents asymptomatic, he can develop a sore in the foot without noticing, and may progress to amputation if he had developed diabetic neuropathy and/or vascular disease. We aim with this study describe the multidisciplinary treatment of a diabetic user with neuropathic ulcers which evolved to an amputation. This is a case report in the west of the city of Rio de Janeiro, R. R., male, lives alone, DN: 11/27/1947, DM patient, difficult adherence to the prescribed treatment. Attends Family Clinic on 07/29/2014, uncompensated glucose, cellulitis and necrosis on the fifth toe of MIE. After medical and nursing assessment, he was sent to an emergency where he suffered amputation of the toe. After approximately two months of hospitalization, the patient returns to the Unit for monitoring diabetes and dressing. Curative witch hidropolymer foam, nutritional guidance and adjustment of medications were prescribed. In less than three months, the wound was healed and the glucose was normalized. It is primordial to evaluate each user holistically, stimulate self-care and a multidisciplinary evaluation to successful healing of chronic wound.

PALAVRAS-CHAVE: curative; diabetes; amputation

PP1271 - THE ADVANCED ACCESS AS SOLUTION TO SPONTANEOUS DEMANDS OF THE FAMILY CLINIC SONIA MARIA FERREIRA MACHADO

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Introduction and Objective:

The Family Clinic Sonia Maria Ferreira Machado located in the west of Rio de Janeiro (RJ), currently has 29,785 registered patients that are assisted by eight medical unit serving the free and scheduled demands. This study aims to demonstrate the working process established at the clinic said it did significantly increase the numbers of consultations during the year 2015.

Methods:

For improved organization of demands was introduced the concept of advanced access in June 2015 after analysis of studies conducted in Brazil with emphasis on statistics of Curitiba (PR). The period under review covers the months from January to July 2015 and included the participation of doctors and nurses as well as unit manager who allowed the change in access and care of the unit.

Results and Conclusions:

After instituted advanced access in June the number of medical consultations increased by 77.2% (an increase of 1233 queries) and the number of non-medical consultations increased by 25.3% (an increase of 426 queries), in next month the number of medical consultations increased by 100.2% (an increase of 1,605 queries) and the number of non-medical consultations increased by 33.6% (an increase of 566 queries). It is therefore concluded that the increase in the number of queries caused by advanced access has generated significant decrease patient waiting time as well as increased the resoluteness seen patients have their queries on the same day.

PALAVRAS-CHAVE: acesso; consulta; demanda

PP1272 - ACCESS ACCORDING TO THE STAFF OF A FAMILY CLINIC

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Introduction:

Access to health services is a multidimensional issue, involving political, economic, social, organizational, technical and symbolic aspects and has in the family health strategy a way to ensure universal health care.

Objective:

The objective of this study was to evaluate the perception of professionals of a family clinic in Rio de Janeiro on what is access and what the factors difficult to access or facilitators.

Method:

Free observations were carried out and focus group with the communitarian agents of health.

Results:

The results showed that professionals understand the ESF as a preferred input of the health system and believe that health is a right of all and duty of the State, but still finds it difficult to put into practice because individual prejudices. Reinforce that the precarious infrastructure, no integration between health teams and the territorialization are barriers to access. But the attention, and the information can help.

Conclusion:

Several factors can influence access, but in the speech of the ACS were able to infer that the information could contribute to its implementation for this, is important the permanent education and awareness of users.

PALAVRAS-CHAVE: acesso; estrategia saude da familia; agentes comunitarios de saúde

PP1273 - NURSES IN REGULATION VIA SOCIAL NETWORKS IN THE FAMILY HEALTH STRATEGY IN CEARÁ STATE

VIEIRA ACT¹; DAVID HMS¹; 1 - Universidade do Estado do Rio de Janeiro;

This study has as its object the social networks in which nurses are inserted when using them as users control system of the Family Health Strategy (FHS).

The objectives of the study were to identify the social networks in the work of the FHS nurses ; List the actors who make up the social networking according to the nurses of the FHS; Discuss the relationship between social networks and the expansion of access of users to reference network.

Methodology: qualitative and descriptive study based on the concept of social networking and content analysis, carried out medium-sized municipality in the state of Rio de Janeiro with full coverage by the FHS . They interviewed five nurses and two actors cited in the social network.

The results showed that nurses proved professionals with critical aptitude as the regulation system not only nursing services as well as multidisciplinary . They proved to be proactive in the face of weaknesses in the regulation of their municipalities by clinical criteria of users who require reference. The actor said the search of the social network enabled a qualitative understanding of social networks and flows as they happen in divergences and nonconformities according to the nurses' speeches . The fact that the actors mentioned are nurses showed power for social network compared to the regulation obstacles as also trigger social networks according to clinical criteria.

This study contributes to the field of nursing and management in FHS based when the nurse is a professional who must be included in municipal management team

PALAVRAS-CHAVE: social network; Equity in access; Nursing

PP1274 - NURSES IN REGULATION VIA SOCIAL NETWORKS IN THE FAMILY HEALTH STRATEGY IN RIO DE JANEIRO STATE

VIEIRA ACT ¹; DAVID HMSL ¹; 1 - Universidade do Estado do Rio de Janeiro;

This study has as its object the social networks in which nurses are inserted when using them as users control system of the Family Health Strategy (FHS).

The objectives of the study were to identify the social networks in the work of the FHS nurses ; List the actors who make up the social networking according to the nurses of the FHS ; Discuss the relationship between social networks and the expansion of access of users to reference network.

Methodology is qualitative and descriptive study based on the concept of social networking and content analysis, carried out medium-sized municipality in the state of Rio de Janeiro with full coverage by the FHS . They interviewed five nurses and one actor cited in the social network.

The results showed that nurses proved professionals with critical aptitude as the regulation system not only nursing services as well as multidisciplinary . They proved to be proactive in the face of weaknesses in the regulation of their municipalities by clinical criteria of users who require reference. The actor said the search of the social network enabled a qualitative understanding of social networks and flows as they happen in divergences and nonconformities according to the nurses' speeches . The actor was not interviewed health professional would eventually decrease more access to services via regulation on social networks.

This study contributes to the field of nursing and management in Family Health based when the nurse is a professional who must be included in municipal management team .

PALAVRAS-CHAVE: social network; Equity in access; Nursing

PP1275 - SPORTS AS A SOCIAL RESCUE ALTERNATIVE FOR THE YOUTH

Souza CC¹; Silva MS¹; Silva OSL¹; 1 - Prefeitura Municipal do Rio de Janeiro/OS Viva Rio;

This work portrays the experience of a group of employees of a Municipal Health Center and residents of Costa Barros community in an effort to rescue young people from the local streets and traffic . With the support of the Social Viva Rio Organization , it has created a Jiu Jitsu teaching space within the health unit in which a resident ministered classes with the prerequisite of being enrolled in school . In partnership with the professionals of this unit other activities were carried out in order to promote disease prevention , health promotion and recovery of citizenship . Many young people today spend their teachings to the younger students and participate in local leagues with several awards and great recognition from the community , town hall and OS Viva Rio . Today the Health Project wears kimono already was master theme of Social Work , has a collection of photos and a whole history, with the rescue of more than 100 young people of this community.

PALAVRAS-CHAVE: esporte; saúde; cidadania

PP1278 - ORAL DENTAL SUPPORT FOR HOMELESS PEOPLE.

none ¹;

1 - SPDM/Prefeitura Rio de Janeiro;

INTRODUCTION:

In 2015 there were around 2,000 homeless people living in the center of Rio de Janeiro, Brazil.

OBJECTIVE:

To reveal the strategies taken to make possible a complete oral and dental treatment as part of the support of an integrated professional team.

RESULTS:

HIGH percentage of sequenced treatment of oral pathology and the consequences of violence and aggression and LOW achievement of oral and dental health.

CONCLUSIONS:

VERY LIMITED SUCCESS AT THE MOMENT. Homeless people need an INTEGRATED INDIVIDUALIZED STRATEGY to receive oral and dental treatment, as their home is the street, which is unpredictably dangerous, with limited potable water and healthy food and a CHAOTIC daily life.

PALAVRAS-CHAVE: HOMELESS PEOPLE; VERY LIMITED SUCCESS; INTEGRATED INDIVIDUALIZED STRATEGY

PP1279 - ORGANIZATION OF CARE IN THE WOUND DRESSING ROOMS IN THE PRIMARY CARE UNITS LOCATED IN AP 3.3 - RJ

SANTOS, AC ¹; SANTOS, DMC ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Organization Assistance in dressing rooms in the APS Units in AP 3.3 - RJ
The Primary Health Care (PHC) in the NHS (National Health System) is the level of complexity that must be the gateway to the health system and that should sort to other health care levels when necessary. Access to health services should be appropriate and timely to ensure the quality of care of health promotion, prevention and recovery of health. It was therefore organized the assistance provided in the dressing rooms of basic health units in the program area 3.3, in the municipality of Rio de Janeiro. A 3.3 planning area has a high population group (Census 2010 / IBGE 942,138 inhabitants), with 147 teams of the Family Health Strategy in the expansion process. The objective was to organize assistance in the AP 3.3 dressing rooms to establish clinical guidelines to help professionals in the diagnosis and treatment decision. The path to operationalize the formation of healing commission was to conduct health coordination meetings with professionals from UBS who worked directly in the care of patients with chronic injuries, the specific bibliographic research and the search for the types of coverage available for the standardization of assistance. The result achieved was the development of instruments for recording information, evaluation and monitoring. As well, an explanatory folder for users with caring for the healing.

PALAVRAS-CHAVE: Primary Health Care; Access; working process

PP1280 - ORGANIZATION OF THE FLOW OF PACIENT'S MEDICAL ASSISTENCE BY THE FAMILY DOCTOR IN UBSF VILA BRASÍLIA

Santos MS ¹; 1 - Secretaria Municipal de Saúde de Volta Redonda;

Introduction and objective

In this work we present an attempt to change the work optics in a basic health unit through a restructuration in the medical schedule, which nowadays is very confused. Indeed the medical schedule actually is based in a quantitative assistance policy, without any kind of integration of the patient to the primary health care. Within this scenario we develop this project in order to organize the flow of patient's medical assistance performed by the teams in UBSF Vila Brasília, taking "the user embracement" and "the principle of universality of SUS" as the basis of our procedure of work.

Method

The project will be carried out together with the team members through weekly training of the health professionals and evaluations of the territory's situational diagnosis to build the structure of the schedule, while the health team establishes partnerships with the management council, municipal health department, among others, to build a support network that solidifies our project of changing the actual work optics in order to implement "the user embracement policy" in UBSF.

Results and Conclusions

We expect to restructure the medical schedule and provides a more humanized reception of the patients, improving the health basic assistance to the people by creating links between them and the health unit and so strengthening the primary health care in the territory.

PALAVRAS-CHAVE: User Embracement ; Humanization of assistance; Primary Health Care

PP1282 - PERCEPTION OF SCREENING AND DIAGNOSIS OF POST-PARTUM DEPRESSION IN A PRIVATE HEALTH CLINIC IN SANTIAGO CHILE.

Bassa S ¹; Wellmann C ¹; Moreno G ¹; 1 - Red Salud UC Christus, Facultad de Medicina;

Introduction:

Post-partum depression (PPD) occurs during pregnancy and up to one year after birth. The prevalence of PPD in Chile varies between 10 – 36%. If not treated at its early stages, PPD can have severe consequences for the child-mother bonding, child development and the mother's overall health. At public health care clinics in Chile there is a standardized procedure for screening and treatment of PPD. There is not such a program at private clinics.

Aims:

To collect data from health-care personnel and pregnant/mothers consulting at a private teaching ambulatory health care clinic about their perceptions of the application of government's recommendations for PPD screening and diagnosis protocols.

Materials and Methods:

A qualitative methodology rooted on Grounded Theory will be used. Focus groups will be conducted with health care personnel and semi-structured interviews with pregnant women and mothers of children up to one year of age.

Expected Results:

(1) Identify key issues regarding implementation of PPD screening and diagnosis protocols at private care health clinics from health care personnel. (2) Establish patients' perception about relevance of PPD and screening protocols. (3) Promote coordinated work across health care personnel involved in PPD screening and diagnosis protocols.

Relevance:

Results of this project will allow the development of an effective PPD screening, diagnosis and treatment at this private center.

PALAVRAS-CHAVE: Depression, Postpartum; Pregnancy Complications; Organization and Administration

PP1285 - PINK IMEPAC: PREVENTION OF BREAST AND UTERINE CERVIX CANCER IN A HIGHER EDUCATIONAL INSTITUTION

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In Brazil, since 2003, cervical and breast cancer are the two most common malignant neoplasm among women. As primary care and prevention strategy, there is primary care and family medicine, by performing the attention of a specific population in a defined area of coverage, and that takes into account mainly the existing dynamics in the territory in which these population live. In search of strategies beyond the healthcare unit, it was held the collection material for colposcopic and clinical breast exam of the employees of the Instituto Master de Ensino Presidente Antônio Carlos (IMEPAC), executed in three stages. At first, the employees were sensitised about the importance and periodical performance of clinical exams. Secondly, clinical breast exam was realized followed by collection of cytological material with nine employees. In the last step, were delivered the clinical report and made individual necessary guidelines. The mean age was 39.3 years, being three years the average length of no previous examination. All employees considered the action relevant and that facilitated the access to the examination, besides considering important realization of preventive examinations. It must be considered that the worker's time is not much performed in SUS, which hinders access to health services. It's necessary to implement strategies to enhance the performance of medicine of family apart from the healthcare units, by using the territory in its entirety as health promotion field.

PALAVRAS-CHAVE: Women's health; Health promotion; Breast neoplasms

PP1286 - POISONING OF CHILDREN BY PARACETAMOL: OBSTACLES IN THE DIAGNOSIS AND PREVENTIVE MEASURES

Arruda CM¹; Mendonça RG¹; Neto JAP¹; Cruz NS¹; Xavier CA¹; Fonseca AAA¹; Ricci JA¹; Gontijo BC²; 1 - Universidade de Itana; 2 - Universidade Federal do Oeste da Bahia;

Introduction and Objectives:

Paracetamol, or acetaminophen, is a free sale analgesic and antipyretic drug. It is widely used because it's safety in therapeutic doses. However, when in overdose it can cause liver failure. The objectives are to present the obstacles in the diagnosis of poisoning and discuss preventive measures.

Methods:

Literature research (SciELO and PubMed).

Results and Conclusions:

Paracetamol has a high incidence in drug intoxication due to its wide domestic use for self-medication and also by being in places easily accessible to children. When children intoxicated in the early stages are referred to health centers, they have common symptoms to other diseases. In addition, measurement of blood serum level should be between four and twenty four hours after ingestion, or may submit false results of low levels of drug in the blood, making it difficult to diagnosis and treat. If progressing the disease, there is the formation of toxic metabolites, which in high doses can lead to necrosis of hepatocytes infant. The incidence of the disease increased due to the free sale drug, the practice of self-medication, the difficulty in diagnosis and the lack of preventive measures. There is the need to insert educational campaigns about the storage of drugs and the dangers of using these without prescription. The staff of the Family Health Strategy should act as an influencing agent of these good practices, contributing to the reduction of cases of poisoning, in addition to providing the first service to these patients.

PALAVRAS-CHAVE: paracetamol; overdose; primary care

PP1288 - POPULAR PARTICIPATION: CREATING APPROXIMATION STRATEGIES IN THE 'SAÚDE COLETIVA' INTERNSHIP.

SANTOS; A. M. L. ¹; BRIZOLA; J. M. ¹; AIRES; M. M. ¹; 1 - UFPE;

Popular participation is a structural axis of SUS and, contradictorily, is little discussed on the medicine course. By understanding that the Family Health Team – ESF – has an important role in the effectuation of this right and by seeing empty debate spaces on the Family Health Units, during the 'Saúde Coletiva' internship, we decided to dedicate time over the theme and problematize this question with the ESF, seeking to create approximation strategies.

The proposal construction of the popular participation was organized in three steps. First, there was the situation knowledge, by observing the staff and community meetings, data analysis on the meetings book and interviews with locals and ESFs. Afterwards, there was discussion and reflexion of the theme with the ESFs.

It was found, primarily, that there wasn't community participation in more than half the planned meetings, and when this participation occurred the issues addressed were only about the functioning of the post, without allusions on community themes. Also, it wasn't noticed any adaptation of the meeting model when it was with locals. At the end of this process of reflexion on the results, it was agreed the idea of electing primary care service partner representing users and their microarea demands, to establish the dialogue previously empty. So, popular participation, for having as a principle to hear with attention the voices of its components, can reinvent itself and consolidate in spaces where hearing is valued.

PALAVRAS-CHAVE: Popular participation; Primary care service partner; Internship

PP1289 - PREDOMINANCE OF DIABETES MELLITUS IN THE REGIONAL HEALTHCARE CENTER OF PARANOÁ

NEVES, M.R.G.S.N ¹; VIEIRA, V.F. ²; ARAUJO, F.S. ³; 1 - CENTRO DE SAUDE Nº 1 DO PARANOÁ; 2 - CENTRO DE SAUDE DO PARANOÁ- SES- GDF; 3 - CENTRO DE SAUDE Nº1 DO PARANOÁ - SES-GDF;

ABSTRACT

Most of the negative results in the public health happen because of the lack of the prepare of those who work, that is why we want to become the diferente ones that introduce the quality in basic health, through prevention acts, with emphasis on diabetes mellitus disease and related features.

In this work we intend to draw one of these problems and propose changes in the medium and long term , seeking resolution and improvement of preventive aspects in more common diseases.

The goal is to develop an action plan to improve care for diabetic patients , promote screening for early diagnosis , and implement preventive measures in order to have better control of the disease in the next 05 years.

As results we are in the second year, but we have better results in controlling diabetes, hypertension and preventing needs of hospital care

PALAVRAS-CHAVE: Diabetes mellitus disease,; Public Health; Primary Health Attention

PP1290 - PREPARATION AND STRATEGY FOR MEDICAL EMERGENCY ON A REMOTE ISLAND-A CASE RECORD

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•Introduction and Objective

On Japanese remote islands, patients who require emergency surgical intervention or intensive care are transported to a general hospital by helicopter emergency medical service. As the weather largely affects helicopters' flight, they may not fly in strong winds, especially during typhoons. We treated a case of severe pneumonia by performing artificial airway management in the clinic for more than 24 hours. I considered that this case can give an insight into the care of patients with severe illnesses at island clinics.

•Method

Case report

•results and conclusions

A 58-year-old man, with histories of alcoholic hepatic cirrhosis and chronic pulmonary obstructive disease, presented with productive cough and dyspnea for 2 days. He was febrile and hypotensive. Diagnosis of septic shock secondary to bacterial pneumonia was made and resuscitation was initiated, with intubation and an antimicrobial administration. Immediate aeromedical transport was impossible owing to bad weather. We continued manual bag ventilation and vital sign measurement for more than 24 hours, with only three staff. Airway obstruction by increased secretion occurred in a non-humidified ventilation and was relieved by frequent suction. Although intravenous sedative agents were out of stock, fortunately, a refill was brought from a clinic on a nearby island. The patient was transferred to a general hospital 28 hours after arrival.

This case illustrates the importance of frequent suctioning in artificial airway management under non-humidified environment, automated equipment to supplement limited human resources, and availability of medical resources for prolonged emergency situations that may happen on remote islands.

PALAVRAS-CHAVE: remote island; 24-hour observation; transportation of patients

PP1291 - PREVENTIVE HEALTH CARE FOR SENIORS

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Introduction and objectives:

As Brazilian population grows old, there has been an increase on the incidence and prevalence rates of some diseases, such as Diabetes and Systemic Hypertension. These infirmities have become a priority to the Ministry of Health, because they result in a significant amount of the country's health expenses. Therefore, this study focused on the elderly population of Jardim Niterói, in São Paulo, assisted by the Basic Health Care Unit (UBS). By evaluating global aspects of their lives and updating their medical records, the objective was to encourage and improve teamwork interventions and preventive care, in order to increase this population's quality of life.

Methods:

An active search was performed for patients above 60 years old in the region of Jardim Niterói. They were submitted to a Rapid Multidimensional Evaluation of the Elderly, recommended by the Ministry of Health, which evaluated their nutrition, eyesight, hearing, bladder control, sexual activity, mood, cognition and memory, motor control and general activities.

Results and Conclusions:

A total of 27 people participated on this study. Among them, Hypertension (74%) was more prevalent than Diabetes (55%). Only 22% of the participants alleged malnutrition. Also, the results show that 78% of this population presented comorbid situations, what indicates need for attention and monitoring. Overall, Diabetes and Hypertension presented significant rates in this population, although it did not seem to imply in high numbers of associated complications, indicating adequate control of these conditions. These patients, however, still require close attention.

PALAVRAS-CHAVE: Seniors; Diabetes; Systemic Hypertension

PP1292 - PRIMARY MENTAL HEALTH CARE: TRAINING COLLABORATIVE ACTIONS ON THE TELEHEALTH

Athié K ¹; Fortes, S ¹; Dowrick, C. ²; 1 - Universidade do Estado do Rio de Janeiro; 2 - University of Liverpool;

The mental health gap alert launched challenges to human resource education regarding the relevance to improve access to mental health care. The aim of this study is to describe one primary mental health experience of Telehealth in Brazil, involving teleseminars. The seminars always included a mental health professional, a primary care professional and one facilitator in order to discuss in collaboration a mental health problem and solutions in a primary care setting. The seminars were broadcast on the Internet. To have access live or to the material recorded, professional needed to register on the University of Rio de Janeiro Telehealth platform. The 21 seminar's subjects recorded were: Brazilian collaborative care; Severe mental disorders; Abusive use and alcohol dependence; Depression; Severe and chronic violence in deprived areas; Benzodiazepines Chronic use; Eating disorders; adherence of Chronic diseases treatment; Psychiatric emergencies; Palliative care; Motherhood; Groups; Mental health and HIV in Primary care; mental health access; Communitarian therapy; Mindfulness; Gender and sexuality; Communication abilities; Popular Education; Severe mental disorders and integrality and Global mental health and Brazilian aspects. 485 people accessed the live discussions; 1390 people watched the recordings; 618 certificates were produced; they reached 177 cities in all 5 regions in Brazil. Conclusion: Telehealth might be a relevant method to reach teams and professionals without access to discussions about primary mental health, especially from rural zones. Nevertheless, this method such as formatting and developing pedagogic tools, to improve the quality of information about Primary Mental health; ethical cyberspace aspects and evaluation.

PALAVRAS-CHAVE: telehealth; mental health; primary care

PP1293 - PRIORITIZATION METHOD OF ENTERPRISE'S CUSTOMER BASED FOR ADOPTION OF PRIMARY CARE MODELS IN HEALTH INSURANCE IN BRAZIL

Calori MAO ¹; Tognoli H ¹; Toledo AR ¹; 1 - Unimed Amparo;

Introduction:

To begin the process of implementation of the Primary Health Care model (PHC) in the Supplementary Health in Brazil there are two paths, the inclusion of new customers, or the conversion of an existing license, according to the attributes of PHC. This process of conversion represents a major challenge. Our aim, therefore, is to develop a methodology for prioritization of existing business portfolios to PHC health teams.

Methodology: from the PHC attributes as guides, we proposed a study methodology of corporate client portfolios for selection and linking these to health teams.

In this study portfolios, we proposed the following criteria: elimination: companies based in different city PHC unit, Companies without a family health plan contract, and / or companies whose directors do not accept the change model; classification: percentage of employees living in the same city PHC unit, co-participation of value of consultation, distribution of the age pyramid, and turnover of employees.

Conclusion:

As the implementation of a new healthcare model directed by PHC attributes in the health insurance is being carried out gradually, is of fundamental importance the adequacy of the profile of these portfolios to the model of success, since the choice to criteria based only on trade issues can prevent the attributes are observed, with a greater chance of failure, regardless of the performance of the managers or health teams after the binding process.

PALAVRAS-CHAVE: Patient Selection; Primary Health Care; Supplementary Health

PP1295 - PROFESSIONAL'S VULNERABILITY AT THE FAMILY HEALTH STRATEGY

Paiva DCP¹; Silva MCLSR²; Gryshek ALFPL¹; 1 - Escola de Enfermagem Universidade de São Paulo; 2 - Fundação Faculdade de Medicina;

Introduction and Objectives:

Brazil has assumed Primary Health Care as the main strategy of organization and strengthening of the National Health System, and its foremost instrument as the Family Health Strategy, a team consisting of doctors, nurses, nursing auxiliaries and community health agents. The Family Health Strategy has the family as subject and object of care, working on its geographic and existential territory, favoring the relationship among the health team and patients, also closing health professionals with their daily suffering, thus, the objective of this study was to identify the experience of family health team caring for patients in psychological distress.

Method:

This is a qualitative study. Data were obtained from focus group application to four family health teams. Data were analyzed using the technique of Bardin Content Analysis.

Results and Conclusion:

The work organization in the Family Health Strategy favors the broadening of the perception of health needs of the population and the close contact with the suffering of patients. During the meetings for the focus groups the vulnerability of health professionals to the emotions and feelings aroused in their daily work was unveiled and, thus, we concluded that the experience of caring for others in suffering creates great suffering for health professionals themselves, and it is fundamental the development of legitimate spaces for caring for the mental health of family health teams.

PALAVRAS-CHAVE: Primary Health Care; Mental Suffering; Patient Care Team

PP1296 - PROFILE STUDY OF SPONTANEOUS DEMAND IN THE CLINIC OF FAMILY

LagoIRL¹; FRANCO CM²; 1 - Universidade Estadual do Rio de Janeiro; 2 - Universidade Estadual do Rio de Janeiro;

This study evaluates the resoluteness of care at the primary care unity, with 5 Family Health teams, in Rio de Janeiro in spontaneous demand for services provided to patients who are treated in this clinic in 2014. Objectives: to quantify the health problems most prevalent in the spontaneous demand service; analyze the resoluteness of care provided by professionals; and contribute with proposals for strategies to reorganize the clinic for better qualification of health intervention. The study was based on the profile of patients of spontaneous demand, the most prevalent health problems and its solutions provided by the professionals. Patients are first welcomed by nurses, evaluating the clinical symptoms with guidance to the patient or to schedule a medical appointment for emergency treatment or consultation scheduled. Spontaneous demand reports an average of 26 calls per day. There is a greater afternoon service number (54%) than the demand in the morning (46%). There is a difference between male and female demand, which may reflect cultural issues. It is known that many men still have fear or difficulties to seek medical assistance, hence the importance of the link between the team and the community and permanent contact with the families and with the communitarian agents. The highest prevalence was of signs and symptoms related to respiratory and gastrointestinal disorders. In addition to these complaints, there were also episodes of hypertensive peak, chest pain, metabolic decompensation and other health problems that had no significant quantitative expression. This shows the greatest need to develop plans and strategies to meet this demand.

PALAVRAS-CHAVE: spontaneous demand; host; clinic of family

PP1297 - CARIOCA ACADEMY PROGRAM – “ CARIOCA SOIRÉE” AS A TOOL FOR PSYCHOSOCIAL AND CULTURAL TRANSFORMATION IN THE ANTHIDIO DIAS DA SILVEIRA CLINIC (SMSRJ-BRAZIL)

SMSRJ-SPDM-CF Sergio Nicolau Amin ¹; Junia Cardoso ²; Guimarães JA ³; Nascimento LS ⁴; Silva ML ⁵; 1 - ; 2 - Cardoso J; 3 - ASSAF-SMSRJ; 4 - SMSRJ-SPDM-CF Bibi Vogel; 5 - SMSRJ-SPDM;

Introduction:

Health promotion groups are present in most health units, though the concreteness of their actions is still incipient. Culture and social conditions are seen as barriers to care and health promotion because of the difficulty in understanding the concepts. The Academia Carioca Program, implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as a joint strategy with the population through physical activity and orientation of physical education professional, is constituted as a local translator of these concepts.

Objective:

To describe the experience of the Anthidio Dias da Silveira Family Clinic (AP32), located in the neighborhood of Jacarezinho (121 IDH between 126 regions) with low levels of education, poor access to culture, from consecutive and other actions (show videos, theater, storytelling, reading texts and poetry, and music) called "Sarau Carioca", organized by the physical education professional Academia Carioca Program.

Method:

Analysis of the life history of the population served and systematic observation participant in outreach activities with strategic issues where participants were encouraged to bring a guest.

Results and Conclusion:

After the third action evaluated the increased participation (72% compared to the first 50 people), especially in the number of guests, health professionals and residents. We highlight the participation of two street dwellers. The space understood as a place of discussion and reflection on care and the role of the Health Unit contributed to the communication community, business and also in overcoming the barriers to family medicine practices and communities.

PALAVRAS-CHAVE: Cultural Competency; Family Health; Health Promotion

PP1298 - NO DENTAL CARIE GENERATION PROJECT: COORDINATION AND ORGANIZATION FOR DENTAL HEALTH CARE

Barbieri W ¹; Rocha AL ¹; Balduino TT ¹; Pereira CB ¹; 1 - IIRS Albert Einstein;

Introduction:

Currently the approach major dental problems is nearing a transdisciplinary model, focusing on common risk factors for different diseases. Treatment and control of dental caries are tightened with the management of chronic conditions, by their multifactorial traits and associated habits. In addition, the intensive development of preventive dentistry, especially the cariology in recent decades, has been changing in depth the scientific basis on which to support the program activities in oral health.

Objective:

To evaluate the effectiveness of a new dental care model in reducing tooth decay in children 0-6 years in Paraisópolis community, São Paulo - SP.

Method:

For this we adapt for chronic conditions care tools (clinical management, supported self-care, health condition management, case management and risk stratification) in Care in Oral Health. For data collection were used for measurement of efficiency, effectiveness and resolution: -number of first appointments; number of completed treatment; - Number of preventive procedures; - Number of consultations / patient.

Results and Conclusion:

There was an increase of preventive actions compared to curative procedures, increasing access of children to the program and improving the working process of the dental health team.

PALAVRAS-CHAVE: Oral Health; Primary Care; Children

PP1299 - EXTENSION PROJECT IN LOCAL BRICKYARDS IN PUEBLO PORVENIR. PAYSANDÚ

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Making bricks in Porvenir Village. Paysandu, Uruguay

This research was requested for the Interagency Commission Porvenir Town. It has a population of 1800 inhabitants. The main objective was geo-reference the places where this production and identify the working environment as well as the living conditions of these families working in brick production. Methodology: Interview to qualified informants, participant observation, equipment for field measurements of Industrial Hygiene and GPS. Results: Ten places were georeferenced, two of them correspond to semi-mechanized production and the other is handmade production. The raw material used sawdust, wood shavings, manure and soil. Large stores of soil, as well as small surface water sources, it's very demanding on soil quality and water throughout the processing. The steps: preparation of the dough; cutting to shape, cooking and drying. During the cooking process in the oven which are fed with wood, and emanate large amount of particulate matter. In the semi-mechanized, temperature indicated 32.3 ° C in one and in the other 46 ° C. The measures were taking about one meter from the oven. In regard to the physical effort it was observed as a very demanding task in regard to the cutting task, performed usually with repeated movements of the column and upper limbs, loading heavy materials. We conclude that it is a generally informal activity of a production process that occurs in the same environment where families live, with high demands for its members regardless of age, and is also demanding for the ecosystem, because of the there are extraction of land and intensive use of water.

PALAVRAS-CHAVE: Ladrilleras; Medio ambiente; Trabajador rural

PP1300 - QUALITY WORK PROMOTES POSITIVE OUTCOMES AND PROFESSIONAL SATISFACTIO

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Introduction:

Brazil created the Family Health Strategy (ESF) aiming to organize its Universal Healthcare System (SUS), arranging it through Primary Care, which is known to result in better healthcare indices, as shown in various literature. This level of healthcare should be the doorway to SUS, be effective and consider the geographic and living territory of its population. It has the attributes of first contact care, continuity, comprehensiveness and coordination of care. ESF uses interpersonal relationships technology in its day-to-day routine, starting with attending to individuals and their families, as well as interdisciplinary work. Such qualified and effective work generates happiness and satisfaction among the professionals involved.

Objectives:

Report the perception of a family healthcare team and the impact on their work of specific cases with positive outcomes.

Results and Conclusion:

The team used tools available to ESF and joined forces to persuade a psychiatric patient to return to treatment before a new outbreak. When a member of a socially vulnerable family developed tuberculosis, various professionals strove to treat the ill and prevent further spreading. The professionals of ESF recognize the importance of teamwork and accountability over care from each of its members. The perception of the effectiveness and quality of healthcare offered has positive effects on the team and its clients among the population, who begin to seek more of its services, besides strengthening commitment from the professionals. The interdisciplinary work widens the possibilities of interventions available, enables continuous learning within the team and increases its potential.

PALAVRAS-CHAVE: Family Relations; Healthcare team; Vulnerable population

PP1301 - RECEPTION AND QUALITY IMPROVEMENTS OF ATTENDANCE ON FAMILY HEALTH STRATEGY: NURSE VISION

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This research analyze the nurse view regarding the improvement of attendance through reception on Family Health Strategy - Estratégia Saúde da Família (ESF) - and professional nurse participation on this action. As study guiding were done readings of articles and books regarding this subject, researches on the web, and nurses perception as active professional on this ESF category.

The objectives are: more knowledge regarding subject through different readings, literary data evaluation and new strategies highlight of new strategies for improving the quality of reception given by nurses on ESF.

The observed data on research were explored, explaining how and why the problems are occurring in current context, attend all proposed objectives. And through them, it was found that it needs changes associated to organizational and operational aspects. It was verified also that reception is a task for all ESF professional members, and the nurses are the professionals that adds more power to act to improve the quality of attendances to be a potential educator agent and have a strong relationship with the clients and with the work team.

PALAVRAS-CHAVE: reception; quality; family health strategy.

**PP1302 - RECEPTION FOR CHILDREN WITH NEUROLOGICAL
DISORDERS AND BEHAVIORAL IN SCHOOL RURAL AREA OF CITY
TERESÓPOLIS**

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Introduction and Objective:

This study describes the intervention at the Municipal School Stella Moraes in the neighborhood Vargem Grande, a rural area of Teresopolis / RJ, which aimed to guide professional education, better accommodate children with neurological and behavioral disorders. The work motivation was based on the observation of an existing weakness in the link between the child's family, school and health facility in the region, which brought as a result of failures in the development and inclusion of the patient. Thus, the group noted the need to develop measures to change the status quo.

METHODS:

Surveys were conducted on existing specialized agencies in the county, as APAE, CAPSi and Department of Education, which offer targeted specialized resources for assistance and child and youth social inclusion. From the information obtained in these segments, meetings were held in order to discuss and equip the various school professionals towards a more effective and welcome proposals for integration and inclusion of children.

RESULTS AND CONCLUSION: Signed up a partnership between the academic group of Medicine of the University Center Organ Mountains and the Municipal School Stella Moraes. This partnership results from the integration of these scholars in BFHU Vargem Grande week, where students receive patients referred from school, accompanied by tutor medical unit. So by the medical students initiative, there was a harmonization between individual health managers and school.

PALAVRAS-CHAVE: Hosting; Neurological disorders; Integration

PP1303 - RECEPTIVENESS FAMILY – MOTHER-BABY IN THE HOME

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Introduction and objective:

From the wish for an improvement and qualification in the receptiveness mother-baby and discussions between the coworkers about improvement of access and quality objectifying the reduction of maternal- infant mortality it was implemented in a Family Clinic in the city of Rio of Janeiro the Programmatic zone 5.1 the receptiveness family-mother-baby in the house until the fifth day the born of the child.

Method:

Carried out systematized surveillance of pregnant women and their respective dates probable childbirth, are monitored by the staff where notes the birth of the baby and plan to home visit within five days of the child's life, being carried family care and baby, neonatal screening with child book of orientations, direction and support to breast feeding and postpartum care will can schedule for first consultation in child care with medical professional until the fifteenth day of life.

Results and conclusions:

We note the strengthening of the family connection with better adhesion of the child health accompaniment in child care period, decreased delayed immunization schedule, length exclusive breastfeeding until at least six months of life, empowerment copather and family in with child care, contributing to reduction of child mortality. It is concluded that the improvement of the staff in the proposed activities has allowed the improvement of quality receptiveness of families enrolled in family Clinic in question narrowing and strengthening client relationship - Professional - Health unit.

PALAVRAS-CHAVE: User Embracement; Family Health Strategy; Home Visit

PP1305 - CALL REORGANIZATION TO WOMEN'S HEALTH IN A BASIC HEALTH UNIT IN THE CITY OF BELO HORIZONTE

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It is a qualitative study with experience report covering the period from October 2014 to October 2015. This study aims to reorganize the health care of women in a Basic Health Unit (BHU) in the city of Belo Horizonte. We observe today a major Ministry of Health's efforts to implement health policies aimed at women in their entirety, considering its social, political and gender identity. However in practice yet we experienced fragmented actions according to our model. The city of Belo Horizonte has undertaken actions to improve the health of women, which reinforces the need to promote improvements to meet this target audience. In this context, it becomes essential to study how the guidelines of these programs and policies have been incorporated into the actions undertaken by the Strategy of the Family Health (ESF). In the local context, several discussions were held by staff and management, and so women targeted call flows have been defined. It was concluded that public policies are moving towards encouraging a comprehensive care to women's health, considering the socio-economic context and their gender identity. There is an understanding that still need broad actions of institutional character for effective change. However, before our service everyday that is still under development, but we can establish actions to improve the health care of these women and organize the service to meet them with humanization and quality, including strengthening the bond of this target audience the Primary.

PALAVRAS-CHAVE: health promotion

PP1307 - RETHINKING ACCESS, QUALIFYING CARE: A REPORT OF THE WORK IN TWO FAMILY HEALTH CARE TEAMS

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In 03/2015, the residence for family doctor was incorporated into two teams of Recanto do Trovador Family Clinic (RTFC). Team Popular has existed for eight years, has the most vulnerable population of RTFC and high turnover of doctors. Team Caruaru opened in 03/2015, with population from classes D to B. After three months, we realized that professionals were overwhelmed in most service shifts, had no lunch break and left after closing. At 360° evaluation by the preceptor, patients approved the residents' consultation but complained of the waiting time. The objective was to re-evaluate work process and improve satisfaction of patients and professionals. To this end, we studied each team, raised the key critical nodes in daily schedules and calculated according to population, realizing we needed to offer 42 consultations/day for Popular team and 29 consultations/day for Caruaru. We also organized the scheduling, opting for advanced access and other agreements between the staff to organize and optimize service. The whole team participated in planning and implementation of the actions. During the first two weeks, practitioners were already fulfilling lunch breaks, leaving the clinic on time and realized increase in satisfaction. Patients were asked about access using PCA-Tool questionnaire with positive responses, including regarding the facility to talk to your doctor/nurse when needed. We were happy about the results and intend to continue evaluation. For our next step, we tend to augment popular participation and avoid inverse care law by searching actively for patients who don't attend the clinic.

PALAVRAS-CHAVE: Health Services Accessibility; Family Health Strategy; Internship and Residency

PP1308 - RISK STRATIFICATION OF CHILDREN UNDER 2 YEARS IN A PRIMARY HEALTHCARE UNIT: STRATEGIES FOR AWARENESS OF THE HEALTHCARE TEAM

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Introduction:

Childcare is one of the main supporters inside the organization of care in the family medicine in primary care. It aims to monitor the child's growth and development since the first week of life, updating parents about childhood's common accidents, immunization, breastfeeding, complementary nutrition and general childcare challenges. This work aims to implement the childcare in all children under two years old in a primary healthcare unit in the city of Montes Claros – MG, Brazil. Based on the data achieved, each child was classified according to risk criteria established by the Brazilian Ministry of Health.

Methodology:

Appointments were scheduled for children under 2 years, registered by community health agents. The data to be analyzed was guided by determined variables from literature: age, anthropometric data, nourishment, vaccinations, psychomotor development and psychosocial conditions.

Results and Conclusion:

44 children were registered, although only 16 (36.36%) attended to the scheduled appointments. During analysis of the medical records, 11 children were classified as habitual risk (68.75 %), 2 children as high risk (12.5 %) and 3 children could not be classified (18.75 %). Concluding, the majority of children are in normal risk, however the great number of absences (63.64 %) can mask the community's reality, making necessary the constant awareness and educational programs, for the population.

PALAVRAS-CHAVE: Childcare; Primary Care

PP1309 - FAMILY HEALTH AND MENTAL HEALTH: CHALLENGES IN PRIMARY CARE

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Introduction and Objective:

The Family Healthcare Strategy is one of the main programs in the National Basic Care Program (PNAB), whose goal is to offer community healthcare in a universalized and decentralized way. It fulfills many demands, thus formalizing a generalist professional practice. The Family Healthcare Strategy has been proven to be an important instrument of mental healthcare.

Method:

Descriptive-Exploratory. A focalized investigation was conducted through the records of four family healthcare teams, identified by the criteria of "use of psychotropic medication" and "recorded symptoms".

Results and Conclusions:

A repressed demand in mental healthcare was observed, given the significant percentage of users with no professional follow-up, the significant use of fluoxetine and benzodiazepines with no systematic follow-up by part of the healthcare team and the number of mental disorder cases in the patients' families. The conclusion is that we can infer on the importance of integrating mental healthcare into the Family Healthcare Strategy. It is important to highlight that there are new epidemiological challenges to be faced in primary care, among them those related to mental disorders. It is necessary to incorporate new knowledge and new tools into the daily work of the Family healthcare Strategy so as to increase its effectiveness, It is also necessary to produce, together with the team, more efficient ways to provide full care, acknowledging the individual and his/her psychosocial status.

PALAVRAS-CHAVE: Atenção Primária À Saúde; Saúde Mental; Necessidades e Demandas de Serviços de Saúde

PP1311 - SOCIODEMOGRAPHIC PROFILE AGENTS COMMUNITY HEALTH AND PERCEPTION OF ON WORKING IN A PRIMARY CARE SERVICE, THE SOUTH OF BRAZIL

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Introduction and purpose:

The Program of Community Health Agents (PACS) and the Family Health Program (PSF) were emphasized by the ministry as priority strategies for strengthening primary care in municipal health systems. The aim of this study is to identify the sociodemographic profile and perceptions of community health service.

Methodology:

This is a descriptive study with a quantitative and qualitative nature, held in 2013 in Porto Alegre / RS . Data collection was conducted through questionnaires and interviews.

Results and conclusions:

The sociodemographic profile of ACS is represented mostly by females and 89% aged between 40 to 49 years, with about 34 % . With regard to the most listed religious beliefs were Catholic (51 %) , and spiritualist (20 %) . With respect to the years of study , the majority of respondents represented 46% reported having between 12 and 16 years of studies . 56 % have between six months to one year of service and 37% of ACS had not yet realized the introductory course in family health . In the ACS study in the profession see a way of entering the labor market and recognize the importance they have in the APS , particularly for establishing a relationship and knowing where families live. Home visits related programs were the most common activities . Bring the need to discuss more about mental health , in order to qualify the work with families that have demands on mental health.

PALAVRAS-CHAVE: Community Health Workers; Primary Health Care; Working Conditions

PP1312 - STRATEGIES IN HEALTH FAMILY PROGRAM UNIT IN MONITORING OF INDICATORS VACCINE FROM ELECTRONIC MEDICAL RECORDS: CHILD MONITORING IN THE TERRITORY

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Introduction and Objectives:

The complexity of the immunization schedule requires assessment strategies to immunize children in the territory. From this, this study aims to analyze strategies used by family health monitoring of vaccine indicators in children through the electronic medical record.

Method:

This is a study with a quantitative approach the longitudinal type of indicators percentage of children with vaccination calendar days (updated) at two years and up to 6 years. To this end, we compared the results achieved in the quarter of January, February, March and in October, November, December 2015 by the teams of a Health Unit Family of Rio de Janeiro. The procedure for the achievement of the indicators presented was the analysis of OSINFO Panel and Electronic medical records with the formula established by the Technical Agreement II Management / variable2 Agreement.

Results and conclusion:

In the territory of 5334 inhabitants, 323 (6%) are children under 6 years. The indicator Percentage of children with vaccination calendar days (updated) at two years and up to 6 years, the results achieved in the first quarter were, respectively, 1.35% and 2.45% and in the last quarter of 2015 up to 90%. To improve the scope of this indicator, the main strategies adopted by the unit were: strategies: monitoring of registered territory; training in the integration of data in electronic medical records; Weekly monitoring of the immunization schedule of children in the territory. Thus, the vaccine monitoring is made possible by monitoring the territory and training of professionals.

PALAVRAS-CHAVE: Primary Health Care; Health Status Indicator; immunization schedule

PP1315 - INTEGRATIVE COMMUNITY THERAPY AND WITHDRAWAL OF BENZODIAZEPINES: A SUCCESSFUL EXPERIENCE

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Introduction and purpose

One of the problems faced in the practice of family doctor and community is the abuse of benzodiazepines. This group of drugs has an important role in the well being of patients, but its use without criteria causes tolerance and dependence, which leads to the person's resistance weaning and suspension of this class of drugs, especially if it is not offered any other replacement therapy. This study aimed to implement a psychological support device to the patient, based on integrative community therapy.

Method

The USF Alto do Moura is a primary healthcare from the periurban zone of the city Caruaru, which assists approximately 4000 people. It had a space of weekly, to which people could attend without scheduling to talk to their family doctors and community about their psychoactive medications and being attended individually later. In this space, a community therapy group was deployed, keeping individual care in sequence.

Results and conclusions

There was an increase in the weekly number of participants in the therapeutic space, including the emergence of people coming exclusively to community therapy group, voluntarily dismissing individual consult. Weaning and suspension of benzodiazepines in use, especially if started for insomnia and / or anxiety disorder, it became easier for patients and physicians. It concludes that the community therapy offers psychological support, offers space for listening and activates other patients potentialities to resolve their troubles, with an interesting strategy of empowering people and collaborating with the suspension of benzodiazepines.

PALAVRAS-CHAVE: Primary Health Care; Group Psychotherapy; Benzodiazepines

**PP1316 - THE ACADEMIA CARIOCA PROGRAM AS INSTRUMENT
QUALIFYING ACCESS AND RIGHT TO THE FAMILY HEALTH STRATEGY
(SMS-RJ-BRAZIL)**

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Rio de Janeiro;

Introduction:

Universal, equal and ordered to the health services begins by primary care, entrance to the Brazilian health system. However, the existing plurality of the socioeconomic profile of the population constitutes a challenge to be overcome in the right to health. In this context, the Academia Carioca Program, strategy implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro by offering physical activity oriented by physical education professional, integrated services of Family Health, it acts in compliance with such purpose.

Objective:

To present the strategy adopted by the team of physical education professional the Program of the AP2.1, through the exploitation of natural resources in their territory, articulated actions adding physical activities on the beach combined services and other health professionals.

Method:

Systematic actions planned with the health teams. Its effects were assessed after analysis of the participants' perception professionals and access indicators.

Results and Conclusion:

Based on the actions taken at the nearby beaches, saw a greater adherence to the actions of immunization and prevention with more interaction of the population with the Health Units Experience has shown that it is possible to use public spaces as an extension of space. health work to publicize the service to the population, as well as their right to use it. The Academia Carioca Program shows its potential as a forum for dialogue and socialization of related area, constituting then as health education and communication tool for qualifying access indicators and quality of the work process of health teams.

PALAVRAS-CHAVE: Environment and Public Health; Family Health; Motor Activity

PP1317 - THE ACADEMIA CARIOCA PROGRAM IN DEVELOPING A CULTURE AND PARTICIPATORY PRACTICES IN THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

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Introduction:

The model based on Health requires collective actions in the context that should awaken in their territory participatory practices seen as the service improvement tool and space for social health promotion. the Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional, linked to Primary Health Care Units and integrated into the Family Health Strategy, supports with this logic aimed at comprehensiveness by strengthening social responsibility and participation.

Objective:

To present the coordinated collective initiative by the Academia Carioca Program cleaning and replanting of an area identified as a local garbage dump and rubble near the Municipal Health Center Flavio Couto Vieira (AP 3.3) as a practice of community action.

Method:

This is a community trial with data collected through structured interviews with the participants of the action, all members of the Academia Carioca Program.

Results and Conclusion:

The mobilization which resulted in building a site run by the community, the perception of family health team, helped to increase the involvement of the population with health practices to strengthen a trust of its professionals with the community and develop a culture co-responsible for the composition of a virtuous cycle where the quality of service encourages a sense of community along with the improvement of the Family Health Strategy and the quality of individual and collective life. Recognizing as users and guardians of the public health system.

PALAVRAS-CHAVE: Environmental Healt; Family Health; Health Promotion

PP1318 - THE ADOPTION OF ANALYZER FLOWCHART AS ORGANIZATION TOOL OF THE WORK PROCESS IN BASIC HEALTH ATTENTION (ABS)

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INTRODUCTION AND OBJECTIVE:

Analyzer flowchart (FA) is an organization tool of the work process aimed to a better understanding of the activities developed in public health services (UBS) and to optimize administration. The present paper aims to show the importance of its use to organize the work process in a UBS, in order to facilitate the Hiperdia group creation.

METHOD:

There were meetings in October, 2015, with first-year medical students from Escola Multicampi de Ciências Médicas from Universidade Federal do Rio Grande do Norte and UBS professionals from Caicó-RN. At those moments, it was identified the entrance and attendance flow to patients with hypertension and diabetes. This allowed a flowchart production to present those professionals' work process.

RESULTS AND CONCLUSIONS:

By the students experience at UBS backgrounds, it is realized the fragility and shortage of services available to patients with hypertension and diabetes at UBS and even the national Unified Health System (SUS). The lack of work organization at a UBS brings disorders to professionals, discomfort for users and damages to the system, making it useless and expensive. By establishing the flowchart and contributing to create Health Attention networks, it is possible to strengthen SUS, reducing costs, improving system working, satisfying patients, qualifying health services and empowering workers.

PALAVRAS-CHAVE: Health Education; Community Health Services; Primary Health Care

PP1319 - THE APPEAL AS TERRITORIALIZATION FUNDAMENTAL IN PRIMARY HEALTH CARE

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Introduction and objective:

The territorial corresponds to a apoderação tool space, contemplating the problems in a given area. By observing demographic, socio-environmental, economic and epidemiological population characteristics, it is possible to draw a profile of the required demands. The importance of this process to make it relevant that calls for primary health care at the individual and collective One senses. The objective is to describe the experiences during territorial and expose how this process helps to make effective the practice of the Health Strategy work.

Method:

It is an experience report conducted based on the activities developed in the comprehensive care module health I, offered the first series of medical school at the University Potiguar. There were visits to the Basic Health Unit Marcondes Bezerra, in the municipality of Parnamirim-RN, the territory and many households with the aim of recognizing the area and link training to the community.

Results and conclusions:

It is understood that the territorial process cooperates with the understanding of the community's health situation, proposing forms of intervention concerning the problems identified. In addition, family knowledge by the health team provides a singular attention, acting according to their needs. The reception by the families in some situations highlighted the importance of personalized customer service. It is noteworthy also that the diagnosis of the community, by recognizing barriers and accessibility within that catchment area, allowed a different look to the collective context in primary care.

PALAVRAS-CHAVE: Community Actions; Primary Health Care; Family Health

PP1320 - THE CARE PRACTISES OF TUBERCULOSIS IN THE DIRECTLY OBSERVED TREATMENT: THE CASE OF THE FAMILY HEALTH UNIT OF ROCINHA /RJ

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This study discusses how the practise of tuberculosis' care is organized by the Directly Observed Treatment (DOT) based on the Tuberculosis Control Program of the Family Health Strategy (FHS) and ways to improve the quality of care and further training of the family health personnel. This thesis presents the care practices of TB in the DOT of FHS carried out in one of the Family Health Unit of Rocinha's district, describing the limitations and benefits of these practices from subjects point of view. This is a case study based on a qualitative research. The data collection was performed by the analysis of documents of Tuberculosis Control Program in the Health Unit and used in the FHS by TB users in DOT; Direct Observation in DOT of the health professionals in collaboration with users in theirs homes and in the Family Health Unit and interviews with health professionals, users and their families. According to the opinion of the health professionals, the DOT was entitled as being the supervision of the medication considered as a guarantee of the end of the treatment. DOT users appreciate receiving the medication in their home, but they indicated difficulties as Health Unit working hours; duration of treatment and quantity / size of pills. Families are an important support for reaching the treatment success. The treatment for TB with DOT approaches the persons involved, providing the bond and the accountability of care. The users and their families feel welcomed and taken care by the Family Health professionals.

PALAVRAS-CHAVE: Directly Observed Treatment; Primary Health Care; Health Practices Care

PP1321 - THE CHALLENGES OF TERRITORY CHANGE FACED BY A FAMILY HEALTH TEAM IN AREAS WITH DIFFERENT PROFILES

Santos TSR ¹; 1 - cms salles netto;

INTRODUCTION AND OBJECTIVES:

The territorialization is part of the situational strategic planning, being necessary to the implementation of a new family health team, recognition and planning of doctor's strategies and the coordination of care destined to the population of a territory. Our objective was to assess the territory's transition of a family health team, the challenges and difficulties faced with this change, covering areas with different profiles.

METHODS:

We conducted training of the community health agents and started working through advanced access to identify serious and priority cases. We also performed home visits in home-restricted patients and groups in the community to reach out and cover the entire population.

RESULTS AND CONCLUSION:

The transition of an area formed by 2000 middle-class users of high education, consisting of buildings with sanitation, to a poor area with 5000 users with low education and high social vulnerability brought the team a new challenge and a differentiated look for care. With this change, there were a higher number of infectious diseases, cases of difficult clinical management, mainly due to socio-economic status and violence surrounding the territory. It is extremely important for the family health strategy to reach areas of high social vulnerability. The change of territory brought a new challenge and a different look to the population seen by the health care team, including comprehensive talking and the increasing access of the users to the health team, through advanced access and community groups.

PALAVRAS-CHAVE: family; territory; community

PP1323 - THE COOPERATIVE ASSOCIATION BY DANISH PRACTITIONERS

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Danish general practice consists of small independent units with a limited tradition of for example benchmarking and organizational cooperation. This has among other things led to high pricing of products demanded by general practice, with large profits. At the same time the task burden on general practitioners has increased and more tasks must be solved within the same economic framework. This puts Danish general practice under pressure. We describe an initiative rooted in the Danish cooperative movement which on several levels saves resources for Danish general practice. We have established a cooperative - voresklinik.info (VKI) - where the joining practices will be cooperative members and thus co-owners of the association. The association endeavors to support the resources available in general practice in several ways:

- By focusing on the best economic agreements on procurement, and thus lower the costs of general practice
- By saving and streamlining human resources for each clinic through an IT platform that can be the axis of rotation for the performance, planning and development of the daily business operation
- Through education and information, to contribute to a greater focus on the management and organization in Danish general practice
- In the long term to try to contribute to a situation where general practice can retain its independence in smaller units, by strengthening the sector through increased focus on networking, so that the smaller units can benefit from large-scale operational advantages where appropriate.

PALAVRAS-CHAVE: The new cooperative association by Danish practitioners; independence in smaller units; focus on the management and organization in Danish general practice

PP1325 - THE ECONOMICALLY ACTIVE AGE GROUP HAS A HIGHER RATE OF NO-SHOW?

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Introduction and Objective:

Considering the attributes of primary care, no-show may suggest some difficulties in accessing the health care system. This study aims to describe the no-show rate, according to patient age groups.

Methods:

A retrospective study of the medical agenda of a family health team of a primary care service of São Paulo. For data collection, three months of 2015 were randomly selected. For the analysis, age groups of specific risk population were considered, due to the format of the medical agenda in Brazil, and the no-shows of the appointments available for each age group chosen were counted.

Results and Conclusions:

1070 scheduled appointments were analyzed, distributed in: 0-2 years (90), 3-15 years (93), 15-65 years (703) and over 65 years (183). The average no-show rate found was: 23.6% in the age group 0-2 years; 24.4% between 3-14 years; 17.9% between 15-65 years and 10.7% among patients over 65 years. Thus, we conclude that the greater no-show rate occurred in the age groups under 15 years, which promotes questions that go beyond the most well known factors, like being in an economically active age group. The little existing literature describes some aspects that impact on no-show, such as: kind of care and reminder by phone. However, further investigations are needed to support planning, optimization and consequently better access to population.

PALAVRAS-CHAVE: Primary Health Care; Appointments and Schedules ; Age Groups

PP1326 - THE EXPANDED PHARMACEUTICAL LOOK AT FAMILY HEALTH STRATEGY

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The expanded pharmaceutical look at family health strategy The pharmacist make supthe family health team in Rio de Janeiro. His performance often comes down to bureaucratic services such as makingthe request for medicines, input drive and output monitoringthemand dispensation. However, the pharmacist can develop more integratedactions with other team members as well as directactions with patients. The aimstoreflect on the pharmacist participation in the multidisciplinary team contributes to performactions such as: smoking group, hypertension group, diabetes group, case discussion witht heteamand home visit. The organization of the pharmaceutical agenda is important for it to expand the possibilities of participation in various activities in the unit. Participation in team meetings made it possible to planand execute various activities to gethersuch as case discussions, educational groups, waitingroomand home visits; contributing to the bondformation between pharmaceutical, staff and members of the unit. We conclude that the pharmacist can develop a more integrated work with the family health team, and carrying out joint actions, contributing to a more comprehensive approach to the patient, not limited to bureaucraticissuesofwork in Pharmacy.

PALAVRAS-CHAVE: pharmacist; health

**PP1327 - THE FALKLAND ISLANDS/LAS MALVINAS: A FEW ISLANDS,
FEWER GPS.**

Dhillon PS ¹; 1 - University of Saskatchewan;

Abstract

In 2016 Dr. Dhillon spent just under 2 months working as the solo Family Physician in the Falkland Islands. He was supported by a Surgeon and Anaesthetist with a total island population of 2932 (2012) and worked out of Port Stanley. The discussion will surround the difficulties and challenges of working in not only a rural area but a remote area including a discussion regarding long distance aeromedical transport and preparation. He was accompanied by his wife, a trained midwife, and will discuss some of the obstetrical challenges that can occur in such an environment as well.

Justification and Content

The goal of this talk is to expose Family Physicians to the challenges that a rural physician can encounter in remote environments. A 7 week locum in the Falkland Islands will be the basis for the presentation. The presentation will be a slide and photo presentation on Prezi.

PALAVRAS-CHAVE: Rural; Falkland Islands; General Practice

PP1328 - THE FAMILY AND COMMUNITY HEALTH LEAGUE (LASFAC) IN THE DEVELOPMENT OF ACTIVITIES FOCUSING MEN'S HEALTH

Aires MAM¹; Cavalcante RRV¹; Alves RBC¹; Beltrami MAL²; Alves CBC³; Moura EC²; 1 - Universidade Federal do Tocantins; 2 - Faculdade Presidente Antônio Carlos; 3 - Universidade Federal da Grande Dourados;

-Introduction and Objective:

Men's Health is one of the axes of health prevention and promotion proposed by the Brazilian Health Ministry, which faces many challenges regarding its different target publics. In light of these existing difficulties, it becomes essential to elaborate strategies that will allow a proper welcoming for the male population, like adapting office hours and performing health education events with the academic community help.

-Method:

Once the Men's Health Strategy's target public has its own demands and characteristics, the Family Health Units shall elaborate reception plans adapted to the reality of this population, which, in its majority, is unavailable during commercial hours and, admittedly, takes little care of its own health. An example of success in the attempt of accomplishing men's adherence to health programs is achieved by the 403 North Healthcare Unit, in Palmas, Tocantins. Monthly, there's one day when office hours are extended to workers until 10 p.m. During the Blue November campaign, the Family and Community Health League, from the Federal University of Tocantins (LASFAC/UFT) developed, in this day, a series of educational activities along with the Unit's professionals, promoting lectures about vasectomy and STD's, debate wheels and clearing of doubts.

-Results and Conclusions:

Offering strategic hours while holding activities of health promotion and prevention has proved to be a productive measure. It has conquered the public's adherence, encouraged self-care and contributed to enhancing Men's Health. It's hoped that this model may be replicable in other places, granting universal access to healthcare to all populations.

PALAVRAS-CHAVE: Men's Health; Health Promotion; Health Education

PP1329 - THE FAMILY HEALTH STRATEGY IN BRAZIL: PROFESSIONAL CONTEXT AND THE REGULATION PROCESS

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INTRODUCTION AND OBJECTIVE:

Healthcare coordination is an important role of the family doctor, which involves use of clinical management technologies, satisfactory communication between professionals of various points of attention and patient flows through organization of health regulatory system. In this sense, becomes relevant knowledge and good regulatory practice by the family doctor. The objective of this study is to characterize medical professionals and the healthcare regulation framework in the context of the Family Health Strategy (FHS).

METHOD:

This cross-sectional study, conducted in Campo Grande, MS, Brazil, in 2015, enrolled 53 physicians from FHS clinics. A semi-structured questionnaire was employed to collect data on professional background, type of employment bond, trainings completed, use of protocols, frequency of authorized referrals, communication with peers in other services, and difficulties experienced.

RESULTS AND CONCLUSION:

Most (54.7%) had no training in primary care and only 7.5% had medical residency in Family and Community Medicine. Most (50.9%) considered regulation to have a positive impact on healthcare coordination. Despite the use of protocols by 86.8% of interviewees, most referral forms issued were returned by the analysis team for improvements in the description of essential exams (57.1%) and clinical picture (31.4%). Increasing the number of specialists was the principal measure (50%) demanded for improving access to specialized care, while improving clinical management of the FHS was the least. Qualifications in primary care and micromanagement of healthcare services are essential for FHS physicians to provide access to health services in such a way were appropriate and fair.

PALAVRAS-CHAVE: Health regulation and inspection; Access to Health Services; Family Doctors

PP1330 - THE IMPACT OF A SCHEDULING MEETING HELD WITHIN PATIENTS NEIGHBORHOOD - DO PATIENTS MISS LESS APPOINTMENTS?

Franco ML ¹; Paluello RAS ²; Alves DO ²; 1 - Sociedade Beneficente Israelita Brasileira Albert Einstein; 2 - Sociedade Beneficente Israelita Brasileira Albert Einstein;

INTRODUCTION / OBJECTIVES

In the context of the Family Health Strategy, where panel of patients are defined geographically, the distance to the health service is related to a higher rate of no-show. To handle this issue, a team of family doctors from São Paulo held regular appointments scheduling meetings in community centers of the patients neighborhood. This study aims to identify the impact of this strategy on no-show rate.

METHODOLOGY

Meetings on the neighborhood were settled within one week in advance, to schedule appointments for the next two weeks. Schedules of each meeting were recorded. Appointments that remained vacant after the meeting were made available directly on the health service later. After 6 weeks, medical appointments were evaluated to assess the no-show rates among patients scheduled by the meeting or at the front desk of health service.

RESULTS AND CONCLUSION

329 people were scheduled, 17.6% at the neighborhood meeting and 82.3% at the front desk. The non-attendance from the meeting was 12.1% versus 29.2% for patients scheduled in the service.

Patient gender and appointment's hour had no impact in absent rates - however, controlling maximum waiting time for consultation when scheduling in the meeting (15 days versus 2 months at the front desk) and organizing appointments through clinical needs did.

The results suggest that the meeting is an effective strategy for schedule organization, with a positive impact on no-show rates and with potential to improve the bond between patients and providers.

PALAVRAS-CHAVE: Appointments and Schedules; Health Services Accessibility; primary health care

PP1331 - THE IMPLEMENTATION OF THE FAMILY MEDICINE AND COMMUNITY HEALTH ASSISTANCE NETWORK IN BRAZIL: A LITERATURE REVIEW

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Introduction/Objective:

The matrix support is intended to work in cooperation with family health teams, providing technical support in specific areas in order to enhance the resoluteness of primary care, through actions such as co-responsibility of the patients, case discussions and conjoint care. Despite these benefits, the matrix support is a recent phenomenon, there are, thereby, difficulties in performing its broad establishment. Thus, this study sought to consider the advantages of matrix support and the adversities for its implementation.

Methods:

This is a literature review performed by searching on the Biblioteca Virtual em Saúde, with the descriptors “matrix support” and “primary healthcare” (PHC). Eighteen articles were found, nine of which were selected to compose this paper.

Results/Conclusions:

The implementation of matrix support comes as a flattening tool of professional relations through continuing education, which enables better resource capacity building in primary care reflecting a more appropriated service to the user. Furthermore, there is an advantage with regard to longitudinal care, strengthening treatment. Besides benefits, matrix support faces barriers because it is rarely addressed in professional training, so the team arrives unprepared for the job. Consequently, misconceptions about the real purpose of matrix support are often. Therewithal, there is the structural deficiency, a block for key activities. Thus, while the matricial meets the brazilian National Health System and PHC values, it is hardly implemented in practice, suggesting a need for better training of managers, more dissemination of information, plus stimulating scientific production of successful experiences.

PALAVRAS-CHAVE: Patient Care Team; Health Planning Technical Assistance

PP1332 - THE IMPLEMENTATION OF THE PROGRAM ACCESS SAFER IN BASIC HEALTH UNIT

Souto, Veronica de Oliveira¹; 1 - SPDM - Associação Paulista Para o Desenvolvimento da Medicina;

Introduction and Objective

The territory is the area of intervention of the Family Health Strategy, with or without the presence of factors of urban violence. Exposing the many social vulnerabilities teams restricting care.

The support of the ICRC International Committee of the Red Cross and the Municipal Health Department of the Municipality of Rio de Janeiro (SMSRJ) were discussed and adapted to the reality of the FHS teams working in communities vulnerable to armed violence.

Method

The methodology was participatory, through workshops based on local conditions, the risks of vulnerability to armed violence of practical experience and strategies of the teams, standardizing an Action Plan.

Results and Conclusion

The workshops created spaces for reflection on the difficulties experienced within the armed communities, enabling the autonomy of staff to recognize and manage risks.

To achieve success in the implementation of the Action Plan the staff especially the Health Workers had to take leadership of the process, incorporating the agreed actions in daily life. This contributed to integration of teams by improving communication among all members, the organization of the work process and greater security for the performance of activities. Standardizing decision-making, failing to be an instinct for action, providing a planned action of care, generating analysis and evaluation of the impact of violence in the work process improving stress management in acute situations of violence and reducing the risks of exposure professionals.

PALAVRAS-CHAVE: safety; strategy; urban violence

PP1333 - THE IMPORTANCE OF MANAGEMENT IN PRIMARY HEALTHCARE. WHAT CAN BE DONE TO LEVERAGE RESOURCES AND DRIVE INNOVATION TOWARDS PATIENT-CARE?

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Introduction and objective

The 2005 primary healthcare reform (PHC) brought significant changes to the organization and management of health centres, hence grouped into health-centre groups (ACES) covering each ~250 thousand patients. A new organizational structure was implemented and new management competencies brought closer to the locus of care delivery and into the hands of hitherto management-detached professionals. The reform promoted capacity-building and innovation for those who are closer to the care-delivery and the needs of patients. To look at the changes brought by the reform on management culture and practices in PHC and to assess their potential for enhancing patient value.

Method

A questionnaire was used to explore PHC managers' practices, attitudes and perceptions regarding management/innovation features in four different levels of management (strategy, "tactical" clinical governance, ACES management and unit-specific operational management); and to help depict future management models in ACES. A sample of four ACES was selected, analysed and compared in greater depth as case-studies.

Results and Conclusions

Data analysis tools (n=21) and cost-benefit analysis (n=14) are reportedly used by managers in ACES, revealing the increasing importance of management tools in daily practice. Most participants agree that doctors and nurses should dedicate more time to improve their management skills and knowledge. Although participants think there is still room for a more positive attitude from professionals towards innovation, it is perceived that a culture of innovation and continuous improvement in PHC has been fostered by the reform, reflected upon collaborative projects with secondary care and with the community.

PALAVRAS-CHAVE: Healthcare Management; Primary Healthcare Reform; Capacity Building

PP1334 - THE INTELLIGENT MAP AS A PUBLIC HEALTH ACTION- PLANNING TOOL IN THE MICRO AREA CÓRREGO SETE - VILA VELHA / ES

Colombo RF¹; Nunes CSM¹; Paula JA¹; Silva RFS¹; Andrade SS¹; Lobo MN¹; Almeida LS¹; Szpilman ARM¹; 1 - Department of Public Health, Vila Velha University, Vila Velha, Brazil;

INTRODUCTION AND OBJECTIVE

The intelligent map, along with other tools, is used to perform a Family Health Unity situational diagnosis, enabling a population characteristics spatial vision, aiding the health workers actions planning, in special the preventive. The aim of this study is to describe the Córrego Sete Intelligent Map making process, in order to improve the health service quality.

METHOD

The Health Community Agent with the Vila Velha University medical students performed the Participatory Rapid Estimation Method, fast and low cost method based on interviews with key community informants to collect geographical territory data recognition and population epidemiological profile identification. Subsequently, the Intelligent Map was made based on the collected data, on the primary care information system and on geographical satellite images. Considering the socioeconomic and epidemiological profile collected major health disorders were marked on the map with different colors in a dynamic and updatable way.

RESULTS AND CONCLUSIONS

With the Intelligent Map, it was possible to identify the main health problems in the community, such as bedridden patients, diabetes and hypertension; and enumerate the social profile, such as number of children, pregnant women and the elderly. It qualified and quantified the complex and multifactorial diseases facilitating the health workers intervention, in a quick, accessible and dynamic way. In addition, the map has provided the students the opportunity to study the community diagnosis and public health care in a health-disease social process.

PALAVRAS-CHAVE: Undergraduate Medical Education; Public Health; Delivery of Health Care

PP1335 - THE LONGITUDINAL BOND AS A DEVICE CARE: FAMILY HEALTH AND CHRONIC DISEASES ON A COMMUNITY.

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Introduction and Objective

Studying an essential attribute of primary health care as the longitudinal bond is to legitimize its actions within the work of teams working in a community in the city of Rio de Janeiro. Besides contributing to strengthening the field of interpersonal relationships within this scenario and its peculiarities. The purpose of the study is to analyze the strategies related to the construction of longitudinal bond, developed by the Family Health in the care of chronic diseases, in a Clinic of Family in the city of Rio de Janeiro.

Methodology

It is a descriptive, exploratory study with a qualitative approach, whose participants are professionals working in family health teams and patients with chronic disease assisted by these teams.

Results and Conclusions

The longitudinal bond was considered simultaneously usual and very relevant in the daily life of the practitioner care in family health. As a result we found the importance of the longitudinal bond to the healthy family Model and its relationship between access; The user of relational technologies as a bond promoter; The violence inside the territory as complicating for the development of the bond; and the strategies of longitudinal bond developed by Family Health teams.

We conclude that the longitudinal bond strategies are recognized as vital to work in family health. However, many times and for different reasons, these practices are losing ground and failing to fulfill with your builder and potentiating role of individualized care.

PALAVRAS-CHAVE: Family health; Longitudinal Bond; care

PP1337 - THE PERCEPTION OF USERS ABOUT THE DIFFERENT LEVELS OF PRIMARY HEALTH CARE IN THE CITY OF ILHÉUS-BA.

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Introduction/Objectives:

The perception of the users related to the services of health is one of the ways by which is possible evaluate the quality of the assistance offered to population and the resoluteness of these health services of the different levels of care.

Methodology:

During the month of november 2014 to january 2015, an evaluation was performed with a qualitative approach, through an open interview, by the students of Integrative Practices of Learning, Service and Community (PIESC) of the Universidade Estadual de Santa Cruz (UESC) among the users of one Family Health Unit (USF), one Polyclinic and one Hospital, all located in the city of Ilhéus-BA. The interviewees were randomly chosen.

Results/Conclusion:

After the analysis of the questionnaires, was possible to identify the perception of the users for each type of service used by them. Regarding the reception of the services of health, the users of the USF proved to be unsatisfied and feeling unwelcome, presenting complaints about the lack of integration between the family health team and the interference of this in the longitudinality of health care, and they think that the USF has low resolutivity. The users of Polyclinic and the Hospital, differently, related a good receiving and that they were satisfied with the resolutivity of the service. It's possible to notice the divergences between the perception of the users about the reception and resolutivity of the health care services in the city of Ilhéus, being a challenge the improvement of the reception and resolutivity.

PALAVRAS-CHAVE: Reception; Health Care Services; Primary Health Care Levels

PP1338 - THE PERFORMANCE OF ESF NURSES IN THE IMMUNIZATION PROGRAM

Peixoto MSBF¹; 1 - Fundação Técnico-educacional Souza Marques;

The performance of ESF nurses in the immunization program: Nursing approaches in vaccination rooms due to the 2016 vaccination calendar.

The objective of this paper is to evaluate the needs of the professionals who work, directly or indirectly, in vaccination rooms; so as to implement the determinations of the new immunization scheme. It has the specific objectives of: analyzing whether the professionals working in vaccination rooms are able to identify AEFI (adverse events following immunization); identifying their actions to promote the updating of vaccination records; and analyzing the working routines of the vaccination room professionals, showing the daily dynamics of a vaccination room in a family health center of Rio de Janeiro city. Stimulating the acceptance and changes to conform to Nota Informativa (Informative note) 149/2015/CGPNI/DETVIT/SVS/MS; specifically including debates of the educative actions for nurses with regards to technical training and reception of multidisciplinary groups, held as a goal for the improvement in assistance quality provided to the population of the aforementioned territory. The study will have a descriptive and bibliographic approach. It is the final term paper for the Family Health specialization course of Fundação Técnico-Educacional Souza Marques.

PALAVRAS-CHAVE: Immunization; Regulation; Nurses

PP1339 - THE ROLE AND THE PROFILE OF CAREGIVERS FRONT OF PALLIATIVE CARE: LITERATURE REVIEW

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Introduction and objective:

The act of caring is an arduous task, especially when it comes of a patient in terminally process. The progressive aging of the population brings an increase in chronic degenerative diseases which take the elderly in need of caregivers who reflect complex feelings. Based upon this, this paper aims to outline the profile of caregivers and their influence on their patients.

Methodology:

Literature review, qualitative type. The consulted databases were: Scielo (Scientific Electronic Library Online) and LILACS (Literatura Latino-americana e do Caribe em Ciências da Saúde). Of the total of 43 articles, was obtained eight articles selected for this work.

Results and conclusions:

A Honduran study says it's common for caregivers neglect their biopsychosocial health, leading to "Burnout Syndrome". A Lisbon work indicated that the caregiver's performance is influenced by knowledge of the patient's condition and another one added that 60% of home caregivers said they didn't know how to care of terminal patients. In contrast, the proximity of death in view of caregivers makes them seek new meaning to their existence. Therefore, can infer that's required physical and emotional burden of the caregivers, although many may develop different attitudes in their lives by the experience. It's noticed that many caregivers do not have technical knowledge to give palliative patient support. In this situation, it's imperative to the overall assistance to these characters. In the end, the key is to put the care above all, because takes good care who feel respected and welcomed.

PALAVRAS-CHAVE: terminal patient; burnout syndrome; caregiver

PP1341 - TOO SHORT OF BREATH TO COOK FAMILY'S FAVORITE MEAL

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Introduction and Objective:

History and physical are core components of primary care. A part of history should include an exploration of unique family aspects to a patient's health complaints in the context of the patient's culture. This case illustrates the importance of such an exploration.

Method:

A 66 year old female was seen by a primary care physician after referral from a family member for shortness of breath. The patient appeared asymptomatic with a benign physical exam, which initially suggested no acute pathology. However, the primary care physician persisted in exploring the patient's family dynamics and found that while she appeared asymptomatic, her symptoms had been significant enough to prevent the patient from cooking a traditional holiday meal – for the first time in over forty years. This prompted the primary care physician to add laboratory studies and a chest x-ray, which revealed that the patient had a severe hiatal hernia with gastric bubbles in the thoracic cavity, warranting surgical intervention.

Results / Conclusions:

Severe hiatal hernia presenting with shortness of breath as the only symptom is rare and easily missed with a cursory history and physical. With a cultural understanding of a patient's family dynamics, the severity of an otherwise benign appearing complaint may be uncovered. This case highlights the importance of understanding a patient's culture and family dynamics.

PALAVRAS-CHAVE: Cultural understanding; Family centered; Primary care

PP1344 - USER EMBRACEMENT AND HOUSE CALLS: EVALUATION OF ACCESS TOOLS AMONG PRIMARY HEALTH CARE PROFESSIONALS

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User Embracement and house calls: evaluation of access tools among primary health care professionals

Introduction and objectives:

This work's purpose is to understand clinical characteristics and primary care professionals working process considering that such analyzes are essential for a health service organization and for planning collective actions. In this context, the issues identified as priorities for research in primary health care are health professional's daily practice. User embracement and house calls are access practice tools that support family health teams (FHT) and are associated with Unified Health System principles of universality and comprehensiveness. In addition, they facilitate universal access, strengthen multiprofessional work and encourages actions to combat prejudice.

Method:

Questionnaires were applied to forty primary care professionals from Ouro Preto, Minas Gerais, Brazil – who agreed with the consent form – concerning aspects of User Embracement and Home Visit practices. Questionnaires considered social vulnerability, clinical aspects, the reasons and the time allocated to user embracement and home visits and the health professionals job satisfaction on performing it. The work is in accordance with the ethics committee.

Results and conclusions:

From the understanding of the challenges and difficulties noted on user embracement and house calls by health professionals, we can propose new arrangements, which can be reached from work processes reorganization of through public policies or educational health activities. In addition, from this first understanding it is possible to plan new research formats focusing on understanding how these practice formats could enhance care provision.

PALAVRAS-CHAVE: Primary health care; Health Services Accessibility; House calls

PP1345 - UTILIZATION OF FAMILY APPROACH'S TOOLS TO ANALYSIS A FAMILY'S CASE

Melo, YPG¹; Lima MCM¹; Carvalho LNS¹; Oliveira KPT¹; Alves SS¹; Cruz CRL¹; Mesquita DAK¹; Melo SP¹; 1 - Universidade de Fortaleza;

Introduction and Aim:

The Family Health Strategy is a model of organization of Primary's Health Attention, which objective is establish the family as the center of national health's politic, since it is essential to know the reality of family's core for planning efficient strategies of health's actions. Thus, the family's work tools help the health professionals to understand the individuals and their relationships with the community. Describe the application of family's work tools in the study of a case

Method:

The study was realized through home visits to a family that lives in a community of Fortaleza, Ceará. Through the visits, informations about the dynamics and functionality levels of the family were obtained, as also the relationship between the family and the community and the life's cycle that they are. To analyze the data, APGAR, Ecomapa, Genogram and PRACTICE were used.

Results and Conclusion:

It was observed that the family had good affective relationships identified by Genogram, mainly, between the mom and the four kids. The genogram showed that every member of the family helped the brother with deficiency, except the father, which is the less involved. About the life's cycle, the family was classified as with teenagers and the APGAR demonstrated as a highly functional family. Therefore, it was noticed that the family's work tools helped on recognizing the emotional difficulties, financial and psychological alterations of this family, contributing to prepare actions that affect positively the family's health quality, not only the biomedical aspect, but the psychosocial too.

PALAVRAS-CHAVE: Family Health Strategy; Evaluation; Family Relations

PP1346 - WAITING TIMES FOR CONSULTATION AFTER IMPLEMENTATION OF ADVANCED ACCESS - DESCRIPTIVE STUDY IN A BRAZILIAN PRIMARY CARE TEAM

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Introduction/Objective:

Advanced Access (AA) can be an ally in the management of waiting times as a strategy to ensure quality and satisfaction in access within the Brazilian reality of oversized health teams. Therefore, we aim to evaluate waiting times for consultation by scheduling same day appointments and previous schedules after the implementation of the AA in the staff.

Methods:

Descriptive study with 167 patients, between spontaneous demand (SD) or scheduled, at one staff of São José Health Center for 6 days at the end of March 2015. Forms on arrival times, forecasting and beginning of consultation were filled by the team. Waiting times were calculated on GoogleSheets and Microsoft Excel.

Results/Conclusions:

164 consultations were analyzed, of which 75% (123) were SD with average arrival time of patients at 07:54h. Of 78.8% (89) who waited in the unit, the average waiting time for service was 1:45h. The average delay between the given forecasting and starting the consultation was 21min. Among the previous scheduled consultations of those days, the 25% (41) of total appointments, the average waiting time from solicitation to consultation was 11 days and maximum of 30 days. After AA deployment there was a reduction in waiting times within the team compared to the previous model. A subjective, but remarkable reduction of anxiety of patients regarding the waiting was perceived by the team. Measures of satisfaction, resolution, quality of access by PCATool would be the next steps to better evaluate the impact of AA on the health team patients.

PALAVRAS-CHAVE: Accessibility of Health Services; Primary Health Care; Time Management

PP1347 - WHAT LIES BEHIND A SPOT

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Introduction:

Notalgia paresthetica (NP) is a pruriginous syndrome, the classic location of which is the unilateral infrascapular area. NP can also occur bilaterally. This disease has an increased prevalence; however it remains underdiagnosed and largely unknown by the General Practitioners' community.

Case description:

Woman of 46 years old, Caucasian, married, works as a secretary. During a family planning consult, the patient described a hyperpigmented pruriginous macula of about 10 cm in the dorsal region, which started in the form of several punctiform lesions that after scaring changed into hypopigmented macules. She was treated with sertaconazole and Ketopan® without improvement, therefore was referred to a Dermatology consultation. The patient returned to the general practice consultation two days after being examined by the Specialist, and was diagnosed with NOTALGIA PARESTHETICA with the prescription of Neodor® plus avoidance and protection of solar energy. After a month she was reevaluated with complete remission of the lesion.

DISCUSSION:

There are several mechanisms attributed to an increase in sensitivity of the peripheral nerves which is the mainstay of NP. These mechanisms include vertebral compressive degenerative changes such as osteophytosis and osteoarthritis, vertebral trauma, physical activities with heavy effort to the spinal column and genetic predisposition.

As a multidisciplinary disease it is important that it can be diagnosed by the general practitioners in order to provide early treatment and etiologic investigation.

It is imperative to perform an imaging study of the spine so the patients can have a Rheumatologic, Orthopaedics or Neurosurgery follow-up, depending on the findings.

PALAVRAS-CHAVE: Notalgia; macula; Pruritus

PP1348 - WHEN CAN I GET AN APPOINTMENT?

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When can I get an appointment? Analysis of the access on Servino Mengarda healthcare team. Advanced Access; SUS; Primary care How long will it take to get an appointment? And, what kind of healthcare will be offered by public services on primary care environment? These are meaningful questions for implementing the Family Care Strategy, and they bring deep lessons reflecting the shock between the old ways of teaching and practicing healthcare and the rising of a public with new demands and increasingly active on therapeutic processes. Analysing the medical schedules on the Servino Mengarda health team, at the Ana Maria Conceição dos Santos Correa Family Clinic, it is possible to see the truth: it is not enough to modify, it is necessary to break the access paradigm, recycle the way we make healthcare. One year ago, the workteam implemented a new access model, based on studies by Mark Murray and cols. available on documentation. This study intends to approach critically the public healthcare access, focusing, however, on the medical schedule, as a qualitative parameter. To overcome the past difficulties and to prepare ourselves to the future challenges, we must follow Murray's call: "do today's work, today". Expanding our capacity for understanding and acting on the demands, as it appears for the public healthcare service.

PALAVRAS-CHAVE: Advanced Access ; Primary care; Public health

PP1349 - WINGS TO FLY: EDUCATIONAL GROUP FOCUSED ON PATIENTS WITH MENTAL TRASTORNOS

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Introduction and Objective:

After an observational analysis, we realize that much of the population of the CMS Teacher Manoel de Abreu coverage area have demands aimed at psychiatry, often requiring multidisciplinary care. What about the difficulty of family support for these patients feel overwhelmed and without knowledge on how to deal with idleness they present. In this way we aim social inclusion of these patients emphasizing next to them that there is "life outside the walls of their homes," and assist and equip the family on how to support them and encourage them to be independent, supervising them when necessary.

Methodology:

This is an experience report on the group created to serve people with mental disorders which features the NASF Blessed and Lameirão Retiro team guided listening, motivation and work activities, especially handicrafts. Patients are captured through home visits and / or forwarded by professional Unit and the activities take place every two weeks in the territory of coverage of the team.

Results and conclusions:

After six months, we have seen a decrease in demand for assistance demanded by the family when it judged that their families were in "crisis." And an increase in the independence of patients today can perform basic hygiene. We conclude that in addition to providing socialization, the group was able to provide an increase in self-esteem and to an improvement of the clinical conditions of the patients. Besides helping the families to accept and understand the needs of the patient.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy; Mental Health

PP1350 - "MORE DOCTORS PROGRAM" IN COVERAGE EXPANSION OF PRIMARY HEALTH: A CASE STUDY

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Since the creation of SUS, various public policies have been implemented in the quest for equity and increasing the supply of healthcare services. In this context, the highlight was to the primary attention which from the 90s has undergone restructuring to offer a set of health actions at individual and collective sphere. The goal is to analyze the implementation process of the program "More Doctors" in the city of Tangara da Serra - MT, compared to the expansion component and infrastructure improvements in Primary Care Network Health through the user's perspective, the professional and the city manager. This Case Study has been underway since January 2016 through quantitative and qualitative approach, the research will subject all doctors hired by the Program divided into two groups: 1) Brazilian doctors; 2) foreign doctors. For the second time the survey will observe users that belong to the areas of coverage of units that have ties to the professional of More Doctors Program. The third stage involves the municipal managers. Data collection carried out so far showed that the program proposed in the municipality was to expand the family's health, from 31.67% to 80%. This expansion brought repercussions in team building and ongoing education processes as well as dynamic practices. It is expected to elucidate how the management and the community absorbed this feature and how their practices are demonstrated in the healthcare routine.

PALAVRAS-CHAVE: Primary Health Care; Physicians; State Health Care Coverage

QUESTÕES GLOBAIS

PP1351 - "ALL FOR LIFE": A CAMPAIGN PROMOTED BY MEDICAL STUDENTS FROM IFMSA BRAZIL - LOCAL COMMITTEE PUCPR

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Introduction and Objectives:

According to Brazilian Ministry of Health the number of infected with HIV in Brazil is about 530.000 people. 25,4% of them don't know that are infected and about 30% still reach health services only in late stage of the disease. The objective was to aware the population about the importance of AIDS, to evaluate the level of understanding of different ages about HIV/AIDS and also overcome taboos approaching the theme.

Methodology:

A questionnaire which contained some of the following questions was applied: identification of gender, age and education, "Do you know someone who has AIDS?", "Do you know if you have HIV or have wanted to know?", "Do you know the difference between HIV and AIDS?", "Would you be friend / boyfriend (girl) to a person with HIV / AIDS?".

Results and Conclusions:

The campaign reached 260 individuals of various age groups. It was noted that most of those interviewed did not know the difference between HIV and AIDS and when questioned, the most answered negatively about a relationship with those people. In addition, 154 people reported that have never conducted tests to detect the virus, but they know where could carry out the rapid tests for diagnosis. There is still a lot of stigma involving HIV/AIDS for the population and prejudice is generated by the lack of knowledge about transmission and prevention. The existing taboo around the theme also confirms the lack of knowledge that individuals have on important aspects of the disease as its definition and unfortunately is still related to promiscuity or homosexuality.

PALAVRAS-CHAVE: HIV; reproductive health; acquired immunodeficiency syndrome

PP1352 - "SMOKE LIKE A TURK". DOES THE SAYING REFLECT REALITY?

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Introduction and Objective:

WHO defines smoking as the most important preventable disease cause. At our study we aimed to assess the dependence levels of smokers who have applied to family medicine practice offices throughout Turkey and thus constitute a way at primary care units to tackle the struggle against smoking.

Method:

This study had been carried out at Izmir Tepecik Training and Research Hospital. A questionnaire has been sent to all 81 provinces in Turkey to be completed at primary care units. The questionnaires arriving from 32 provinces at a number of 384 patients throughout Turkey have been included at the study. Some demographic data, cigarette smoking history, the quantity of smoking and the smokers' opinions about cigarette smoking and quitting was asked. Finally Fagerstör Nicotine Dependence Test (FNDDT) was performed. The statistical analysis was done by Pearson Chi-Square, Fisher's Exact test, Mann Whitney U and Kruskal Wallis statistical analysis.

Results and Conclusions:

It was found that 83 (21.6%) of smokers were very low level, 110 (28.6%) were low level, 50 (13.0%) intermediate level, 96 (25.0%) high level and 45 (11.7%) were very high level dependent. When all the smokers included were compared in gender, marital status, age groups, occupational groups and education level, there was no significant statistical differences in FNDDT points and dependence levels. Nevertheless there was statistically significant differences when FNDDT points were evaluated according to comorbid diseases ($p < 0.05$). It was concluded that questioning smoking and co-morbid diseases and management if possible for smokers at family medicine out-patient clinics might be of great positive consequence.

PALAVRAS-CHAVE: smoking; smoking cessation; comorbid disease

PP1355 - A FORMULA FOR MEN'S PRESENCE WITHIN PRIMARY HEALTH CARE SERVICES

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INTRODUCTION AND OBJECTIVE:

Men are commonly identified by health professionals as absent of health services, unaware of its codes, impatient, objective, demanders of healing, disease-focused actions and less adherent. The existence of a stereotypical model of gender leads to the reproduction of inequalities in health care between men and women, strengthens the invisibility of men on health services and represents an institutional vulnerability factor for male population. This work is part of a larger research that addresses the relationship between men and Primary Health Care (PHC) services. Here, we seek to understand facilitators and complicators of men's presence within these services.

METHODOLOGY:

Our qualitative research involved semi-structured interviews with 16 male and female doctors and 15 male users of Family Health Strategy in São Paulo and Mauá, as well as the observation of the five participating services. Analysis was made under the frameworks of gender and masculinities, and the notions of vulnerability, comprehensiveness and quaternary prevention.

RESULTS AND CONCLUSIONS:

We could outline a "formula for men's presence within PHC services", which includes a trigger condition (complaint or symptom relatable to work or chronic disease), an enabling condition (loss of health insurance, unemployment, retirement and/or female intercession), and the maintaining condition of feeling cared – even if it requires submission to the disciplinary control from the service. This formulation does not exhaust the characteristics that lead men to attend PHC services, but it can help lessen their invisibility, promote comprehensiveness in their care and reduce institutional vulnerability.

PALAVRAS-CHAVE: Men's health; Masculinity; Health services needs and demands

PP1356 - A MORE DISCUSSED CONCEPT IN THE FAMILY PRACTICE: QUATERNARY PROTECTION

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Introduction and Objective:

WONCA defined the type of protection recognizing the individuals at the risk of excessive medical intervention and protecting him against new medical interventions and requiring recommending ethically acceptable interventions as the quaternary protection. In this study, this concept discussed more and more in our country was analyzed in detail.

Method:

Literature relating to the concept of quaternary protection was reviewed and family practices in the world and our country were evaluated.

Results and Conclusions:

Preventive health services should be planned by considering individual, family, society and environmental aspects together in general. It is reported that quaternary protection being a new concept for our country and in these services includes health activities to prevent unnecessary and excessive intervention within the health system. The main objective of the quaternary protection is to prevent unnecessary medical intervention. One of the significant ways to achieve this aim is the evidence-based medicine practices. Considering data obtained by the clinical studies, a number of diagnosis methods and treatment may be excluded safely and achieving patient compliance. Another very simple and reliable method is the learning the history well. By learning the history well, listening to the patient efficiently, it will be possible to accommodate to individual desire and requirements. It can ensure a sustainable, reliable and strong patient-physician relationship. Considering basic principles of family practice discipline, the quaternary protection is one of the basic duties of the family physicians.

PALAVRAS-CHAVE: Family Practice; Quaternary Protection

PP1357 - A PATIENT APPROACH WITH DIAGNOSTIC HIV / AIDS AND ITS MONITORING IN PRIMARY CARE : EXPERIENCE REPORT.

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Introduction :

The people who were living with the HIV until the construction of the Family Clinics were treated in hospitals for infectious. Among the objectives of the Family Health Strategy in the city of Rio de Janeiro is the migration of HIV-positive patients from secondary care to primary. The staff of the Family Health Strategy studied in this work lies in the Planning Area (AP) 1.0 in the city of Rio de Janeiro , with a population of high social vulnerability (about 5000 people registered). During the first residency year were performed seven diagnoses of people living with HIV ; following the epidemiology of the municipality and the AP 1.0 (which have higher incidence rates than the municipality) , the studied territory has 8.4 times more diagnoses expected that the municipality and 1.94 times more diagnoses expected that the AP 1.0.

This work was developed with the aim of showing a successful experience in the treatment and monitoring of people living with HIV / AIDS in Primary Health Care, it is possible to ensure privacy, the bond and therapeutic adherence.

Method:

Experience report using the clinical method centered on the person and other tools learned in residency in family medicine and community.

Conclusion:

The successful experience of these patients is a strong indicator that they may have their care coordinated by the family doctor and community , without losing their right to privacy and can be treated in their own territory.

PALAVRAS-CHAVE: Primary Health Care; HIV / AIDS; care coordination

PP1359 - ADDRESSING THE CURRENT EPIDEMICS: CHIKUNGUNYA VIRUS IN PIURA- PERU

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Addressing the current epidemics: FEVER VIRUS CHIKUNGUNYA, A CASE REPORT IN PIURA PERU FROM THE PRIMARY FOCUS

Fever, joint pain with or without, is a manifestation attributable to many diseases. The CHIK may present atypically or can coexist with other infectious diseases. The diseases to be considered in the differential diagnosis may vary in relation to some relevant epidemiological characteristics, such as place of residence, travel history and exposure.

The aim of this analysis was to objectify the magnitude of the problem for patients, families and the health system and its associated factors. By the way we report a case, which was filed in the city of Piura department in northern Peru. Due to the emergence in South America for Chikungunya fever, and considering that is unprecedented in Peru, in addition to the entomological situation presented our country, where there are transmitting vectors of infectious diseases, a comprehensive literature review was conducted, to contribute to the update on the theme of the entire medical community of the country. By presenting our experience in dealing with this patient we hope to contribute to the generation of knowledge in the use of health services for the good of the community.

PALAVRAS-CHAVE: FIEBRE DE CHIKUNGUNYA; ARBOVIROSIS; ATENCION PRIMARIA

PP1360 - ACADEMIA CARIOCA PROGRAM ACTING IN THE PREVALENCE OF OBESITY IN THE POPULATION ATTENDED IN A FAMILY CLINIC (SMS-RJ)

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Introduction:

Obesity and its consequences associated with physical inactivity, notoriously, are a public health problem. The Municipal Health Secretariat of Rio de Janeiro implemented, in 2009, the Academia Carioca Program as integrated strategy to primary care. Its acting consists by offering regular physical activity oriented by physical education professional active in the Support Center for Family Health.

Objective:

To present the experience of Family Clinical Olympia Esteves (AP 5.1), which promotes an educational group for people with overweight and obesity.

Method:

This is a cross-sectional study of 28 people evaluated the influence of regular physical activity promoted by physical education professional Academia Carioca Program associated with biweekly educational activity with other professionals (nutritionist, psychologist, nurse and family doctor). All participants of the activity were evaluated previously by a anamnesis and periodically by anthropometry analyzed using t-test with $p < 0.05$ (significant) obtained in all parameters.

Results and Conclusion:

The participants have an average of 51 ± 26 years (96% women). After one year, there was an average reduction of 4.9kg/participant to decrease in body mass index (BMI) of 35,22Kg /m² for 33,29Kg /m², 85% decreased body mass and BMI; and 96% abdominal circumference. Other gains were associated with 92% decreased blood pressure and 25% stopped taking antihypertensive medication after medical evaluation, reducing health risks factors. We conclude that such measures aggregated to health services, demonstrate potential favorable for the multidisciplinary character as positive action to integral health care along the family medicine practices and communities.

PALAVRAS-CHAVE: Obesity; Primary Health Care; Health Programs and Plans

PP1361 - ACADEMIA CARIOCA PROGRAM: AN EXPERIMENT IN TOBACCO GROUP A FAMILY CLINIC (SMSRJ-BRAZIL)

Santos CH¹; Machado AS¹; 1 - SMSRJ CF Aluisio Augusto Novis;

Health Promotion Programs are present in most Primary Care Units, if the smoking groups established as a strategy for people who wish to quit smoking. But its effectiveness needs more structure to act fully.

Objective:

To report the resumption of smoking groups Clinic Family Aloysio Augusto Novis (AP 31), from the support of the Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro and Health Promotion strategy integrated as action health supported by public administration from new accessibility measures to treatment.

Method:

Analysis of monitoring instruments of the groups (increased supply) and its participants (often reception of repeat offenders and smoking cessation index).

Results and Conclusion:

Based on the strategies adopted, increased the number of groups performed together for years and there was greater involvement of the professional unit. In 2014 it was carried out 5 groups with 43% of termination and until September / 2015, 4 groups with 35% cessation. The incorporation of smoking groups at the Health Unit, demonstrates be associated with improvement of its indicators, for aggregate treatment were understood as multiple care space from the increase in activities provided by the participation of physical education professional Academia Carioca Program that It allows greater uptake of smoking and adherence to treatment. Preventing and reducing health risks, as well as providing greater organization of family medicine and community actions.

PALAVRAS-CHAVE: Smoking; Tobacco Use Cessation; Health Promotion

PP1364 - NUCLEUS INTERSECTORAL REGIONAL ACTION EAST DISTRICT IN BELO HORIZONTE

Lamounier EJ¹; Siqueira, SL¹; Luna AE¹; Celeghini SAI¹; Almeida TP¹; Oliveira FF¹; Moura MA¹; 1 - Secretaria Municipal de Belo Horizonte;

INTRODUCTION AND OBJECTIVES:

Intersectionality is a partnership that involves the articulation of knowledge between public policies in all sectors will share knowledge and technology enabling a general approach to the problems without losing the dimension of individualized look to for interventions with families and individuals who are vulnerable, in personal and social risk. It aims to reflect and propose the construction of a work plan for ensuring human rights.

METHODS:

Meeting on a monthly basis, with management representatives of education, welfare and health. Prior programming with involvement and participation of all the politics involved. Meeting where we discuss and involves all policies to define strategies approach to solving complex situations, such as: Citizen Family Violence against the elderly, Violence against Women, Violence against Children, Human Rights among others.

RESULTS AND CONCLUSION:

Through a case study or a mapping of networks between the different sectors established relations with implementation of grounded knowledge in the design of comprehensive and recognition of rights. Intersectoriality is a strategic tool for optimizing the skills to carry out joint actions and converging interests, involving the introduction of new points of view, lines of work, interventions and objectives in order to facilitate comprehensive care families.

PALAVRAS-CHAVE: intersetorialidade; vulnerabilidade; integralidade

PP1365 - ADOLESCENT CLINIC: EXPAND ACCESS AND AUTONOMY

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INTRODUCTION

Adolescence is a period of biopsychosocial transition. The integral approach to adolescent health is a challenge due to factors inherent in youth, families, the education of health professionals and the organization of health services and systems.

GOALS

Describe adolescent outpatient experience held weekly at the Cultural Center Sporting Goods (CUCA) in Barra do Ceará, outskirts of Fortaleza.

METHODOLOGY

The adolescent clinic is held due intersectoral activities of family health teams and the center of culture, sport and leisure (CUCA). It happens every week and access is guaranteed. Professionals of various categories perform the waiting room and the individual serving youth. Themes such as sexuality, unplanned Expecting, sexually transmitted diseases, life projects, youth rights and duties, protection of the environment are addressed using diverse and participatory methodologies.

RESULTS

The success of health education for teenage audiences has been traced by checking the curiosity and questioning restlessness, embodying words by the example of thinking and acting right, risk acceptance, rejection of any form of discrimination, recognition and assumption of identity.

DISCUSSION

Promote universal access and comprehensive approach were the pillars of the adolescent clinic. For such objective principles and guidelines were fundamental: accessibility, multidisciplinary work, intersectoral, community inclusion and promotion of autonomy.

PALAVRAS-CHAVE: autonomy; access; Adolescent

PP1366 - ADVANCED ACCESS IN HEALTH FAMILY CARE: ADVANTAGES AND DISADVANTAGES OF A NEW SYSTEM OF APPOINTMENTS AND SCHEDULLINGS

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Introduction:

Salgueiro is a slum in the traditional neighborhood of Tijuca, rio de janeiro. Our health care team, used to work in a model of closed agenda, with high absenteeism rate. Therefore, we use a new agenda model known as advanced access.

Goal:

- Pointing advantages and disadvantages of using the new model (Advanced Access) in Salgueiro Family Health Team after 02 years of experience
- Evaluation of the population's perception of accessibility to medical or nursing consultation

Methods:

- Focal -group with the Family Health Team to point topics with advantages and disadvantages of the new agenda template
- Structured questionnaire applied to users in the Community

Conclusions:

- The Advanced access model suits the demand of the enrolled population, where acute, infectious and parasitic diseases are prevalent.
- The Advanced Access have major impact on accessibility, but the model has a number of advantages and disadvantages that imply the need for new strategies in territory, as users who require more care still can not access our service.

PALAVRAS-CHAVE: Health Services Accessibility; Equity in Access; Appointments and Schedules

PP1368 - AIR POLLUTION AND PREGNANCY: A SILENT AND UNRECOGNIZED RISK FACTOR

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Background:

Pregnancy is a very delicate period of a woman's health. Both the fetus and the pregnant woman are more susceptible to disease and more sensitive to various agents and external stimuli. The harmful effects of tobacco and alcohol in pregnancy have been well studied, with great divulgation and acceptance among the population. Another risk factor that has been discussed within the specialty is exposure to environmental pollution during pregnancy, which has been considered as a significant cause of child morbidity and mortality.

Aim:

Review the state of the art on the effects of exposure to air pollution during pregnancy.

Methods:

Literature review in Pubmed, Uptodate, and Medscape using the Mesh-terms "Pregnancy" and "Air Pollution". Guidelines, systematic reviews and original studies since 2010 were evaluated.

Results:

The results based on evidence demonstrates clear correlation between exposure to environmental pollution and low birth weight and preterm delivery, which may have future implications as reduced stature, increased incidence of cardiovascular disease, type 2 diabetes mellitus, and osteoporosis. Recent studies have also revealed the association between air pollution and respiratory disease of the newborn, including asthma.

Conclusion:

One of the most important family physician role is related to disease prevention and health promotion. Thus, it is urgent that the follow-up of all pregnant women include the sharing of detailed information and an adequate clarification of the modifiable risk factors during pregnancy, as well as their respective consequences either in fetal health or the health of the pregnant woman.

PALAVRAS-CHAVE: Air Pollution; Pregnancy

PP1369 - ALCOHOL AND TOBACCO CONSUMPTION ASSOCIATED WITH SOCIAL INEQUALITIES IN BRAZIL - AN ECOLOGICAL STUDY

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Introduction and Objectives:

The health of the population increasingly suffers the influence of social and cultural habits such as smoking and alcohol consumption. The aim of the study was to identify the correlation between income distribution inequalities and the alcohol and tobacco consumption in Brazilian regions.

Methods:

An observational ecological study was made in which the dependent variable was the Gini coefficient in Brazilian regions. The independent variables were the questions of the National Health Survey (PNS 2013) regarding the consumption of alcohol and tobacco. A linear regression analysis was performed to verify the association between the Gini coefficient and the PNS 2013 questions.

Results and Conclusions:

Weekly or monthly alcohol consumption was associated with inequality of income in the Northeast (NE), South (S) and Midwest (MW) regions. The higher the age of alcohol consumption's onset, the greater its association with social inequality in the NE, SE and S. The North (N) showed moderate positive Pearson correlation coefficient (CC) to the current consumption of tobacco (CC = 0,38) and cigarettes (CC = 0.37). The demand for professional treatment to try to stop smoking, was associated with a reduction in inequality of income in N, NE and SE. Finally, exposure to warnings contained on cigarette packets has been effective in reducing income inequality in all regions except in the MW. Although the consumption of alcohol and tobacco are not solely responsible for social inequality in Brazil, the present study has demonstrated its effect in different regions of our country.

PALAVRAS-CHAVE: Social inequalities; Public health; Alcohol and Tobacco

PP1370 - ANALYSIS OF BACTERIAL MENINGITIS OCCURRENCE PATTERNS IN THE STATE OF CEARÁ IN 2015

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INTRODUCTION / OBJECTIVES:

In 2015, social media explored immensely a possible bacterial meningitis outbreak in the state of Ceará-Brazil, which led to doubt and worry amongst the population. The aim of this article is to analyse the epidemiological profile of this disease in the location and to access whether or not there were discrepancies in the number of cases that comproved an outbreak.

METHODS:

A group of academics studied and researched epidemiological information from the brazilian Public Health Department, which led to a comparison of the number of cases of the disease in a similar period from 2012 to 2015.

RESULTS AND CONCLUSION:

Meningitis has endemic behavior and manifestation peaks between january and may in the state of Ceará-Brazil. If compared to previous years (from 2012 to 2014), data suggests no evident increase in cases or occurrence. Between January and May of 2012, there were 56 confirmed cases. In the same period of 2013, the official statistics showed 23 cases, in 2014 there were 17 cases and in 2015 the number of meningitis patients was 12. The number of deaths caused by bacterial meningitis also showed a decrease: in 2012, 18 pacients died because of this disease, in comparison with only 2, in 2015. During the period analysed (from 2012 to 2015), the year 2015 had the lowest lethality. This fact shows no change in the pattern of occurrence of the disease, which clarifies information wrongly distributed by social media vehicles.

PALAVRAS-CHAVE: Meningitis, Bacterial; Epidemiology; Epidemics

PP1371 - ANALYSIS OF THE NATIONAL PROGRAM FOR TOBACCO CONTROL AND ITS RESULTS

Abud HC ¹; Santos LCH ¹; Santos AH ¹; Weber AMN ¹; 1 - Universidade José do Rosário Vellano;

Introduction and Objective

Currently, smoking is a major cause of death worldwide, responsible, on average, for 5 million deaths a year. Besides smoking is the leading cause of preventable death in the world, secondhand smoke is the third, and 70% of these deaths occur in developing countries. In Brazil, where 23% of the population over 18 years is a smoker, there are 200,000 deaths per year related to tobacco. Describe and analyze data present government interventions aimed at reducing smoking.

Methods

Review of Scielo database, keywords, "smoking", "smoking in Brazil," "treatment in Brazil." Survey period from 2004. Sites: INCA, FioCruz, Ministry of Health, to data collection relating to smoking and its implications on the person's health, and their social implications.

Discussion and results

For tobacco control WHO established six guidelines: monitoring, creation of environments 100% smoke-free, addiction treatment, warning the products, ban advertising and raising taxes. Among the results presented by the WHO, the tax increase was the most effective measure. A 10% increase in tobacco prices would cause a 4% drop in tobacco consumption in high-income countries and 8% in low and middle income countries.

The program is proving effective in general, with only a few shortcomings when it refers to monitoring, treatment of tobacco dependence. Tobacco consumption was considerably reduced as well as the prevalence of consumption, which shows that effectiveness and asks for a continued implementation of the program for even greater results.

PALAVRAS-CHAVE: smoking; control policy; government measures

PP1372 - HEALTH PROGRAM - ESPERANÇA II IN THE CITY OF POÇOS DE CALDAS - MG

site Biblioteca Virtual da Saúde (BVS), através das bases de dados LILACS, BDENF, LIS e MEDCARIB.¹; site Biblioteca Virtual da Saúde (BVS), através das bases de dados LILACS, BDENF, LIS e MEDCARIB¹; 1 - Prefeitura Municipal de Poços de Caldas;

Introduction and Objective:

This paper aims to make a critical analysis of the physical structure of the Family Health Center (FHP) Hope II, located in the city of Pocos de Caldas, Minas Gerais, Brazil. The unit in question serves 2887 people, among which 334 are elderly, bedridden 5 and 26 resident. In total, there are six micro areas, not equidistant, only two of which are located close to the PSF. The others are distant, and many patients need a means of transportation to get to the clinic. The highest number of elderly is in the most distant areas, therefore, beyond the architectural barriers to access the unit, also goes a longer distance. The station is located on a steep street, difficult to access, where the entrance features a slope that even hinders the driveway.

Method:

An exploratory study was conducted, focusing on the qualitative approach. Data were collected by community health workers in February 2015 and was made an assessment of the physical structure of the unit taking into account the proposed features for construction of the units, according to the guidelines of the National Policy of Primary Care.

Results and conclusions:

In accordance with the foregoing, it is concluded that there is a need for a better assessment of the implementation thereof, as there are various sites located in areas of difficult access, which in turn prevents full access to the entire population.

PALAVRAS-CHAVE: National Policy of Primary; physical structure of the PSF; National Policy of Primary

PP1373 - ANTI-SMOKING GROUP: A SUCCESSFUL EXPERIENCE IN CF DANTE ROMANÓ JR

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Introduction and Objective:

Health education groups are a high-impact strategy used by health professionals in primary care. The Family Clinic Dante Romanó Junior, located in Marechal Hermes, Rio de Janeiro, use this tool in various areas of health care. One of the groups is the "Anti-Smoking Group", part of the National Program for Tobacco Control, whose goal is to help patients to stop tobacco use, through a cognitive-behavioral approach, which is divided into two stages.

Method:

First, weekly meetings are held over four weeks, with patients and a multidisciplinary team consisting of a doctor, nurse, dentist, physical educator, pharmacist, dental health agent and oral health technician. The treatment is individualized and can include psychotherapy, and drugs. In the second stage are made two biweekly sessions of maintenance therapy and a monthly follow-up, to discontinue the pharmacological treatment, with special attention to the possibility of relapse.

Results and Conclusion:

During 2015, 93 patients joined the group. Of these, 31 have stopped smoking, which corresponds to about 33% of the total, and continue on maintenance therapy. We know that quitting smoking is a complex process that involves multiple factors; Therefore provide a favorable environment within the family health unit is a strategy that shows good results.

PALAVRAS-CHAVE: Smoking; Smoking Cessation; Primary Health Care

PP1375 - APPLICATION OF ASSIST-BI SCREENING – PRIMARY CARE CENTER - MONTEVIDEO - URUGUAY - JULY 2015

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The test to detect alcohol, tobacco and other substances (ASSIST) was developed by drug-addiction researchers and specialists sponsored by the WHO, since the use of psychoactive substances represents a public health issue.

It was designed to be applied at the Primary Care level (PNA). ASSIST consists of a questionnaire of eight questions which must be applied by trained healthcare professionals in 5 to 10 minutes. The design is culturally unbiased. The score provides a risk level for each substance, determining the most adequate intervention. (brief intervention – BI – or referral to a specialized service).

It has gone through all the steps to confirm its validity and reliability, and to demonstrate that it can be connected to the BI.

METHODOLOGY

As part of the human resources' training at the Medical School of Uruguay, this test was applied in a NAPA Montevideo Healthcare Center. One hundred and thirty one interviews per undergraduate student were conducted throughout a period of one week, from Monday through Friday during the month of July 2015

RESULTS AND CONCLUSIONS

1-19 people in a situation of moderate risk (14.5%), especially regarding alcohol, marijuana and cocaine, for whom a BI was done.
2- 4 people in a situation of high risk (3%), 1 to 3 for cocaine and alcohol, who were referred to a specialized drug addiction treatment team.

PALAVRAS-CHAVE: teste; substâncias psicoativas; cuidados primários

PP1376 - GENERAL ASPECTS OF THE ELDERLY TRANSEXUAL HEALTH: LITERATURE REVIEW

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Introduction and objective:

The health of the elderly transgender is not dealt academically in the training of health professionals. In spite of a worldwide increase in this senescent aging and senile population with unique needs. US data estimate that about 3-8% of population over 65 is lesbian, gay, bisexual or transgender (LGBT). The aim of this study was to survey the literature on general aspects of health transgendered seniors.

Methods:

This is a Literature Review based on iLILACS and MEDLINE with the following selection criteria: the entire paper is available on the Internet; it was published between 2005 to 2015 and is written in Portuguese, English, Spanish or French.

Results and conclusion:

There were 65 articles that met the above criteria and 26 were part of the final sample used in this survey. After analysis and synthesis, the articles were grouped into common themes, the most recurrent being the Human Immunodeficiency Virus (HIV) (38%) and prevention and health promotion (38%). As for the language, 100% were written in English, and the United States is the country with the highest number of publications (69%). The year in which there was a greater number of publications was 2014 (42.3%). The theme is restricted in medical literature and publications are concentrated in developed countries. Moreover, the studies have a tendency to focus on the aspects of the old transgender health in relation to HIV infection and its consequences. There is clearly a gap about other health situations and disease that also accompany elderly transgender in its process of aging.

PALAVRAS-CHAVE: Aged; Transgendered persons; Health of the elderly

PP1377 - ASTHMA AND THE INDOOR ENVIRONMENT

Matos AS¹; 1 - USF D. Diniz, ACES Pinhal Litoral;

Introduction:

Asthma affects about 235 million people around the world. Asthma has a spectrum of potential determinants ranging from genetics to lifestyle and environmental factors. In most countries people spend more than 80% of their time indoors.

Indoor Environment is recognized as a major source of environmental exposure and is a possible target to improve asthma control.

Objective:

A review to identify a relation between indoor environment and exacerbation or development of asthma.

Methodology:

A search for articles published between December 2005 and December 2015, in Portuguese, Spanish and English was performed using Pubmed and MeSH terms asthma and indoor air pollution. Were also consulted guidelines from international societies. To rate the level of evidence (LE) and strength of recommendation SORT taxonomy was used (American Family Physician).

Results:

61 articles were selected. Despite conflicting results, studies have shown that there is a relation between asthma symptoms and biological indoor environmental factors (allergens of domestic dust mites, allergens of cockroaches, mouse allergens, allergens of cats and dogs, endotoxins and fungi) and non- biological factors(exposure to environmental tobacco smoke, nitrogen dioxide, polycyclic aromatic hydrocarbons and volatile organic compounds). Some studies shown that indoor environmental control is beneficial in reducing asthma morbidity and development.

Conclusions:

There are conflicting results between the influence of indoor environment and exacerbation or development of asthma (SORT B). Despite the lack of studies certain measures to prevent, reduce or eliminate these triggers should be promoted by healthcare professionals.

PALAVRAS-CHAVE: asthma; indoor air pollution; indoor air quality

PP1378 - PRIMARY CARE AND MENTAL HEALTH: BUILDING A SHARED CARE MANAGEMENT IN CAP 5.1

Silva, S.P.¹; Rezende, M.A.¹; Barbosa, C.I.F.¹; Regis, D.P.¹; 1 - Coordenadoria Geral de Atenção Primária 5.1 - SMS/RJ;

This paper presents the expansion and management experience of the Mental Health Network in one of the ten municipal program areas on Rio de Janeiro city, AP 5.1. The mental health management at the context of SUS, seeking to consolidate Psychiatric Reform guidelines, becomes a complex process that requires not only health network articulation but also inter-sectoral community networks aiming to expand the care and seek comprehensive attention. The relevant expansion of Family Health Strategy and its territorial operating ways produce changes at current psychosocial network, improving access and care provision to people with psychological distress and alcohol/drugs abuse, especially through “matricial” support by teams of NASF and Street Facility. Although we recognize the importance of expanding access; we also note that ensuring the continuous and comprehensive care to customers is performed through coordinated communication among intra and inter-sectoral network resources. The logic of shared care made by different actors strengthened local management on planning and implementing interventions such as Mental Health Forum, clinical and institutional supervisions, Alcohol and Drugs GT, Crisis Management GT, etc. These and other strategies like situational diagnosis, geo-referencing and co-responsibilities shared between mental health and primary care teams, contribute to enlarge intervening possibilities and improve territorial mental health care planning.

PALAVRAS-CHAVE: Health Planning; Community Mental Health Services; Community Networks

PP1379 - PATIENT'S AUTONOMY IN PRIMARY CARE AND ETHICAL PRINCIPLES, CASE REPORT

Andrade JIC¹; 1 - Secretaria Municipal de Saúde e Defesa Civil do Rio de Janeiro;

Objectives:

Report the case of a patient under investigation for pulmonary tuberculosis who developed clinical instability during home visit, the physician desire of hospitalization and the free will of the patient.

Methods:

The data were obtained through review of medical records, interview with the patient, and review of literature.

Results and conclusions:

The case reported and raised publications show that errors due to care may cause harm to the patient, and doctor / patient communication strategies are relevant to the management of conflict situations.

PALAVRAS-CHAVE: bioética, autonomia pessoal, relações médico-paciente; atenção primária à saúde; comunicação

PP1380 - ASSESSMENT OF BURNOUT IN A FAMILY HEALTH CLINIC IN THE CITY OF RIO DE JANEIRO

MARINHO MA ¹; MELO TP ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

For this research we performed an exploratory, descriptive study on the occurrence of burnout syndrome among workers of a Family Clinic in the city of Rio de Janeiro from October 2012 to September 2013, considering the process of working in Primary Health to this end, we used the monthly survey administrativo sector that uses the definition of disease by CID, to aggregate the information regarding the departures relating to time periods of professionals working in the unit. In this 12-month period, twenty two health professionals had absences from the workplace, with 15 of them due to chronic stress. The results do not generalize the findings according to the total quantity of professional activities in the Family Clinic (100), however, point to the need for research into the health of workers who work in primary health care and their conditions of illness.

PALAVRAS-CHAVE: Burnout; Estresse Profissional; Profissionais de Saúde

PP1381 - ASSESSMENT OF MICROCEPHALY CASES IN THE MUNICIPALITY OF PARNAMIRIM –RN BRAZIL: 2010 TO 2016

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INTRODUCTION AND BACKGROUND

It is known that congenital malformations, among them microcephaly, have complex and multifactorial etiology, which may occur due to infectious processes during gestation (BRAZIL, 2016). These cases are recorded at SINASC (System on Live Births Information) in which you use as a source of data Live Birth Declaration (DN). This paper aims to describe the increase in the number of microcephaly cases in the city of Parnamirim, between the period 2010 to 2016.

METHOD

The methodology chosen for this research was based on a descriptive study with a quantitative approach, which was used as database SINASC analyzed competence with 01/01/2010 to date 02/19/2016 in order to identify and analyze the increase in cases compared to previous years.

RESULTS AND CONCLUSIONS

Were reported 23 suspected cases of microcephaly between 2015 and 2016, there being no cases in the years 2010 to 2014. In the year 2015 were reported 19 suspected cases and in 2016 (first quarter) the total of 4 cases. It is observed that from 2015 to 2016 we have 100% of cases of microcephaly between the period under study, making it observed a large increase in these cases during this period compared to previous years. Furthermore, we see that in 2015 cases of microcephaly represent 35.18% of the cases of Congenital Anomalies in 2016 and representing 57.14% of the total respect.

PALAVRAS-CHAVE: Microcefalia / Microcephaly; Nascidos Vivos / Live Birth; Anomalia Congênita / Congenital Abnormalities

PP1382 - (IN)VISIBLE BARRIERS: THE CHALLENGES ON COMPREHENSIVE HEALTH CARE FOR TRAVESTIES AND TRANSGENDERS

Oliveira EMF ¹; Paulino DB ¹; Raimondi GA ¹; Teixeira FB ¹; Crovato CAS ¹; 1 - Universidade Federal de Uberlândia;

INTRODUCTION/OBJECTIVES:

The specific Trans care in health on the primary care associated to comprehensive health care still bumps in several barriers to be effective. That way, we seek to problematize this health care from the development of an Internship in Family and Community Medical Residency on the Ambulatory of Comprehensive Care In Health for Travesties and Transgenders.

EXPERIENCE REPORT:

The lack of knowledge on gender issues associated to HIV/Aids/Prostitution, moral/religious judgement about sexual practices are some examples of the barriers that illegitimate those subjects as citizens. Therefore, seeking to problematize those and other questions the Internship Body, Sexuality and gender was created on the Family and Community Medical Residency Program of the Universidade Federal de Uberlandia, Brazil.

RESULTS/CONCLUSIONS:

Initially it was decided to make discussions of the health care for LGBT population, but as it was evidenced that the travesties and transgender population questions all the social rules based on heterosexuality, a deeper discussion as made about those questions. From a bibliographical review of the literature and from the experience of the interns and from the Ambulatory of Comprehensive Care In Health for Travesties and Transgenders it was identified an absence of works based on the health care on Primary Care, showing the lack of knowledge of those demands in health and on this population. With that, it was allowed to think the life potential beyond the invisibility barriers.

PALAVRAS-CHAVE: Transgender; Internship and Residency; Primary Care

PP1383 - BEING DIFFERENT IS BEING SPECIAL: INTEGRATION CAMPAIGN IN COMMEMORATION OF THE WORLD DAY OF ANTI-ASYLUM

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Introduction and Objective:

The anti-asylum national movement focuses on the fight against exclusion related to madness. To discuss, clarify and break biased concepts that lead to alienation and judgment of mental patients, medical students perform activities celebrating the International Day of anti-asylum struggle.

Method:

Qualitative Work experience report.

Results and Conclusion:

A group of twenty students of medical and nursing schools at the University of Rio Grande, led by members of the Mental Health Academic League held social activities to celebrate the week of anti-asylum struggle to alleviate prejudices and break stereotypes about madness psychiatric patients. The action took place in a foster home for children with mental disabilities, with the use of music and games as means of interaction between academics, children and caregivers. Later, brochures built by the students in discussions on the topic, explaining the objectives and the history of anti-asylum struggle were distributed on site and in streets. It was applied a questionnaire in academic and local community on topics such as the perception of the relevance of the anti-asylum struggle, the concept of madness, asylum and reintegration of patients of mental health in society. Subsequently the results were discussed and made posters to display at the university. Such mobilization of academic alloy made possible a new way to fight the celebration, focused not only for explanatory lectures but actively working in breaking down barriers between madness and sanity.

PALAVRAS-CHAVE: Mental health; Health promotion; Quality of life

PP1386 - CANCER DEATHS ATTRIBUTABLE TO OBESITY AS A RISK FACTOR – ANALYSIS OF GLOBAL TRENDS 1990-2013

Khan MAB¹; Hashim J¹; 1 - United Arab Emirates University;

Introduction

There has been recent evidence linking increased body mass index and cancer. With the rising epidemic of obesity, this is a cause for concern and requires estimation of burden of cancer attributable to obesity.

Objective

The aim of this study was to review high body mass index as risk factor for malignancies. A secondary goal was to analyse the trends in this relationship over the period 1990 to 2013.

Methods

Data was extracted from Global Burden of Disease database [Institute of Health Metrics and Evaluation, University of Washington; www.healthdata.org]. Search criteria included high body mass index [as a Risk Factor], neoplasms, global, deaths per 100, 000, for both sexes, for all ages. Data was extracted into an Excel spreadsheet (Microsoft Excel 2013). Data trends were charted and analysed.

Results

The total number of deaths related to cancer are rising over the last twenty years: in 1990 the cancer deaths were 106 per 100,000 persons while in 2013 the rate increased to 115 per 100,000. Comparing global data available between 1990 -2013, cancer deaths related to increase in body mass index are at a rise. Cancer deaths in 2013 with the highest attributable risk (per 1,000,000 deaths) to obesity included: liver 13.6, oesophageal 10.8, colon and rectum 9.21 and breast cancer 5.24.

Conclusion

Obesity epidemic is on the rise globally. It is imperative for clinicians to focus on educating patients about weight management. After stopping smoking this may be one of the most important modifiable risk factors to reduce the risk of cancers especially liver, colon and breast tumours.

PALAVRAS-CHAVE: Body Mass Index; Neoplasms; Global trends

PP1387 - CANDLELIGHT MEMORIAL DAY: PREVENTION CAMPAIGN, KNOWLEDGE AND FIGHT AGAINST PREJUDICE INVOLVING HIV / AIDS

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INTRODUCTION/OBJECTIVES:

The Candlelight Memorial Day campaign started in 1983 and takes place all around the globe with the same goal: to honor people who fought and still fights against AIDS and to share knowledge about the disease - prevention and clinical manifestations. The campaign is a health promotion action aimed at spreading knowledge about the prevention of HIV infection. It is an opportunity to meet students from the University to discuss a matter of great importance , as well as enable them theoretically to answer people's questions and at the same time honor those who fight and fought the disease thus allowing the fight against prejudice.

METHODOLOGY:

Candles and a red ribbon (symbol for the fight against AIDS) were put on the ground at a public square in Goiânia, Brazil. Through encouraging the practice of preventive measures and spreading knowledge to the passers-by and other students on site, there is health promotion. Informative leaflets and male and female condoms were given away and doubts were solved. There were two campaigns for two consecutive years promoted by the local committee of IFMSA at the Pontifical Catholic University of Goiás.

RESULTS/CONCLUSION:

AIDS/HIV is a disease of high incidence and prevalence, which justifies the continuing need to address the issue of the campaign. It was perceived that there was a great interest among the population regarding the campaign, since many do not know the meaning of the symbols used and, therefore, were attracted by the symbolism and later informed about the disease.

PALAVRAS-CHAVE: Acquired Immunodeficiency Syndrome; Health Promotion; School Health Services

PP1388 - CARDIOVASCULAR DISEASE RISK IN THE AUSTRALIAN AND NETHERLANDS COMMUNITIES: AN APPROACH TO BETTER TARGETING PREVENTION INTERVENTIONS

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Introduction and objectives:

Cardiovascular disease (CVD) continues to be a leading cause of morbidity and mortality among adults worldwide. The objectives of this study were to compare absolute CVD risk between Dutch and Australian communities using Family Physician clinical records and investigating spatial variations of CVD risk and its correlations with socio-economic and lifestyles.

Method:

De-identified patients' records were drawn from 16 GP practices from Australia and the Netherlands. The Framingham Risk Equation (FRE) was used to calculate 10-year absolute CVD risk for 8,879 and 18,838 patients aged 30-74 with no prior history of any CVD in Dutch and Australian respectively. Furthermore, the individual risk scores were aggregated to statistical area level 1 (SA1) in Australia and 4-digit postcode level in the Netherlands to generate area level CVD risk. Furthermore, spatial variation and CVD hotspots were assessed using spatial analysis and hotspots mapping techniques.

Results and conclusion:

Frothy percent of Dutch sample were in high risk category compared to 21% in Australian sample population. CVD risk varies across the neighbourhoods in both countries. The 10-year CVD risk is also significantly higher in the most disadvantaged areas than the least disadvantaged in both populations. The approach taken in this study provides an opportunity for researchers to further explore prevalence, location and correlates of CVD, and is applicable anywhere that this data is available. This study illustrates an innovative methodology to identify communities of high levels of unmet need for CVD care and enable geographic targeting of effective prevention interventions.

PALAVRAS-CHAVE: CVD; GIS; Spatial analysis

PP1390 - CAUSES OF MICROCEPHALY: APPROACH TO ZIKA

Mendonça, NA ¹; Bucar Neto, CA ¹; Carvalho, JO ¹; Beltrami, MAL ¹; Betrami, N ¹; Moura, EC ¹; Moraes, FRR ¹; Oliveira Júnior, TC ¹; 1 - FAPAC;

Introduction and objectives:

The microcephaly is defined by a head circumference with 3 standard deviations below the average for age and sex. There are primary and secondary causes for the development of this clinical condition. The entire investigation affected children is determined by anamnesis, echographic aspects, genetic, and serological examinations. The objective of this study is to tackle the main causes of microcephaly, its relationship with the Zika virus and the main consequences.

Methodology:

The researches were performed in four bibliographic databases - PubMed, Web of Science, SciELO and LILACS, published between 2011 and 2015, in English, Portuguese or Spanish. The descriptors used were microcephaly disease, complications microcephaly and Zika virus. These terms were associated for better results.

Results and conclusions:

Microcephaly is a neurological disease, in which the size of the skull bones is lower, therefore, a reduced head circumference. The child presents neuropsychomotor development, delay and a degree of mental retardation. There are primary causes, associated to a poor training or specific genetic syndrome, and secondary, by radiation, congenital infections by cytomegalovirus, toxoplasmosis, rubella and Zika virus. The Zika seems to be responsible for the microcephaly epidemic that began at northeast Brazil. This virus has great neurotropism and avoids migration and the proper connection of cells, the brain does not reach the normal size.

PALAVRAS-CHAVE: Epidemics; Microcephaly; Child

PP1391 - CHALLENGES AND OBSTACLES AGAINST FULL IMPLEMENTATION OF FAMILY MEDICINE: HOW TO TACKLE?

Alnasir, FA¹; 1 - Colege of Medicine & Medical Sciences. Arabian Gulf University;

During recent years and since AlmAta declaration numerous endeavours were taken in many nations to implement family medicine, however, such did not reach the expected goals and few of the others who began it are still struggling with the rigorous shortage of qualified family doctors. Realizing that family medicine should be the predicate of any health accommodation substratum and that 50% of working physicians must be constituted from family physicians, we can visually perceive why the health of the nation in numerous developing countries are in danger and not reaching to the standard level. Such countries are suffering not only from re-emergence of communicable diseases but the complications of non-communicable illnesses as well. The quandary of family doctors' shortages has many reasons of which the most critical is a failure of policy-makers to be fully convinced of the considerable benefit of such discipline, and that family medicine can enhance the wellbeing status of the entire population. Cuba, in spite of its limited resources, has managed to implement family medicine at a full-fledged scale, and every individual is enrolled with his/her physician. It is not the money that plays against family medicine implementation but it is the will and determination. Numerous specialists have indicated that more health equity and cost-effectiveness in addition to the advancement of the people's health are achieved when family medicine implemented. In this presentation, we highlight these issues and suggest alternative solutions.

PALAVRAS-CHAVE: Shortage of Family Doctors; Health Equity; Generalization of health services

PP1392 - CHRONIC CARDIOVASCULAR COMPLICATIONS OF CRACK USER. A CASE REPORT

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Introduction and Objective:

In recent years, the discussion about use and abuse of drugs has been taken up, particularly about "crack", a form of smoked cocaine. Evidence suggests that there may be acute and chronic cardiovascular complications in cocaine users. The dilated cardiomyopathy and the cardiac hypertrophy have been reported in these users and are believed to be attributed to the direct toxic effects on the heart, leading to heart failure because of myofibrils destruction, interstitial fibrosis and coronary dilatation.

Method:

This paper aims to describe a case report of heart failure due to dilated cardiomyopathy in a young patient with a past medical history of crack and alcohol use, attended by a family physician in a primary care unit and describe the preventive implications, prognostic and therapeutic for the case.

Conclusion:

Chronic cocaine use is associated with myocardial hypertrophy. It is necessary to highlight the clinical and ongoing management of this care by the family and community physician, because it is a chronic health problem that requires an action strategy for a long time. In a recent cohort, it was found cardiovascular disease in 71% of asymptomatic users, with an average ratio of cocaine use related to the likelihood of development of left ventricular systolic dysfunction. Despite advances in medical therapy and multidisciplinary care observed in recent years, heart failure remains a clinical syndrome associated with high mortality. The integrality and coordination and continuity of care are essential attributes to make a difference in the healthcare outcomes.

PALAVRAS-CHAVE: heart failure; crack / cocaine; primary health care

PP1393 - CHRONIC PERNIOSIS IN ELDERLY WOMAN

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Introduction and objectives:

Perniosis manifests as inflammatory cutaneous lesions in patients exposed to nonfreezing weather during winter or early spring. Perniosis can be a primary disorder or a cutaneous presentation of a wide range of disorders.

Methods:

We present a 77-years-old woman with history of mastectomy for breast cancer, hypertension, atrial fibrillation and chronic obstructive pulmonary disease. She was a non-smoker and her medical familial history was unremarkable. She visited her family doctor because of severe cyanotic fingers, nose and ears, with painful and erythematous wounds, accompanied by edema and ulcerations. These were longstanding and very disabling symptoms, that revealed an intimate relation with cold exposure. No other identified triggering factors or accompanying signs/symptoms. The patient had already been treated with pentoxifylline, with a slight improvement. Patient was referenced to dermatology for further study. Blood-tests, including autoimmunity, complement, rheumatoid factor, lupus anticoagulant, VDRL, HIV, hepatitis C serologies, protein electrophoresis and thyroid function, were negative. Skin biopsy showed a lymphocytic inflammatory infiltrate in the dermis, without other relevant findings. Since the symptoms remain uncontrolled, the patient will start nifedipine.

Results and conclusion:

Diagnosis of perniosis is essentially clinical. Severe lesions like those found in our patient are very rare. Correlation with a wide range of extracutaneous diseases has been reported. The most recent studies suggest that sudden appearance of perniosis in adults should be carefully evaluated, as it may be a predictive sign of an associated systemic disease. Apparently, this is a case of chronic idiopathic perniosis in an elderly woman.

PALAVRAS-CHAVE: Perniosis; Idiopathic perniosis; Cold temperature

PP1395 - PRIMARY CARE ACADEMIC COMMITTEE, ASSOCIATION OF MONTEVIDEO GROUP UNIVERSITIES: LESSONS LEARNED IN THE FIRST SIX YEARS OF OPERATION (2010-2015)

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In the WONCA 2010 Conference in Cancún it was proposed that an Academic Committee in Primary Care (CA-APS) be created for the Association of Universities in the Montevideo Group (AUGM), which brings together Public Universities in the Mercosur countries and in the Southern Cone of South America.

Since then, the Academic Committee has come a long way, enabling integration and opening spaces for Primary Care in this region and beyond. The 1st International Primary Care Seminar by the Association of Universities in the Montevideo Group took place in 2010 in Montevideo, with the participation of the great researcher Barbara Starfield. The seminar has taken place yearly ever since, being the main activity of this Committee (Entre Rios – Argentina, 2011; Montevideo – Uruguay, 2012, Porto Alegre – Brasil, 2013, Assunção – Paraguai, 2014; Santa Fé – Argentina, 2015). The Academic Committee also participated in other academic programs organized by AUGM, such as Student and Faculty Mobility, Young Investigators' sessions and Seminars on University, Society and State.

The Academic Committee in Primary Care is currently comprised of 16 universities, located in five countries.

A lot of what has been accomplished can be seen in processes such as student and faculty exchange, integration, motivation, development – benefitting all academic communities as well as their countries.

The authors of this paper shared the proposal for the creation of the Academic Committee (Montevideo document, 2008) and, soon after, the co-chairing of this Committee, from 2010-2015. Many lessons were learned along the way, which we intend to share through this experience report.

PALAVRAS-CHAVE: Atenção Primária à Saúde; Universidades; Intercambio Educacional Internacional

PP1397 - COMMUNITY HANDCRAFT GROUPS FOR WOMEN IN HFS AP 2.2/RJ EVALUATION: AN ANALYSIS BY SWOT METHOD

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Introduction and Objective:

Community women's groups aims are inclusion and empowerment, enabling establishment of bonds, increase of social support and mental health promotion, being very important to primary mental health care. These are weekly groups with women attending the unit, coordinated by a community health worker helped by a psychologist acting as facilitator. This study analyzes the facilitating or inhibiting external and internal conditions to the implementation and development of these groups in five FHS (Family Health strategy) units in Tijuca / RJ.

Methodology:

Analytical Study of these groups' implementation in 5 communities by the SWOT method (strengths, weaknesses, opportunities and threats). National Secretariat of Policies for Women supported this intervention.

Results and conclusion:

Regarding internal environment, the most important strength was the presence of a local woman's leadership supporting the craft technique learning and promoting their engagement with other community activities. At the same time, we diagnosed weaknesses associated with social isolation and unempowerment, which made it difficult for these women to engage in activities outside the communities. As to the external environment, the biggest threats were associated with difficulty to establish an adequate physical space for their meetings and financial restrictions related to work material. In addition, a good integration and support from the FHS team provided an opportunity to their development. So, support from primary care teams, especially community workers, including adequate space and material are important factors to group development. The presence of community leaders and engagement in community networks are also associated with better outcomes.

PALAVRAS-CHAVE: Mental Health; Social Support; Community Groups for Women

PP1399 - COMPARING BRAZILIAN MENTAL HEALTH MATRIX SUPPORT'S AND BRITISH COLLABORATIVE CARE'S EXPERIENCES: TWO PRIMARY MENTAL HEALTH CARE MODELS.

Karen Athié¹; Sandra Fortes¹; Christopher Dowrick²; 1 - Universidade do Estado do Rio de Janeiro; 2 - University of Liverpool;

Introduction and Objectives:

Primary mental health care has been considered a practice where primary care and mental health should be integrated. This study aimed to compare Brazilian and British primary mental health models in themes such as policies, structure, facilities and human resources.

Method:

The literature review used mental health, primary care, collaborative care, integrated care, mental health matrix support as key words, particularly after 2000. Material from national reports, documents, interviews with key-persons and technical visits was also included.

Results:

Brazil, (Middle Income Country) is 35 times bigger than United Kingdom (High Income country) and its population is 3 times bigger than UK. Despite that, their national health systems have similar characteristics such as universality, and the public health based on primary care. Political national context underline relevant differences in the design of these models, specially concerning intervention focus: individual, family or communitarian. Besides that, differences concerning size and type of population and the way to organize mental health interventions are different, for instance, Brazil has community health workers in Brazil and UK has case managers.

Conclusions:

While collaborative care is similar in aspects such as structure and team design, primary mental health care is a technical intervention based in evidence but also strongly influenced by political, social and cultural context which involve crucial primary mental health components such as access and continuity of care.

PALAVRAS-CHAVE: mental health; primary care; integrated care

PP1400 - COMPLETION OF THE VARIABLE ETHNICITY BY THE HEALTH FAMILY STRATEGY TEAMS IN PROGRAMATIC AREA 1.0, RIO DE JANEIRO HEALTH DEPARTMENT

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The ethnicity variable is one of the boxes to be completed in the registration forms of Rio de Janeiro health services. Although there is an international understanding on the quality of the information system related with data completion, its filling in is not required as an obligation for most information systems. However, some variables are neglected by health professionals when they are not mandatory, as is the case of the variable ethnicity. The absence of it creates restrictions about the credibility of epidemiological information, especially the morbidity and mortality of those who are the most vulnerable in Brazil, the African-Brazilians.

This study describes and analyzes the fulfillment of the ethnicity variable in the digital medical records used by the Family Health Strategy (ESF) teams working at the Health Programatic Area 1.0 (AP 1.0) , in Rio de Janeiro City, collected in July 2015.

Data was collected from the digital medical records in July 2015 and was consolidated from the number of entries to complete the blank ethnicity, in each Clinic, although we cannot state that the records were obtained from individuals self declaration.

The percentage of non-fulfillment of the variable, in 13 Clinics, was high, ranging from 11% to 30%. This result confirms health professional negligence in filling in the data about ethnicity which undermines the definition of both epidemiological and social profiles. This may lead to misinterpretation of the proposals and the monitoring of action plans for the reduction of inequalities.

PALAVRAS-CHAVE: Information Management; Epidemiological Monitoring; Health Policies

PP1401 - COMPREHENSIVE AND COORDINATED APPROACH OF TRANS PEOPLE IN URUGUAY

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Introduction

Historically the approach of trans people in Uruguay used to be pathologized, with a strong discrimination component and an ineffective, fractional and deficient health assistance. For this reason, a multidisciplinary work group was created. This group is integrated by family medicine physicians, endocrinologists, psychologists, gynecologists and plastic surgeons, with the purpose of performing a comprehensive, coordinated, accessible assistance, in an academic environment, that includes both the participation of the Administration of Health Services of the State (ASSE) and the School of medicine of the University of the Republic. With the consequent formation of medicine students and residents of the specialties involved.

Objective:

Improve trans people health.

Method

Descriptive analysis of a population of Trans people, assisted during the period between January 2014 and January 2016, in the city of Montevideo and having as first and second level of medical assistance the unit of educational assistance Saint Bois, and the Gynecological Clinic "A" of the hospital center Pereira Rossell.

Results

During this period 70 people were assisted at the first level of attention, 35 of that received hormones. They were performed 5 hysterectomies with anexectomies, 2 mastectomies, and 1 mammoplasty. In each and every case the integrality of the assistance in the different health levels was kept on a continuous and coordinate way.

PALAVRAS-CHAVE: Transgender persons; Primary Health Care; Health Services Accessibility

PP1403 - CONTINUING EDUCATION AND TRAINING IN MENTAL HEALTH: EXPERIENCE OF CARE PATHWAYS PROJECT

Rodrigues ¹; Pekelman, R ¹; 1 - GRUPO HOSPITALAR CONCEIÇÃO;

Introduction and objectives:

The Care Paths project is one of the actions of the plan "Crack can be conquered" in its axis of Care/ Health Ministry (HM) in partnership with three public health institutions. This project assumed a link among institutions of the NHS, Public Health Schools, Mental Health and Primary Care politics and local administrations of the health services. The project aimed to provide training to all Community Health Workers (CHW) and one Auxiliary or Practical Nursing (APN) of each Family Health Services about mental health with emphasis on crack, alcohol and other drugs to 292,899 students.

Method:

The project was organized through the executing institutions, with an Executive Coordination for the implementation and execution. We formed teams to work articulately based on the design and teaching materials, the focus of the training was promoting reflections on workers about the theme and in relation to the possibilities of intervention in the primary health care.

Results and conclusion:

The project has produced educational materials, trained 187 counselors and 2000 tutors to act on 6000 classes to get the result of 292,899 students. The evaluations were positive, pointing to the need for training to broaden the understanding of the subject and allows the creation of a new look for the mental suffering in Primary care, identifying intervention capacities on health workers.

PALAVRAS-CHAVE: Primary Care; Mental Health; Continuing Education

PP1404 - CONTROLLING THE UNKNOWN

Costa RL¹; Costa SB¹; Dias C¹; Ferreira TF¹; Neves GC¹; Pereira ME¹; Santos H¹; Serrano C¹; 1 - USF do Castelo;

INTRODUCTION and OBJECTIVE

Idiopathic thrombocytopenic purpura (ITP) is characterized by a reduction of platelets of unknown origin, secondary to excessive destruction of platelets by immunological factors. Common in women of childbearing age, it may be asymptomatic or have hemorrhagic manifestations. The causes may be infectious, neoplastic or autoimmune diseases. Antiplatelets antibodies may be present. The GP has a major role in the detection of the symptoms and should be available for regular reviews.

METHOD

Clinical consultation and case report.

RESULTS and CONCLUSIONS

Female, 29 years old, family classified as a nuclear family in the II stage of Duvall lifecycle. History of hyperthyroidism and thrombocytopenia 7 years before (with negative complementary study). Consulted by the GP due to bruising, melaena and epistaxis with 1 week of evolution. Urgent analysis were requested and revealed 46.000 platelets, being the patient referred to the urgency service. Further investigation was requested - thyroid function (normal), serology (negative), autoimmunity study of anti-ANA + antibodies (1/160 mottled pattern) and antiplatelets antibodies (negative). After a bolus of methylprednisolone, she was discharged, with 104.000 platelets, and referred to Hematology. She was observed four days later by the GP due to metrorrhagia. Analytically, platelets were 75.000. She was prescribed prednisolone 40mg/day. She was consulted by Hematology 2 months later and diagnosed with ITP. Having a cushingoid facies and 362000 platelets, she began weaning steroids. The family doctor plays a central role in the evaluation and management of patients with chronic diseases, needing to be accessible to regular and urgent observation.

PALAVRAS-CHAVE: idiopathic thrombocytopenic purpura; thrombocytopenia; bruises

PP1406 - COPING STRATEGIES FOR TOBACCO USE IN PRIMARY ATTENTION: EXPERIENCE REPORT

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Tobacco smoke is extremely harmful to health and can cause numerous irreversible diseases. The Primary Health Care is configured as appropriate for the implementation of tobacco control actions, since its main characteristic is the promotion and protection of health. This study aims to present the experience of a smoking control group establishment in a Primary Health Unit, in Fortaleza, Ceará, and the difficulties encountered by professionals during the process.

This is a descriptive report. The study population was composed by fifteen people who expressed desire to stop smoking of which five fulfilled the initial interview. Inclusion criteria were: age greater than or equal to 18 years old, being a smoker, do not have severe mental disorder. The interviews were performed in order to determine the degree of nicotine dependence, motivation for smoking cessation and tobacco use health consequences. After the interview, the users were asked to participate in the smoking group whose monitoring would take place for a period of one year.

Users who attended the initial interview were mostly female, had no complaints of health complications related to tobacco use, had already tried to quit smoking previously without success and had a low degree of dependence in Fagerstrom test. After the initial interview, users were invited to attend the first meeting, but only two appeared. Thus, the group beginning had to be postponed due to lack of adherence. Among the solutions identified in order to reverse the situation, were considered to set the group sessions outside the Health Unit.

PALAVRAS-CHAVE: tobacco use cessation; smoking; primary health care

PP1407 - DENGUE - WHEN IT'S MORE THAN A FEVER

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Introduction:

The dengue outbreak in Madeira started in October 2012, and was notified 2168 cases. Symptomatic cases may manifest itself as fever (classic dengue) or via plasma transudation signals (dengue hemorrhagic fever).

Methods:

This is a case of a 56-year-old man with a history of dyslipidemia, hypertension and diabetes mellitus type 2 medicated. He went to his family doctor, to an unscheduled consultation, for fever (39°C peak, yielded to paracetamol), headache (holocraneana, intermittent, no photophobia), myalgia, and asthenia with 2 days. He denied other complaints, including gastrointestinal or genitourinary symptoms. There were no atypical findings on examination. It was admitted a viral infection, which was treated with paracetamol 1g 8/8 hours. Two days later, the patient returns by rash on the lower limbs and abdominal pain. On examination he presents conscious, eupneic, mucous stained, hydrated and anicteric, without changes in cardiac or pulmonary auscultation. Neurological examination was normal. The abdomen was soft and depressible without defense, painful on palpation of the right upper quadrant (hepatomegaly). Lower limbs without edema, with petechial rash to the knees. BP 114/59 mm Hg; HR: 86 bpm; T: 37.5 ° C. The patient was sent to the hospital emergency department for suspected dengue with hemorrhagic complications, taking into account the epidemiological context.

Results and conclusions:

This outbreak of dengue fever in Madeira put all physicians in alert for this infection. Family doctors have the main role to intervene in the community in the area of prevention to reduce the number of cases.

PALAVRAS-CHAVE: Dengue; Fever; Rash

PP1408 - DEPENDENCE ON TOBACCO IN A COMMUNITY IN SOUTHERN BRAZIL

ARRUDA JS ¹; VARGAS PN ²; 1 - Hospital Regina; 2 - UNIFRA;

Introduction and Objectives:

Smoking is now recognized as a chemical dependency that expose individuals to innumerable toxic substances. Considered the main public health problem by the World Health Organization (WHO), tobacco use is responsible for about five million deaths (four million men and one million women) a year worldwide. The aim of this study was to characterize the smokers' population local.

Methodology:

This is an cross-sectional study of the population over 14 years in the Mundo Novo neighborhood in the city of Novo Hamburgo. Initially a literature review of the database in BIREME base over the last five years. Tool was applied in September 2014. Was used the questionnaire tolerance Fagerström. It was applied to smokers who consulted at the health center.

Results and conclusions:

The prevalence of somoking in people over 14 years in the Mundo Novo neighborhood, in the period was 18%. The degree of dependence was analyzed by applying Fageström score. 31.5% were considered smokers with low and / or very low dependence, 16% with average degree of dependence and 52.5% with high and / or very high dependence. The prevalence of smoking varied in community studies (11-32%) should be taken into account demographic and socioeconomic factors. The prevalence found in this study was within what was reported in the literature. The high number of smokers who tried to quit leads us to believe in the importance of a support group. the opportunity was offered to those who wanted drug treatment.

PALAVRAS-CHAVE: tobacco use; community health care; cessation

PP1415 - DRUG USE IN ELDERLY RESIDENTS OF AMPARO

Mello MDC¹; Coimbra AMV¹; Falsarella GR¹; Gasparotto LPR¹; Utimi LRS¹; 1 - UNICAMP;

Introduction:

Old age brings many risk factors and weakness for individuals, as precarious economic situation, multiple comorbidities, social isolation, motor and cognitive deficits, multiple drug intake and adverse reactions. It is estimated that more than 80% of the elderly population use at least one drug per day and about one third consume five or more simultaneously, which makes this age group, possibly the most medicated of the society.

Objective:

Evaluate the use of drugs of elderly residents in the city of Amparo.

Methods:

The research followed the cross-sectional study model and was performed on Camanducaia neighborhood, located in the city of Amparo, SP, between 2013 and 2014, with random sample of 416 individuals recruited from the community, 65 years or older who answered a self-reported questionnaire on sociodemographic characteristics and drug use.

Results:

The average age of the group was 73 years, most of them female, white, married or cohabiting, who never went to school, with personal income less than one minimum wage. It was recorded a total of 1572 drugs in use, with an average of 4.3 per participant, with the most widely used class of Antihypertensives. 201 medications were recorded potentially inappropriate for the elderly according to Beers criteria, the most frequent class of Benzodiazepines.

Conclusions:

We observed that drug therapy of the elderly has inadequate characteristics such as polypharmacy and the use of potentially inappropriate medications, predisposing the patient to their feared consequences, among them drug interactions, poisoning, adverse effects, improper use and poor adherence to prescriptions.

PALAVRAS-CHAVE: elderly; medicine; pharmacotherapy

PP1416 - EDUCATING FATHERS ON CHILD MARRIAGE

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Early marriage is known to be associated with negative health and psychosocial consequences, such as school dropout, reproductive health problems with pre and postnatal complications, intimate partner violence and divorce. Several international and local NGOs have noticed a rise in early child marriage cases in Lebanon following the Syrian crisis, mostly among the Syrian refugees residing in Lebanon. Numerous interventions have been conducted to educate adolescent girls and their families on the consequences of early child marriage or provide safe spaces. However, most of these interventions have involved teenage girls and /or their mothers, excluding the father who is the decision maker in marrying the children. This presentation is about a pilot test intervention targeting fathers of teenage boys and girls.

The intervention was conducted in collaboration with PARD, a local NGO that provides services to underprivileged communities residing in Beirut. Fathers of teenage boys and girls were recruited for two interactive educational sessions on the reproductive and psychosocial consequences of early marriage. The first session explored the fathers' reproductive health knowledge and reasons for marrying their teenage child, the second session corrected misinformation and provided alternative solutions. An assessment of the father's attitudes on child marriage was done before the two educational sessions and repeated immediately and then three months after. There was a significant lack of reproductive health knowledge among fathers, which when provided, contributed to their willingness to delay the marriage their children .

PALAVRAS-CHAVE: Child marriage; Lebanon; Reproductive health

PP1418 - ENVIROMENTAL FACTORS IN A POPULATION COVERED UP BY FAMILY HEALTH CARE STRATEGY IN ARAGUARI COUNTY

Santos, AG ¹; Silva, CA ¹; Freitas, EAM ¹; Barreira, JCA ¹; Nunes, MPC ¹; 1 - Instituto Master de Ensino Presidente Antônio Carlos;

INTRODUCTION AND OBJECTIVE

Environment conditions such as water's supply and treatment, sewerage and garbage disposal are directly related to population's health and quality of life. The present study aimed to identify those environmental conditions assisted by Araguari County Family Health Care Strategy (ACFHCS).

METHODS

A retrospective study evaluated the consolidated report of Basic Health Care Information System (SIAB) of 17 ACFHCS teams between January and November of 2015.

RESULTS

Araguari County has a population estimated in 116.267 to 2015. Around 37.99% are covered by 17 Family Health Care Teams, with approximately 13.772 registered families. Among them, 97.32% has access to public water supply, 2.61% by artesian well and 0.07% has access by other systems. When questioned about home water treatment, 91.75% uses filtration, 0.19% uses boiling treatment, 0.04% drink chlorinated water and 8.02% doesn't have a water treatment system. Urine and feces disposal happens using sewerage system in the majority of cases (84.9%), followed by septic tanks (14.98%) and the ones who leave in the environment (0.06%). The garbage collection happens trough public waste collection, as reported by 97.63% of the families, followed by garbage burning (2.21%) and no collection at all (0.17%).

CONCLUSION

The results demonstrate a reasonable treatment related to environmental conditions of ACFHCS. However, public policies must be created to advise Araguari's population and get a greater cover up, specially related to Basic Sanitation Strategies.

PALAVRAS-CHAVE: Environmental Health; Primary Health Care; Water Supply

PP1420 - EPIDEMIOLOGICAL TRENDS OF DENGUE INFECTION IN BRAZIL

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Introduction:

Mosquito-borne diseases are among the leading causes of mortality and morbidity in humans. Dengue is one of the most important example of a mosquito-borne viral disease. Dengue incidences of infection and mortality have high relevance throughout the world. Some dengue risk factors cannot be controlled, for example age, schooling rate, average income per capita, whereas others are modifiable, like lifestyle and vector control.

Objective:

Epidemiological analysis of the different risk factors for dengue in the last 10 years in Brazil

Methodos:

Review based on databases of scielo and pubmed. Key words: dengue infection, epidemiological trend, Brazil..

Results:

Lack of basic sanitation, particularly water supply and garbage collection are controllable factors, while climatic variations, rainfall, temperature and local climate are uncontrollable factors, which in association with the above listed factors can contribute to an endemic period.

Conclusion:

Dengue fever is a fatal disease if not properly treated. It is important to note that the risk factors for dengue are mostly social, environmental factors that can be very simple to adopt, leading to prevention. This is the best method of treatment for an endemic disease such as dengue.

PALAVRAS-CHAVE: dengue infection

PP1421 - EPIDEMIOLOGY OF MULTIMORBIDITY OF CHRONIC NONCOMMUNICABLE DISEASES WITHIN THE BRAZILIAN ADULT GENERAL POPULATION

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Introduction and objective:

Multimorbidity incrementally worsens health compared with one disease. People in low- and middle-income countries develop diseases at younger ages and suffer for longer, but epidemiology of multimorbidity in those countries remains under-researched. The present study aimed to explore the multimorbidity of self-reported chronic noncommunicable diseases (NCDs) in Brazil.

Methods:

The National Health Survey 2013 data from adults in macro-regions of Brazil was used. Based on 60,202 individuals who responded the individual questionnaire, we calculated prevalence rates of physical-physical (≥ 2 physical diseases) and physical-mental (≥ 1 mental and ≥ 1 physical disease) multimorbidities. Multivariate Poisson regression analyses were conducted to explore demographic and lifestyle factors associated with the two types of multimorbidity.

Results and conclusions:

49.8% (95%CI 48.9-60.5) of the sample had one or more morbidities, and 25.0% (95%CI 24.3-25.8) were multimorbid. 22.9% (95%CI 22.2-23.5) and 6.1% (95%CI 5.7-6.6) had physical-physical and physical-mental multimorbidities respectively. Being female, increasing age and body mass index, living in the South /Southeast, previously smoking, frequently watching television, exercising in the past 3 months were positively associated with physical-physical multimorbidity. Higher educational levels, not living with a spouse/partner and eating fruits/vegetables were negatively associated with physical-physical multimorbidity. Physical-mental multimorbidity was most likely in females, obese people, aged 45-84 years, those not living in the North, those who smoke(ed) and who watch television frequently or not at all. Multimorbidity of NCDs is common in Brazil and associated with demographic and lifestyle factors. Our findings have implications for resource allocation for research and primary healthcare in Brazil.

PALAVRAS-CHAVE: comorbidity; chronic disease; Brazil

PP1423 - STRUCTURE OF REFERENCE FLOW IS REFERENCE IN DUQUE OF CAXIAS MUNICIPALITY

NEVES LR ¹; SOUZA FMR ¹; NEY M ¹; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO MUNICÍPIO DE DUQUE DE CAXIAS;

Title

Reference Flow Structuring and Counter-reference in the Duque de Caxias City

Introduction

With health reform was the construction of the Health System in Brazil guaranteeing citizenship and accessibility. The reference process and counter-reference allows the transition between services to give an orderly fashion. health management in Duque de Caxias municipality develops strategies to ensure the priority care lines.

Goals

Improve the patient referral process for specialties from the request made by a Basic Health Unit, educate and train medical specialists to fill the importance of counter-reference.

Methodology

Descriptive research regarding the improvement of the Duque de Caxias City management model with the structure of the reference flow and counter-reference against the need for receiving the counter-reference to elucidation of clinical and therapeutic diagnosis.

Results

Through the intervention of the spreadsheet Duque de Caxias SMS structured the reference flow and counter-referral by criteria, flows and operating pact mechanism, ensuring full attention to users. Implemented the Polyclinic, the number of employees in the regulatory system, and hired medical experts expanding the network services.

Understanding network, the Municipality reaffirmed its logical design, with a hierarchy of levels of complexity, enabling referrals (among different health facilities), reinforcing its central design to promote and ensure dimensions links: Health intraequipes, interequipes / services between workers and managers, and between users and services.

PALAVRAS-CHAVE: Reference; Reference Counter; Family Health Strategy

PP1424 - STUDY ON THE IMPLEMENTATION OF CLINICAL FAMILY IN RIO DE JANEIRO CITY IN HEALTH PRIVATIZATION CONTEXT

PIRES, SP¹; 1 - UERJ;

This paper aims to present how the network is organized for Primary Health Care in the Rio de Janeiro City from the implementation of the Family Clinics and expansion project of Family Health in the Management of Social Organizations. In the context of privatization of social policies in the speech to ensure greater efficiency, agility and administrative outcomes of public services, the Health Policy is now considered as a commodity, increasing the possibility of obtaining capital increasingly lucrative spaces. Health professionals are directly affected by this process, as well as spending to undergo managerial logic, are still subject to weak links, even working in public services. From another perspective, are charged by the results of improvements in levels of population health, in accordance with agreements established between the government and the private sector in achieving a work-focused productivity for achieving pre-set targets without taking into account the real health needs of the territories. The model advances with regard to access to basic health care, the provision of curative medical care, but does not reflect what the real factors in the disease is produced. To develop practices for the interest of the collective working class is necessary to take into account such aspects overcoming the alienation caused by the current economic system.

PALAVRAS-CHAVE: health care; Family health; Social organizations

**PP1425 - ETHICAL ASPECTS OF INFECTIOUS DISEASE IN FAMILY
MEDICINE PRACTICE. MEASLES AND RUBELLA OUTBREAK 2011-2012
IN ROMANIA**

Horber MD ¹; Zilahi MD ¹; 1 - Praxis Dr.Horber-Dr.Zilahi;

The break out, the numbers and sequence of epidemics throughout the centuries allow for a true description of medical history. The epidemics were cornerstones, with multiple implications- social, economical, demographical. On January the 12th 2011, the first suspicion of measles is documented, confirmation came a day later, on January the 13th. As it happens, the 9 year old boy in question had been a patient of our practice, this was the first case of measles in Satu Mare County, Romania in a very long time. During 15 months we need to analyze the presence of disease early, to isolate the sick, to investigate the centres of the outbreak, to take measures that would fight the disease inside the centre of the epidemics, to establish a vaccination program. The Measles and Rubella cases presented a challenge for us to study some ethical aspects and social phenomena- the Individual vs.the Community and the coverage of vaccination, communication and education, old and new medical files, taking responsibility and declining the responsibility. Analysing the facts and communicating them openly and freely, in compliance with professional ethics and finally, after the Communist years, not fearing the responsibilities of the physician, we can work together towards the decrease of mortality caused by measles or towards the increase of vaccination coverage. This is, however, a team effort-between politicians, state and regional authorities, the health system and the community.

PALAVRAS-CHAVE: ethics; infectious disease; outbreak

PP1428 - ETHNICITY BASED RESEARCH ON DIABETES IN BANGLADESHI GARO ADIVASI

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Ethnicity based research can identify new clues to pathogenesis of a disease, since the populations under study are heterogenous in genetic and lifestyle characteristics. The objectives of the study were to assess the prevalence and to find out the determinants of diabetes and impaired glucose tolerance (IGT) among the garo adivasis.

Method

Cross sectional analytical study design a total 778 garo adivasis located remote local area of Bangladesh were assessed purposively by face to face interview and physical examination through interviewer pretested questionnaire. Capillary blood glucose level assessed by point of care testing (POCT), Fasting blood glucose level and 2 hour after 75 gm glucose were measured by WHO guideline.

Results

Of the total respondents 53.2% were female and mean age were 39.2% (+/- 15.26) years. 21% respondents found higher waist hip circumference among 38% were female. prevalence of smoker was 45.2% and alcohol drinker was 32.6% 53.3% were male. prevalence of diabetes were 0.9% however in case of IGT 11% and it was higher in female 14%.

Conclusion

The prevalence of diabetes mellitus is remarkably low among garo adivasis but there is an alarming proportion of adult suffer from IGT which can not be ignored.

PALAVRAS-CHAVE: ethnicity; prevalence; diabetes

PP1429 - EVALUATING THE IMPACT OF THE FAMILY HEALTH STRATEGY ON CHILD MORBI-MORTALITY IN RIO DE JANEIRO USING BIG DATA

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Introduction and objectives:

The city of Rio de Janeiro has experienced a major expansion on the coverage of the Family Health Strategy (FHS) in the last years, increasing from 3% in 2009 to 49% in 2015, however, no evaluation has been done so far regarding its impact on population health. The aim of the current study is to evaluate the impact of the expansion of FHS coverage on childhood hospitalizations and deaths in the municipality of Rio de Janeiro.

Methodology:

This study will use Propensity Score Matching (PSM) coupled with multivariate regressions with a big database from 1.5 million individuals. The dataset named Cadunico, with a broad range of socioeconomic and demographic variables from the most vulnerable part of the Rio's population, will be linked with the electronic records of all FHS users and with all hospitalizations and mortality datasets, creating an unique set of data - with exposed and not exposed to the intervention and their health outcomes - to evaluate with great precision the effects of the FHS on different child morbidity and mortality causes. The PSM will allow to control -together with the adjusting variables of the regression- for any selection bias due to observable characteristics.

Results and conclusions:

This is an ongoing study, with some linkages and preliminary descriptive analysis having already been performed, and with the prevision of the results for the impact analysis being ready by August 2016.

PALAVRAS-CHAVE: Evaluation Study; Primary Health Care; Medical Record Linkage

PP1432 - EVALUATION OF THE RELATIONSHIP BETWEEN SMOKING ATTITUDES OF PERSONS WITH SMOKING STATUS OF PARENTS

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Introduction and Objective;

Cigarette smoking increases risk for death from all causes in men ve women. About %80 of all deaths from chronic obstructive pulmonary disease are cause by smoking.

Method;

This study is made at Istanbul Sisli Etfal Training and Research Hospital since the patients selected from among persons enrolled in the smoking cessation clinic. The study investigates the relation between parental smoking and smoking initiation in their children in a new generation of participants recruited. Based on the inspection and survey results for the 2015-2016 year retrospective descriptive study has been questioned. Collected datas were examined at frequency and chisquare in SPSS20.0 version.

Results and conclusions;

A total of 200 patients enrolled in the study; %38.5 (n=77) were female and %61.5 (n:123) were male. Percentage of patients smoking starting age under 18 were %80.3 (n:49). %75 (n=150) of the patients father was smoking, %30.5 (n=61) of the patients mother was smoking. %55.7 (n=34) (p=0.267) of the male patients mother; %58.7 (n=88) of the male patients father was smoking (p=0.154). %43 (n=86) of the smoking patients siblings was smoking also. %44.7 (n=67) of the patients with smoking sibling, their father was also smoking (p=0.01). The results of this study expand our understanding of the intergenerational transmission of smoking. The parents of the vast majority of smokers were found to be smokers also. Education on this issue is very important for parents to smoking affect subsequent generations.

PALAVRAS-CHAVE: cigarette; parents; fagerstrom

PP1433 - EXPERIENCE OF CAMPINA GRANDE/PB AFTER THE INCREASE OF THE AURICULOTHERAPY IN THE NATIONAL TOBACCO CONTROL PROGRAM (NTCP)

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INTRODUCTION AND OBJECTIVE:

The total number of deaths resulting from tobacco use is still very high. To reverse this situation, the Ministry of Health, through Ordinance No. 442/2004, consolidated the National Tobacco Control Program (NTCP). In Campina Grande / PB, the effort to empower family health teams with the NTCP began in 2013. The study aims to assess the smokers' dropout rate after the auriculotherapy addition, a chinese millennial traditional technique that helps to decrease anxiety, since it is also necessary to address the psychological aspects during treatment.

METHOD:

This is a cross-sectional, descriptive, exploratory study with a quantitative approach, performed at USF Romualdo Brito de Figueiredo, CG / PB in 2015. Data were collected from the records of patients who participated in four NTCP groups, two in 2013 and two in 2015. It was held also a comparison between the groups conducted in 2013 without auriculotherapy.

RESULTS AND CONCLUSIONS:

Of the 38 participants who underwent auriculotherapy, only 27% dropped out during the meetings. In the first two groups of smokers in our unit, the meetings dropout rate reached approximately 50%. This dropout rate is encouraging, as much higher rates are reported by other authors. It is believed that this decrease in participants who drop is attributed to the increase in auriculotherapy when 5 basic points of the ear was stimulated with mustard seeds during the 4 weeks before the start of drug treatment offered by NTCP. The data of NTCP should encourage professionals and managers.

PALAVRAS-CHAVE: Tobacco; Auriculotherapy; Anxiety

PP1434 - EXPERIENCE REPORT OF THE CREATION OF UNIEVANGELICA UNIVERSITY'S MEDICAL SCHOOL WOMEN'S COLLECTIVE

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Introduction and Objective

Violence against women (sexual, moral or physical) in universities, has always been silenced by moral and cultural issues. This drives the emergence of feminist collectives in academic spaces. The purpose of these collectives allows the union of women facing such problems, sharing common needs, mainly through discussions. Collectives from other universities, such as the Collective Dandara (Faculty of Law at USP - São Paulo), are sources of inspiration for the construction of UniEVANGÉLICA's collective.

Methodology

By consensus, it was created a self-organized space only for women without attachments to any political entity. The first meeting worked as a round of conversation with reports based on personal experience of each academic present at the time. Thus, the sharing of experiences regarding gender issues created an identification of similar situations and a bond of support. In the future, the group aims to provide open activities to all students of the course, with themes that are part of the feminine universe.

Results and Conclusion

The collective members report feeling more comfortable in expressing their opinions on the question of women's oppression in the university environment. However, the high workload of the course and due to different class schedules, it complicates the schedule of subsequent meetings. The cultural aspect is also crucial, since many girls do not participate due to ignorance or disbelief the subject. However, it is worth the effort to overcome such obstacles, since the collective is a meeting point of ideas in a university, based in the struggle to share situations of silenced gender abuse.

PALAVRAS-CHAVE: Health Service, Women's; ; Battered Women; Schools, Medical

PP1435 - EXPERIENCE REPORT: "ENVIRONMENTAL EDUCATION AND HEALTH INTERVENTION PROJECT"

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INTRODUCTION AND OBJECTIVES:

It is proven that the garbage accumulation is responsible for attracting many disease vectors. Thus, practices that contribute to reducing the volume of waste, such as recycling and reuse, will consequently contribute to improving this man-way relationship in the Sun Valley neighborhood, Parnamirim-RN. To educate the children of the SCFV (Living Services and Links-Building) of the Sun Valley neighborhood on the direct relationship that the accumulation of garbage has with the transmission of disease by interfering therefore on the health-disease process.

METHODS:

Initially, an interactive approach with children and teens about the influence that the accumulation of waste and pollution have on human health and shown practices that could be adopted to reduce this amount of garbage in addition to providing an appropriate destination was made of these . Then the children took part in an art workshop with recyclable materials and, finally, a contest was held in order to consolidate what has been learned on the subject.

RESULTS AND CONCLUSION:

The event evidenced the lack of knowledge of children about the care of the garbage. With this, we can make them reflect on the actions on the environment that influence the health-disease process in the community. Through action, children were advised of the garbage accumulation interfering in the health-disease of society. We provide a broader view that recycling and the proper disposal of different types of waste can contribute to reducing the prevalence and incidence of disease.

PALAVRAS-CHAVE: Environmental Education; Health Education ; Child Health

PP1436 - EXPERIENCE REPORT: THE ACADEMIC LEAGUE OF FAMILY AND COMMUNITY MEDICINE (LAMFAC- FCM/UERJ)'S WORK WITH VULNERABLE POPULATION AT THE STREET CLINIC

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Introdução e objetivos

Considering the importance of Primary Health Care, the Academic League of Family and Community Medicine (LAMFaC - FCM/UERJ) enters its members in scenarios which aim the construction of a more egalitarian and accessible public healthcare. In this sense, the work carried out with populations living on the streets (PLS) reaffirms the concepts of equity, universality and integrality proposed by SUS and modifies the student's prospect of learning, considering that this theme is hardly contemplated in the traditional model of health education, adopted by most Brazilian medical schools.

Método

Visit to a Street Clinic (SC) in Manguinhos (Rio de Janeiro, Brazil); lecture with doctors, nurses and community health agents from the Family Clinic (FC) responsible for the SC, concerning the population and its territory; observation of the responsible family physician's fieldwork and approach to the PLS in the areas of drug use around the FC; post-experience meeting with representatives of Manguinhos' SC and a team of professionals from a Family Clinic located in another neighbourhood, interested in installing a SC in its territory; elaboration of reports by the students; debate on experiences.

Resultado e conclusões

The project instigated the academics to reflect on the practice of Integral Attention to vulnerable populations, considering the PLS's and the health system's social-political context. Addressing key issues in this context, such as the causes and consequences of vulnerability, the students were able to learn about neglected social problems, of which acknowledgment undoubtedly empowers the doctor to exert a more humanized medicine, guaranteeing equal attention to the entire population.

PALAVRAS-CHAVE: Primary Health Care; Health Education; Vulnerable population

PP1437 - EXPERIMENTATION OF TOBACCO AND ALCOHOL BY ADOLESCENTS IN BELO HORIZONTE , MINAS GERAIS STATE.

Santos JDP ¹; Ishitani LH ¹; Oliveira MGR ¹; Pereira EC ¹; 1 - Secretaria Municipal de Saúde de Belo Horizonte;

Introduction and Objective.

The adolescence is a period of physical and psychological transformations, what predispose to consume the products of tobacco and alcohol. This consume is frequently associated to academic problems (truancy, and learning disability), socials, (prejudice on relationships and illegal activities involvement), the personality characteristics (intolerance to frustration and impulsivity) psychiatric disorders, familiar problems and violence (homicide, traffic accidents, etc), including the possibility of evolution to a chemical dependence and other health problems.

Method

We present the data analyse about the use of tobacco and alcohol in Belo Horizonte from the School Health National Research (PENSE) 2012. This is performed every three years at public and private schools of the country, with students from 9th grade of elementary school, with ages between 13 and 15 years old.

Results and Conclusions

- 20,7% of the adolescents had experienced with cigarettes and 60.9% had been in presence of people smoking in the last 7 days.
- 29.5% of the adolescents answered that at least one of their parents or legal guardians smoke cigarettes
- 76.3% had experimented alcohol
- 31.1% tell that consume alcohol
- 27,2% report having suffered an episode of drunkenness
- 9.2% of the adolescents had problems with their families or friends, losing classes or had fought, one or more times, because of alcohol consume.

The data are worrying and indicate the necessity of public policies implementations aimed at reducing initiation in the use of tobacco and alcohol by teenagers.

PALAVRAS-CHAVE: Adolescent behavior; Alcohol Drinking; Smoking

PP1439 - EXTREME BRADYCARDIA IN COCAINE-ISOLATED USE

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Introduction and Objective.

Describe the variability of cardiovascular effects of cocaine use in order to emphasize the gravity in consumption, even isolated, of this substance.

Method: 38 year old patient with no history of interest referring cocaine use suffers syncope during clinic history.

Results:

During syncope asystole is evidence of at least four seconds wich required cardiopulmonary resuscitation on two occasions and is referred to a coronary unit for suspected coronary syndrome by vasospasm in cocaine use

Conclusions:

Cocaine supposes a major health problem. Cocaine use is associated with adverse events in nearly every organ system. Cardiovascular complications include hemorrhagic and ischemic stroke, aortic dissection, cardiomyopathy, accelerated coronary artery disease, myocardial infarction, and sudden cardiac death. The adverse cardiovascular changes and sympathetic stimulation associated with cocaine and amphetamine ingestion predispose to myocardial electrical instability, precipitating a wide and unpredictable range of supraventricular and ventricular arrhythmias. Syncope may be the presenting symptom in these conditions. However, cocaine-induced bradyarrhythmias have been scarcely mentioned. Cardiovascular effects are not dependent or dose, the route of administration or frequency of use.

PALAVRAS-CHAVE: Cocaine; Bradycardia; Syncope

PP1440 - FACILITATORS AND BARRIERS TO ACCESS AND UTILIZATION OF PREVENTIVE SERVICES AMONG NEW IMMIGRANT IN A NEW COUNTRY

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Introduction and objective:

Despite efforts to provide high quality healthcare services to all Canadians differences are observed in the health outcomes between immigrants and Canadian-born counterparts (Newbold, 2005). Further, there is difference between foreign-born and Canadian-born residents in the extent to which healthcare services are accessed and utilized (Xu & Borders, 2008). This study was carried out to identify challenges faced by new immigrants when trying to access primary healthcare in a new country.

Methods:

A research team consisting of family physicians, medical and psychology students, and a researcher, carried out focus groups with 28 women and 9 men from 15 different countries currently residing in a city in Central Canada.

Results and conclusions:

Thematic data analysis revealed that limited English language skills, lack of familiarity with the appointment system and the referral system, and long wait times were barriers to accessing primary healthcare in a timely manner. Most participants expressed dissatisfaction with the potency of medications received; the time spent in appointments and the way information about their health status was communicated to them by healthcare professionals. Interestingly, this research shows that the healthcare system in the country of origin shaped immigrants' health seeking behavior, expectations about services required and expectations from healthcare professionals delivering healthcare. Limited language skills, knowledge gap about healthcare services and inability to find the type of healthcare services immigrants are familiar with in their country of origin; delayed access to available healthcare services, and created anxiety and concern that appropriate healthcare will not be available at the time of imminent need.

PALAVRAS-CHAVE: Primary care role; Equity/Iniquity and Health Access; Health Education and Health Promotion

PP1441 - FLOWCHART FOR A QUICK ANSWER TO THE RISK AND / OR OCCURRENCE OF HEAVY RAINS IN RIO DE JANEIRO

ALEXSANDRA BARROSO CLARIM¹; Carla Joelma Villares Guimarães Maciel¹; Marlúcia Santiago da Rocha²; Ney da Silva Júnior²; Rolmiro Carvalho Pinto²; Simone Leite da Silva²; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO; 2 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

Heavy rains can cause severe damage to the environment and people's health. Among the preventive measures adopted by the municipality of Rio de Janeiro, the Civil Defense Secretariat in partnership with the Health Department provided 283 phones to Planning Area 5.1 (PA), receiving alert message to occurrence of heavy rains. In the same area, between 2013 and 2015, it was applied three Local agents training courses in Natural Disasters in partnership with Fiocruz and the Civil Defense Center - RJ, totaling 848 Community and surveillance agents trained in health. In this Scenario , the team of Not Biological Risk Factors (NBRF) PA 5.1 produced a flowchart to be implemented by primary care units in order to accelerate the communication of occurrence of heavy rains between managers and teams. Initially it was designed a Standard Operating Procedure (SOP) with the technical assistance of the Not Biological Risk Factors Management and Monitoring Division of Health PA 5.1, which was adapted and turned into a flowchart for NBRF team. The flowchart was presented at the managers meeting of primary care units at the Coordination Area in December 2015, being validated and available for use. The flowchart is understood as an important device for preventing further damage to the population by heavy rains, however, the development of local action plans is necessary for units of primary care, triggering strategic actions in the territories.

PALAVRAS-CHAVE: health; risk factors; natural disasters

PP1443 - FREQUENCY OF GERIATRIC SYNDROMES IN OLDER ADULTS HOSPITALIZED IN THE GERIATRIC HOSPITAL PROF. DR. GERARDO BOUNGERMINI

Dr. Lezcano F, Dr. Mercado D, Dr. Caceres N, Dr. Gauto N. ¹; 1 - HOSPITAL GERIATRICO IPS;

Introduction:

Aging is characterized by a progressive reduction of the homeostatic reserves of every system and device. This deterioration, known as "homeostenosis" begins in the third decade of life and is gradual, linear and variable among individuals. These changes in turn are very different between the various organs and systems of a person and are influenced by diet, environment and lifestyles.

Objective:

To identify the frequency of geriatric syndromes in older adults hospitalized at the Geriatric Hospital Prof. Dr. Gerardo Boungermini, during the months of April to June 2015.

Materials and Methods:

Observational, descriptive, cross-sectional prospective study.

Results:

This study of a total of 456 surveys among elderly patients hospitalized in the Geriatric Hospital Prof. Dr. Gerardo Boungermini, during the months of April to June 2015. Of which only 280 met the inclusion criteria. He could find the following frequencies in terms of geriatric syndrome presented: in a frequency falls 60.3 was obtained; cognitive impairment scored 24.2 and finally urinary incontinence record 9.2. The most predominant sex was male with an age between 71-80 years, in terms of marital status the state of widowhood was recorded. The cultural level of higher prevalence among hospitalized patients was the basic level. It is largely patients from Asuncion. Risk factors presented by patients and influencing geriatric syndromes are memory loss first, followed by the food and finally caused the emotional state.

PALAVRAS-CHAVE: Elderly; Geriatric Syndromes; hospitalized

PP1445 - FROM INCENTIVE POLICIES TO RESIDENCY: YOUNG FAMILY DOCTOR REPORT

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Since 2011, Brazilian government has established policies in order to improve primary health care all around the country, but specially to some regions considered hard to reach (geographical) and provision. As a primary health care physician, I have experienced both incentive policies programs (PROVAB and MAIS MÉDICOS) and also have taken the Family Medicine Residency. This report aims to share a historical review of a four-year work experience along with assessments concerning the practice of Brazilian Family Doctor and Government Programs.

In order to organize this report, I have used other experience reports and evaluation forms that were part of the provision programs. It is a descriptive work based on these documents and the physician work experience.

The experience began in 2012 in a rural city of the state of Ceará in Brazil. It was a one-year work as a PROVAB physician. PROVAB was the first provision program established by Brazilian government. The program was able to give support through the access to medical educational institutions. Besides, it also strengthened the professional relationship as it gave greater assurance to the employment bond. In 2013, an opportunity appeared to join the Mais Médicos Program and also the Family Medicine Residency in Fortaleza. Until 2015, it was a rich experience in a vulnerable area with support given by the Residency in order to enhance the medical practice. Being at both Provision Program and the Medical Residency had its disadvantages, but did not affect the professional qualification.

PALAVRAS-CHAVE: Public Health Policy; Primary Health Care; Family Practice

**PP1449 - GROUP EDUCATIVE INTERVENTION WITH PAIN
NEUROBIOLOGY ON FIBROMYALGIC PATIENTS. IMPACT ON THEIR
SYMPTOMS.**

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Introduction and Objective:

Understanding the underlying mechanisms of the pain experience helps to relieve pain. Fibromyalgia is an important cause of long-standing generalised pain. We propose a group educative intervention in which we explain symptomatology following Goicoechea's model "Pain Neurobiology Pedagogy" and Butler and Moseley's "Explaining pain" to help patients to lead the necessary changes to improve the impact Fibromyalgia causes in their lives.

Method:

Before-after study with a pre and post 12 months intervention assessment. Opportunistic recruitment of patients diagnosed with Fibromyalgia (FP) (ACR criteria, 2010), who were offered an intervention consisting of 5 two-hour sessions plus a monthly revision session 3 groups with 31 participants were formed to be assessed at the beginning and after 12 months. To assess patient's quality of life we administered the Fibromyalgia Impact Questionnaire [FIQ], Spanish version.

Intervention and assessment was carried out by two family physicians in a Primary Health Care Center

Results and Conclusions:

The FIQ score mean is -23.61 ± 25.13 in 12 months. The score percentage regarding the initial one is -44.41 ± 45.04 . 24 from 31 (77,41%) FP improved their score in 12 months. 48,39 % FP improvement is >50% and in one out of three FP improvement is >80% (35,48%). The results obtained in the before-after study lead us to implement a randomised clinical trial and to carry on offering FP the proposed pedagogic intervention.

PALAVRAS-CHAVE: Fibromyalgia; group educative intervention; FIQ

PP1450 - SMOKING GROUP IN PRIMARY HEALTH CARE SERVICE S ORLANDO RIANI

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The Filgueiras neighborhood is about 16 km away from the center of Juiz de Fora city. According to IBGE census (2012), its population comprises 4,463 people, with 14.9% of children, 18.84% of teenagers, 54.85% adults and 11.4% of elderly. Social vulnerabilities identified in the community include low education level, low socioeconomic status, informal labor market, poor quality housing and problems related to poor sanitation. According to PAHO, a health system driven by PHC is responsible for the coverage and universal access to health services, with a family and community focus, promoting equity of care, where the family health service (FHS) is responsible for coordinating the care. Smoking is related to many health disorders, being today the leading cause of preventable death in Brazil and worldwide.

OBJECTIVE:

To describe the epidemiological profile of the user who seeks the smoking cessation group.

METHODOLOGY:

To monitor and evaluate the dependency factors, the diagnostic classification and the steps of assessing the smoker, qualitatively and quantitatively; to identify reasons of cessation, supporters and inhibiting factors in the process, and to evaluate and monitor interventions and proposed treatments. To identify elements that characterize community cultural aspects.

CONCLUSION:

By the end of this process, we expect to trace the epidemiological profile of the user that seeks the Smoking Group, helping the professionals to plan in a focused and person-centered way, and with a strong community orientation.

PALAVRAS-CHAVE: Smoking Group; Smoking Cessation; Primary Health Care

PP1451 - HARM REDUCTION IN PRIMARY CARE: INITIAL RESULTS

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The project "Harm Reduction in Primary Care" consists in the implementation of harm reduction actions in primary care services, in order to increase access and care to drugs users. The project is a partnership between the Coordenação de Área de Planejamento 3.1, the Psychosocial Care Center for drug users (CAPS AD) Miriam Makeba and Social Health Organization (OSS) Viva Rio, being jointly coordinated by professionals from these institutions. The project's initial objectives are the creation of an in-service training model for harm reduction agents; the execution of this in-service training; the implementation of RD teams in primary care services and the qualification of FHS professionals to better management of AD cases.

The project lasts 10 months, in which four selected professionals perform in-service training in primary care services, in CAPS AD and Street Office, beyond the theoretical activities (weekly classes and supervision). To promote the qualification of FHS professionals in approach to drug use, community health workers of units that has prevalence of drug use in their territory also participate in the project's theoretical program.

It is expected to improve the approach to drug users in primary care, promoting greater integration of harm reduction actions in primary care services, in order to guarantee the integrality, equity and continuity of care in the territory, and also based on respect for the autonomy of users and ensuring access to health actions.

PALAVRAS-CHAVE: harm reduction; primary care

PP1452 - HEALTH AS A HUMAN RIGHT: THE IFMSA BRAZIL'S EXCHANGE EXPERIENCE IN AMAZON

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Introduction and Objectives:

The concretion of the three guidelines (Universality, Equity and Integrality) that substructure SUS – the Brazilian Public Healthcare System – has proven itself at least challenging when taking into consideration Brazil's territorial dimensions and natural scenarios. So, how to enable SUS extension coverage to riverain families and to those who reside isolated by hundreds of kilometers from the closest family healthcare unit or city center? The objectives are Better know the reality and the difficulties faced by the riverside inhabitants when they look for public health care.

Methodology:

Throughnational Exchange programme, IFMSA Brazil provided students the opportunity to take part in a Primary Healthcare Unit in a riverain community, responsible for 1300 families, in the sweeping Ponta de Pedras' county, situated in Marajo's archipelago, Pará's province.

Results and Conclusions:

The intimate relationship of this population with the water presents itself as an important cause for the most common diseases found in their scope. Recurrent amongst these women, bacterial vaginal discharge is consensually, for local health workers, result of the habit of wearing wet clothes for hours, whilst children are frequently bothered by parasitosis. Comprehend public health as a fundamental human right is to prosper in the concepts of health in its integral form, building up the human being in consonance with his peculiar way of life. For this reason, the experience with the riverain community corroborates with the active quest commitment for the medical formation in agreement with the different peoples necessities.

PALAVRAS-CHAVE: Riverain communities; Public Health; Public Healthcare System

PP1453 - HEALTH CARE OF THE POPULATION IN STREET SITUATION: STRATEGIES, CHALLENGES AND POSSIBILITIES

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Considering the need for a comprehensive look at the people in the streets and the importance of establishing inter-sectoral dialogues between the network of existing services in the territory, the Office staff in the 5.1 area Street seeks to strengthen coordination of different agencies, sectors and policies public in the joint effort to improve the quality of life of these people. Guided actions to strengthen care, co-responsibility and synergism of knowledge, which intersect and interlock to create opportunities to build new paradigms and new meanings of the complexities and inherent needs of these citizens.

Objective is through this account, bring experiences of the Office of the CAP 5.1 SMS RJ Street with the sectors involved in the care of people and how public policy can provide answers interconnected, like a thread. In this sense, the SUS / HIS and the mainstreaming of Health Policy and Social Work dialogue becomes the cornerstone in building powerful and important networks strategy for the qualification of health care, thereby strengthening the safety net and care to share of the population, often considered "social invisible": people in the streets.

The Office in Street CAP 5.1 SMS / RJ present in front of acting as a multidisciplinary team specializing in comprehensive health of this vulnerable population and its inter-agency coordination, in favor of a more humane process in promotion, prevention and rehabilitation in health, in its concept expanded, seeking partnerships to overcome the present adversities in therapeutic paths of citizens in our care.

PALAVRAS-CHAVE: people on the streets; equity in health; access to health services

PP1455 - HIV/AIDS EPIDEMIOLOGY IN BRAZIL: CHARACTERISTICS AND TRENDS FROM 2000 TO 2013

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INTRODUCTION AND OBJECTIVE:

UNAIDS estimates that in 2011, 34.2 million people were living with HIV. In Latin America, the number of cases were estimated in 1.4 million in 2010, of whom one-third were from Brazil. The aim of the study was to analyze the characteristics and trends of the cases of HIV infection in Brazil.

METHOD:

A retrospective cross-sectional study was performed using data collected at Notifiable Diseases Information System Database (SINAN), Mortality information systems (SIM) and Laboratory Tests Control System (SISCL) through the notification of patients with HIV infection from 2000 to 2013.

RESULTS AND CONCLUSIONS:

A total of 529.824 cases were recorded between 2000 and 2013. From 2000 to 2013 there was a 24% increase in incidence of HIV infections in Brazil, being 2011 the highest infection rate (40.805). Comparing between sexes, men had a higher number of cases (326.498 against 203.293). Specific group risks heterossexuals, homossexuals, bissexuals, injectable drug users (IDU) answered for 68%, 15%, 6% and 7,5% of infections respectively. Analyzing the data, we verified an increase in incidence, which could be explained by a failure in preventive strategies. Males were at a higher risk of infection, which could be explained by a higher probability of transmission between MSM partners. The age group 30-39 years was associated with higher incidence, but amongst the ages was verified that elderly groups (60-69, 70-79 and >79 years) had greater increase in incidence, that could be explained by a longer sexual life.

PALAVRAS-CHAVE: HIV; Epidemiology; Brazil

PP1456 - HIV/HCV COINFECTION RATE IN PATIENTS REGISTERED IN THE MUNICIPAL HIV PROGRAM IN BRAGANÇA PAULISTA/SP IN 2015

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Abstract

Introduction and Objective.

HCV is a major cause of hepatic disease worldwide spreaded. It usually turns to chronic forms either subclinic or clinic. Around 3% of global population is infected and up to 30% of them are coinfecting with HIV, determining worse prognostic. Prevalence of HCV is expected to reduce drastically with the recent development of new drugs such as Daclatasvir, Sofosbuvir and Simeprevir in spite of previous PEG-IFN and riboflavin. To assure accurate data to compare with the upcoming evidences, this study organizes epidemiological data until October 2015 concerning HCV coinfection in patients following HIV treatment in Bragança Paulista/SP.

Method.

The data was collected from medical records from the venereal diseases municipal center.

Results and Conclusion.

Among 403 diagnosed HIV patients, 22 were HCV coinfecting, of which 6 were treated with the previous drugs, with 50% cure rate. The coinfection rate founded is below the national average and the success of the treatment observed is not satisfactory. Further data will be provided about the new treatment which will be adopted in 2016.

PALAVRAS-CHAVE: HIV; HCV; coinfection

PP1457 - HIV: KNOWLEDGE BETWEEN OLD CARRIER OF THE VIRUS

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Identify the knowledge about prevention and contamination among older women on the Human Immunodeficiency Virus (HIV). It is a qualitative field research with an exploratory approach, with ten 60 years in a social organization in the west, Rj. Results. The reported contamination was sexual, predominantly those with fixed partners, low education and the discovery of the disease happened by chance. average they report three years from the discovery of the disease. Four reported always using condoms, but five never use, despite being HIV-positive. Over time the disease diagnosis and treatment, it is clear that the diagnosis is delayed. "I was diagnosed in 2013 by chance, I had pneumonia and was not good there did HIV, my floor fell". (Rosa). "Two years ago I got sick with the flu and thrush in the mouth did not improve then did the tests and gave AIDS. (Blue). All reported learn how to contract the disease, "Yes. Sex, blood, anal drogas.sexo, but did not use condoms before the positive test result and even today some four , also do not use. And television was the largest reference information about the disease and then the health system's indicated results show the need to talk more about prevention, since HIV in the elderly population presents recurring today, and something complex by presenting a big challenge as the public health policies are directed at young people and some health professionals have difficulties in addressing sexuality with idosa. Conclusão There is a need for wider dissemination of disease prevention in health, media drives and public policies aimed older women.

PALAVRAS-CHAVE:: Elderly; HIV; WOMEN

PP1458 - HOW DO USERS PERCEIVE E-CIGARETTES – A PILOT OF QUESTIONNAIRE BASED STUDY.

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Introduction and Objective

Since 2004 when e-cigarettes had been invented, their sales increased rapidly. In 2014 over \$6 billion were spent on electronic cigarettes, despite lack of evidence of their effectiveness in tobacco cessation. Patients around the world may be not aware of the fact that e-cigarettes are not an evidence-based treatment for nicotine addiction. The aim of this study was to search for opinions of Polish e-cigarettes users.

Method

Especially prepared web-based questionnaire was prepared including questions about electronic cigarettes. Participants who received the link to questionnaire were asked about their opinions on e-cigarettes, whether they were former cigarette smokers, how long did they smoke e-cigarettes, do they perceive e-cigarettes as harmful or addictive.

Results and Conclusions

In the moment of abstract submission only preliminary results (N=30) are available as the questionnaire is ongoing. Most (93,3%) of participants heard about e-cigarettes, 45,5% of former smokers tried to quit smoking with e-cigarette, 75,3% of e-cigarette smokers claimed its adverse effects: mainly dryness in mouth (48,9%). Small concentration of nicotine in e-cigarettes was the major reason for survey participants to return to smoking. Preliminary results reveal that e-cigarettes are perceived as a method of smoking cessation although not evidence-based. Final results of at least 500 unique participants are planned to be presented during the conference.

PALAVRAS-CHAVE: e-cigarette; electronic cigarettes; survey

PP1459 - HUMANIZATION IN THE PRODUCTION OF HEALTH CARE IN DAILY OF FAMILY HEALTH STRATEGY

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Introduction:

This research assumes that for changes in health practices directed to an integral care, is crucial humanization, participation and autonomy of service users. In this sense, the research had investigated the issue of humanization involving users of the Family Health Strategy (FHS) in city of Mossoró.

Objectives:

to analyze the perceptions of users on humanization in the production of health care in daily of Family Health Strategy, from these perceptions, identify elements featuring humanized and non-humanized in everyday practices related to production of health care; relate perceptions of users about humanization with the notions of extended clinic and social participation present in the National Humanization Policy ; identify difficulties and potentialities in the production of health care from the perspective of humanization.

Methodology:

It was used the methodology of Network Analysis of Everyday Life, which allowed the questioning of health practices through an interactive discussion involving participants subjected. The analysis of data through the technique of content thematic analysis was performed and the results were interpreted related the Extended Clinic references and the users participation, related with the Gift Theory.

Results and conclusion:

The results indicated senses humanization linked to affection and reciprocity, highlighting as essential to humanized practices the trust and listening. The difficulties and potentialities show structural deficiencies of the health system and changes in the labor process.Using the privileged space of the FHE to create more active people and understanding their needs and demands, is possible path to build a participative management.

PALAVRAS-CHAVE: Humanization of Assistance; Family Health Strategy; Social Participation

PP1460 - HUMANIZATION OF HEALTHCARE: CHALLENGES IN THE “HEALTH CARE TEAM-USER” IN THE FAMILY HEALTH CARE STRATEGY

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Introduction and Objective

The physician-patient relations and, in the case of the Family Health Care Strategy (FHCS), between the professional team and the user is a cornerstone of health care. This meeting (and sometimes clash) permeates everyday in regards to health care. Research and theme approach aimed at contributing to the efforts to provide more humane care, committed to higher quality and closer ties with the assisted families and among professionals. It also looks for satisfaction both for patients and the FHCS team members themselves with the work done.

Method:

Communication within the unit, raising the awareness among professionals for consultation about the topic. Conducting literature review of databases of health sciences. Discussion of the proposals to drive necessary referrals. Investigation of similar initiatives in other health care units, in particular concerning the FHCS, to know already developed experiences and results.

Results and Conclusions

The project is in its infancy, with contacts with professionals and early literature review justifying and leading the work. During this process, some initiatives have been identified, among others, the specific experience of Balint groups, which organizes proposed guidelines and methodology to deal with situations considered most distressing and difficult to be addressed by the health care team. With every new article revised, the perception that the relationship and communication of professional-user team is enhanced is a subject that by its relevance and its implications deserves more attention to be studied and developed in the SUS.

PALAVRAS-CHAVE: family practice; humanization of assistance; physician-patient relations

PP1461 - IMPLEMENTATION OF A FOLLOW-UP PROTOCOL FOR PREGNANT MOTHERS AND BABIES WITH MICROCEPHALY IN PARNAMIRIM, RN BRAZIL

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INTRODUCTION AND BACKGROUND

It is the implementation of the service flow for cases of microcephaly in the city of Parnamirim, Rio Grande do Norte, Brazil, based on the significant increase in cases related to this grievance across the country, especially in our state. The city had 19 suspected cases in 2015 and 4 in the 1st quarter of 2016, well above those previous years, where there were no reported cases since 2010. The flow defines that any pregnant woman who present clinical indications should be forwarded to the county referral service for prenatal monitoring by a Multidisciplinary Team, in addition, the monitoring of users must also be carried out simultaneously by the Health Strategy teams of the Family.

METHOD

This is an experience report, created from the professional experience of technicians Coordination of Care and Health Promotion of the Municipality of Parnamirim, considered successful in order to contribute to the discussion of this topic, as well as possible the exchange and to propose ideas for improving the care in health.

RESULTS AND CONCLUSIONS

The growing number of cases of microcephaly in the country is a serious problem that led teams to create methods to control the situation for those considered victims of this disease. This flow has offered support to pregnant women and babies, and has unified the management of health professionals in this city with these patients in order to accompany them in the most humane way possible.

PALAVRAS-CHAVE: Microcefalia / Microcephaly; Serviço / Admitting Department; Referência / Information Services

PP1462 - INCREASING ACCESS TO HEALTH SERVICES FOR LESBIAN, GAY, BISEXUAL AND TRANS* IN URUGUAY'S HEALTH

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Objective:

To improve access to health care for lesbian, gay, bisexual and transgender (LGBT) in Uruguay based on the joint work of civil society, academy, ASSE and MSP, with UNFPA as an enhancer.

Method:

An interdisciplinary team established between the institutions offers courses on LGBT Health for undergraduate and postgraduate students to promote the inclusion of the subject in health area careers. Based on primary care, acknowledging that different roles in a health team require different abilities. Promoting the continuity of attention along the life cycle, where the intervention of other levels of attention may be required. This logic is applied in a primary care service in Montevideo* Training students and residents of family and community medicine - among other disciplines - from Uruguay and other countries. Creating a network of professionals in other public services for access to hormone therapy and gender affirming surgery from a paradigm where trans people are healthy users. Communication with LGBT community is made through campaigns that encourage them to assist health services, and feel welcome when they do.

Results:

Since 2010 over 1.500 health professionals from Uruguay and other countries have been trained in comprehensive care for LGBT, both in courses and professional practice, helping to create a health system inclusive of sexual diversity. Audiovisual material and a manual on the topic were elaborated to guide good practices. This form of multi-institutional and multi modal work managed to put the issue on the agenda of health providers and trainers in only a few years.

PALAVRAS-CHAVE: Cultural Diversity ; Health Services Accessibility; Primary Health Care

PP1465 - WHOLENESS OF CARE PROVIDED BY CUBAN DOCTORS IN THE MORE DOCTORS FOR BRAZIL PROGRAM: PERCEPTION OF USERS

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Studies have underlined integrality as a fundamental principle towards the accomplishment of Brazilian health system. Seeking to enable access to integral health actions, the More Doctors Program arises with the goal of providing doctors to primary health care in areas either previously unassisted or with difficult doctor permanence. This is a multiple-case study of qualitative approach, whose goal was to understand the users' perception on the integrality of health care practiced by Cuban doctors in the Program. Data was collected through non-structured interviews with users registered in two family-health-teams in Recife-PE-Brazil, composed of doctors in the Program, and content/thematic analysis was performed. While doctors provided access to users without appointments when necessary, the workflow of the health staff remained selective and demonstrated little concern with population's health needs. The majority of users showed confidence in the doctors, whose work were singled out in terms of commitment and responsibility, with careful listening, longer consultation periods, broader vision of the user and acknowledgment of disease's social determinants. Doctors-users communication was efficient. Some testimonies, however, demonstrated fragile links, low investment in promoting subjects' autonomy during consultation and unpleasantness with the presence of Cuban doctors in Brazil due to language differences and distrust in their medical competence. Cuban doctors have made use of soft technology devices to build a health care in line with the concept of integrality during consultations, experience that must be observed and replicated in Brazil, notwithstanding the limited impact the supply of doctors has in improving population's health assistance, singly.

PALAVRAS-CHAVE: Integralidade em Saúde; Estratégia Saúde da Família

PP1466 - IRRITABLE BOWEL SYNDROME (IBS) - MODERN DISEASE

Marušić M, Bilić A, et al. Irritable bowel syndrome Clinical hospital "S.Duh", Zagreb, Department of Internal Medicine, University of Zagreb. Zagreb 2015; p.8-13.¹; 1 - GENERAL PRACTICE;

IBS is a chronic functional disorder with no organic substrate. It is characterized by abdominal pain associated with defecation, defecation disorder and/ or abdominal distension. Predominance is among younger women and associated with stress and irregular nutrition.

Case report:

Female patient, 35 years old, came to her GP's office due to her digestive problems, in the form of flatulence and diffuse abdominal cramps that pass after defecation. Difficulties are present back eight months, since she took her new job. Her stool is irregular, she is sometimes constipated and sometimes has a few mushy stools per day, with an admixture of mucus. She has not lost any weight, nor was febrile. Laboratory tests and thyroid function were in order, coprocultures were negative. The patient was addressed to a gastroenterologist which has by endoscopic treatment excluded primarily an inflammatory bowel disease and celiac disease. GP then explains patient the nature of disease, gives her support, prescribes anticholinergic therapy for a month and schedules her for next visit in two weeks, with the advice on nutrition and reducing the impact of daily stress.

Conclusion:

The diagnosis of IBS is not simple, because the symptoms are similar as in other diseases. The key is good doctor- patient relationship, because with an individual therapeutic approach and continuous care, family physician is the one who enables the patients to understand the nature of disease, cope with it and accept changes in their lifestyle and eating habits in order to have a quality life.

PALAVRAS-CHAVE: irritable bowel syndrome; family medicine; stress

PP1467 - IS H. PYLORI INFECTION A COMMON CAUSE OF EPIGASTRIC PAIN IN RURAL HAITI?

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Title – Is H. Pylori infection a common cause of epigastric pain in rural Haiti?

Introduction/Objective –

Epigastric pain is a common complaint in the developing world. Many areas of the developing world have high rates of H. Pylori infection that may explain, in whole or in part, this common complaint. The objective of this study was to ascertain the prevalence of H. Pylori infection as a contributing factor for epigastric pain in a rural Haitian community.

Methods –

One hundred and twenty-five (125) consecutive patients, 18 and older, who presented to a primary care clinic in rural Haiti with a complaint of epigastric pain were tested for H. Pylori infection. Blood samples were hand spun using a modified salad spinner and serum tested using a standard antibody identification strip.

Results/Conclusions –

Of the 125 patients with epigastric pain tested, 86 patients had positive antibody results, indicating a 69% prevalence rate in this population. None of the patients tested had ever been treated for H. Pylori infection. Given the surprisingly high rate of seropositivity in this population, it may be reasonable to treat for H. Pylori infection empirically. Further studies exploring optimal treatment strategies and correlation with resolution of symptoms are warranted in this underserved population.

PALAVRAS-CHAVE: H Pylori; Developing world; epigastric pain

PP1468 - JOINT ACTIONS TO CALL OF CHEMICAL DEPENDENCY ON ACADEMIA CARIOCA PROGRAM AND THE FAMILY HEALTH TEAMS (SMSRJ - BRAZIL)

MADEIRA EDSON ¹; 1 - secretaria municipal de saúde do município do rio de janeiro;

Introduction:

In 2014, there was the host of Clinical Family Augusto Boal (AP 31), North Zone, through the Academia Carioca Program, uncontrolled blood pressure in hypertensive people living with family members with substance abuse. This realization came through the monitoring of physiological parameters regularly performed by the program protocol implemented in 2009 by SMSRJ, which consists of regular physical activity guided by professional physical education in primary care units.

Objective:

To present the initiative of integrated Academia Carioca Program to the family doctor this articulated unit with the CAPS AD to expand the service people who abuse alcohol and other drugs in the health service and their families.

Method:

Biweekly group with 15 participants through conversation wheel; participating in weekly physical activity in the Academia Carioca Program and the garden supported by the same program. So three spaces rehabilitation unit where several professionals provide guidance with monitoring of blood pressure analyzed by t-test: two samples paired for medium and $p < 0.05$ (significant) after six months interval.

Results and Conclusion:

Among the participants 93 % had reduced blood pressure levels and the analysis of his speeches evidenced a dependent relationship improves with their families. In the perception of health teams, the performance of the Academia Carioca Program was strategic integration of the Family Clinic with your community and how effective action in the reception of this population deserves to be multiplied.

PALAVRAS-CHAVE: Substance-Related Disorders; Family Health; Motor Activity

PP1469 - JUST A LITTLE COUGHING: UNDERSTANDING CARE SEEKING FOR RESPIRATORY SYMPTOMS IN SOCIALLY DEPRIVED ELDERLY MEN

Joensson ABR¹; Aabenhus R¹; 1 - University of Copenhagen, Research Unit for General Practice;

Introduction

Men consult their GP infrequently compared to women, and men from socially deprived areas consult even less, even though they have more chronic diseases. Little is known on this particular group and their attending for respiratory symptoms in primary care. We set out to better understand their care seeking behaviour and communicative issues with their GP. In respiratory infections a “wait and see” strategy is often applied to limit inappropriate antibiotic use as the majority of these infections are of viral origin. This strategy involves “safety netting” by instructing in re-attendance if certain “red flag” symptoms develop.

Objective

We aimed to determine, how well men from socially deprived areas understand this instruction; specifically the red flag symptoms and the associated care seeking behaviour.

Methods

As part of a one-year ethnographic fieldwork that followed 12 men aged 60-80 in socially deprived areas of Denmark we conducted in-depth, repeated semi-structured individual interviews. Part of these interviews focused specifically on care seeking behaviour when respiratory symptoms occurred, including understanding of “safety netting” and “red flags”. Data were analysed following thematic analysis.

Results and Conclusions

This ongoing qualitative study brings new knowledge about care seeking behaviour in respiratory symptoms in this particular group of men. The study may identify factors associated with delayed care seeking behaviour and contribute to an understanding if communicative issues of patient-doctor encounter are involved. Building on this we will provide applicable knowledge for use in daily practice when consulting with this particular group of men.

PALAVRAS-CHAVE: Men; Behaviour; Symptoms

PP1470 - KNOWLEDGE ABOUT DENGUE POPULATION OF ONE PRIMARY FAMILY HEALTHCARE UNIT IN ARAGUARI-MG-BRAZIL

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INTRODUCTION AND OBJECTIVES:

Dengue is an arbovirose of significant importance to the public health, which its vector is the mosquito *Aedes aegypti*. The Infestation Rates Index for *Aedes* in Araguari, march 2014, was 2,3%. This index points at an alert condition for the disease incidence. The study aimed to analyze the level of population knowledge about dengue in a healthcare unit of this municipality.

METHODS:

Home visits were realized to 70 families registered in healthcare unit by medical students of Instituto Master de Ensino Presidente Antônio Carlos . It was applied a questionnaire related to knowledge about dengue , its symptoms and control measures , followed by guidelines and delivery of leaflets on the topic. The obtained data were categorized into three categories: know , partially know or don't know.

RESULTS AND CONCLUSIONS:

Half of the interviewed population has partial knowledge of what is the disease and 38 % has suitable knowledge about it . Only 5.7 % don't know the symptomatology and 48.6% knows in part. With regard to control measures, 72.8 % have adequate understanding and 14.3 % don't know how to avoid the disease. Based on that, the population knowledge was considered suitable for dengue control. This result may be related to the family healthcare team actions and constant awareness campaigns about the disease, broadcasted in social media. However, it's noticeable a society negligence about attitudes to control the disease. This may be clearly demonstrated by the high Infestation Rates Index permanence.

PALAVRAS-CHAVE: Aedes; Dengue; knowledge

PP1471 - LEPROSY IN BRAZIL: EPIDEMIOLOGICAL SITUATION FROM 2001 TO 2014

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INTRODUCTION AND OBJECTIVE:

Leprosy is a chronic infectious disease caused by *Mycobacterium leprae*. It mainly affects the skin and peripheral nervous system. It is still endemic in many regions of the world and a public health problem in Brazil. The mechanism of transmission of leprosy consists of prolonged close contact between susceptible and genetically predisposed individuals and untreated multibacillary patients. Transmission occurs through inhalation of bacilli present in upper airway secretion. This study aims to analyze the epidemiological data of leprosy in Brazil.

METHOD:

A retrospective cross-sectional study was performed using data collected at Notifiable Diseases Information System Database (SINAN) through the notification of patients with leprosy from 2001 to 2014.

RESULTS AND CONCLUSIONS:

A total of 667357 cases were recorded between 2008 and 2014. Of this amount, 262119 (39,28%) were residents of the northeast region, 138559 (20,76%) were from north region, 126029 (18,88%) from southeastern, 112679 (16,88%) from midwest and 27971 (4,19%) from south. Relative to clinical form, the most frequent was the multibacillary leprosy with 396042 cases (60%), while the paucibacillary form obtained 269047 cases (40%). About the age, most patients (68,84%) were between 20 and 60 years old. In conclusion, it can be seen that Brazil has not achieved the goal of elimination of leprosy as a public health problem (defined by the prevalence lower than 1 case per 10,000 inhabitants), whereas the prevalence of the illness was 2,01 per 10,000 inhabitants in 2010.

PALAVRAS-CHAVE: Leprosy; Brazil; Epidemiology

PP1472 - LEPROSY-RELATED MORTALITY IN BRAZIL: BURDEN AND TEMPORAL TRENDS, 2000-2011

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Introduction and Objective

Leprosy is a public health problem and a neglected condition of morbidity and mortality in several countries of the world. The objective of the present study was to analyze time trends and burden of leprosy-related mortality in Brazil.

Methods

We performed a nationwide population-based study using mortality data obtained from the Brazilian Mortality Information System. We included all deaths from 2000 to 2011 in which leprosy was mentioned on death certificates as an underlying or associated cause. We calculated crude and age-adjusted mortality rates by sex, age group, race/color, and place of residence. Trends over time were assessed using joinpoint regression.

Result and Conclusions

Leprosy was identified in 7732/12,491,280 deaths (0.1%). Average annual age-adjusted mortality rate was 0.43 deaths/100,000 inhabitants (95%CI 0.40–0.46). The burden of leprosy deaths was higher among males, elderly, black race/colour and in leprosy-endemic regions. Lepromatous leprosy was the most common clinical form mentioned. Mortality rates showed a significant nationwide decrease over the period (annual percent change [APC]: -2.8%; 95%CI -4.2 to -2.4). We observed decreasing mortality rates in the South, Southeast and Central-West regions, with a stable trend in North and Northeast regions. Despite the reduced mortality, leprosy is still a neglected cause of death in Brazil, with regional differences. Leprosy is a preventable disease, and a cost-effective treatment is available, especially in the context of primary health care. Sustainable control measures should include appropriate management and systematic monitoring of leprosy-related complications, such as leprosy reactions and adverse effects to multidrug therapy.

PALAVRAS-CHAVE: Leprosy; Brazil; Mortality

**PP1473 - LEPROSY-RELATED MORTALITY IN BRAZIL:
SPATIOTEMPORAL PATTERNS AND HIGH-RISK CLUSTERS OF DEATHS,
2000-2011**

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Introduction and Objective

Leprosy is a public health problem and a neglected condition of morbidity and mortality in several countries of the world. We analyzed spatiotemporal patterns of leprosy-related mortality in Brazil during 2000-2011 and identified high-risk clusters of deaths.

Methods

We performed a nationwide population-based study using secondary mortality data. We included all deaths that occurred in Brazil between 2000 and 2011, in which leprosy was mentioned in any field of death certificates. We calculated crude and age-adjusted mortality rates (per 100,000 inhabitants), and proportional mortality rates. Spatial and spatiotemporal mortality cluster analysis at municipality-level was performed using Moran's I and space-time scan statistics.

Result and Conclusions

Leprosy was identified in 7,732/12,491,280 deaths (0.1%). We observed decreasing mortality rates in the South, Southeast and Central-West regions, while the rates maintained stable in North and Northeast regions. We identified spatial and space-time high-risk clusters for leprosy-related mortality covering large areas located mainly in North, Central-West, and Northeast regions. Despite of the low mortality impact, leprosy is still a neglected cause of death in Brazil, with significant regional differences. High-risk areas are located mainly in highly endemic and socio-economically deprived regions, where primary health care plays a key role in the control. Leprosy cases are exposed to increase mortality risks due to its direct and indirect effects. Sustainable control measures should include early diagnosis and treatment, besides the monitoring of leprosy-related chronic complications and deaths. We emphasize the relevance of family medicine in reducing the morbimortality of leprosy in Brazil.

PALAVRAS-CHAVE: Leprosy; Brazil; Mortality

**PP1474 - LIFE, DEATH AND MEDICINE PROFESSIONALS OF THE
CHALLENGES FACING HEALTH TO SICK NO CURE : EXPERIENCE
REPORT**

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KS ¹; 1 - FACULDADES INTEGRADAS PITÁGORAS DE MONTES CLAROS; 2
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Since the last decade, the Ministry of Health developed the National Humanization and Comprehensive Health Care policies, paying attention to the experience of illness of each individual and investing in a multidisciplinary team care. The communication diagnostics that negatively impact the lives of patients is common in medical practice, however, they are still distressing. The bad news for cancer, for example, is of great impact for both the patient and the doctor who will be developing a long-term relationship with him. Although necessary to break the news, often we do not know how and when to tell, sometimes for lack of a propitious time, but mostly for fear of perspective and expectations of the patient in the face of poor prognosis. Therefore, academics need to be aware that reflects the finitude in life and the challenges of health professionals across the patient without cure, introducing the theme death and palliative care at the medical school. During a session of lectures promoted for health care academics, the issue has been addressed, dealing with incurable diseases, and not to blame for the death of the patient. Palliative medicine is a very recent medical practice area in the country and this is often neglected in undergraduate education. Therefore, we conclude that educational institutions understand their importance, discuss with your students about this type of care and boost their qualification.

PALAVRAS-CHAVE: Death; Medicine; Disease

PP1475 - LIKE BEING A KID IN A CONTEXT OF SOCIAL VULNERABILITY: ROLE OF FAMILY AND COMMUNITY HEALTH

Oliveira CS ¹; 1 - Clínica da Família Victor Valla;

Introduction and Goal:

This study consists of an experience report of family medicine residents and health professionals in the community clinic renovation of Victor Valla Family - Manguinhos / RJ. The territory covered by this team is characterized by the big social vulnerability, which covers all micro-areas that compose it. There has been a high number of children exposed to various forms of violence, not often have access to what is appropriate to age, as the play.

Methodology:

Thus, the need to report the family physician's role and community health promotion of these children, through measures such as: education at school, space for play within the office and activities in the territory.

Results and Conclusions:

It is certainly still take many measures together in an attempt to change that context. But it is up to the family doctor and community to its role as health promoters in the broader view of the word.

PALAVRAS-CHAVE: Infância; Vulnerabilidade Social; médico de família e comunidade

PP1477 - LONG TERM OUTCOMES OF PHARMACOLOGICAL TREATMENTS FOR OPIOID DEPENDENCE: REVIEW

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INTRODUCTION / OBJECTIVES:

Illicit use of opiates is the fastest growing substance use problem in the United States, and the main reason for seeking addiction treatment services for illicit drug use throughout the world. It is associated with significant morbidity, mortality and with crime. Treatment requires long-term management. Behavioral interventions alone have extremely poor outcomes. Study pharmacological treatment options for opioid dependence currently available and to provide a critical discussion on the different treatment options based on these results is extremely important to manage these patients. Collects and looks at multiple studies and summary of current literature relevant to illicit use of opiate.

METHODS:

We performed a literature search using the PubMed databases and the reference lists of the identified articles. The words using were (Opiate Substitution Treatment) AND (Maintenance Treatment) AND (Rehabilitation).

RESULTS / CONCLUSION:

Twelve articles were selected for detailed analysis in this PubMed-searched. Methadone and Buprenorphine are the most effective treatments for opioid dependence with positive long term outcomes. However, each one has its specific target population and setting. While those drugs are first line options, there are treatment used as a second line option for those patients refractory to treatment. Selection of medication should be based on informed choice following a discussion of outcomes, risks, and benefits of each medication. Extensive research shows that drugs available medications used to treat opiate addiction have superior treatment outcomes to non-medication based therapies. Further work is needed to identify and predict treatment response to help individualize medication choice.

PALAVRAS-CHAVE: Opioid-Related Disorders; Substance Abuse Treatment Centers; Street Drugs

PP1478 - LOOKING INTO US X-RAY: USE OF HEALTH RESOURCES BY TRADE UNION'S SOCIAL SECURITY

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Objective:

To know the usage rate of medical services provided by a Trade Union's Social Security (TUSS) during the months of August – October 2014, and patient admissions on the span of a year. Compare them with the work published in 2011 by the Argentinian Health Ministry (AHM), *El Acceso a la Salud en Argentina*.

Materials and Methods:

Design: Descriptive, cross-sectional study.

We analyzed the census of adults (18 and over) affiliated to a TUSS on the period of June 1st, 2014 through May 30th, 2015, looking for the following variables:

- Scheduled consultations (in a High Complexity Hospital, peripheral Clinics and other centers)
- Non-scheduled consultations (spontaneous demand, emergency department, and ambulance)
- Inpatient (in a High Complexity Hospital and other centers)

These were compared to the following indicators from AHM's work:

- Medical consultations
- Patient admissions

Study population: Affiliates to a national TUSS, based in Buenos Aires City and its metropolitan area.

Inclusion criteria: affiliates 18 and over that remained on the census during the studied period.

Exclusion criteria: affiliates younger than 18, or those who didn't remain on the census during the studied period.

Results and conclusions:

The monthly medical consultations on the TUSS were 36.46%, compared to a 45.7% as reported by the AHM. Regarding patients admissions, the TUSS had a 0.79% per month vs. 0.83% described by the AHM; annually this represents a 9.53% admission in the TUSS and a 10% informed by the AHM. Only a small part of the population requires admission to solve a health-related problem.

PALAVRAS-CHAVE: usage rate; Social security

PP1479 - MAN'S HEALTH: CHALLENGES AND PROSPECTS

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Introduction and objective:

Man's health situation is clearly unfavorable comparing with women's, evidenced both by their higher mortality in all age groups, as by their specific way of dealing with health care, demonstrated by their absence of primary care services, their noncompliance and late demand for care, with consequent impairment of their health. This study aims to examine questions about the National Health Policy of Man and its implementation in Primary Health Care (PHC).

Method:

This is a literature review based on theoretic references related to the National Policy for Integral Attention to Man's Health (PNAISH).

Results and Conclusion:

The man's health has been little approached in contrast to women's health, which is object of public policy and research. As a consequence, we have few male presence in PHC. The PNAISH was established in August 2009 by the Ministry of Health recognizing that male grievances are real public health problems. This policy aims to attend the male population aged 20-59 years, being one of its main objectives the promotion of health actions that contributes significantly to the understanding of the men's reality in their cultural and economic aspects. It is essential to create measures to assess the mainly complaints that affect the male population, and facilitate access to PHC and thus open doors for a bigger presence of men in PHC and reduce their morbidity and mortality.

PALAVRAS-CHAVE: Man's Health; Public Health; Family Health

PP1480 - MEDICAL STUDENTS APPRAISAL OF EPIDEMIOLOGIC ASPECTS OF SCHISTOSOMIASIS IN THE MUNICIPALITY OF GRAVATA, NORTHEAST OF BRAZIL.

Brito LF ¹; Carriço AM ¹; Souza LMV ¹; Silva ML ¹; Santos JLC ¹; Aguiar LS ¹; 1 - Universidade de Pernambuco - UPE;

Introduction/ Objectives:

Schistosomiasis is a common parasitic disease. its transmission occurs via skin contact with *S.mansoni* larvae hosted in snails in contaminated waters. Worldwide 2,5 to 6 million people are infected and approximately 25 million people live in risk of transmission areas. In Brazil it is endemic in nine states that are primarily in tropical Northeast (NE) Region. In 2010 in Pernambuco (8.796.032 inhabitants) state in NE 10.889 confirmed cases and 205 related deaths were registered compared to 7.000 cases and 175 deaths in 2014. The municipality of Gravata (76.458 inhabitants) in PE is located in a high disease prevalence area. The objective of this work is to assess its epidemiological status and corroborating factors.

Methodology:

Descriptive quantitative study of transversal cohort, using secondary data from SINAN (National register of information of compulsory diseases) covering period 2007-2014,referring to the confirmed Schistosomiasis cases in the municipality of Gravata.

Results/ Conclusion:

During the period studied 506 cases were notified in Gravata with prevalence in subjects with low or no scolarity. There has been a systematic decrease in this period in number of cases despite the last 14 confirmed cases in 2014 being considered high. The treatment provided is being highly effective. Low socio-economic level, lack of awareness of the disease are factors linked to the endemic status of the disease. Politics promoting health and informative campaigns together with better sanitary conditions and clear drinking water are considered primordial for the elimination of the disease.

PALAVRAS-CHAVE: Schistosomiasis; Sanitary Profiles; Helminthiasis

PP1481 - MEDICINAL PLANTS FROM THE ALTO TURI REGION, STATE OF MARANHÃO, BRAZIL

Monge JCB ¹; 1 - Instituto de Atenção Básica e Avançada à Saúde;

Introduction and Objectives

Poor socioeconomic conditions often prevent access to allopathic medications. In this respect, the World Health Organization has been guiding health authorities in developing countries to recognize local plant resources. The aims of the study were to identify the medicinal plants used in the High Turi region and evaluate their application in the treatment of health problems.

Methods

This study assessed the usage of medicinal plants by 1000 15- to 84-year-old individuals of both genders based on data collected in January 2015. A descriptive oral survey included a closed question on the use of medicinal plants and an open question on the preventive and therapeutic purposes of these plants.

Results and Conclusions

The sample universe included several medicinal plants, and the following list includes those that were most frequently cited: *Chenopodium ambrosioides* (effective against worms), *Aloe vera* (effective against burns), *Hibiscus sabdariffa* (effective against weakness), *Phyllanthus* (effective against cramps), and *Stachytarpheta cayennensis* (effective against tuberculosis). The aforementioned properties agree with the descriptions in the literature, and the rich flora of the High Turi region includes several species that require further investigation. Despite the presence of factors that preclude the use of natural resources by the local population, the citizens of the High Turi region continue to search for natural compounds to treat their illnesses. Their achievement of positive results in the prevention and treatment of disease has led them to believe that the proper use of plants provides a simple, cheap, and effective strategy to solve many public health problems.

PALAVRAS-CHAVE: Medicinal plants; Health; Therapeutic plants

PP1482 - MENTAL HEALTH POLICY AND TRAINING OF GENERAL PRACTITIONERS IN BRAZIL: EXPERIENCE REPORT

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Introduction:

The care for people with mental illness is a major public health challenge in Brazil and worldwide. Different models of care present varying effectiveness degrees in social integration of these people, in medical training and the integration with the Primary Healthcare (PHC).

Objective:

To report Belo Horizonte's (BH-MG) mental healthcare model and its impact on the training of general practitioners.

Method:

Experience report on the use of BH-MG's mental health network as medical training locus. The educational strategy 'Medical Practice in the Community' is made up of eight cognitive workshops, seven practical visits, the writing of eight webportfolios, planning and implementation of educational action in the health network in 2015.2.

Results and Conclusions:

There are pioneering and innovation in the care of people with mental distress and in medical training (medical school and residence). Multidisciplinary teams work in Living Centers, CERSAM (conventional, alcohol and other drugs and children), Suricato and Therapeutic Residences to minimize suffering, rehabilitate individuals, families and communities using diverse therapeutic actions. The mental ill patients are treated as skilled, talented and hopeful human beings who when encouraged and supported, take flight and dignify themselves.

The qualified insertion of medical students in this network frame their training, shape a new profile in the doctor-patient relationship; foster users' self-esteem recovery and awareness of the required special care. Above all, this network attempts to develop users' potential of improving our society.

PALAVRAS-CHAVE: Mental healthcare; medical training; educational action

PP1485 - MORTALITY RELATED TO LEPROSY AND ITS ASSOCIATION WITH DIABETES MELLITUS AND HYPERTENSION IN BRAZIL, 1999-2007

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Introduction and Objective

The low case fatality rate from leprosy may be responsible for an increased importance of chronic non-communicable diseases (NCD). The objective of this study was to characterize the association of leprosy-related deaths with diabetes mellitus (DM) and systemic arterial hypertension (SAH) in Brazil.

Methods

A quantitative study was performed based on data from official death certificates in the national Mortality Information System. We analyzed all deaths in Brazil due to leprosy as underlying, contributing and multiple causes, 1999-2007. We included the description of contributing causes of death associated with leprosy as underlying cause, and the interaction between chronic NCD, DM and SAH in deaths from leprosy as underlying cause.

Result and Conclusions

Of a total of 8,942,217 deaths, leprosy was present in 5,729 (0.06%) death certificates as multiple causes. The following contributing causes were significant risk factors for death from leprosy as underlying cause: adverse events to drugs (RR:208.5; 95%CI:126.3-344.1), toxic liver disease (RR:79.3; 95%CI:52.6-119.6); lower limb ulcers (RR:33.9; 95%CI:23.5-48.7); renal failure (RR:2.2; 95%CI:1.9-2.5); and septicemia (RR:2.1; 95%CI:2.0-2.3); all $p < 0.001$. In the analysis of interaction between NCD, DM and SAH in those who died from leprosy as underlying cause, only septicemia showed higher occurrence of DM-related deaths (RR:1.67; 95%CI:1.26-2.20, $p < 0.001$). Septicemia (RR:0.14; 95%CI:0.05-0.36, $p < 0.01$), and pneumonia (RR:0.16; 95%CI:0.04-0.62, $p < 0.01$) were significantly less frequent in deaths related to SAH. Leprosy should be considered a chronic disease. We emphasize the strategic role of family medicine in reducing morbidity and mortality of leprosy in the Unified Health System in Brazil.

PALAVRAS-CHAVE: Leprosy; Brazil; Mortality

PP1486 - KIDS HEALTH MOVEMENT

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Introduction:

Adolescence is a stage of life essential to the consolidation of habits that tend to be maintained into adulthood. In the current epidemiological situation, this logic challenges health systems where such repercussions consequences. Thus, physical activity contributes to improved quality of life and the development of citizen-subjects fans to healthy practices.

Objective:

To present experience of physical education professional Academia Carioca Program (implemented strategy in 2009 by the Municipal Health Secretariat of Rio de Janeiro integrated into the Family Health) at the Municipal Health Center Edgard Magalhaes Gomes (AP52) from a Group Ballet for children and adolescents as an institutional response to the current context of high prevalence of overweight and childhood and adolescent obesity.

Method:

This is a cross-sectional study with comparative analysis of anthropometric profile within one year. Data were collected from 51 participants with an average of 10 ± 4 years of age (98% girls, 17% were obese and 23% overweight); and 100% beneficiaries of "Bolsa Família".

Results and Conclusion:

The practice of physical activity in the Ballet Group correlated to other stocks Health Unit decreased the prevalence of overweight (23% to 4%) and obesity (17% to 7%), demonstrating the importance of an integrated action the health service attended by family support. The Ballet has proven to be a powerful tool for building healthy environments from the appropriate insertion to the public health system in the Family Health.

PALAVRAS-CHAVE: Obesity; Adolescent Health; motor activityob

PP1488 - NATIONWIDE SURVEY OF FACILITIES THAT ACCEPT OBSTETRICS AND GYNECOLOGY PRACTICE TRAINING FOR PRIMARY CARE PHYSICIANS

Bailey RE ¹; Arai T ²; Ito Y ³; 1 - SUNY Upstate Medical University; 2 - MCEF, Keiju Medical Center; 3 - JADECOM;

Background

There is presently a national shortage of obstetrician-gynecologists (OB/GYNs) in Japan. In response, some regions have begun to coordinate women's health services with primary care physicians (PCPs). As a part of the Primary Care Obstetrics and Gynecology (PCOG) project by the Japan Primary Care Association, we conducted a nationwide survey of facilities that accept OB/GYN practice training for PCPs, in collaboration with the ALSO-Japan (Advanced Life Support in Obstetrics - Japan).

Methods

An online survey was conducted of all certified instructors and instructor candidates of ALSO-Japan.

Results

Responses were received from 38 perinatal facilities with ALSO-Japan certified instructors or instructor candidates. Of these, 28 facilities (73.7%) responded with "training acceptable" or "positively accept training". Twelve facilities (42.9% of those that accept training) required training for general OB/GYN as a condition to accept, and another twelve required no specific condition. Many facilities described difficulty in providing training in high-risk pregnancies, pediatric care, neonatal intensive care, some areas of reproductive medicine, and malignant neoplastic diseases.

Discussion

A prior survey of ALSO providers in Japan found the majority of OB/GYN providers felt PCPs needed additional skills to perform OB/GYN care. That study did not explore availability of facilities for such training. Despite limited capacity to train PCPs in some advanced skills, the present survey identified many facilities throughout Japan that could provide basic OB/GYN skill training to PCPs.

Conclusions

There are many Japanese facilities available to train PCPs in OB/GYN skills.

PALAVRAS-CHAVE: primary care training; rural health; ALSO-Japan

PP1490 - PREGNANT WOMEN AND A NURSE'S WORKING TOOL : AN EXPERIENCE REPORT

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Introduction and Objective :

Pregnancy is a unique moment in a woman's life, which is full of unexpected situations, joys, questions and healthcare professionals should be alert to suit every woman's needs holistically. The pregnant group as a tool for nurses, offers pregnant women a space for exchanging experiences and personal growth, and allows the healthcare professional an overview of pregnant women accompanied a given territory and identification of risks in the intervals between scheduled appointments . Therefore, this study aimed to report the experience of nurses who participated in the pregnant group a certain Family Clinic in Realengo.

Method:

The methodology is the development of the group of pregnant women in the Health Unit and the nurse as the main mediator of this work process.

Results and conclusions:

It was observed that sometimes, patients refer their prenatal monitoring the nurse, although this concern is shared with the doctor, since the nursing professional is more present in these wheel spaces of conversation.

PALAVRAS-CHAVE: Grupo de gestante; Enfermagem; Educação em Saúde

PP1491 - DETERMINING FACTORS FOR DENGUE FEVER AND ENVIRONMENTAL EDUCATION: A REVIEW

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Dengue fever is a disease which is a major concern in public health, It occurs in five continents, with around 50 to 100 million cases every year, 500 thousand hospital admissions and 22 thousand deaths annually. It is known that high temperatures shorten the time of viral incubation, whereas high rainfall levels favor the laying of eggs. The vector, *Aedes aegypti*, takes advantage of man-made conditions of urbanization such as the accumulation of waste and potential water vessels such as tires, disposable cups and vases. The purpose of this paper is to provide a brief review on the topic, including the determining principles and profilactic actions against dengue epidemics. As the research methodology we have reviewed several trials in the main healthcare databases using the keywords "dengue" and "epidemiological surveillance". Related titles and abstracts were analyzed in order to obtain the desired information, Based on this survey, it was concluded that there are macro and micro factors which determine the occurrence of dengue. Some of the macrodeterminants are: latitude, rainfall, temperature, El niño occurrence, populational density and unplanned urbanization, whereas the microdeterminants are: age, immune and nutritional status, circulating dengue serotype and vectorial density. Literature describes environmental education as being the most efficient profilactic measure, along with the encouragement for popular participation in the prevention of dengue fever. It is concluded that dengue prevention is associated with the increase in collective awareness and the understanding of all mechanics involved.

PALAVRAS-CHAVE: Dengue; Vigilância epidemiológica; Educação ambiental

PP1492 - OVERVIEW OF INFANT MORTALITY IN ALAGOAS - BRAZIL

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BACKGROUND & AIM.

The infant mortality rate (IMR), is considered one of the most efficient indicators of a population's social and economic development. In Brazil, the IMR showed 19,3 deaths/1000 live births in 2009. This rate is still higher than the acceptable value set by the World Health Organization. In state of Alagoas (Brazil), the infant mortality rate decreased by 48,17% between 2000 and 2009. The decrease in infant mortality is attribute to improvement in basic environmental sanitation, expanded access to basic health services, immunization, promotion of breastfeeding, greater coverage of prenatal care, and some other social programs. This study aimed to compare IMR, from 2014 to 2015, in a transversal study.

METHOD.

Secondary data analysis of the Ministry of Health databases.

RESULTS AND CONCLUSIONS.

From January to September of 2014 there were 598 deaths in children under one year of age. At the same period of 2015, there were 567 deaths. This represents 5,19% of decrease. There were a decrease of 11% for early neonatal mortality in 2015, while rates of late neonatal and post-neonatal mortality remained almost unchanged from one year to another. About distribution of the principal causes of infants deaths, the leading causes were evitable in both years. In the group of evitable causes of deaths, the most important decrease (12,08%) was in reducible causes by actions of early prevention, diagnosis and treatment. That represents an improvement on the access and follow up of the children in the first year of age.

PALAVRAS-CHAVE: Infant mortality; Reducible causes; Prevention

PP1493 - CHARACTERISTICS OF PREGNANCY AND PRENATAL CARE OF A POPULATION OF SOUTHERN SÃO PAULO

BERGER, A.Z.¹; ALFIERI, F.B.¹; ZORZIM, V.I.¹; 1 - CENTRO UNIVERSITÁRIO ADVENTISTA DE SÃO PAULO;

Preterm labor (PL) is the occurrence of birth before term. There are still many arising causes and this problem is increasing in countries such as Brazil, specifically in São Paulo in the Capão Redondo area. Therefore, the aim of this study was to identify the characteristics of pregnant women and prenatal care (PC) of those who experienced PL in the southern region of São Paulo in 2013. A cross-sectional observational study with data collection was conducted by querying the data of 122 medical records of women who had PL in 2013 and did not receive prenatal care in public primary care. The results showed information about socio-demographic characteristics, gynecological history, current gestation, prenatal care and birth outcome. In conclusion, intensive efforts should be made to continue researching the causes and effects of PL and that adequate prenatal care is offered and guaranteed to women with similar characteristics as the ones identified in this study.

PALAVRAS-CHAVE: Preterm labor; Prenatal care; Women's health

PP1494 - PERCEPTION OF MEDICAL STUDENTS TO DEVELOP EDUCATIONAL ACTIVITIES ABOUT ALCOHOL AND DRUGS IN THE WORKSHOP FORMAT.

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Introduction:

The School Health Program (SHP) aims at integration and ongoing articulation of education and health, providing improvement of the population quality of life. In this context teachers and medical students of IMEPAC-Araguari Brazil developed an extension project grounded on SHP guidelines, in partnership with the Family Health Strategy team, where are developed educational activities about alcohol and drugs in a public school in the area covered by FHS.

Objective:

Analyze the perception of medical students to develop educational activities about alcohol and drugs in the workshop format.

Methodology:

Descriptive study which analyzed the perceptions of medical students about the extension project that occurred in the period from August to December 2015, being held educational activities in the form of sequenced workshops with groups of up to 20 elementary school students, selected randomly.

Results and conclusions:

Three meetings were held in the workshop format; students, divided into three subgroups, should identify drugs through a game with figures; discuss the reduction of dynamics damages of "fact or rumor" and prepare a folder with drawings, phrases and figures from the reflection of the previous workshops, featuring the formation of multipliers. In the perception of the students this workshop format allows for open dialogue with teenagers and the expression of their views on psychoactive substances. It is believed that such activities are reflection generators favoring a positive impact on teenage life in the use / abuse of alcohol and other drugs.

PALAVRAS-CHAVE: Alcoholism; Health Education; Family Health

PP1495 - PHARMACOTHERAPEUTIC PROFILE OF ELDERLY ASSISTED BY A DOMICILIARY MEDICATIONS DISTRIBUTION PROGRAM.

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Introduction and objective:

The elderly are the age group that uses the larger amount of drugs due to the coexistence of chronic diseases, as well as pharmacodynamic and pharmacokinetic characteristics that make them more vulnerable to adverse effects and drug interactions. The objective of this study was to describe the pharmacotherapeutic profile of elderly people assisted by the Medicine at Home Program (PRC) in the city of Itajaí.

Methodology:

It was a quantitative, cross-sectional study, using secondary data relative to the month of June of 2014. The registered data of program users were collected from pdf files and entered into Excel for descriptive statistics analysis.

Results and discussion:

We analyzed data from 2226 elderly. The average age was 72,9 years old, 41,4% were between 70-79 years old and 67, 4% were women. There was an average of 4.04 medicines per individual and a prevalence of 36,7% of polypharmacy. The most common drugs were those acting on the cardiovascular system (98,0%), hydrochlorothiazide (52,2%) being the more frequent one. Among the drug combinations observed with frequencies higher than 10%, five were classified as having a moderated risk by Micromedex system. The pharmacotherapeutic profile identified was similar to the one of elderly studied in other Brazilian cities: high frequency of polypharmacy and potentially dangerous drug combinations. This study also provided an initial evaluation for this municipal health care program.

PALAVRAS-CHAVE: Health of the Elderly; Pharmaceutical Services; Iatrogenic Disease

PP1496 - PLANIFICATION OF HEALTHCARE NETWORK IN THE STATE OF RIO GRANDE DO NORTE

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INTRODUCTION AND BACKGROUND:

The study evaluated meaning (s) and direction (s) of the Primary Care Planning Workshops , held in Rio Grande do Norte , from the perspective of municipal managers and institutional facilitators.

METHOD:

For evaluative research we opted for the constructivist methodology fourth generation . The theoretical and methodological approach considered the hermeneutic-dialectic process experienced , from the 4th generation of evaluation. They were used as instruments for data collection : questionnaires, narrative focus groups and document analysis.

RESULTS AND CONCLUSIONS:

The results showed that there is consensus among stakeholders on the importance of planning workshops and acquired empowerment generating capacity to intervene in a more qualified way . The results affirm the Fourth Generation Evaluation as excellent method in the field of quality of primary care analysis.

PALAVRAS-CHAVE: Planificação / Planning; Atenção Primária à Saúde / Primary Health Care; Avaliação em saúde / Health Evaluation

PP1500 - PREVALENCE OF INADEQUATE TREATMENT IN PREGNANT WOMEN INFECTED BY SYPHILIS AND ITS RELATIONSHIP WITH THE APPEARANCE OF CONGENITAL SYPHILIS

Silva CC¹; Nascimento BABF¹; Sobral Neto JP¹; Carvalho MVG¹; 1 - Faculdade Asces;

Introduction and Objective

Syphilis is an infectious disease, sexually transmitted. In pregnant women, the number of infections increased from 1,863 in 2005 to 21,382 in 2013, high equivalent of more than 1,000%. Congenital syphilis is due to the spread of the bacterium *Treponema pallidum* by the placenta, transmitted by infected pregnant women treated or inadequately treated. The study aims to discuss the prevalence of inadequate treatment in pregnant women infected with syphilis and the onset of congenital syphilis.

Method

It is a descriptive and documental study with consulting documents published by the Ministry of Health in 2015.

Results and Conclusions

Although the data show that in recent years the vast majority (56.6%) of pregnant women with syphilis had access to prenatal diagnosis and in this period, only 8.8% receive adequate treatment. The main situations that justify this inadequacy of treatment are performed treatment with another medicine than penicillin; incomplete treatment; treatment performed in a period shorter than 30 days before delivery; untreated partner or inappropriate treatment. We conclude that the low rate of syphilis treatment during pregnancy have contributed to the increased incidence of congenital syphilis in the last ten years. To face the vertical transmission of syphilis, it must be carried out actions of diagnosis and prevention, and that these be strengthened especially in the prenatal and childbirth in order to perform the correct treatment and hence minimize the risk of vertical transmission.

PALAVRAS-CHAVE: Syphilis; Pregnancy; Congenital syphilis.

PP1501 - PREVALENCE OF SMOKING IN A COMMUNITY IN SOUTHERN BRAZIL.

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Introduction and Objectives:

Smoking is currently recognized as a chemical dependency that expose individuals to numerous toxic substances. Considered the main public health problem by the World Health Organization (WHO), the consumption of snuff should be seen as a pandemic, it is responsible for about five million deaths (four million men and one million women) per year worldwide. The objective this study was to determine the population of smokers in the area of actuation of the community.

Methodology:

This is an cross-sectional study, the population over 14 years in the district of Mundo Novo, Novo Hamburgo city, Rio Grande do Sul. It was initially conducted a literature review in BIREME databases based on the last five years. The instruments were applied in September 2015. It was used semi-structured questionnaire. It was randomly applied to patients who were consulting in health center.

Results and Conclusions:

The prevalence of smokers in district in the period was 18%. The profile of the smokers was analyzed: 74% female, 79%, age 40-59 years, 52% were 15-30 years when started smoking, 89% at least one smoker parent and 79% tried to stop the smoke at least once.

The prevalence of smoking varies in community studies (11-32%), one should take into account the demographic and socioeconomic aspects, women consults more often this may explain the higher prevalence. The high number of smokers who tried to quit leads us to believe in the importance of a support group. The opportunity was offered drug treatment for termination of dependency.

PALAVRAS-CHAVE: tobacco use; community health care; cessation

PP1503 - QUATERNARY PREVENTION: THE SOLUTION FOR OVERDIAGNOSIS

Gabe, JS ¹; Silva, DG ¹; Lopes, FG ¹; Oliveira, RZ ²; Ferreira, FM ¹; Porqueres, L ¹; 1 - UniCesumar; 2 - Universidade Estadual de Maringá;

In a world ever more dominated by technological resources, it is natural that they be used in healthcare as well. We have witnessed technology frequently being used in clinical practice. The indiscriminated use of imaging technology to screen for diseases, many times regardless of the clinical criteria for such, lead to an increase in false positive cases, iatrogenesis and unnecessary healthcare expenses. We call this “overdiagnosis”, whereas the act of preventing the occurrence of medical interventions is called “quaternary prevention”. The purpose of this paper is to review this topic which is so relevant to optimal clinical practice. The methodology employed involved the use of keywords such as “overdiagnosis” and “quaternary prevention” in the main databases on human healthcare. We observed that selective screening, through the use of well-defined protocols that take into account absolute and non-relative risk, increases the cost-effectiveness of the requested imaging tests. The goal is to outline patients who benefitted from more than one preventive action and, later, from certain medical interventions. Consequently, the high-risk approach improves the risk-benefit ratio, avoids interference in those cases which do not fulfill the established criteria and relieves the burden from healthcare systems, with the rational use of financial resources. In summary, these measures are necessary to promote greater safety and well-being to patients, as well as cost-effectiveness for healthcare management and professionals.

PALAVRAS-CHAVE: Sobrediagnóstico; Prevenção quaternária; Custo-efetividade

**PP1504 - PRIMARY CARE PHYSICIANS IN THE EBOLA EPIDEMIC –
EXPERIENCES FROM THE FRONT LINE**

Dhillon PS ¹; 1 - University of Saskatchewan;

Abstract

Dr. Dhillon worked for six weeks as a physician in the Kerry Town Ebola Treatment Centre in Sierra Leone during the Ebola crisis. He volunteered and was employed by Save the Children UK and worked directly with Ebola positive patients. He is trained as a rural General Practitioner in Canada and did further specialist training in Tropical Medicine in London prior to his deployment. He will describe how the basic principles of Family Medicine applied during his experiences in Sierra Leone and how Family Medicine values can be used to not only care for patients but to care for the overall health of a resource poor country during a major epidemic.

Justification and Content

The purpose of this talk will be expose Family Physicians to the work done in an Ebola Treatment Centre and how the broad based training in Family Medicine is applicable to specific disease states, in particular Ebola. The talk will consist of a Q+A along with a Prezi slide presentation.

PALAVRAS-CHAVE: Ebola; Global Health; Primary Care

**PP1505 - PRODUCTION ANALYSIS OF THE NASF TEAMS IN THE
PROGRAMMATIC AREA 1.0 OF MUNICIPALITY OF RIO DE JANEIRO IN
2015**

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Family Health Support Centers (NASF) were created by the Health Ministry in 2008 aiming to support the consolidation of Primary Care. The Programmatic Area 1.0 in the city of Rio de Janeiro has two teams currently. In 2015 the Municipal Secretary of Health intensified attention to the record of its production. Several procedures performed by NASF teams do not have code in Table SIGTAP, DATASUS instrument to record Ambulatory production and Primary Care, being necessary to establish the parameterization, it means association between procedures performed and that more resemble within the agreed procedures. In April / 2015 NASF production, in the logic of parameterization, began to be presented at the Outpatient Information System (SIA/SUS). This study aims to analyze the production of NASF teams in 2015 and discuss registration limitations. Data were obtained from the production sending spreadsheets (period April-December / 2015) and municipal TABNET in January 2016. In 2015 the NASF teams performed 4479 procedures with increasing production; compared to total production in the AP 1.0, was not significant, however, by comparing individually each procedure, identifies the Educational Activities / Guidance Group in Specialized Care represented high percentages from the month of September, peaking in December. Monitoring the NASF production is key to monitoring their actions, assessment and planning. However, the parameterization has limitations, since it does not reflect accurately the procedure performed, requiring review of SIGTAP table.

PALAVRAS-CHAVE: Ambulatory Care; Primary Health Care; Family health

**PP1507 - PROFILE OF THE SYNDROME OF ACQUIRED
IMMUNODEFICIENCY IN THE STATE OF AMAPÁ IN THE PERIOD 2010 TO
2015**

Melo,FRM¹; Fecury AA¹; Rizzi ACM¹; Tavares JF¹; 1 - Universidade Federal do Amapá;

Acquired Immunodeficiency Syndrome (AIDS) is a disease that is one of today's biggest health problems due to his character pandemic and its severity. In Brazil, the country occupying third place in number of infected subjects, the Health Ministry has elaborated preventive strategies since 1997. This study aimed to determine the amount of AIDS cases reported to the Sistema de Informação de Agravos de Notificação (SINAN) in the state of Amapá in the period 2010 to 2015, identifying the reporting year and the category of contamination. Were conducted a descriptive cross-sectional study using data obtained at the website of the Sistema Único de Saúde, DATASUS. Data were collected from Brazil, on the state of Amapá. AIDS on data for the period 2010 to 2015 were obtained in February 2016. Were recorded 401 AIDS cases, of which 292 in heterosexual people, 47 in homosexual, 21 in bisexual, 4 in Injecting Drug Users, 14 by vertical transmission and 23 ignored. The year in which more reports were in 2013 with 130 cases. In 2014, only 20 cases were reported but the data were not recorded until the month of June of that year. Data from 2015 were not available on website. The incidence of AIDS in state of Amapá draws attention to the need to exercise control measures focused on education and information aimed at the practice of safe sex. In addition, it is necessary to work with health professionals about the importance of reporting so that we have a true epidemiological profile.

PALAVRAS-CHAVE: AIDS; Epidemiology; Health

PP1508 - PROGRAM MORE DOCTORS FROM THE PERSPECTIVE OF CUBAN EXCHANGE DOCTORS IN AREAS OF DIFFICULT PROVISION, ITS STAFF AND PATIENTS

Machado HSV ¹; Souza RF ²; Machado ABV ³; Machado LCT ¹; Sá AO ¹; 1 - SMS-RJ; 2 - UNIGRANRIO; 3 - Univesridade Estácio de Sá;

Introduction and Objective:

In July of 2013 was created the Program More Doctors to Brazil with the task of fixing professionals in remote areas of difficult provision. The government suffered harsh criticism from the medical category and civil society. This study aims to refrain from political-ideological discussion polemical the package of measures and reveal in an intimate perspective the practical supervision of two Cuban doctors working in the state of Rio de Janeiro, their experience in Brazil, relations with the population under their care and those with other health professionals of your team.

Method:

Over nine face meetings, covering interviews, testimonials, audio-visual material, was produced an amateur documentary short film showing nothing more than the day-to-day Cuban doctors in their new working environments.

Results and Conclusions:

The final product displays a successful experience of the program in only two situations portrayed. Notably expressed a strong bond of trust and respect between the exchange professionals and their patients and staff. It was achieved through the production and dissemination of the material another view of the program, impartial, important to reflect the real consequences for those who are in direct contact with the doctors and the communities touched by political program so challenged.

PALAVRAS-CHAVE: Equity in Health; Primary Care; Wilderness Medicine

PP1509 - PROGRAM 'MORE MEDICAL DOCTORS' IN 'BAIXADA FLUMINENSE', METROPOLITAN AREA OF RIO DE JANEIRO STATE.

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'More Medical Doctors' (MDP) is a federal government program that aims to increase the number of physicians in medically underserved areas, such as isolated regions and the outskirts of large cities. Running since 2013, it enables the hiring of medical doctors to work in primary care setting, to ensure health care access to millions of Brazilian citizens.

'Baixada Fluminense' is composed of 11 municipalities surrounding the city of Rio de Janeiro - the capital of the State – being part of its metropolitan area. It has a population of almost 3,600,000 people, HDI between 0,659-0,753 and median income around one minimum wage.

The data presented here is a preliminary analysis of a research aimed at evaluating the MDP in Rio de Janeiro State. This study compares some health indicators, built from official databases (DATASUS), two years before (2012-2013) and after (2014-2015) the onset of this program.

Since 2013 September, 219 new physicians were incorporated into primary care services in 'Baixada Fluminense'. The number of registered people increased 69,0% but no statistically significant differences were observed in the number of medical consultations in primary care. Among nineteen hospital admissions for primary care-sensitive conditions considered, were observed reduction in seven, notably those related to acute diseases such as asthma, pneumonia, PID and gastroenteritis.

These results describes a initial health panorama. A more complex study, already in development, will be able to give more informations, providing better conclusions about the influence of MDP in health care attendance in the State.

PALAVRAS-CHAVE: Primary Care; Health Services Accessibility; Health Status Indicators

PP1510 - QUALIFICATION OF ASSISTANCE IN UNITS BASIC BELO HORIZONTE EAST DISTRICT HEALTH

Lamounier EJ ¹; 1 - Secretaria Municipal de Belo Horizonte;

INTRODUCTION AND OBJECTIVE:

The importance of an organization in health care, with the creation of an assistance online folder, divided by micro area of the Eastern District. It aims: to improve the provision of health care in Basic Health Units (BHU) in the Eastern District. Share the care and management skills. Contribute to progress and qualified UBS training, through good service to users.

METHODS:

Regular meetings on a monthly basis, with managers divided into micro areas in some moments open to invited professionals of UBS. Home to a survey of demands, difficulties, data, successes followed with discussion and preparation of action plan or solution. Three elaborate online folders and divided by micro areas, with the following data: Unit Manager, Team, People, Featured Employees and their areas of healthcare qualifications, Embezzlement, Needs and Capabilities. Reviews and necessary changes in the sectors: Vaccine, Pharmacy, calls for all professionals - doctors, nurses, Aux. Nursing, Dentistry, ACS, ACE, NASF, Social Worker, Manager and others.

RESULTS AND CONCLUSION:

Guidelines and monitoring plan of organization and assistance: Tuberculosis, leprosy, sexually transmitted disease, Hypertension, Diabetes, Children's Health, Women, Aging, Adult, Human, Mental Health, Health Art , Dressing, Ombudsman, Violence, I can help, Private Population Freedom, Clinical Management, immunization, oral health and other needs. Approximation of UBS with district level and knowledge of their needs together to contribute to the preparation of solutions and improvement of care performance.

PALAVRAS-CHAVE: Assistência; Saúde; Qualificação

PP1511 - QUATERNARY PREVENTION IN PRIMARY CARE - A CASE REPORT

Braga DC ¹; Pereira RW ¹; Bortolini SM ¹; Conte TA ¹; 1 - Universidade do Oeste de Santa Catarina;

Introduction and Objectives:

Quaternary prevention is defined as the detection of individuals at risk of overtreatment in order to protect them from inappropriate new medical interventions. The aim of this report is to describe the clinical investigation of a patient with unconjugated hyperbilirubinemia.

Methods:

A male patient, 68 years old, consulted a dermatologist for an evaluation of melanocytic nevi. It had been decided to perform a surgical removal of the lesions and to this end, the specialist asked numerous pre-operative tests, among which were the serum bilirubin, which values were 2.04 mg/dl (total bilirubin) and 1.54mg/dl (indirect bilirubin). Since the patient had gotten worried about the altered results, he went to a primary care physician for clarification. Additional upper abdomen ultrasound and liver function tests confirmed the diagnosis of Gilbert's syndrome.

Results and Conclusions:

Gilbert's syndrome, a recessive inheritance pathology, is characterized by chronic and recurrent indirect hyperbilirubinemia. Among its precipitants for jaundice and hyperbilirubinemia are: gastrointestinal bleeding, physical activity and long periods of fasting. Nevertheless, the disease has a purely benign prognosis and appears to be more prevalent in men (4 times more than in women). The primary cause is a defect in UDP Glucuronyl transferase enzyme, which performs the glucuronidation of bilirubin. This report illustrates that tests ordered inappropriately may result in increased anxiety for patients, increased costs from the health system, which would result in overdiagnosis. Thus, it is essential for the family physician to pay attention to the quaternary prevention in order to protect the patient's interests.

PALAVRAS-CHAVE: Quaternary Prevention; Gilbert's Syndrome; Overdiagnosis

**PP1512 - REASON FOR HOSPITALIZATION OF ELDERLY WHO CAME TO
THE OUTPATIENT CLINIC OF THE GERIATRIC HOSPITAL PROF. DR.
GERARDO BOUNGERMINI**

Lezcano F, Mendoza T, Mercado D, Cáceres N. ¹; 1 - HOSPITAL GERIATRICO
IPS;

Introduction:

According to the Pan American Health Organization is defined as elderly people 60 years or more, in which they may have functional impairments due to biological, psychological and social changes, lifestyle and environmental factors. These changes are normal caused by the passage of age, and that is why every adult should be paid comprehensive care and a multidisciplinary approach.

Methodology:

The study was observational, descriptive, retrospective cross section

Results:

According to the sex of the patients in the study; 56 (42%) male and 76 patients (58%) female. Among the reasons for these patient consultation we can describe that 45.45% of patients attended for respiratory distress, fever 18.18%, 13.63% went to the outpatient clinic by altered sensorium, 7.57% by pain or injury on lower limbs, dysuria 7.57, and 7.57% of patients attended by asthenia. The underlying conditions found correspond to 80.30% hypertension, 75% of frailty syndrome, ICC 70.45%, 66% osteoarthritis, 40.15% DM, 35.60% stroke sequela. The origin of these patients corresponds mostly to cities in the central area of the country, with a total of 93 patients (70%), while 39 patients by 30% come from within.

Conclusion: The underlying conditions are found in our research hypertension (high blood pressure), fragility syndrome, ICC (congestive heart failure), Osteoarthritis, DM (Diabetes Mellitus) and stroke sequela. Respiratory distress was the most prevalent reason consultation. Most patients are the central department. The result of this study found that the more basic pathology found in the HT is 80.30%.

PALAVRAS-CHAVE: elderly; disease; hospitalization

PP1515 - REGULATION OF THE BRAZILIAN PUBLIC SYSTEM HEALTH IN A CONTEXT OF SCARCE RESOURCES: BIOETHICAL ASPECTS OF MEDICAL DECISION-MAKING PROCESS

Pereira FP ¹; 1 - UNIVERSIDADE FEDERAL FLUMINENSE;

The biggest demand in the specialized medical care is centered in emergency rooms of hospitals, resulting in overcrowding and inequity in the capacity to offer services by the SUS, in particular for the poorest part of the population. The lack of resources can result in moral problems, bringing ethical dilemmas in the decision making process of physicians responsible for choosing which patient will receive the medical care of hospital beds, intensive therapy units, transplants and so forth. The bioethics specialized literature has presented several criteria for the selection of candidates for this scarce health resources. According to Berlinguer (1999) such social and moral decision making criteria are ignored or discussed with little depth in the history of medicine, and this is the issue that will be dealt with in this study.

Goal

To describe through bioethics the possible aspects that must be taken into account in the decision making process of SUS's physicians responsible for deciding which patient will receive medical care in a context of scarce resources.

Method

Literature review, performing the research of scientific articles published in leading databases, such as LILACS, BIREME, SCIELO, among others.

Conclusion

For the decision making process is not enough only the application of ethical theories. It is also necessary a practical and non-dogmatic approach that makes the analysis of facts and arguments, helping to assess rational justifications of conflicting moral issues. In this way, it is noticed the significant contribution of bioethics and its principles as tools for the decision making process.

PALAVRAS-CHAVE: Regulation; Health Surveillance in

PP1516 - REPORTING FOUR YEARS OF A SUPPORT CENTER FOR FAMILY HEALTH (NASF) IN THE MUNICIPALITY OF RIO DE JANEIRO.

Miranda C ¹; Frederico DF ¹; Alves J ¹; 1 - Prefeitura do Rio de Janeiro;

The Support Center for Family Health (NASF) created in 2008 by the Ministry of Health (MS) started its implantation in the city of Rio de Janeiro in 2011, currently counts on approximately 73 teams NASF. In this report, we aim to expose the experience of a NASF team, which in November 2015, completed 4 years of acting with the Family Health Strategy (ESF), in the north zone of the county, Planning Area 3.3. As a method, we decided to analyze the experience from the alterations in the professional team, changes in the whole period, progress and challenges. Initially, we analyze that the reallocation of professionals generated gains with the expansion of knowledge. The arrival of two physical therapists, a social worker and a speech therapist pointed out in this, but at the same time we left to rely on the psychiatrist into the team, who resigned and there was not a candidate to fill the vacancy, and the hourly load reduction of psychologist for 20 hours, for capacity reasons, revealed a negative impact on the mental health care in the ESF in this territory. We conclude that the NASF has strengthened the extended care on the health of users, sharply reduced the number of referrals with increasing resoluteness. However, we still face some problems such as professional turnover in the reference teams as well as the excess of the same assignments directly affecting the matricial work.

PALAVRAS-CHAVE: NASF; Family Health Strategy; Support Center for Family Health

PP1518 - RESPONSIBILITY OF PROFESSIONAL DOCTOR ABOUT NOTIFICATION OF CASES OF DOMESTIC VIOLENCE AGAINST THE ELDERLY WOMAN

Guimarães, APS¹; Górios, C²; Dias, FGCK²; Rodrigues, CL¹; Armond, JE²; 1 - UNISA Universidade Santo Amaro; 2 - Unisa Universidade Santo Amaro;

Responsibility of professional doctor about notification of cases of domestic violence against the elderly woman.

Ana Paula dos Santos Guimarães¹, Carlos Górios², Fernanda Galvão Canda Kimura Dias³, Cintia Leci Rodrigues³, Jane de Eston Armond⁴.

Abstract:

Introduction: National and international studies consider the family environment as the primary context for incidents of violence against the elderly, representing a serious social and public health problem. Objective: The study aims to characterize the population of older women who have suffered sexual and physical violence, and describe the characteristics of aggression. Method: This is a cross-sectional study, a survey was conducted, using secondary data, System Information for Violence and Injury Surveillance, which are registered reports of physical and sexual violence against the female population aged 60 and older. Results: During the year 2013 were reported 289 physical violence against the elderly woman in the city of São Paulo, regarding sexual violence were reported: 10 cases. Conclusion: In its direct and daily deals with health service users aged (at all levels of complexity), the doctor needs to know to investigate and identify cases of violence, properly approach the patient, acting in coordination with other professionals, trace interventions effective for each case.

PALAVRAS-CHAVE: Aged; Violence; Ethics

PP1519 - RESULTS OF SMOKING SUPPORT GROUPS

Miguel JS ¹; Sedrim AB ¹; Gomes BCM ¹; 1 - IIRS Albert Einstein;

Introduction and objective:

Smoking is recognized as an epidemic disease that causes physical, psychological and behavioral dependence. The objective of this study was to describe the results of the anti-smoking group.

Method:

Backed with a smoking cessation policy, in 2014 a Family Health Unit of São Paulo implemented an anti-smoking group offering access to treatment, where the main psychotherapeutic tool used was the cognitive behavioral approach. Selection was made through a raffle where each participant committed verbally to finish the treatment beforehand. The group was divided into 6 sessions being composed of a multidisciplinary team. For each meeting the team tried to provide a cozy, themed, customized environment. Drug therapy was indicated and available after individual assessment. After the end of the sessions, patients were given dental care and were asked to participate in monthly meetings to help the experiment's maintenance with group support.

Results and conclusion:

During 29 months 7 group were performed, with 90 patients of whom a 55.6% compliance rate. Partial and total cessation occurred in 15 and 35 patients respectively. An average of 70% (50) ceased smoking and 30% reduced the number of cigarettes used per day. This value is better when we compare to the national average. So we can conclude that the scheduled meetings helped promote a bonding experience between the medical team with patients and their families; the cognitive behavioral approach stimulates a protagonist reaction from patients.

PALAVRAS-CHAVE: Smoking; Smoking cessation; Primary Health Care

PP1520 - RESULTS OF TOBACCO CONTROL PROGRAM BY FAMILY HEALTH STRATEGY IN BELO HORIZONTE, MINAS GERAIS STATE.

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Introduction and Objective

The Tobacco Control Program began its activities in the Unified Health System in Belo Horizonte in 2001, with the sensibilization of professionals health services. Already in 2006, we began to offer the Intensive Approach to Smoking Cessation, through cognitive behavioral therapy groups. This report shows the increasing coverage of this activity in the Unified Health System between 2012 and 2015.

Method

Data obtained by the Tobacco Control Program was studied at period 2012 to 2015, wich are: number of capacitated health professional, number of Healths Centers that offered cognitive behavioral therapy groups and number of users attended.

Results and Conclusions.

Between 2012 to 2015, there was an increase of superior level professionals in the Primary Health Care enabled in intensive approach to smokers, including those of Nucleus for Family Health Support ("NASF") and the City's Fitness Gym ("Academia da Cidade"), totaling 1168 professionals. With this, the number of Health Centers that offered groups in the period increased from 23 to 103 and the number of users attended from 519 to 3147. These data show a grow of 4.5 times the number of services and 6 times the number of users assisted.

PALAVRAS-CHAVE: Smoking Cessation; Availability of Health Services; Primary Health Care

PP1521 - RISK FACTORS FOR PRIMARY HYPERTENSION IN CHILDHOOD.

Jimenez MB ¹; 1 - Hospital de Clinicas;

Introduction:

Essential hypertension is a multifactorial disease with increasing incidence and prevalence.

Objectives:

To identify risk factors for hypertension, anthropometric measurements, blood pressure and physical activity of children and adolescents.

Materials and Methods:

A descriptive cross-sectional study. Variables were: sex, age, family medical history, weight, height, BMI, BP and physical activity.

Results:

325 patients were booked of which 41 records were excluded for being incomplete. 284 patients were analyzed. Female 54.5% (n=155) and 45.5% males (n=129). Age 11.06 ± 2.69 years. According to the BMI Malnutrition 6.4% (n=18) Normal weight: 53.5% (n=152) Overweight: 25.4% (n=72) Obesity: 14.7% (n=42) overweight or obesity: 40.1%. BP 110/70 74.7% (n=212) BP = 110/70 25.3% (n=75). According Physical Activity: Active 31.4% (n=89), Moderately Active: 63.7% (n=181), Physical Activity Nula 4.9% (n=14). According to BP was divided into 2 groups. Group 1: BP 110/70 (74.7%) BP: $63 \pm 94.4 / 68.8 \pm 7$. Age: 10.53 ± 2.7 years. BMI: Malnutrition 7.6% (n=16). Normal weight 56.8% (n=120). Overweight: 22% (n=48). Obesity 13.6% (n=28). 35.6% overweight and obesity. Active physical activity 30.2% (n=64) 65.1% Moderately active (n=138). No physical activity 4.7% (n=10). Family history of hypertension: 59.4%. Diabetes 28.8%. Diabetes and hypertension 2.8%. Group 2: Blood Pressure 110/70 (25.3%) blood pressure: $115.18 \pm 7.2 / 8.8 \pm 69.86$. Age: 12.58 ± 1.9 years. BMI: Malnutrition 2.7% (n=2). Normal weight 46.7% (n=35). Overweight: 32% (n=24). Obesity 18.7% (n=14). 50.7% overweight and obesity. Active physical activity 34.7% (n=26) Moderately active 61.3% (n=46). No physical activity 4% (n=3). Family History of Hypertension: 60%. Diabetes 36%. Diabetes and hypertension 30.3%.

Conclusion:

The population needs a long-term intervention on diet and physical activity.

PALAVRAS-CHAVE: Essential Hypertension

PP1524 - SAFER ACCESS SISTEM: MONITORING ARMED VIOLENCE EVENTS IN PRIMARY CARE UNITS

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Since 2009 the Rio de Janeiro City promotes the expansion of Primary Health Network. In this process has expanded coverage in vulnerable areas dominated by armed actors, where public services historically fail to act appropriately. The operations in these territories brought issues that induce the hypothesis that armed violence interferes with the development of the work process of the teams and managing these units.

This monitoring aims to evaluate the impact that armed violence imposes the management, professional and patients in areas with violence, identifying the most vulnerable areas. Also helps in the planning of mitigation actions to the risks and possible damage.

The method used is based on quantitative and qualitative analysis of the notifications made by the teams in the More Secure Access Notification System. With a historical series from 2013 to 2015, in the last year were registered 1761 notifications made by 113 health units, pointing 508 episodes of closing the units and 1253 of the suspension of home visitation due to violence in the territory.

Partially, we can conclude that for the first time the municipality quantifies situations of violence affecting health services; Enables greater visibility of the impact of violence on health services; Enables the identification of vulnerable health facilities; It allows differentiated support units according to the characteristics of the territory.

PALAVRAS-CHAVE: Primary Health Care ; Violence; Equity in Access

PP1525 - HEALTH THIS: RESOLUTIVE MANAGEMENT MODEL IN RIO DE JANEIRO CITY

NEVES LR¹; REZENDE P¹; 1 - INSTITUTO DE ATENÇÃO BÁSICA E AVANÇADA À SAÚDE;

Title

Present Health: Resolutive Management Model in the Municipality of Rio de Janeiro

Introduction

Since the year 2000 when there was the expansion of the Family Health, by 2009 when the new management model emerged with the creation of Family Clinics, the "turnover" of Family Physicians was the big challenge for the fixing of these professionals, which prevented the expansion of the teams of the Family Health Strategy in the city of Rio de Janeiro.

Goals

This paper aims to demonstrate how the management model used by the Municipality of Rio de Janeiro was also good, with emphasis on care line, ensuring better quality of life for citizens with the realization of early diagnosis, promotion, disease prevention and increased the resoluteness of care.

Methodology

descriptive qualitative research regarding the management model change demonstrating that the present Health Program is an innovative health networks modeling experience.

Results

From 2009 with the increase of the health indicators teams improved in all aspects. The reduction in turnover allowed the entry of new professionals and pay for performance (pay-for-performance) was one of the measures taken to achieve the objectives of the reform of Primary Health Care in the Health Program Gift. Coverage increased from 3.5% in 2008 to 50% in January 2016, we opened 78 Family Clinics benefiting access to over 2 million users to health services in the Family Health Strategy.

PALAVRAS-CHAVE: MANAGEMENT; ACESS; Family Health Strategy

PP1526 - SIDA PREVALENCE RATE IN BRAZIL: ANALYSIS OF 15 YEARS

Azevedo CBS¹; Prudente SC²; Azevedo CBS³; GRACIANO AR⁴; RODRIGUES BB⁴; MARQUES FF⁴; LOBO DS⁴; 1 - Academic of the Medical School of UniEVANGÉLICA Anápolis-GO; 2 - Pedagogical Advisor to the Medical School of UNIRV and Medicine Course of PUC Goiás; 3 - Academic of the Medical School of the University of Rio Verde-UNIRV; 4 - Faculdade de Medicina do Centro Universitário de Anápolis UniEvangélica;

Introduction:

The epidemic of HIV infection and SIDA constitutes a serious problem of public and global health. Health campaigns worldwide attempt to reduce the prevalence and incidence rates being necessary to study the impact of these measures on the number of occurrence of this disease.

Objective:

To identify the cases of SIDA in Brazil over a period of 15 years (between 2000 and 2014).

Method:

It is a quantitative ecological study with cross-sectional design. We consider the total SIDA cases occurred in Brazil recognized by the National Health System. The data used were obtained from the Ambulatory Information System. At the same time a study was conducted in the IBGE (Brazilian Institute of Geography and Statistics) for the number of survey of the population.

Results:

The average prevalence of SIDA in Brazil between the years 2000 to 2015 was 0.18%. The highest peak prevalence corresponded to year 2002 (0.22%) and the lowest prevalence rate was in 2014 (0.07%) showing a significant reduction in the rates at response to government actions of prevention in health care. Male gender presented a rates more than female rate with corresponding prevalence

Conclusion:

The study showed a significant reduction in the number of cases of AIDS in Brazil between 2013 and 2014. It should be investigated whether this reduction is due to the increased mortality or decline in incidence rates.of 0.25% with a lower value and rate equivalent to 0.10% and 0.39% respectively.

PALAVRAS-CHAVE: AIDS sorodiagnosis; HIV infections; HIV Seroprevalence

PP1527 - SINDROME DE BOURNOT

CHAVEZ SN ¹; MASGO CK ²; 1 - UNIVERSIDAD NACIONAL DE PIURA; 2 - UNIVERSIDAD PERUANA CAYETANO HEREDIA;

BURNOUT SYNDROME IN RESIDENTS OF MEDICAL AND REGIONAL MEDICAL ASSISTANTS CAYETANO HEREDIA, JOSE HOSPITAL, PIURA, PERU ". (August - October, 2015)

•Burnout or burnout has acquired enormous importance in recent years.¹⁴ It is a growing problem that demands attention by the adverse consequences it has on the quality of care by health staff and their implications on the economic side and social. This research takes on local and national relevance as it will know the exact prevalence of burnout in the main hospital of the region and the epidemiological characteristics of the groups that suffer, in addition to serving as a reference for new and larger studies in other regions and national level to identify factors that are associated with this condition to determine the point of intervention.

Importance

This syndrome is important because it not only affects the quality of life and mental health professional who suffers but often, because of this syndrome come to endanger the health of patients; both those who suffer directly as well as those who are cared for by someone who has it. The frequency of this syndrome has been raised which prompted the World Health Organization in 2000 qualify as occupational risk.

The purpose of this work is to determine the prevalence of burnout syndrome in residents of physicians and physician assistants Jose Regional Hospital Cayetano Heredia, Piura, Peru. August to October 2015.

PALAVRAS-CHAVE: BOURNOT; CALIDAD DE ATENCION; DESPERSONALIZACION

PP1529 - SKIN CANCER PREVENTION IN PRIMARY CARE. DESCRIPTIVE STUDY. URUGUAY 2015

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Introduction:

The incidence of skin cancer is increasing worldwide, currently considered a pandemic. In Uruguay there are no studies that provide data on the prevention of skin cancer.

Objective:

To determine the knowledge, habits and attitudes of doctors working in Primary Care and whether this affect their prevention activities.

Method:

A survey of knowledge, habits and attitudes about skin Cancer prevention adapted from the study done by Senan MR et al, from whom we received authorization. The survey was anonymous and delivered to physicians trained in Family and Community Medicine, Pediatrics and Dermatology.

Results and Conclusions:

We analyze 519 surveys. The study shows that the habits and attitudes of skin cancer prevention for Primary Care professionals are similar to those of the general population. Those professionals who have more knowledge are the ones who more protect themselves from Ultraviolet Radiation and those who more photo protection tips give to their patients. The professionals who do less prevention are younger physicians, those who have less training and the ones who take less photo protection measures for themselves. As Family and Community Medicine doctors, we are in a privileged position for doing primary and secondary prevention. This can change the evolution of this pandemic. It is essential to reinforce this specific training in residency programs and Continuing Medical Education programs.

PALAVRAS-CHAVE: Skin Cancer; Prevention; Primary Care

PP1531 - SMOKING CESSATION: BENEFITS AND STRATEGIES IN PRIMARY CARE

ALMEIDA APFG ¹; SANDES LFF ²; SOUZA MFNS ²; MONÇÃO GA ²; SOARES PHA ²; BELIQUE HC ²; GUIMARÃES RC ²; PRATES MA ²; 1 - UNIMONTES. UNIVERSIDADE ESTADUAL DE MONTES CLAROS; 2 - UNIVERSIDADE ESTADUAL DE MONTES CLAROS;

Introduction:

Smoking is a major public health problem worldwide, mainly because of the massive amount of cigarette users and the damages that it causes to both passive and active smokers. The World Health Organization (WHO) considers smoking as the most preventable cause of illness and deaths around the globe. Therefore, it is essential to know more about this public health villain and discuss with family doctors in primary care, different methods of combating tobacco's spread and addiction among users.

Methods:

This article is part of a project from medicine students of the Universidade Estadual de Montes Claros (UNIMONTES). The main scientific bases (SciELO®, Science® Direct®, etc.) were used as research tools for articles and books about smoking cessation and smoking abuse. The basic knowledge on this subject for professionals of the primary medical care is summed up in this article.

Results and Conclusion:

Smoking is included in the group of mental and behavioral diseases, because of nicotine's psychoactive element. Smokers usually have a life expectancy five years shorter than non-smokers and their mortality rates are ten times greater. Smoking is associated with 90% of lung cancers, 30% of all types of cancer and with 22% of cardiovascular diseases. Smoking cessation at age of 30 can increase life expectancy in up to ten years, consequently there are many techniques to encourage smoking ceasing among patients. There are public policies, as increasing tobacco tributes, and actions on the primary healthcare field, as cognitive-behavioral and pharmacological approaches, which may be associated, leading to effective results.

PALAVRAS-CHAVE: Tobacco; Smoking Cessation; Nicotine

PP1532 - SMOKING DURING PREGNANCY IN BRAZIL: SOCIAL INEQUALITIES

Domingues RMSM ¹; Leal ²; 1 - ENSP/Fiocruz e INI Evandro Chagas/Fiocruz; 2 - ENSP/Fiocruz;

Introduction and objective:

Tobacco smoking during pregnancy is associated with adverse perinatal outcomes such as low birth weight, preterm birth and intrauterine growth retardation. The aim of this study was to verify the prevalence of tobacco smoking during pregnancy in Brazil and to determine whether it is associated with sociodemographic characteristics of women.

METHODS:

This nationwide hospital-based study was performed with 23 894 women in 2011 and 2012. Data was obtained from interviews with puerperal women. The prevalence of pre-gestational smoking, of smoking during the first 20 weeks of pregnancy, and of smoking during the entire pregnancy was estimated according to sociodemographic characteristics of women. The chi-square test was used to detect differences between proportions.

Results and conclusions:

The prevalence of smoking before pregnancy, during the first 20 weeks of pregnancy and during the entire pregnancy was of 16%, 9.2% and 7.2% respectively. Most of the women smoked less than 10 cigarettes per day. Higher prevalence of smoking during pregnancy was observed in women with less than 8 years of schooling, who self-reported as black, who didn't have a paid job, who belonged to lower economic classes, who didn't live with a partner and who had previous births. Almost 30% of pregnant women who smoked during pregnancy had no prenatal care. Primary health services have an important role in engaging women to prenatal care and in promoting and supporting smoking cessation during pregnancy.

PALAVRAS-CHAVE: Pregnancy; Smoking; Health services

PP1533 - SMOKING: A STRATEGY FOR YOUR COMBAT

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Introduction and Objective:

Smoking is the leading cause of death from preventable diseases. It is associated with several types of cancers and increased risk of peptic ulcer disease, osteoporosis, and reproductive disorders. Tobacco dependence is multifactorial, involving the pharmacological actions of nicotine, relief of abstinence symptoms and seized associations. The benefit of quitting covers all kinds of smokers and increases with time of abstinence. The objective of this study is to describe the creation of a smoking cessation group at tESF.

Methods:

A group against smoking based on the National Program for Tobacco Control was created using the theme "Stopping Smoking without Mysteries", the Ministry of Health. Ten meetings were held with booklets: "Understanding why you smoke and how it affects your health", "The first days without smoking," "How to overcome obstacles to remain without smoking" and "Benefits gained after quitting smoking."

Results and conclusions:

Participants had the opportunity to exchange experiences about smoking, they began abandoning smoking through medicines provided through the SUS and were evaluated by the Head and Neck Surgery. The fight against the tobacco epidemic is a public health problem, with mandatory participation of educators, health professionals, especially medical. Community actions have great strength and can help those who wish to quit smoking. It is important to maintain support groups against smoking and offer necessary support for lasting change.

PALAVRAS-CHAVE: Smoking; Tobacco Use Cessation; Family Health

PP1535 - SOCIAL DETERMINANTS OF HEALTH-DISEASE PROCESS

SICURO, Bruno ¹; NETO, Alredo ¹; 1 - UERJ;

INTRODUCTION AND OBJECTIVE :

Neglected diseases such as tuberculosis have a high prevalence and mortality in Brazil, particularly in Rio de Janeiro, being a concern of professionals and managers of public health. This disease affects mostly local high population density and low health resources. The city of Rio de Janeiro is the Brazilian city where there are the greatest number of people dwelling in informal urban settlements with substandard housing. This paper proposes to discuss the current strategy to fight tuberculosis.

METHOD:

Audiovisual documentary genre production from epidemiological survey data, history of tuberculosis and health development. The title is "The Obvious" (O óbvio).

RESULTS AND CONCLUSIONS:

TB fighting strategy in the city of Rio de Janeiro does not seem adequate to the social determinants of health-disease process, causing the incidence of tuberculosis to remain in the same locations and to affect primarily people with low income and education.

PALAVRAS-CHAVE: Tuberculosis; neglected disease; Social vulnerability

PP1536 - SOCIAL STIGMA EFFECT IN PRIMARY CARE AND SUGGESTIONS FROM LITERATURE ABOUT “HOW TO DEAL WITH IT”

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Introduction and objective:

The art of medicine as the patient doctor relationship has a special importance in family medicine and should take part in the medical curricula from very early years of education by a social approach. Social stigma is defined as social disapproval of beliefs, attitudes, behaviors or characteristics which are against cultural norms. Besides education related to ethics, professionalism and humanism there is still concerns about social stigma effects on physicians especially in special situations as mental illnesses, sexual issues or ethnicity. In the changing face of primary care by migration, terrorism and violence there is need for a curricular change in undergraduate education and residency programs.

The aim of this review is to identify the issues related to social stigma in primary care and gather some clues about how to deal with stigmata depending on the experiences in literature.

Methods:

The study data mainly depends on a literature review from the PubMed and Google academic with search terms “stigma, stigmata, social stigma, and discrimination” for free full text articles in English or Turkish.

Results:

There is a reality that physicians generally prejudice patients, especially, when they are drug users, having mental illness or have HIV/AIDS. Other reality is the lack of education of physicians with these special groups although there is some evidence about the positive effect of education against stigma.

Conclusions:

Dealing with stigma needs self awareness, education and reflection. Narratives, case studies, small group discussions and scenarios may enhance physician’s skills against stigmata.

PALAVRAS-CHAVE: stigma; social stigma; primary care

PP1537 - SOCIAL VULNERABILITY AND PRIMARY HEALTH CARE COVERAGE IN THE REGIONAL DE SAÚDE DE SOBRADINHO, DISTRITO FEDERAL

Musso B ¹; Afonso MPD ¹; Soares JO ¹; 1 - SES-DF;

Introduction and Objective

Socially vulnerable populations are at a higher risk of negative health outcomes and it has been shown that Primary Health Care (PHC) oriented systems can reduce these inequalities across socioeconomic groups. In the Regional de Saúde de Sobradinho [Sobradinho Health Region], Distrito Federal, only 22.15% of the population is covered by registered Family Health Teams (FHTs), but it isn't known if this portion of the population is the most vulnerable. The objective of this study is to assess the relation between social vulnerability and status of coverage by PHC services of the population in the Regional de Saúde de Sobradinho.

Methods

This is an ecological, analytical and transversal study, with demographic data obtained from the last decennial census. The population in each area was categorized according to the vulnerability risk of respective census sectors using the Health Vulnerability Index (HVI) and according to whether it was comprised within the coverage area of a PHC service. The data were compiled in a digital database and subjected to a column proportions test.

Results and Conclusions

A higher proportion of people at high or very high risk by the HVI is covered by registered FHTs when compared to other groups. This result suggests that in the Regional de Saúde de Sobradinho some care has been given to distributing FHTs equitably through the territory. However, there is still a significant proportion of people at very high risk without coverage, highlighting the need for expansion and strengthening of PHC in this setting.

PALAVRAS-CHAVE: Health Vulnerability; Primary Health Care; Equity in Health

PP1538 - SOCIAL VULNERABILITY IN THE REGIONAL DE SAÚDE DE SOBRADINHO, DISTRITO FEDERAL

Musso B ¹; Afonso MPD ¹; Soares JO ¹; 1 - SES-DF;

Introduction and Objective

Health inequities are related to conditions that determine different degrees of social vulnerability in populations. Within a defined territory, effecting actions that impact on these conditions is a fundamental attribute of Primary Health Care (PHC), in line with the equity principle. In the Regional de Saúde de Sobradinho [Sobradinho Health Region], Distrito Federal, existing PHC services cover only 51.2% of the population. In this setting, it is important for local PHC management to identify areas of greater social vulnerability, which should be prioritized in the expansion of PHC coverage. The objective of this study is to categorize the census sectors of the Regional de Saúde de Sobradinho based on the Health Vulnerability Index (HVI).

Methods

This is an observational, ecological, descriptive and transversal study, carried out from September to November 2015. The census sectors were categorized based on the HVI developed by the Secretaria Municipal de Saúde [Municipal Health Department] of Belo Horizonte, using data from the 2010 decennial census of the Instituto Brasileiro de Geografia e Estatística [Brazilian Institute of Geography and Statistics] (IBGE). The spatial distribution of census sectors by vulnerability category was depicted in thematic maps, utilizing a Geographic Information System and cartographic materials from the IBGE.

Results and Conclusions

The thematic map allows the evaluation of spatial patterns of social vulnerability in the Regional. This provides local management with a technical tool to support more equitable health planning based on objective criteria, particularly in terms of PHC expansion.

PALAVRAS-CHAVE: Health Vulnerability ; Primary Health Care; Geographic Mapping

PP1539 - SPATIAL DISTRIBUTION OF CASES OF PULMONARY TUBERCULOSIS IN THE STATE OF SÃO PAULO, BRAZIL, BETWEEN THE YEARS 2007 AND 2013.

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INTRODUCTION

In Brazil, in 2013, 70,372 new cases of tuberculosis (TB) have been reported, putting it on the list of 22 countries that account for 80% of TB cases in the world.

OBJECTIVE

Describe the spatial distribution and temporal space of cases of pulmonary TB in the state of São Paulo (SSP), between the years 2007 and 2013

METHOD

Were used secondary data obtained in the Notifiable Diseases Information System data with information about new cases of pulmonary TB, by age and year group, comprising the period from 2007 to 2013. Were collected from the Institute database Brazilian Geography and Statistics, data of SSP municipalities. TB cases were excluded in patients with acquired immunodeficiency syndrome, coinfection with human immunodeficiency virus or detainees. With these data spreadsheets were prepared for each year considered in the study, with the following variables: municipal identification number; name in the county, population, according to the years of study, number of cases; incidence rates standardized by age. Using QGIS 2.8.3-Wien program, they were produced thematic maps representing the standardized incidence rates.

RESULTS AND CONCLUSION

Were observed for each year studied, municipal clusters with larger and smaller standardized incidence rates of pulmonary TB. In particular, some areas such as the region of Presidente Prudente, the metropolitan region of São Paulo and São Paulo coast showed high rates of TB incidence. However northern SSP was identified as a cluster of low disease incidence.

PALAVRAS-CHAVE: tuberculosis; incidence; residence characteristics

PP1541 - STANDARD SCREENING ALCOHOL USE AMONG PEOPLE WITH PERMANENT RESIDENCE AND SÃO PAULO HOMELESS : A COMPARATIVE STUDY

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Introduction / objective:

Heavy episodic use or the binge 60 grams or more of alcohol on a single occasion at least once in the month affects about 22% of the population (1). The therapeutic approach to the issue of alcohol depends on the classification that the screening tools provide. The Test Identification of Problems Related to Alcohol Use (AUDIT) has four classifications of alcohol consumption among low-risk, risk, harmful and addictive. Only in cases of dependency patients should be referred for specialized service, the rest should be managed in primary care (AB).

Method:

In this scenario was proposed a more precise diagnosis of the area both fixed residence and the population on the streets attended the Basic Health Unit, through the screening of cases of alcohol using the AUDIT.

Result / conclusion:

The overall sample is made up of men between 42 and 70 years. In the sample of the resident population were detected 25% risk of use and 75% of harmful use. The population of street 33% of the sample are use of risk, 50% is alcohol abuse and 17% is dependent. 100% in the resident population and the population of street 83% have management provided the alcohol issue in primary care. Both samples have high harmful use index, previous classification to addiction. To make the handling of the issue of the abusive use of alcohol is necessary to implement the AUDIT and empower teams of AB for this management.

PALAVRAS-CHAVE: Alcoholism; Primary Health Care ; Vulnerable Populations

PP1542 - STATINS (MIS)USE FOR PRIMARY CARDIOVASCULAR DISEASE

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Introduction and Objectives:

In order to reduce mortality from cardiovascular disease, statins act lowering high cholesterol levels and consequent diminishes vascular atherogenesis. Millions of people had in their prescriptions cholesterol-lowering drugs each year with no measurable benefit. The aim of this study was to investigate if indiscriminate prescription of statins for dyslipidemia treatment occurs.

Methods:

This was a cross-sectional study in a rural municipality in the state of Santa Catarina, located in Brazil's south region. We evaluated the patients who had in their prescription atorvastatin during the year of 2015.

Results and Conclusions:

The study included 47 patients, of which 57.44% (n= 27) were female. The most prevalent age group was that between 60 to 79 years (n= 30). The majority of the sample were overweight or mildly obese (n= 33). Regarding risk factors for cardiovascular disease, 76.59% (n= 36) had systemic hypertension. The cardiovascular risk (Framingham score) was mild in 25.53% (n= 12), moderate in 48.93% (n= 23) and high in 25.53% (n= 12). Patients who were taking 20mg of atorvastatin per day accounted for 74.46% (n= 35) of the sample. It was observed that patients with mild cardiovascular risk were 1.33 times more likely to have in their prescription 20mg of atorvastatin per day (OR = 1.33, CI95%= 1.08-1.77). The other associations were not statistically significant. This study is a warning to primary care professionals in order to perform a more rigorous evaluation of this drug's use in low cardiovascular risk patients, ever since the occurrence of pronounced side effects as fatigue, rhabdomyolysis and memory loss.

PALAVRAS-CHAVE: Statins; Primary Prevention; Cardiovascular disease

PP1543 - STEROID INDUCED DIABETES

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Introduction

Corticosteroids are powerful medication used to reduce harmful inflammation, but one of the hazards of using corticosteroids is that they can also cause patients to develop iatrogenic diabetes mellitus. It is usually a transient condition. In patients already at higher risk for getting diabetes the development of diabetes may be permanent.

Case description

A 56-years-old man, obese, good regulated hypertonic, reported to the emergency service because of hives on the body and limbs after taking the lozenges which consisted flurbiprofen. He was admitted to a hospital treatment. Routine laboratory tests and blood sugar were normal. Treated with corticosteroids and antihistaminic. After the reduction of the symptoms, discharged to home treatment with a recommendation for the gradual abolition of corticosteroid therapy and antihistaminic.

After 4 months he reported to family doctor due to dry mouth, urinating more often and being thirstier. He didn't have family history of type 2 diabetes. Blood sugar was 16 mol/L. He was sent to an endocrinologist and there blood sugar was 26 mol/L, HbA1c:11,6%. He was hospitalized and treated with insulin and later with oral medicaments (metformin and sulphonilurea). Hospital examinations did not find any complication of diabetes. When the glycoregulation was good patient was allowed to go home.

Conclusion

Be careful when taking combined medication. Be cautious when prescribing corticosteroids. Only when necessary. Prevention: Smaller doses of the medication or shorter periods of time. Keeping healthy lifestyle during the medication may help to reduce the likelihood of developing high blood sugar levels and diabetes.

PALAVRAS-CHAVE: STEROID; IATROGENIC; DIABETES MELLITUS

PP1544 - STRUCTURING THE WORK SCHEDULE OF THE NUCLEUS OF FAMILY HEALTH'S SUPPORT GROUP

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A major challenge in health systems is the pact of continuous process improvement. The way will be done will vary from one system to another , but all have the same goal: to advance the quality of services provided to users. Moving in this direction , Brazil , in order to reorganize , consolidate and expand its primary health care (PHC) opted for the Family Health Strategy (FHS). To support its inclusion in the service network, the resoluteness of the team, and expand its scope of action , the Ministry of Health created the Support Center for Family Health (NASF). Composed of professionals from different areas of knowledge, NASF , inserted into the APS , is expert support for your reference teams. The organization of the work process and the agenda of the various categories that make up the NASF is driven by the logic of matrix support in which clinical-care and educational technical activities should be developed. The aim of this study is to list and describe the elements that should structure this agenda and the strategies used to implement them. In order to achieve this goal the Polyclinics Coordination and NASF the city of Rio de Janeiro used the following tools : Ministry of Health documents; Working groups; Management Seminar. We note that the methodologies used fostered a critical analysis of the work process and organization of the agenda in some situations exclude some activities over others

PALAVRAS-CHAVE: Primary Health Care; Family Health; Quality Improvement

PP1545 - STUDY OF NOTIFICATIONS BY VIOLENCES SITUATIONS IN MEN IN RIO DE JANEIRO MUNICIPALITY

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In 2008, it was established by the Ministry of Health, the form notification / investigation Domestic Violence, Sexual Violence and / or Other Violence Interpersonal. Although barely visible, violence against the man exist, and a little further, male suicide is important. The objective of this study is to show the data from the Notifiable Diseases Information System - SINAN, with regard to violence, related to man. This is quantitative research. Notifications were analyzed from 2010 to 2014. From a total of 14.734 notifications, 4% were related to men, a figure that has remained stable over the period. It was observed that 66% were reported as physical violence and, among those that have been specified (not required), 45% were reported as self-harm / suicide attempt. All notifications were from hospitals with emergency door open, suggesting that only the most serious cases were reported. In addition to the small number of reports of violence, there is the problem of bad-fulfillment on the part of health professionals. It follows the analysis of the SINAN, which should develop actions for the prevention of violence and the release of the topic, too, for the male population.

PALAVRAS-CHAVE: domestic violence; information system; suicide

PP1546 - STUDY SAD-SMOKE: RELATION BETWEEN TABAGISM AND STRESS, ANXIETY AND DEPRESSION IN ADOLESCENT

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Introduction / Objectives:

Tabagism is the leading preventable cause of disease and premature death. Most start in their teens. Identify the susceptible adolescents and related factors is one important step for primary prevention to reduce the incidence of smoking. This study aimed the description of tobacco use by adolescents, identifying key-factors for this behavior and verifying association between smoking and adolescent's stress, anxiety and depression (SAD).

Methods:

Cross-sectional, descriptive study with analytical component. Convenience sample: 13-15 years attending the 9th grade in schools of Leiria. Questionnaire: self-fulfillment, confidential, anonymous (includes parts of GYTS and EADS-C). Statistical analysis: SPSS 20.0. Numerical variables: univariate descriptive analysis (minimum, average, maximum, median and standard deviation). Categorical variables: described as absolute and relative frequencies. Association between the variables smoking and SAD: chi-square test (0,05 significance level).

Results / Conclusion:

251 adolescents, 51,4% female, mean age 14,6±0,5 years. 32,7% of teens has tried smoking, only 6,8% smoked in the last month. Smoker's gender distribution: 50%. Teens believe that smoking is harmful (94,8%). Most don't think that smokers have more friends, more at ease in a social event. Smoking girls are considered less attractive. 59% have no smoking parents. 21,9% didn't show any SAD symptoms. There was no statistically significant association between smoking and SAD ($p>0,05$). This study allowed a better understanding of tobacco use, attitudes and behaviors associated. Try smoking and the prevalence of depression, anxiety and stress was high in this sample. These results may provide a contribution to outline strategies of prevention in adolescents.

PALAVRAS-CHAVE: Smoking; Adolescent; Depression

PP1547 - SUCCESSFUL STRATEGIES IN SMOKING CESSATION SUPPORT GROUPS AT A HEALTH INSTITUTION IN RIO DE JANEIRO

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The Smoking is considered by the World Health Organization the leading cause of preventable death in the world. In Brazil, according to national survey in 2013, 11.3% they are smoking. The country is recognized internationally for its tobacco control measures. The support group smoking cessation the Municipal Health Center Athayde José da Fonseca, in the municipality of Rio de Janeiro, obtained in the years 2012/2013, reduced percentage of success. The study aimed to identify the degree of adherence to treatment of tobacco using new strategies. With a view to restructure the smoking groups in basic health institution, it was decided to separate them into two groups: those who had never support group participated to quit smoking and those who participated at some time without success, characterized as new cases and re-entry, respectively. The approach of group was similar before, using the materials provided by the Ministry of Health. However, it was added participation of the Center for Support to Health, group planning moments with the management of institution and evaluation of the group at each session. In 2014, there were three support groups, two new patients and one re-entry. The results were encouraging: groups with new patients showed 68% and 72% success rate, that is, quit smoking after treatment, and re-entry group reached 44% success rate. The results showed compliance with the hypotheses, however it's need other purposeful research for the National Tobacco Program. The division of groups can contribute to the effectiveness of treatment and increase the success rate.

PALAVRAS-CHAVE: Smoking; treatment; support groups

PP1548 - SUS PRINCIPLES AND THE ACCESS OF ADOLESCENTS IN THE BASIC HEALTH UNITS OF PETRÓPOLIS – BRASIL.

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From the 1970s, new proposals and ideas redirected to health care in Brazil, previously hospital-centric and accessible to a small portion of Brazilians. In the late '80s, occurred the creation and implementation of the Unified Health System (SUS). As guiding principles of the new model of health, stands out the universality of service, the full user view (integrality) and the equity. After nearly three decades of SUS implementation and programs for the population characteristics, as teenagers, still limitations in health actions are observed, including in primary care. The aim of this study was: to analyze, from the perspective of adolescents treated in the Emergency Care Units (UPA) of Petrópolis, their access to Basic Health Units (UBS). Methodology: The study included 37 questionnaires answered by adolescents treated in UPAs, related service to their age group in UBS. This study was submitted to the Research Ethics Committee of the FMP /FASE and approved. Results: Among the problems encountered in primary care, the adolescents reported low coverage of the Family Health Strategy, lack of relationship with the staff, lack of medical professionals in some teams, delay and dissatisfaction with the quality of care. It was concluded that, although primary care be privileged as a gateway and ordering of health care for some populacionais- groups like teenagers-there is still a gap between theory and practice, causing mismatch with the SUS principles as integrity, equity and humanization.

PALAVRAS-CHAVE: Emergencies; Adolescent; Primary Health Care

PP1549 - SYPHILIS – WHAT IS THE BEST METHOD OF SCREENING?

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Objective:

Compare treponemal tests (TT) to non-treponemal tests (NTT) in the initial syphilis screening, metric comparison includes sensitivities tests and cost effectiveness.

Method:

We conducted a research in MEDLINE and evidence-based medicine websites of meta-analyzes (MA), systematic reviews (SR), original studies (OS) and clinical practice guidelines (CPG), published between January/2008 and January/2016 in Portuguese, English, Spanish and French languages and using the MeSH terms: syphilis serodiagnosis. For assessment of levels of evidence, we adopted the Oxford Centre for Evidence-Based Medicine (CEBM) scale.

Results and Conclusions:

Of 429 articles obtained, seven met the inclusion criteria (four CPG and three OS). CPG differ in their actual tests screening recommendations. The US Preventive Services Task Force recommend initial screening for syphilis using NTT, the International Union against Sexually Transmitted Infections and the British Society for Sexual Health and HIV recommends initial screening for syphilis using TT. The Public Health Agency of Canada recommend screening for Syphilis involved the use of NTT, however, in patients with suspected primary syphilis or late latent syphilis it is then appropriate to add a TT to the initial screen. Of OS, one recommend initial screening for syphilis using TT and two recommends NTT. The evidence found is insufficient to elect a preferable method for initial syphilis screening in Portugal. TT are more sensitive and specific, however, in low-prevalence populations, these tests present more false-positive. In these same populations, NTT was more cost-effective. Thus, more studies are required to permit choosing the best method for initial syphilis screening.

PALAVRAS-CHAVE: syphilis serodiagnosis

PP1550 - SYSTEMATIC REVIEW OF LITERATURE: CHOOSING FAMILY MEDICINE IN TROPICAL COUNTRIES - PRELIMINARY RESULTS

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Introduction and Objective:

Researches in several countries highlight the shortage of Family Physicians associated with low interest of medical students. This fact threatens the achievement of universal coverage of health in developing countries. This poster presents preliminary results of a systematic review of literature on the influencing factors of students choice for Family Medicine (GP) in tropical regions of the world in the last 10 years.

Methods:

We analyzed the original studies (qualitative and quantitative) on the career choice for GP among medical students in the tropical regions of the world. We search for 4 databases following the protocol "Preferred reporting items for systematic review and meta-analysis (PRISMA)."

Results and Conclusions:

We exclude the work out of the tropics and remaining 10 publications. We found a confusion between the expressions "generalists (newly formed)" and specialists in family medicine. The FM prestigious proved to be lower in tropical countries in the rest of the world. The insertion in the GP of medical curricula also proved to be minor. Preliminary results showed that GP career choice should be further investigated especially in tropical regions. Medical curricula and governments should focus more on family medicine in order to inspire more students to this career.

PALAVRAS-CHAVE: CAREER CHOICE; MEDICAL STUDENTS; FAMILY MEDICINE

PP1551 - TALKING ABOUT SUICIDE: THE INTEGRATION EXPERIENCE OF MENTAL HEALTH ACADEMIC CLUBS FROM UNIGRANRIO

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Introduction and Objective:

Mental Health Academic Clubs of Unigranrio from Rio de Janeiro and Duque de Caxias city did an integrated activity, on an afternoon of debates about prevention and suicide risk factors among medical students. The objective is to report the experience of integration of the mental health academic clubs in celebration to the Fight Against Suicide International Day.

Methods:

Reflective meeting and debate about suicide, focusing on risk factors, preventive measures and fight against the stigma, using artistic means of interaction. The opening occurred with a reading of letters from suicide people and poems about death and transience of life. Then, the clubs used audiovisual resources, with images related to the topic of death and students sang songs with lyrics related to suicide, the psychic suffering and demand the death idea as relief problems. After exploring artistic skills to work with emotions related to the topic, was open a reflective space about what was present and about the knowledge of the subject.

Results and Conclusions:

There was a difficulty in early expression at the debate, being questioned by members of the clubs the possibility of this reaction be connected to the representation of the feeling of impotence of the medical student facing the idea of death wish and suicide. It was also questioned the lack of papers about this topic inside the medical education, justifying the vulnerability of the student on this situation.

PALAVRAS-CHAVE: mental health; death; suicide

**PP1552 - THE ACADEMIA CARIOCA PROGRAM HOW TO APPROACH
EXTENSION TOOL IN MENTAL HEALTH GROUPS IN HEALTH
PROMOTION (SMSRJ-BRAZIL)**

Edra RM ¹; Sartori HM ¹; 1 - SMSRJ CMS Helio Smidt ;

Mental health groups conducted in most Health Units are critical as a therapeutic practice in promoting a constant reflection on everyday life and its links with the production of care. To report a Cesárea de Melo section experience (not her real name), attendee initially as a listener and companion of her husband (blind and dependent on it) and son (psychotic delayed and antisocial) from the Academia Carioca Program implementation in the Municipal Health Center Helio Smidt (AP31), the initiative of Municipal Health Secretariat of Rio de Janeiro since 2009 which introduced regular physical activity in their Primary Care Units and physical education professional integrated at health teams to active in the Support Center for Family Health (NASF). Method: Systematic observation and participant associated with analysis of the SF-36 questionnaire when Cesárea de Melo joined the Academia Carioca Program and six months later. Results and Conclusion: The questionnaire is evaluated through eight questions that allow the understanding of the individual's perception of their general state of functional health, emotional / mental and social. Participant observation showed that the matricial work was positive for psychosocial rehabilitation Cesárea de Melo by its integration with the group, and according to the SF-36 improved as the vital aspects. The experience highlighted the Academia Carioca Program as new space articulator of primary care for physical and mental health, as well as comprehensive care in the National Health System (SUS).

PALAVRAS-CHAVE: Mental Health; Health Promotion; Motor Activity

PP1553 - THE ARTICULATOR'S EXPERIENCE IN A CONSULTÓRIO DE RUA IN RIO DE JANEIRO

TIBURCIO AC ¹; FERREIRA FILHO ¹; MARINS MAS ¹; FERREIRA DMB ²; 1 - SMS RJ CAP 5.1; 2 - SMS CAP 3.3;

Introduction:

This report comes from my role as an articulator inside the action territory of "Consultório na Rua" (Team Type III) located in the Rio de Janeiro West Zone

Material and Method:

Dialectical methodology: The articulation role is a responsibility of the whole team, but there must be a member of the team during the trial in place of inter-agency coordination and it has been making results in the territory in question. The articulator has a key role in driving the team, making it easier to do the "wheel spins", as pointed out by Gaston Vagner (2006), allowing one to broaden perspectives and implement public policies effectively as provided for in Law No. 8080 / 90. In intersectoral meetings we gather partners to enhance the care, building individual intervention strategies, including coordination with the care networks and forming partnerships with local institutions.

Results:

Intersectoriality is a place of life production, establishing care strategies beyond the bureaucratic seeing the user fully. It's a circularity ratio, giving new meaning possibilities of ways of being and existing. This strategy turns out to produce new knowledges and practices through the meeting, allowing users and professionals to go beyond to what had originally been thought, producing innovations, being able to get closer to the real implementation of SUS policy.

PALAVRAS-CHAVE: Intersectoriality; articulation role

PP1554 - THE EXPERIENCE OF PROMOTION CENTER OF SOLIDARITY AND PREVENTION OF VIOLENCE IN THE CITY OF RIO DE JANEIRO

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The problem of violence is very important to public health because of its magnitude, severity, vulnerability and social impact on individual and collective health. The Municipal Health Secretariat of Rio de Janeiro (SMS /RJ), since 1990 has organized its actions to care for people in situations of violence. The regulation of the Promotion Center of Solidarity and Prevention of Violence (NPSPV) in 2009, has contributed to the planning, implementation and monitoring of policies and actions for the prevention and assistance to people in situations of violence. From the perspective of network articulation, the Organisers Regional Groups have been established. This management arrangement has allowed the supervision, monitoring of cases identified and the integration of the extended care network. The policy adopted for the work was the incorporation of a care line focused on integrated care to people in situations of violence, which comprises the following dimensions: welcome, service, notification and monitoring for network care and social protection. The promotion of culture of peace and adoption of conflict mediation as a consensual strategy of dispute resolution has enabled also the transformation of "conflict culture" into "culture of dialogue" in that it encourages the resolution of issues by the parties themselves. All the shares of SMS / RJ, through NPSPV has allowed the qualification of health care. The adopted guidelines seek therefore articulate the production of care from primary care until the most complex level of care.

PALAVRAS-CHAVE: violence; health manegement; integrality in health.

PP1555 - THE FRAGMENTS REVEAL THE CITY: THE TERRITORIALIZATION OF CRACK AND ITS IMPLICATIONS.

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In line with the seasonality of media guidelines crack generates intense public debate, raising numerous approaches and investigations. The scenes of use, commonly called "cracolândia" spread by the scenarios of the city setting up as a social and health problem, often treated as a source of "urban violence" and the target of repressive and prohibitionist actions. The overall objective is to analyze the process of the crack territorial in certain areas of the city and has the specific objective to understand the vulnerabilities that are crack users in these subject areas. Because of the complexity surrounding the issue of drugs in urban settings, the research object becomes the target of several disciplines, which ends up enriching the debate. Search shall be joint contributions of sociology, geography, bioethics and philosophy seem facilitate understanding and deepening of a theme dear to public health, but not restricted to it. Thus, we will draw up a methodological approach for the research - literature review - which aims to offer the reader a broad theme approach, facilitating the understanding of the emergence of crack and the profile of these users in Brazil. Opposed the idea of "cracolândias" discuss the concept of "psychotropic territories" as a strategy that contributes to the reduction of stigma and prejudice. In a state of "effective vulnerability" crack users are denied their fundamental rights, leading to the emergence of people worthless and thus have no place in the dominant city.

PALAVRAS-CHAVE: crack; "psychotropics territories"; vulnerability

PP1557 - THE HEALTH OF LESBIAN, GAY AND TRANSSEXUAL AND THE PHYSICIAN-PATIENT RELATIONS

Louise TF ¹; Sousa AMC ¹; Pires CAA ¹; 1 - UNIVERSIDADE FEDERAL DO PARÁ;

INTRODUCTION:

In Brazil with the creation of the Unified Health System (SUS) and with the vision of health as a result of social, cultural and economic processes, strengthened up the questions about the attention to LGBT health. Even with advances, the biomedical knowledge and biopower impose these guys a vulnerability, which contributes to the difficulty of access to health services and increases the discrimination and ignorance of their needs.

OBJECTIVES:

Analyzed the Physician-Patient Relations from the perspective of users Lesbian, Gay, and Transsexual.

METHODS:

Exploratory and qualitative study through semi-structured interviews conducted between January and October 2015 in the Basic Health Unit (UBS) in the Marco neighborhood, in city of Belém - PA.

RESULTS AND CONCLUSION:

In seeking a health service that goes beyond the biological state, these users create an impasse for professionals not qualified to perceive the human and social dimensions of sicken. These barriers generate different postures, some consider important to tell the professional their sexual orientation, but in most cases this issue is made invisible. Constantly, the access to care is denied due to the lack of professional preparation, it's also a reflection of inadequate medical education due to the scarce knowledge existing in the country about the health of LGBT people. It's found explicit concerns in the speeches of the users about flaws in professionals' guiding related to the existing plural sexual practices, as well as the need for greater disclosure of the LGBT National Integrated Health Policy between the physician and the target public.

PALAVRAS-CHAVE: Physician-Patient Relations; Minority Groups; Homosexuality

PP1558 - THE IMPACT OF HIV IN THE OLD AGE

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Described first at 1981, the acquired immunodeficiency syndrome is a secondary entity for the infection by the HIV, a retrovirus first seen in chimps, probably its natural host. According to the United Nations Program for HIV/AIDS, in December 2010, there were 34 million people infected with HIV. The epidemic situation has been established in Latin America, with 100,000 new cases per year. Nowadays, HIV is faced by a process that is strongly pronounced with an increase in women, the elderly, heterosexuals, and poor patients infected. In the beginning of the epidemic, since 1980 until 1995, Brazil registered a ratio between one female case for 3,88 other masculine cases. Only, in 2014, the proportion is one woman for 1,86 men infected. The situation is more complicated for the elderly, they represent 4,5% of new cases between 2010 and 2014, most of them illiterate or high school incompleters. It reveals a real improvement, that was stronger for women, 3169 cases identified, 1,81% of all new cases in Brazil. The study, describes information collected at DATASUS, SCIELO and PUBMED, seeking to promote reflection about the prolongation of population sexual life and future interventions about sexual diseases care specifically in this risk group.

PALAVRAS-CHAVE: Women; Old age; HIV

PP1559 - THE IMPORTANCE OF EPIDEMIOLOGICAL SURVEILLANCE TO THE PREVENTION OF HOSPITALIZATIONS CAUSED BY DENGUE IN NORTHEAST OF BRAZIL

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INTRODUCTION AND OBJECTIVE

Some viral diseases have a high impact on public health due to its high morbidity. Among these, there is dengue, which nowadays in Brazil, due to the circulation of four different serotypes, has contributed to the increased incidence of severe forms of the disease and, consequently, increase in the number of hospitalizations. From this perspective, the study aims to quantitatively analyze the hospitalizations caused by dengue in the Brazilian Northeast and attempt about the importance of Primary Health Care to prevent this disease.

METHODS

The informations were researched in the electronic portal "DATASUS", following the sequence: Informações de Saúde (TABNET); Epidemiológicas e Morbidade; Morbidade Hospitalar do SUS: Geral, por local de internação – a partir de 2008.. The following variables were selected: “Brasil por Região e Unidade da Federação”, “Dengue [dengue clássico]” in ICD-10 morbidity list and value of hospital services between 2008-2014.

RESULTS AND CONCLUSIONS

Between 2008 and 2014, 436,278 hospitalizations resulted by dengue infection in Brazil were notified, and approximately US\$435.541.864,51 were destined to hospitals admission's care. The Northeast region, specifically the state of Bahia, had the highest notified rate in the number of hospitalizations and the financial resources used. Monitoring of cases to guide the Dengue control strategies, particularly in the context of Primary Health Care, is very important to the public health, where preventive care actions can help to reduce the presence of the vector, reducing the numbers of hospital admissions and consequently, to improve the quality of life of the population.

PALAVRAS-CHAVE: Dengue; Disease Prevention; Epidemiological Surveillance

PP1561 - THE MISSING PIECE

Costa RL¹; Costa SB¹; Dias C¹; Ferreira TF¹; Neves GC¹; Pereira ME¹; Santos H¹; Serrano¹; 1 - USF do Castelo;

INTRODUCTION and OBJECTIVE

Cutaneous manifestations are one of the indicators of infection from HIV and its progression. The first infection often manifests as a mononucleosis-like syndrome and after a latency period, it starts developing symptoms of immunodeficiency. However, there are primary cutaneous manifestations associated with HIV, such as itching, xerosis, seborrheic dermatitis, psoriasis, atopic dermatitis and eosinophilic folliculitis, which don't correlate directly with the deterioration of immunodeficiency.

METHOD

Clinical consultation and case report.

RESULTS and CONCLUSIONS

Male, 30 years old, single, unemployed. Family classified as nuclear family in the VI stage of Duvall lifecycle. History of asthma and allergic rhinitis, BMI 17. No history of intravenous drug use. He was examined at 7 primary care consultations due to itching in the limbs, with atopic dermatitis diagnosis and folliculitis. The analytical study provided revealed IgE 4,148 kU/L. He was referred to Dermatology and Internal Medicine consultation (Hyper IgE syndrome suspected). In Dermatology consultation HIV status was revealed to be positive. One week later he started antiretroviral therapy. After 3 months, the skin lesions were better and CD4 >500 cells/mm³. When dealing with a patient with atypical skin changes or refractory to therapy, immunodeficiencies must be considered. Sometimes, the cutaneous manifestations of HIV infection are difficult to diagnose. The Hyper IgE syndrome is a rare primary immunodeficiency and its presence was described in advanced stages of HIV infection. The GP should be alert for secondary causes of refractory cutaneous changes and must include HIV in the diagnostic process.

PALAVRAS-CHAVE: HIV; immunodeficiency; cutaneous manifestations

PP1562 - THE NEED OF A DEBATE ABOUT DEATH AND LIVE ON MEDICAL EDUCATION SYSTEM

Morcerf, CCP¹; Nasr, BP¹; Neves, KML¹; Melo, BML¹; 1 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO;

Introduction:

To discuss ethical and anxieties issues related to the death during the course of medicine, the Academic Group of Mental Health, together with the Health and Society discipline, created a group discuss about the impact of using corpses in anatomy classes.

Goals:

Report the experience of an activity introduced by Health and Society discipline that focus on humanization and reflection on bioethical issues related to the study of human corpses within universities.

Methodology:

Qualitative study with experience report. Initially were conducted a study group and a roundtable about death, integrating bioethics and psychiatry. The activity became a biannual practice and already has two years of existence.

Results:

The first Anatomy class is a milestone in medical students' lives. Because of that was proposing a reflective debate about death and live. The students were asked to construct sentences about corpses that would be attached to the wall in the laboratory as a way to honor the human body, that served both to science and learning.

Conclusion:

Death in medicine practice is considered a failure of efforts and it generates anxiety and feelings of helplessness and weakness, especially in medical student. It is necessary to expand studies and discussions about death within the medical schools to support the future professional that will have to deal with death and bioethical issues related to death while exercising the profession.

PALAVRAS-CHAVE: death; educational; ethics

PP1563 - THE PERCEPTION OF COMMUNITY HEALTH WORKERS OF FAMILY HEALTH STRATEGY ABOUT GENDER VIOLENCE IN A CITY OF MINAS GERAIS STATE

Sales TT ¹; Nakasu MVL ¹; Morales ICS ¹; 1 - Faculdade de Medicina de Itajubá;

Introduction:

The responsibilities of the Community Health Agents in Brazil includes knowledge of the area, disease prevention, human rights approach and the unification of the scientific and popular universes. The gender issue speaks to the fact that their work is articulated with social policies that appropriate their female workforce.

Objective:

This paper aims to make a critical analysis of the perception of Community Health Agents about gender violence and tools used in family medicine to fight it.

Method:

An initial sample of 25 female agents from central, peripheral and rural neighborhoods from a city in Minas Gerais's state was taken. The semi-structured interviews were guided by questions about gender and working in the community in general. The collected data was treated according to Bardin's analysis of content.

Results and Conclusions:

The interviews reflect a collective and individual problematic around the exploitation of labor and the difficulties to bring gender problematic and promoting a strategy against domestic violence in primary care. There is a great concern to be more active for the community. The sexual division produced by this organization of work generates labor fatigue and increase of working hours that interferes on personal life. Despite these limits, according to their perception it's possible to reframe the work in the community and performing strategies against gender violence in order to accomplish the social meaning of work. For that, it's necessary a new professional position based on a deeper approach of violence and gender issues by Community Health Agents in Brazil.

PALAVRAS-CHAVE: Community Health Workers ; Gender and Health; Violence Against Women

PP1564 - THE PRESENCE OF PSYCHIATRIC COMORBIDITY IN PATIENTS ON SUBSTITUTION THERAPY WITH METHADONE

Ex: Radanovic.M¹; Ex: Egic T.¹; 1 - Health care centre Novi Sad;

Summary:

Comorbidity is a simultaneous presence of two mutually independent disorder. With addicts to psychoactive substances most commonly comorbid diagnoses are anxiety and affective disorders and antisocial personality disorders. The aim of the work: analysis of the total number of patients on substitution treatment with methadone, and patients suffering from psychiatric comorbidity in relation to those who are not.

Sample:

Patients on substitution therapy with methadone being treated at the Health Center Novi Sad the Department of General Medicine, Novo Naselje, and the Department of Occupational Health Novo Naselje, during 2016. The sample consisted of 21 patients, of whom 15 men and 6 women.

Methods:

Insight into the electronic card of the Health Center Novi Sad, the statistical method of percentage account, the results are presented graphically.

Conclusions:

1. It's noted the strong presence of psychiatric comorbidity, which in 2016 amounted to 14 (67%) patients.
2. The psychiatric co-morbidity in both sexes 9 (64%) of patients suffering from depression, and 5(36%)of psychosis.
3. Psychiatric comorbidity in 7 men (47%) patients.
4. From a total of 9 patients with depression in both sexes of men is 5 (56%) and 4 women (44%).
5. A woman suffering from depression is 4 (67%).
6. The man suffering from depression is 5 (33%).
7. People with psychosis in both sexes, from a total of 5 patients suffering from psychosis, men 2 (40%), and 3 women (60%).
8. Women suffering from psychosis 3 (50%).
9. The men suffering from psychosis 2 (13%).

PALAVRAS-CHAVE: comorbidity; psychoactive substances; methadone

PP1566 - THE ROLE OF SOCIAL ORGANIZATIONS IN THE EXPANSION OF FAMILY HEALTH CARE STRATEGY IN RIO DE JANEIRO CITY.

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From 2009 to 2012, expanded access to public health care benefited 2.5 million citizens. This advance was made possible by the adoption of a modern, faster and more flexible management model to the city's existing public administration. The objective of this study was to demonstrate how shared management among social health organizations was essential to consolidate the reform of primary health care program in the city of Rio de Janeiro. Through participant observation, the collected data was considered useful to corroborate both intermediate and ultimate goals of this research, using the ethnographic method for source verification as the researcher has direct contact with the object of study. The public health family coverage jumped from 3.5 to 40%, as evidenced by 70 new family clinics opened and over 800 professionals hired to the family health care team. This meant a paradigm shift, as it introduced a new management logic that radically changed the ways of conducting health care administration work processes in the city.

PALAVRAS-CHAVE: social health organizations; primary health; management

PP1567 - THE ROLE OF THE FAMILY PHYSICIAN IN DISASTERS AND OUR EXPERIENCE IN CITY OF MARIANA

DIAS APM¹; SOUSA LAA²; LAGES CS²; 1 - UERJ; 2 - SECRETARIA MUNICIPAL DE SAÚDE - BH;

Introduction:

Among the duties of the Family Physician, we highlight the identification of potential health hazards, the development of strategies to prevent them, and immediate medical assistance during emergencies. In November 05 2015 a dam burst in Mariana, Brazil released 35 thousand cubic meters of mining residue over several communities. The burst caused a profound ecologic, social and psychological impact in the local population. Family Physicians should be prepared to understand the impact in the population and predict how new pathologies will develop over the years Objective: To discuss the role of the Family Physician before, during and after disasters and report the experiences and perceptions after the dam break in Mariana.

Methods:

We engaged in systematic observation and interviews with the communities affected by Mariana's dam burst (villages of Bento Rodrigues and Paracatu de Baixo and Barra Longa city), from November 14 to 20.

Results/Conclusion:

During our in site research, we observed that the affected communities had no idea of the risks of living near a dam or the possibility of a dam break, or what they could do in case of disruption. After the tragedy, the identification of new morbidity, care of chronic patients and active listening of population needs, are necessary. Ten days after the tragedy, there were general practices acting with a multidisciplinary team, with difficulty to get to the population and sometimes lacking chronic use medication.

PALAVRAS-CHAVE: Health resources; Disaster Medicine; Environmental exposure

PP1568 - THE SAFER ACCESS, A TOOL FOR THE PRIMARY HEALTH CARE DELIVERY IN RIO DE JANEIRO: THE EXPERIENCE OF THE CAP3.2

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The primary health care (PHC) organization in Brazil is based in the National Health System in which the mainly strategy is the Family Health (ESF, in portuguese). The ESF strategy is focused in the community as a care space. Urban violence related to the drug trafficking affects the PHC delivery. In one hand, patients can not access the basic health unit (UBS), and in the other hand, health staff are unable to access these territories. This is the experience of CAP 3.2 on the implementation of the Safer Access Strategy (AMS) in partnership between the Municipal Health Secretariat and the International Committee of the Red Cross (ICRC). The AMS is a self protection methodology used by the ICRC in their humanitarian activities. It was adapted to be implemented in Rio de Janeiro. The AMS consists in a risk analysis methodology, determining and classifying the signs of risk in the field. An output of a workshop held with health staff is a risk classification using a color system, where a) Green: allows the health actions in the field and UBS; 2) Yellow: Outdoor activities are suspended, but maintained the provision of services in UBS; 3) Red: UBS closing is requires in order of the high risk to the health staff and patients. In 2015, we had 12 PHC units that notified 471 events, corresponding to 26.7% of the total municipal notifications. The AMS has been an important strategy to assist and to protect the health access for people living in areas vulnerable to the armed violence.

PALAVRAS-CHAVE: primary health care; safer access; urban violence

PP1569 - THE SAFER ACCESS: AN ICRC SELF-PROTECTION TOOL CUSTOMIZED TO BE APPLIED TO HEALTH STAFF VULNERABLE TO ARMED VIOLENCE

Martins, RL ¹; Monteiro, AC ¹; 1 - Comitê Internacional da Cruz Vermelha;

Introduction and Objective:

Safer Access is a security tool created to protect the ICRC staff to reach vulnerable victims of armed conflicts in different contexts where there is a humanitarian need. It was customized to protect health staff of armed violence in Rio de Janeiro.

Methodology:

After a participative workshop a security protocol is built by the own health staff, especially the home visitors that work and live in the community affected by the armed violence. These security measures are based on the field risk analysis and their classification. This protocol is supported by the whole PHC management hierarchy that handle their consequence, e.g.: security measures review and mental health support.

Resultados:

The Safer Access was developed and tested in Rio de Janeiro Municipality. These experience outcomes and lessons learnt has been disseminated to other vulnerable Municipalities that are in different stages of implementation: a) recently finished the training: Rio de Janeiro State: Araruama, Belford Roxo, Duque de Caxias, Itaboraí, São Gonçalo; b) Starting the Implementation: Santa Catarina State: Florianópolis c) Advanced Implementation: Rio de Janeiro State: Rio de Janeiro and Niterói and d) Under Training to Implement: Rio de Janeiro State: Angra dos Reis, Paraty and Mangaratiba; e) Interested to Implement: Minas Gerais State: Belo Horizonte; Rio Grande do Sul State: Porto Alegre.

Conclusões:

Safer Access protects the health staff, provides mental health support for them and a management tool for the managers, and organizes the health access delivery.

PALAVRAS-CHAVE: Public Health; Security Measures; Medical Staff

PP1570 - THE SOCIAL AND MEDICAL PARADIGMS IN TREATMENT OF DRUG ADDICTIONS AIMING TO HARM REDUCTION

MENDES FHD ¹; ORIKASA GS ¹; KRAUSS GA ¹; DIAS AM ¹; OLIVEIRA VP ¹; MARTINEZ CAR ¹; 1 - UNIVERSIDADE SÃO FRANCISCO;

The growing diversity of illegal drugs or with restricted prescription, as well as the ease of access to these substances, brings up an alarming and recurrent question: addiction. According to UNODC data (United Nations Office on Drugs and Crime - 2015), it is estimated that a total of 246 million people has made use of illicit drugs in 2013. However, much is said about the fight against drugs and dependence, but little attention is given to the dependent while neil person. The present work aims to establish a contrast between Brazilian's traditional treatment policy of the addict with others that meant to reduce damage to life and health of the patient. Also intends to explain how the paradigms and social taboos limited family medicine in the development and application of new drug treatment policies. In this vein, the focus is on the patient's figure related with the comprehension of the factors that lead to substance use and dependence. For such, the exposition will be held on the approach with a quantitative research without excluding the qualitative touch. In turn, the data will be analyzed in a descriptive-explanatory way, with solid data sources such as scielo, pubmed, government and international data, trying to analyze and understand how patient care can produce more effective results. That way, the paper demonstrates the importance that approaches of nontraditional methods have on the efficiency of treatment dependent, as well as the importance of the family doctor as a promoter of these practices in Brazilian society.

PALAVRAS-CHAVE: Harm Reduction; Drug Addiction; Treatments

PP1571 - THE SUPPORT GROUP TO THE HEALTH STAFF SAFER ACCESS: THE EXPERIENCE OF THE CAP 3.2

BARRETO SB¹; LAINO,R²; BORGA E³; PRUDENCIO F⁴; NASTARI C⁵; PERES DDG⁶; AVEIRO JC⁷; 1 - ASSOCIAÇÃO PAULISTA PARA O DESENVOLVIMENTO DA MEDICINA/SECRETARIA MUNICIPAL DE SAÚDE DA CIDADE DO RIO DE JANEIRO; 2 - International Committee of the Red Cross; 3 - Secretaria Municipal de Saúde do Rio de Janeiro; 4 - Secretaria Municipal de Saúde; 5 - Coordenadoria Geral de Atenção Primária, Secretaria Municipal de Saúde; 6 - Coordenadoria Geral de Atenção Primária, Secretaria Municipal de Saúde; 7 - Coordenadoria Geral de Atenção Primária, Secretaria Municipal do Rio de Janeiro;

The Safer Access (AMS) is a methodology used by the International Committee of the Red Cross (ICRC) in their humanitarian activities. This methodology was adapted from an internal modus operandi and then it was applied in partnership with Health Secretariat of Rio de Janeiro municipality. It consists in a self protection strategy for the health staff which works in communities vulnerable to the armed violence related to the drug trafficking in the city of Rio de Janeiro. The Safer Access aims at facilitating the primary health care access for people living in those communities. In order to better manage the methodology, it was created a Safer Access support group and follow the health staff in the field. The support group has the following duties: Planning, developing and implementing the training of health staff. The Safer Access is based on the risk analysis, respecting the dynamics of violence in the territory. The support group plays the role of development and deployment of the health staff security measures. In addition to that; the analysis of the Notification System data allows the support group to propose strategies for prevention and mitigation of consequences of armed violence for the primary health care delivery.

PALAVRAS-CHAVE: primary health; armed violence; safer access

PP1572 - THE SYNDROME OF BURNOUT AT WORK AT THE WATCH COMMANDER OF FIRE RESCUE UNITS IN TWO-YEAR PERIOD

Ex:Radanovic.M ¹; Ex:Egic.T ²; Ex:Pokusevski T. ³; 1 - Health care centre, Department for occupational health; 2 - Health care Novi Sad; 3 - Health care centre Novi Sad;

Burnout syndrome at work is caused by excessive and prolonged stress and is expressed psychological, physical, and psychophysical exhaustion. The clinical picture is dominated by psychological and emotional exhaustion, fatigue and depression, reduced operating efficiency and increased absenteeism.

Aim of the work:

Displaying the level of stress that can lead to mental and physical exhaustion, as well as the level of burnout at work in the watch commander of fire rescue units Novi Sad, Ministry of Interior Republic of Serbia, in the two-year period.

Methodology:

Questionnaire for self-assessment of stress levels (Girdino, Everly, Dusek, 1996) Questionnaire for determining the level of burnout composed by Freudenberg scale of burnout. Comparison of the results obtained.

The conclusion of work: In 2014, it is recognized that high level of stress can lead to mental and physical exhaustion (Questionnaire for self-assessment levels of stress - score greater than 25) as well as a result which indicates the person who is affected by syndrome of burnout (BOS Questionnaire determine the level of syndromes of burnout - points 51 to 65). The 2015. results show that respondent feels well and that the level of stress at work can not lead to mental and physical exhaustion (Questionnaire for self-assessment levels of stress – points less than 25 Questionnaire for determining levels syndrome of burnout - points 22). Between the two tests there have been organizational changes in the management, socio-economic problems of respondent were solved and psychological and cognitive strategies were applied as preventive measures.

PALAVRAS-CHAVE: burnout syndrome; stress; prevention

PP1573 - THE USE OF MERCURY IN ARTISANAL GOLD MINING: AN UNDERESTIMATED VILLAIN!

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Mercury can be found naturally in the environment or due to human activities. During the process of gold extraction and amalgamation is environmental contamination by mercury vapor, which undergoes methylation and contaminate soil and water. Organic mercury becomes focus in the aquatic food chain and human accumulate the metal by eating fish, which can lead to poisoning mercurial. Mercury exposure can cause neurotoxicity, cardiotoxicity, fetal damage, nephrotoxicity, immunotoxicity, respiratory problems, and many others symptoms

The objective of this study is report the use of mercury in artisanal gold mining and describe the behavior of the miners against the risk of contamination. Interviewed in January-February 2015 the miners of Chapada de Natividade - Tocantins, who reported their experiences with artisanal extraction of gold using mercury.

The miners reported they don't use personal protective equipment and let children play in the mines and fish removal houses. Some vaporize the mercury with torch, others are in the home stove with children in mediation. The mercury used is dumped into rivers, contaminating fish human consumption. The "fish removal" is held near the homes, in the backyard of the houses, living in family and domestic animals, and crops of local and animals creations for consumption.

We conclude that efforts to reduce mercury exposure could lead to high social benefits as prevents complications and late consequences of deficits in neurological development in children. In addition, investing in health education and environmental monitoring would be a more valuable prize than gold to the health of this population.

PALAVRAS-CHAVE: Mercury; Public health; Environmental exposure

PP1574 - TROPICAL MEDICINE: THE EXPERIENCE OF THE INFECTIOUS DISEASES ACADEMIC CLUB AT THE DEBATE ABOUT ZIKA, CHIKUNGUNYA AND DENGUE.

Figueiredo ¹; Morcerf CCP ¹; Brinholi LCM ¹; Neves KML ¹; Costa AKF ¹; Nasr BP ¹; Moraes TMC ¹; 1 - Unigranrio;

Introduction and Objective:

The increasing number of notifications and the need to establish a differential diagnosis of Dengue fever, Chikungunya and Zika virus, that currently are focus of health campaigns and mobilizations in the world, in addition to control of vectors, encouraged the opening of debates and health actions by members of the infectious diseases academic club of Unigranrio. The objective is disseminating actions with the scientific community about the importance of the focus given by academic clubs inside the universities about infectious and parasitic diseases.

Methods:

Qualitative work, Experience report.

Results and Conclusions:

Medical and nursing students, members of the academic club, performed study groups with lectures and debates on each disease, ending with a comparison of signs and symptoms. Guidelines made by college students were distributed. These students also made posters to exhibit with the main characteristics of each disease, as well particularities about the vectors *Aedes aegypti* and *Aedes albopictus*. A lecture in partnership with other infectious diseases academic clubs from Rio de Janeiro was performed, including Ebola and reading of Doctors Without Borders travel diaries about the challenges in the fight against Ebola in Africa at the scientific program. At the end of the activity it was proposed by members of the club the creation of a comic book for distribution at the university clinic entitled "Xiii, deu Zika", a common expression in Brazil, as an educational tool in health and elucidation, using a fun and simple language to the patients and companions.

PALAVRAS-CHAVE: health; public health; health education

PP1575 - URBAN TRASH AS A HEALTH PROBLEM IN RIO DE JANEIRO: EXPERIENCE REPORT

Morcerf, CCP ¹; Melo, BML ¹; Nasr, BP ²; Impagliazzo, SP ²; 1 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO; 2 - Universidade do Grande Rio Prof. José de Souza Herdy – UNIGRANRIO;

Introduction:

The concept of health is closely linked to the quality of life inserted in the social environment and living conditions. One of the main determinants of health and an important indicator of the quality of life in the city of Rio de Janeiro is represented by urban trash.

Goal:

Disseminate and discuss with the scientific community the importance of perception of trash as a health problem in Rio de Janeiro, as well as the structuring of ideas to face that challenge.

Methodology:

Experience report with literature review.

Results:

The importance of change people's lifestyle is the key to early intervention on the garbage problem. The students group initiated an application of a questionnaire with 12 closed questions on the perception of the medical students about the influence of trash on the health of the population in Rio de Janeiro. Thus, these students were entered into a health promotion project targeted a community in Rio de Janeiro and started workshops based on the use of recyclable material for building house wares, paintings and toys.

Conclusion:

The garbage introduced improperly on rivers and lakes can be a habitat for mosquito larvae. The objective of the project aims to transform trash into objects that can be used in daily life or generate extra income, in order to change the habit of the population and also help to minimize diseases caused by urban waste accumulation.

PALAVRAS-CHAVE: urban trash; health; environment

PP1576 - THE USE OF PSYCHOTROPIC DRUGS IN PRIMARY CARE

Alfena,MD. ¹; Alfena M D. ¹; 1 - FIOCRUZ;

This study address the practices adapted in the prescription of psychotropic drugs by family doctors and their difficulties in the constuction of diagnosis in mental health in primary care. The family physicians began to play an important role in mental health, after insertion of psychotropic drugs in 2011 in Primary Care in the City of Rio de Janeiro, they began to follow these users and have to decide what to do and how to make this demand.

We conducted a qualitative study, where it was used the technique of focus group. Data analysis was performed by speech analysis, weaving up a relationship with literature references. The focus was attended by eight familiy physicians, residents of the Medical Home and Family and Community in the city of Rio de Janeiro.

It was observed that family doctors, with their skills: community and individual approach; use of harm-reduction techniques; person-centered clinical method; integral care present difficulties in making a diagnosis, prescription of psychotropic drugs and monitoring of mental health users.

The mental health issues are subjective and rely heavily on the "different look"; a qualified hearing; a user bond/medical; the approach to the use, to diagnose and treat properly, either with or alternative therapies and medicines.

These are issues, that sometimes needs a multidisciplinary approach, with help of psychologists and/or psychiatrists, being so important to have a matrix support really effective.

PALAVRAS-CHAVE: Psicotr3picos; Medicaliza33o; Sa3de Mental

PP1578 - UNIVERSAL EPIDEMIOLOGICAL SURVEILLANCE OF ZIKA VIRUS IN THE CITY OF RIO DE JANEIRO (MRJ): PRELIMINARY REPORT

Coutinho MSC¹; Silva FD¹; Toschi WDM¹; Azevedo MB¹; Monteiro R¹; Mendes BNB¹; Gava C¹; Junior ELA²; Lima JDV²; Bahia CA²; Lemos MCF³; 1 - Coordenação de Vigilância Epidemiológica - S/SUBPAV/SVS/CVE/GVDATA; 2 - Coordenação de Vigilância Epidemiológica - S/SUBPAV/SVS/CVE/GTSINAN; 3 - Superintendência de Vigilância em Saúde - S/SUBPAV/SVS;

The Zika virus, recently introduced in Brazil, has shown a great potential for dissemination. Its introduction in MRJ was perceived in the 1st trimester of 2015, in clusters of atypical cases consisting of a cutaneous rash syndrome, failing to be lab confirmed as dengue.

Objective:

To describe the detection and the epidemiological profile of Zika cases among MRJ residents in the universal epidemiological surveillance report instituted in 2015.

Methodology:

Observational, sectional study from SINAN database, period from 01/01/2015 to 01/31/2016.

To show positivity and dispersion of cases 6 samples were collected of suspected cases in each planning area (AP) (n = 10), from May 2015 on, respecting the operational capacity of the reference laboratory. Confirmed cases were initially detected in the West Zone, followed by North and later throughout the city, with a quick spread.

Because of the relevance of this emerging disease, not included on the national list of mandatory notification, it was established by the SMS-RJ the Zika virus reporting (Ordinance 2760-22 / 10/2015). The dengue database was reviewed, and cases compatible with Zika were then properly recorded in SINAN under ICD-10 R21 code. Also, the search for pregnant women was initiated, following the to the outcomes of the pregnancies.

Given the pioneering on this reporting, it was possible to describe the Zika cases' profile (12,120): predominantly involving females (70.6%), young adults (20 to 39 years - 46.9%), 13.9% in pregnant women, 121 cases with microcephaly and 7 Guillain-Barré syndrome.

The universal surveillance of Zika strengthened the sensitivity attributes and representativeness of the epidemiological surveillance, allowing a broad comprehensiveness of the implications of this disease to public health and the adoption of measures to prevent and control.

PALAVRAS-CHAVE: Infecções por Arbovirus; Vigilância Epidemiológica; Notificação de Doenças

PP1579 - VIOLENCE AGAINST THE HEALTHCARE PROFESSIONAL AT THE CSE SÃO FRANCISCO DE ASSIS

Fonseca MM ¹; Almeida IF ²; 1 - Universidade Federal do Rio de Janeiro; 2 - CSE São Francisco de Assis;

Introduction

Violence against healthcare professionals has become an endemic problem worldwide, significantly impacting the effectiveness of healthcare systems, especially in developing countries. Equity in access to primary healthcare in these locations is jeopardized if the healthcare professional—a human resource scarce as it is—feels threatened in their workplace, in commuting to work or in such work-related situations as house calls. Violence, whether physical or not, is by definition a destructive behavior inflicted upon another person, and this includes physical assault, homicide, verbal abuse, bullying, sexual harassment and threats.

Methods

The present work is a descriptive case report about an incident of verbal and psychological violence that occurred at the CSE São Francisco de Assis healthcare unit in Rio de Janeiro, Brazil, and the consequences it had on the services rendered there.

Results and Conclusion

The act of violence to which the professional was subjected resulted in post-traumatic stress disorder and depression, resulting in two weeks of leave from the healthcare facility, as well as psychiatric treatment and psychotherapy that has been ongoing ever since. The other professionals were affected indirectly, for their fear of having to endure a similar incident. This study concludes that any form of violence suffered by healthcare professionals in the workplace affects not only the victim but also other professionals who no longer feel safe at work, thus harming the professional–user relationship and the healthcare unit work process.

PALAVRAS-CHAVE: Workplace Violence; Healthcare; Burnout

PP1580 - VIOLENCE AGAINST WOMAN IN GESTATIONIS PERIOD AND THE POSSIBILITIES OF INTERVENTION FROM THE PUBLIC HEALTH TEAM

Cunha JJSA ¹; 1 - ENSP - FIOCRUZ;

Introduction and Objective:

The main objective of this study is analyze the characteristics of the scientific studies productions about violence in gestationis period and identify the possibility of the family health strategy to reduce of harms to pregnant women health of victim of violence.

Method:

This is a study of the bibliography review of scientific articles published in Brazil in the years between 2001 and 2011, in magazines indexed in SCIELO, MEDLINE, LILACS database. The keywords used were "domestic violence", "violence against women" , "Battered women and statistics and numerical data", following health science descriptors (HSD).

Results and Conclusions:

The results of this study show characterization and description of 65 articles about violence against women, however we can see the increase of publications on this topic between the years 2007 and 2008, mainly in SCIELO and LILACS database. This results make us consider that this increased was caused through the divulgation of women protection by the law "Maria da Penha" published 2006. The periodicals where more studies were published are Caderno de Saúde pública, Revista Saúde e Sociedade, Revista de Saúde Pública da USP, respectively. However all them are focused in Public Health. Through this scientific studies was possible reflect about the strategy used by the Family Health Team (FHT) against violence and we can notice tha it is essential that this professionals get qualified to confront this problem, this way we can have an effective action. Moreover is necessary think about the referencing of the cases already detected and instrumentalize the professionals to face the trouble.

PALAVRAS-CHAVE: Domestic Violence; Violence against woman; Battered women and statistics and numerical data

PP1581 - VIOLENCE IN HEALTHCARE – HOW TO ASSESS, PREVENT AND MINIMIZE

Mota, CL ¹; Santos S ²; Martins SJ ³; Oliveira PM ³; Beça H ³; 1 - USF Barão do Corvo, ACES Gaia; 2 - USF Espinho, ACES Espinho/Gaia; 3 - USF Espinho - ACES Espinho/Gaia;

Introduction:

Violence in work can be defined as any incident in which a person suffers physical, psychological or verbal violence, mobbing or discrimination in circumstances relating to their work. In healthcare, violence keep-on unrecognized and undervalued. It has serious consequences for workers and organizations.

Objective:

Determine strategies to assess, prevent and minimize violence in healthcare workers used in several countries like Portugal, United Kingdom, Spain and Brazil.

Methods:

Bibliographic search on websites, journals and reports related to violence in healthcare, WHO and governmental entities.

Results:

An approach suggested in the literature is firstly look for hazards, evaluate who might be harmed and how, evaluate the risks, record the findings, review and revise the assessment. Several risk factors can be identified as: providing care to people who are ill, distressed, afraid or on medication; working alone, in physically isolated units or after normal working hours; working in units often crowded, busy, uncomfortable and lacking in essentials for the public; working under pressure created by increased workloads and staff shortages. Use of personal communication devices, intervention on the physical environment of the workplace, training in the prevention and management of violence /aggression, implementing control measures, development of policies with local authorities are some of the strategies stated by countries named above.

Discussion:

Healthcare workers seems to consider violence in their workplace as inevitable, unpredictable and therefore uncontrollable, but the risk of work-related violence is often foreseeable. Staff has the right to be safe and healthy at work.

PALAVRAS-CHAVE: workplace violence; health personnel; quality of life

PP1583 - VITAMIN D, HOW MANY? FROM FUNCTION TO POPULATION

Pinheiro PL ¹; Brandão RM ¹; Goulart L ¹; Sousa P ¹; Fonseca G ¹; 1 - Unidade de Saúde Familiar Penela; Penela; Portugal.;

Introduction and Objective

Vitamin D (VitD) is obtained from food (ergocalciferol and cholecalciferol) and synthesized in the skin after exposure to UV radiation from sunlight (cholecalciferol). The best known functions of VitD are to promote the elevation of serum calcium and phosphate and to enhance the effects of parathormone (PTH). Although it is also described its pleiotropic role, which widely spreads from osteoclastic differentiation to cardiovascular and cancer development protection. Family doctors (FD) and patients are blasted with information about VitD benefits, its optimal plasma concentrations upper 30ng/mL and the need to prescribe it. However this target involves financial effort and could not have the announced result.

We aim to review the evidence of VitD supplementation in general population.

Methods

Bibliographic search, PubMed (1990-2016), English and Portuguese, using MeSH terms vitamin D, femoral fractures and dietary supplements. Manual review of search results identified trials about VitD supplements usage.

Result and Conclusion

The VitD ideal concentration is calculated mainly based on its concentration capable to promote the PTH increases. This “ideal” target 30 ng/mL involves 52-77% of population and there is a lack of evidence to support a higher target than 20ng/ml. Moreover, the use of VitD supplement for preventing fractures (elderly in the community) showed no benefit (100%), 2.8% chance to develop kidney injury, and seems to be linked to an increased risk of falls. There is a lack of evidence to support all the present pressure for VitD supplement. Towards the pharmaceutical industry and “pop-ups” publicity, FD needs to make difference between evidence and “disease mongering”.

PALAVRAS-CHAVE: Vitamin D; Femoral fractures; Dietary supplements

**PP1584 - VULNERABILITIES, RESPONSIBILITY AND HEALTH CARE:
OPPORTUNITIES AND CHALLENGES IN THE PRACTICE OF A FAMILY
PHYSICIAN - A NARRATIVE.**

Borret RH ¹; 1 - SMS DC RJ - CF Anthidio Dias da Silveira;

The narrative of an intricate case, related to the problematic use of drugs, by a family medicine resident, the perspectives and reflections generated from the case and its connections to Community HealthCare and Family Medicine. The narrative tells the story of a female patient, no older than eighteen years old, that has been trying to treat Tuberculosis for over five years. The patient spends more of her time living on the streets, where she's able to gain some money to buy drugs (and sometimes food) by negotiating sexual favors. The other half of the time she lives with her grandmother, who also uses her own body and her granddaughter's in exchange for money. The prostitution only being an issue since the patient is HIV positive. With no strong social network, illiterate and unwilling to adapt in a health facility, the patient represents a great challenge for General practice and Public Health. By connecting the narrative with scientific literature related to the field of Family and Community Medicine and Public Health, this work proposes reflections on the challenges and opportunities that family physicians face on the daily practice. In special consideration, the approach of very vulnerable situations, such as the issue of drug abuse, poverty, prostitution and violence that either separate or together are very common in the Primary Health Care context in Rio de Janeiro.

PALAVRAS-CHAVE: Public Health SSurveillance; Social Medicine; Narrative Medicine

PP1585 - WHY SMOKING THE SMOKERS?; A VIEW FROM COMPLEMENTARY THERAPIES

garcia federico I. ¹; 1 - HOSPITAL ITALIANO DE BUENOS AIRES;

introduction:

Smoking is a disease sustained by a triple dependence, chemical, psychological and social. It suffers third of the population mundial. Es responsible for serious consequences for the health of smokers and nonsmokers causing damage with high morbidity and mortality.

Objetive:

Think about a fresh look from complementary therapies on this addiction and provide simple tools for the management and treatment of smoking. method: reflect on what are the causes that lead the smoker to smoke the understanding that one of the reasons why people smoke is that it allows them to feel his breath and enhances the feeling of breathing. Teach and apply relaxation techniques and conscious breath control allows more vitality, energy and well-being.

Results:

To develop some of the disciplines that teach breathing like yoga, meditation, Tai Chi among others, we can feel the breath without smoking and we can regulate other desires of oral gratification, manual dexterity, of primordial fire, facilitator social and even do not need to resort to social status to feel better.

Conclusions:

This approach is absolutely complementary and is not intended in any way the pharmacological and behavioral measures for which we have extensive evidence

Lets you add strategies especially in patients who identify with this kind of look.

PALAVRAS-CHAVE: tobacco; smoking; complementary therapy

PP1586 - WONCA'S GENDER EQUITY STANDARDS: 10 YEARS FROM CONCEPTION TO DELIVERY

Lent B ¹; Levitt C ²; Candib L ³; Strasser S ⁴; WWPWFM ⁵; Anteyi K ⁶; Barnard A ⁷; LEOPANDO Z ⁸; 1 - Western University; 2 - McMaster University; 3 - University of Massachusetts; 4 - Northern Ontario School of Medicine; 5 - WONCA; 6 - Chief Medical Consultant/Director of Family Medicine Federal Government of Nigeria Health Services; 7 - Australian National University; 8 - UNIVERSITY OF THE PHILLIPINES MANILA COLLEGE OF MEDICINE;

Submitted by WWPWFM for the Women's Track

Introduction:

With its unanimous endorsement of the Gender Equity Standards (GES) for Scientific Meetings (<http://tinyurl.com/qzvun6o>) in 2010, WONCA affirmed that attention to women's experiences and status is an important human rights initiative that can have a major impact on development, health and human dignity throughout the world. Implementation of the ten standards in WONCA conferences will demonstrate WONCA's commitment to these principles in two ways. First, implementation of the standards assures that our conferences will consistently address the link between gender and health as a key topic. Second, implementation of the standards will engage women family physicians equitably in both planning and participating in scientific conferences.

Method:

This poster will describe the development, endorsement and proposed implementation of the GES by the WONCA WWPWFM over the last 10 years. The poster will also present the actual GES, and the GES Guidebook, Handbook and Checklist that were developed by members of the WWP as implementation tools.

Conclusion:

The GES could have a major impact on how women are respected, supported, and endorsed at scientific conferences in family medicine around the world.

PALAVRAS-CHAVE: Gender; Equity; Conferences

PP1587 - YELLOW FEVER VACCINATION FACILITIES IN INDIA : NEED TO WIDEN THE NETWORK

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Introduction and Objectives:

YF is endemic in West Africa & South America. No case reported in India despite presence of factors responsible for transmission. Vaccination is mandatory for all travellers visiting YF endemic countries.

Methods:

YF Vaccination (YFV) facilities available were assessed in India through official website. Communication, advocacy and published articles done to promote establishing such YFV centres in India's premier institution.

Results:

Only 27 YFV centres in 10 states and 2 Union Territories for 1.2 billion population exists. Most of them on ports/airports. People have to cover a large distance, travel 2-4 days, spent lots of money on logistics. Following inspection by Govt. Officials and training of two doctors, the centre was approved by Ministry of Health and Family welfare, Govt of India. YFV centre became operational in April, 2015 in premier Institute in Eastern India. Until Jan, 2016, 250 persons have been vaccinated. Age-group distribution is <18% : 16%, 19-60years : 78%, >60years : 6%, 66% were males, and 48% were from outside districts. 100% of the beneficiaries expressed immense satisfaction of the facility being available close to their place saving at least 2-3 days of travel, financial loss and comfort of service. Currently 31 centres are operational in India.

Conclusion:

Experience shows that YFV facilities should be established in other states as it is feasible, cost-effective and helpful to beneficiaries.

PALAVRAS-CHAVE: Yellow Fever; Vaccination; Facilities

PP1588 - ZIKA VIRUS IN BRAZIL: AN ANALYSIS OF THE POPULATION'S KNOWLEDGE IN ACTIVITIES DEVELOPED BY MEMBER OF IFMSA BRAZIL

Colombo RF¹; Medeiros BL²; Vital ALF²; Revoredo GLA²; Silva MJF³; Gualberto BSL³; Gonçalves BH³; Vaz JO³; 1 - Universidade Vila Velha; 2 - Universidade Federal do Rio Grande do Norte; 3 - Universidade Federal do Pará;

Introduction and Objectives:

Zika is a viral disease, transmitted mainly by vectors, like *Aedes aegypti*. At the beginning of 2016, OMS warned about the risks of explosive proliferation of the disease, with potential to become an international emergency. There are forecasts that Brazil will reach 1.5 million infected people until the beginning of 2017 and the Americas, 4 million. The objective is to compare the knowledge of the population of Natal-RN and Belém-PA, about the Zika virus; further, to expose the initiative of medical students to combat the epidemic in their locations.

Methods:

The International Federation of Medical Students' Association of Brazil (IFMSA Brazil), through medical students of federal universities of Pará, and Rio Grande do Norte, developed health education activities with the population, talking about the basics concepts of the disease, the present epidemiological situation in the country and the prevention. Using a questionnaire, it was collected data of people's previous knowledge about this theme.

Results and Conclusion:

Approximately 80% of the people who participated of the activity (145 people) have a good knowledge about Zika, the relation with *Aedes aegypti* and the prevention methods - the best results were obtained in Natal. When they were asked which population group that have the biggest risk when infected by Zika virus, in Natal, more than 75% correlated with pregnancy, where as in Belém, only 37% did it. Therefore, the need of more actions to inform the population is evident – and should go beyond the theorization of knowledge.

PALAVRAS-CHAVE: Zika; Health education; Epidemic

PP1589 - INTERCULTURAL RELATIONSHIP AMONG HEALTH IN THE SNIS. INVESTIGATION AND ACTION-PROJECT

Mendez A ¹; Guatini V ²; Centurión S ²; Urioste A ³; Toledo A ²; Gorgoroso M ²; 1 - facultad de medicina Udelar; 2 - Facultad de Medicina Udelar; 3 - Facultad de Medicina;

Differences in health status of minority groups are related to structural factors such as poverty, cultural factors and factors related to health services, as well as the quality of them and the information available to the population on how to stay healthy. With the intention of working from the Civic Center Salvador Allende on these issues, an intersectoral group is formed. It aims to deepen the knowledge of the current state of affairs reading the approach of multiculturalism under the care process.

Objectives:

Produce objective evidence to help direct care processes for the recognition of diversity and the adequacy of its responses to the specific needs.

Method:

To do a qualitative focus group methodology consisting of a group interview in which he seeks the views and attitudes of workers polyclinic is used; whose approximate duration is 90 minutes. 2 sets one of teachers / 9 participating residents and other officials with five participants, each with its pattern and shape is formed. They were recorded in the form of digital audio, transcribed and is currently being analyzed.

So in this summary does not present results and conclusions, if we hope to have the time of presentation.

PALAVRAS-CHAVE: Biobehavioral Approach; Health services

**PP1590 - “CONSULTÓRIO NA RUA” AND CREAS ALDAIZA SPOSATI 8°
CDS: PRAGMATISM AND PARTNERSHIP AS AN INTERSECTORAL
COMPLEMENTARITY FORM OF ACTION**

TIBURCIO AC¹; FERREIRA FILHO LGL¹; MARTINS MAS¹; FERREIRA DMB²; KISTENMACKER CCR³; SILVA CC³; MINEIRO AC⁴; MATOS LM⁵; SILVA AL⁶; RANGEL WPG³; SILVA EA³; MACHADO CRAB⁴; SOUZA NP⁴; 1 - SMS RJ CAP 5.1; 2 - SMS CAP 3.3; 3 - CREAS A SPOSATI 8ª CDS; 4 - CREAS A SPOSATI 8ªCDS; 5 - CREAS A SPOSATI 8 CDS; 6 - CREAS A SPOSATI;

INTRODUCTION:

This work deals with issues related to the partnership between the public sector, SUS and SUAS, making a theoretical and empirical work on the relationship of these sectors for Homeless Integral Attention. The goal is to analyze the benefits generated by the partnership between the SMSDC-RJ-5.1 “Consultório na Rua” (Clinic on the street) and CREAS Aldaíza Sposati 8th CDS as agents for improving the location of the homeless quality of life and strengthening the right to citizenship. It highlights issues related to Health and Intersectoral Liability Partnership.

MATERIAL AND METHODS:

We have used the case study method, in order to understand the goals expected by the partners in relation to Relief Programs and County Services Portfolio specific to each partner and to verify the form of intersectoral actions of these two organizations in the pursuit of the Integral Attention to individual homeless.

RESULTS:

This study revealed that there were improvements in the approaches of the target population, greater ease of forming bonds of trust between users / teams, and especially easier mobility of extensive Intersectoral Network. This partnership allowed the construction of positive, pragmatic and innovative interventions in various situations of rights violations decreasing the difficulty of access to treatment in health for complex cases in mental health, tuberculosis and STDs, always based on ethical respect to the individuals assisted and guiding principles of both systems.

PALAVRAS-CHAVE: DEMOGRAPHY; SUS; management

PP1591 - "HELLO, BUDDY!": EXPERIENCE REPORT OF A SOCIAL PROJECT IN THE MEDICAL STUDENTS RECEPTION

Melo BML ¹; Guimarães AB ²; Henriques VM ²; Morcerf CCP ²; 1 - Universidade do Grande Rio Professor José de Souza Herdy; 2 - Universidade do Grande Rio Professor José de Souza Herdy ;

Background and objectives:

Activity realized by the extension project FotoEstima during de students' reception using photography to generate a better relationship between the new class and a comfortable environment, making it possible to change the traditional prank vision. Discuss with the scientific community the importance of valuing the freshman self-esteem and the introduction of ludic activities in the traditional college pranks.

Methods:

Experience report of "Hello, Buddy!" accomplished by FotoEstima project during the medical students reception at UNIGRANRIO.

Results and conclusion:

"Hello, buddy!" started on the freshman reception on the first semester of 2015. The FotoEstima team formed by veterans divided the class in pairs and trios, which were called separately to discuss about the value of self-esteem and its benefits. After the talk the students had to choose a card, which had written pleasantries, and posed for a small photo shoot. The photos were posted among a welcome message on a social network, so the students could have access to it. Programs like this one are extremely important to the new students that, besides being through a transition phase in life, most of the times have to face a hostile environment caused by the veterans that transform the play that the prank was meant to be into a way to humiliate the other.

PALAVRAS-CHAVE: Health Promotion; Students, Medical

PP1592 - "TELEVISION AND FAMILY: AN AMBIGUOUS FRIENDSHIP"

Antacle A ¹; Aymat A ¹; Bustamante Martinetto G ¹; Cajal NY ¹; Elías B ¹; Elwart ML ¹; Fitzsimons M ¹; García Pinto ¹; Heredia V ¹; Herrera MA ¹; Lopez Frías RD ¹; Ponce de León MD ¹; 1 - OsPeCon;

Television: means of communication with more presence in everyday life. Aim: to know the role of television in a family system. Qualitative study. Method: phenomenology and ethnography during July 2015. Sampling: families with children from different social and economic backgrounds. Instrument: 14 interviews carried out deeply and field notes. Analysis: supported theory with final hypothesis; saturation verified through persistent observation and validity through methodological triangulation. Results: Time together: identified as making stronger relationships or seen as an obstacle for them. Influential friend: Belief of the guard over the influence of television in children. Game of power: struggle for power scenario. If the television set is absent: feelings that arise from its absence. The television, my loyal friend: the value given by the interviewed to the television. The television was referred to as someone who keeps company in leisure time as well as in everyday activities, loneliness, when eating or going to bed "so as not to feel lonely". The television starts the day with the family, it is turned on and off with them. It keeps company as an ally for parents by taking of children "it helps for some minutes". We infer that the television set would have a definite place in the house and the family. Final hypothesis: the television has the role of being another member of the family; it intervenes in the family dynamics, challenges and competes with the parents' role, maintaining the family homeostasis. The television is personified.

PALAVRAS-CHAVE: Television; Children; Family

SISTEMAS DE SAÚDE

PP1594 - "OTHER NEOPLASIA" DIAGNOSIS AND ITS RELATION WITH CERVICAL CYTOLOGY RESULTS IN SISCOLO.

OLIVEIRA LM ¹; PEIXOTO AAFS ¹; BORBA PC ¹; MENESES NNA ¹; SANTOS JG ¹; QUEIROZ EF ¹; KARBAGE SA ²; ARCANJO ACM ²; 1 - Universidade de Fortaleza; 2 - Instituto de Prevenção do Câncer do Ceará;

Introduction and Objective:

Cervical cancer is the third cause of death in women in Ceará. The Control Program of Cervical Cancer monitors this disease by the cervical cytology exam. Information System for Cervical Cancer (SISCOLO) has inconsistency in its reasons to request additional tests, such as colposcopy and biopsy, when cytology is normal. In these cases, the histopathological test report is created with "other neoplasia", even when the result isn't neoplasia, making patients and doctors uncomfortable. This work aims to identify the number of patients registered with the "other neoplasia" diagnosis in SISCOLO and its relationship with cytology's result.

Methods:

We used the report from SISCOLO of a Secondary-Care Unit with the diagnostics of invasive squamous carcinoma, adenocarcinoma and other neoplasia. We selected the files with "other neoplasia" and verified the cytology result of the same patient.

Results and conclusion:

From an amount of 378 women, 361 (95,5%) had the "other neoplasia" diagnosis, but the cytology results could only be reached for 341 (94,45%). Analysis from this new amount showed that cytology results were normal for 83% of the women. Therefore, the percentage of women with "other neoplasia" is high, but these individuals do not have abnormalities in their screening test. In the intend of decreasing the anxiety and discomfort caused by this limitation in the system, a reformulation of SISCOLO in its fields to request additional tests would be interesting and would prevent unnecessary worries from doctors and patients.

PALAVRAS-CHAVE: Health Service, Women's; Cervical Neoplasm, Uterine; Cancer of the Uterine Cervix

PP1595 - PRIMARY CARE AND DEMENTIA IN THE ELDERLY POPULATION

Braga MS ¹; Miranda IMM ¹; Tavares HHF ¹; Bento GAP ¹; Santos RO ¹; Silva HRS ¹; 1 - UniRV - Universidade de Rio verde;

Introduction and objective:

Medical education in Brazil has been adapting to the new National Curriculum Guidelines aiming to strengthen the teaching-service-community (BRAZIL, 2014). In the process of teaching and learning, medical school academics from the University of Rio Verde (UNIRV) Campus Aparecida de Goiania carried a survey on Primary Care in Aparecida de Goiania. A high prevalence of elders with low performance on the Mini Mental State Examination (MMSE) was identified. The aim of this study is to report the experiences and challenges of medical Education when identifying dementia disorders in elderly communities.

Methodology:

In November 2015, the 3rd term students of UNIRV Medical School, Campus Aparecida de Goiania, carried an educational activity focused on the aged population assisted by the Jardim Olympico FHB. The Comprehensive Geriatric Assessment (CGA) performed included the analysis of the cognitive capacity of these elderly through the MMSE, respecting the extent of the limitations of school education of the patients.

Results and Conclusion:

From the 36 elderly interviewed, 14 were below the cutoff point code for their schooling. In some cases, the caregivers were surprised and even upset with the results they achieved on their elderly tests. It is necessary to empower the Community Health Agents and the whole team of Family Health Care to guide caregivers in the early identification of cognitive decline, because dementia is not always noticeable at its inception, considering that the greatest barrier that prevents caregivers to give necessary support to the elderly is the lack of information. (NOVELLI, 2010)

PALAVRAS-CHAVE: Demência senil; Idoso; Atenção Primária de Saúde

PP1596 - NASF GROUP EXPERIENCES - A POSSIBILITY OF BROADENING PRIMARY CARE

Camões ¹; Navega ²; Cinti ³; Mendes ³; Silveira ³; 1 - Clínica da Família Olímpia Esteves; 2 - Clínica da Família; 3 - CAP 5.1;

As NASF (Initials for Support Nucleus Family's Healthy) professionals, we can offer attendance at UBS (Initials for Basic Health Unit), as a first option for specialized assistance. The pro activity of NASF employees, with the commitment of exploring the maximum of the actuation of APS (Initials for Primary Health Actuation), can certainly influence in the reduction of requests and stabilization with the decrease of the waiting lines. With the belief that group work is an excellent tool for NASF actuation at the coordination care, we create it as a way to welcome the demand of the schools in the territory and the cases that are brought by the ESF (Initials for Family Health Strategy) team. Working with groups guarantee a indefinite attendance, where many professionals can actuate and offer real opportunities of a better life quality. This can enable better resolutions of APS and make the referrals qualification, guaranteeing a bigger offer and possibilities for the patients that have the real need of attendance at a rehab condition.

PALAVRAS-CHAVE: Primary Health Care; Public Assistance; Family Health

PP1597 - THE USER'S PERSPECTIVE ON THE DENTAL CLINIC OF THE FAMILY CARE VICTOR VALLA, MANGUINHOS, RIO DE JANEIRO

Lacerda A ¹; Romano VF ²; Lordello CMS ³; 1 - Escola Politécnica de Saúde Joaquim Venâncio; 2 - Universidade Federal do Rio de Janeiro; 3 - Clínica da Família Victor Valla, Município do Rio de Janeiro;

The primary health care has been based on the practice of care where the expanded concept of health is assuming a job that is guided by their collective aspect. When putting for oral health the proposal for its inclusion in the ESF, tighten up values consolidated by models that preceded it and popping the question of user look like a value. This research it is a case study that aimed to analyze user perception on dental care at the Clinic of Victor Valla Family, Manginhos, Rio de Janeiro; understanding that seeing that requiring the service provides valuable feedback of the actions developed, able to generate new meanings of practice. Data collection semi-structured interviews were conducted with users who had already used the oral health services of the Clinic in 2013, according to a guiding matrix; as well as a diary. The choice of respondents was made by users of the data obtained from the clinical information system, ALERT, based on established conditions, capturing members of different teams and using the theoretical saturation method as delimitation. Data were transcribed and analyzed according to Bardin's content analysis by categorical analysis and described responding to specific research objectives. The perceptions of users showed the difficulties encountered in accessing oral health services, as well as their views on the organization of services, prospecting the need for possible changes in the labor process, which began after this research.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy; Dental care

PP1598 - A REVIEW HERMENEUTICS. COLOMBIA

Mantener Título Aportes de la formación de médicos familiares al desarrollo de la atención primaria en Iberoamérica. Una revisión Hermenéutica. COLOMBIA¹; Mantener Título Aportes de la formación de médicos familiares al desarrollo de la atención primaria en Iberoamérica. Una revisión Hermenéutica. COLOMBIA¹; 1 - UNIVERSIDAD EL BOSQUE;

Colombia is a country in South America inhabited by 46,245,297 inhabitants. It features a health system based on solidarity and primary healthcare, but still no joint is achieved within the defense system, prevention, diagnosis, treatment and rehabilitation, not fulfilled by both daily practice model proposed primary care. As for family medicine in our country there are seven schools that have emerged since 1998 and has been the positioning within the system, to be recognized in this field in recent years as a key agency to implement the model of primary health care which was proposed by health reform, due in 2007. That's why, in view of health reform that has been raised in several countries on the basis of new models of primary care without that present the current state of medicine and family health in Colombia.

PALAVRAS-CHAVE: Colombia; Health system; Primary care

PP1599 - A REVIEW ON MANAGEMENT OF COMMON MENTAL HEALTH PROBLEMS - CURRENT PRACTICE, PERCEIVED LIMITATIONS AND COMPETENCY OF FAMILY DOCTORS

Ip YY ¹; 1 - Hospital Authority;

Introduction and Objective:

Mental health problems are commonly encountered in primary care setting and family doctors play an important role in providing continuity of care. This study aims to review the current practice, perceived limitations and competency of family doctors working in the public sector in Hong Kong, and to guide future service planning and doctor empowerment program.

Method:

A questionnaire was developed based on review of relevant literature and input from colleagues in our department. The questionnaire was validated by eight specialists in family medicine and sent to doctors working in 16 general out-patient clinics in the Kowloon West region.

Results and conclusion:

A response rate of 70% was achieved. All respondents agreed that continuity of care is important in managing common mental health problems and more than 85% agreed that a significant proportion of patients could be well managed by primary care physicians. However, only 15% of them arranged follow up for more than half of their patients with stable mental conditions. The main limitations were inadequate consultation time (97.4%), insufficient follow up appointment slot (86.8%) and inadequate knowledge of social resources (60.5%). Family doctors were less confident in providing information of social resources, offering basic counselling and deciding when to stop drug treatment.

A flexible appointment system, reasonable consultation time and doctor empowerment program guided by regular training need analysis will enhance the role of family doctors in managing patients with common mental health problems.

PALAVRAS-CHAVE: mental health; primary care; review

PP1600 - A STRATEGIC SOLUTION TO HEALTH INEQUITY AND FRAGMENTATION IN THE PHILIPPINES THROUGH PEOPLE EMPOWERMENT AND FAMILY PRACTICE

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Introduction and Objective:

The obstacle for the health sector is identifying ways to ameliorate primary health care. Attempting to reduce burdensome out-of-pocket spending for health services through the National Health Insurance Program (NHIP). Unfortunately, NHIP acknowledges “this leads to higher benefit pay-out that cannot be sustained long term by the current premium rate” due to poverty and income inequality hence, continued support in this program is uncertain.

The study aims to (i) Provide a background to the existing primary health care condition. (ii) To identify the health solution leading to health reform.

Method:

Both international and local literature was extensively reviewed on the areas of primary health care and delivery in the country. A systematic search using Online databases was done. Searches had no date restrictions. Inclusion and exclusion criteria were set.

Results and Conclusions:

The study reveals that current health system has poor coordination of care due to health fragmentation and decentralization among which is the lack of a gatekeeper. The Family Practice in the country needs to be addressed and further efforts must be initiated concerning gate keeping. People empowerment is the approach to solve poverty, income equality and poor health. Despite positive outlook in economic development, the country is challenged with poor health system and financial prejudice. Among the pillars of the people empowerment are multi-purpose cooperatives that could tap on the NHIP program with Family Physicians as gatekeepers.

PALAVRAS-CHAVE: Primary Care; Access to Health care; Gatekeeper

PP1601 - ABSENTEEISM: CAUSES, CONSEQUENCES AND INTERVENTION PLAN

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Abstract

Absenteeism is a very prevalent problem in all professional's routines who works with health public worldwide. Knowing its causes and consequences , is extremely essential to establish possible targets capable to minimize its impacts. As a result , this study aims mainly act together with stakeholders (users and professionals), aiming to achieve an overall improvement in the standard of quality of health systems.

Introdução

A taxa de absenteísmo, é sem dúvida, um problema muito prevalente em toda rotina do profissional que trabalha com atendimento ao serviço público em saúde pelo nosso País. E que segundo Oleskovicz M. et al, tem se revelado como sendo um problema crônico, tanto em especialidades quanto no atendimento em geral.

Objetivo

Instigar na população o desejo de parceria, capaz de salientar desta forma, o quanto seu compromisso e assiduidade aos atendimentos, podem contribuir positivamente para a melhoria geral do padrão de qualidade dos serviços prestados pela UBS.

Método:

Ações: Levantar as possíveis causas do absenteísmo, destacar a(s) mais prevalente(s), e desenvolver um programa de educação continuada, capaz de trazer informações sobre a importância do comprometimento geral na resolutividade do problema e em conjunto, criar medidas de intervenção.

Resultados esperados:

Deseja-se com o presente estudo, após da aplicação das metas, que todos os envolvidos, tenham informações suficientes sobre o tema abordado, e a partir de então, sejam capazes de atuar em conjunto, na busca da melhoria do atendimento e dos serviços ofertados na rede pública de Saúde.

PALAVRAS-CHAVE: Absenteeism; Public Health; Health Systems

PP1602 - ACADEMIA CARIOCA PROGRAM PROMOTING ADOLESCENT HEALTH THROUGH INTEGRATED SPORTS PRACTICE TO THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

Santana CB ¹; Carneiro JS ¹; Batista M ¹; 1 - Secretaria Municipal de Saúde;

Introduction:

The challenges related to the adolescent population access in Primary Health Care Units are present in the Family Health Strategy as a means of propagating critical knowledge about self-care and health promotion. The Academia Carioca Program implemented in 2009 by the Municipal Health Secretariat of Rio de Janeiro as Health Promotion strategy by offering regular physical activity guided by physical education professional integrated at Family Health, acts as a point of access to primary care building effective space orientation.

Objective:

Expose the strategy supported by the physical education professional Academia Carioca Program, combining the practice of sports to health services within the Family Clinic Alkindar Soares Pereira Filho (AP 52).

Method:

Systematic observation and participant of the practice and its effects on the Family Clinic with data collected from focus groups with 200 children and young people with an average of 13.5 ± 3.5 years of age (65% of boys) and 75 % beneficiaries of "Bolsa Família".

Results and Conclusion:

The initiative because it is a football school in the region called Cinco Marias, was named "MARY FIVE CLUB" and reaffirmed their potential as educational activities targeted to adolescents. In the perception of professionals, shown to have expanded the participation of this group in preventive actions and health promotion by strengthening the link with the Health Strategy. Recognizing the Academia Carioca Program as an opportunity to improve the reception of this specific group and plan more effective actions based on formation of subject-citizens responsible for their health.

PALAVRAS-CHAVE: Adolescent Health; Health Promotio; Motor Activity

PP1604 - ACCREDITATION IN POLAND – A CASE STUDY

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Introduction and Objective:

More than a decade ago in Poland, some enthusiasts engaged in preparation of an accreditation program for primary care practices. The aims of this case study are: (1) to briefly describe an accreditation program of primary care practices in Poland, as an example from Easter European countries; (2) to illuminate basic advantages and drawbacks of the concept and process of accreditation.

Method:

In Poland, the accreditation was started in 2004 as an initiative of the non-governmental organization. The Polish parliament approved a new accreditation act in the health care in November 2008.

Results/conclusions:

Currently, the process is centrally organized. Surveyors assess the level of practice performance, in relation to 123 standards, classified in 8 groups: (1) comprehensive care; (2) patients' rights; (3) quality improvement; (4) safety of care; (5) healthcare team; (6) medical documentation; (7) organization, (8) infrastructure. Each standard is categorized as completed, partially completed or not completed, and based on this, a total number of earning points is being calculated. A minimum requirement for accreditation is to receive 75% of all possible points. Until the end of 2015, altogether 31 PC practices have received their accreditation.

A current accreditation program in Poland, has a solid legal basis, clear procedure, explicit set of standards. The standards are applicable to a wide range of practices, from single-handed ones to large public centers. There is relatively low interest to participate in the program. One of the important barriers is an absence of financial benefits of the accreditation.

PALAVRAS-CHAVE: Health system organization; Accreditation; Quality Assurance

PP1605 - ADVANCED ACCESS IMPLEMENTATION ON PRIMARY CARE

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Introduction:

The access reorganization in primary care has been highly discussed in several levels at SUS. However the most involved parties in the process are, without a doubt, the professionals playing the straight attendance role to the user/client. Organize this demand process, ensure attendance quality and promote health is a challenge to primary care clinics in the city of Rio de Janeiro.

Objective:

Report experience and critical analysis of indicators on the electronic medical records, of health team transformation in which their procedure was scheduling and became advanced access in March 2015. Analysis of the past 2 years.

Method:

Critical analysis of indicators on the electronic medical records, describing differences found on the electronic medical records.

Results:

Improvement on user's access to effective problem resolution appointment, absenteeism reduction, more effectiveness on consultations, better bond between doctor-patient, higher number of consultation per user versus attendance time. Need for interaction from community agent till high-educated professionals. Clear understanding of work process and better interaction between admission team and professional involved.

PALAVRAS-CHAVE: Advanced access; primary care; Work process

PP1606 - EXPANDING ACCESS

CAVALHEIRO,ADRIANA DE MATOS DANTAS ¹; 1 - SMS;

Introduction

In Rio de Janeiro 27.46% have their diagnosis with HIV presenting CD4 count below 200 cells / mm³ (BRAZIL, 2014), which indicates the delayed uptake of HIV. Also, at the study site, we found a large number of young people infected, many of them homosexual and also several prostitution points surrounding the Health Unit. For these reasons it was created the strategy to approach professionals sex after the unit's operating hours, to create bonding.

Objectives:

This experience report aims to expand access to this public offering condoms, guidance regarding STDs, inform as the health unit works, valuing the person, offer a differentiated and professional time reference and increase the bond.

Methods:

Conducting extra activities out of the Unit's walls, such as: vaccination, provision of contraceptive methods, counseling, rapid testing, among others.

Results:

The actions demonstrated that with the professional of reference they felt the desire more to attend the health facility without fear of not being accepted. The whole team is able to welcome these people. We provide open agenda for such cases.

Conclusion:

We can not change the setting of HIV infection with these actions immediately, but in the near future we can see a possible decrease in the number of cases of HIV / AIDS, and we can treat early those who are diagnosed with the HIV virus.

PALAVRAS-CHAVE: CD4; HIV; HEALTH SERVICES ACCESSIBILITY

PP1607 - AN OVERVIEW OF PALLIATIVE CARE SERVICES IN TURKEY

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Introduction and Objective:

The World Health Organization describes palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering". Palliative care has become an important health topic in Turkey after supports of Ministry of Health. Aim of this paper is to give information about palliative care services in Turkey.

Results:

If we talk about the structure of palliative care in Turkey; first, GPs/FPs and home health services evaluate the patients. If they find the patient appropriate, they refer the patient to an upper health care service. There are three levels; Palliative Care Unit (PCU), Palliative Care Center (PCC) and Comprehensive Palliative Care Center (CPCC) and hospises. In Turkey, there are totally 62 centers; 7 centers in Izmir, 4 in İstanbul and 51 in other cities.

Conclusion:

Palliative care has become an important health topic recent years. More attention should be given to these services to increase the quality of life of patients. Our purpose is not adding years to the patients' life, it is adding life to their years.

PALAVRAS-CHAVE: palliative care; turkey; quality of life

PP1608 - ANALYSIS OF EFFICACY OF PRENATAL CARE OF PATIENTS THAT DELIVERED IN A PRIVATE REFERENCE HOSPITAL IN FORTALEZA, CE

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Introduction and Objectives:

Prenatal care seeks to supply the basic needs to ensure quality medical assistance during gestation, delivery and postpartum and reduce morbimortality neonatal and maternal. It requires a capable staff and private complementary assistance to improve coverage. The following analysis evaluate the impact of the prenatal quality in labor and neonatal morbimortality.

Methods:

A Retrospective and descriptive analysis of all medical records of Newborns, delivered between 2013 and 2015, was developed in a private supplementary reference hospital in Fortaleza, Ceará. The collected data from the newborns records involved information about their prenatal consults, delivery and neonatal conditions. The study was approved by the University of Fortaleza Ethical Committee.

Results and Conclusion:

4734 medical records were analyzed. 88,60% of the newborns were delivered by Caesarean and 11,39% by vaginal birth. The pregnant women were in average 30 years-old, and 94,2% had finished at least high school. 75,3% were married. The pregnant women evaluated had been on an average 9 prenatal consults and 93,3% of them had been more than 6 consults. 86,5% of the newborn reached term, 13,4% were prematures and 10% were reanimated. The patients were mostly from Fortaleza and its metropolitan region. Most of the pregnant women assisted had access to a good prenatal care and attended the minimum number of medical consults suggested by the Brazilian Ministry of Health. Those facts lead to a good outcome, suggested by the low prematurity rate and low need of reanimation, which is compatible with worlds standards of quality.

PALAVRAS-CHAVE: Prenatal; Pregnancy; Neonatal

PP1610 - ANALYSIS OF PRIMARY CARE SENSITIVE HOSPITALIZATIONS IN HOSPITAL GERAL DE RORAIMA BETWEEN 2008-2012.

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Introduction and Objectives:

Ambulatory care sensitive hospitalizations are an indicator used to evaluate access, effectiveness and quality of care provided by primary care. The main objective of this study is to characterize hospitalizations for ambulatory care sensitive conditions that occurred at the Hospital Geral de Roraima between 2008 and 2012.

Methodology:

Ecological exploratory study using secondary data from the Sistema de Informação Hospitalar of the Sistema Único de Saúde. Data for the preparation of the study, with the variables age, gender, diagnostic groups, municipality of residence and death were obtained on the Lista Brasileira de Internações por Condições Sensíveis à Atenção Primária. The data were processed through the application Tabwin – version 3.6b – developed by DATASUS from Ministério da Saúde. The analysis was descriptive statistics.

Results and Conclusions:

In the analyzed period, 9,782 admissions were for primary care sensitive conditions corresponding to 23.95% of total admissions. The most common comorbidities were skin and subcutaneous tissue infections, heart failure and diabetes mellitus. Men with age 65 years old or more were the most frequently hospitalized. The studied indicator is an important tool for planning and monitoring health care, through which is possible to identify major comorbidities that require more timely and effective actions by primary care in order to prevent hospitalizations for such conditions and reduce the costs related to them.

PALAVRAS-CHAVE: Primary care; Hospitalizations; Roraima

PP1611 - ANALYSIS OF SATISFACTION OF THE UNIFIED HEALTH SYSTEM PATIENTS IN THE ASSISTANCE PROVIDED BY PRIMARY AND SECONDARY CARE

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INTRODUCTION AND OBJECTIVE:

The Primary Health Care is the gateway to services offered by the Unified Health System in Brazil, covering individual and collective aspects related to health promotion, disease prevention, treatment and rehabilitation. The Secondary Care provides medium complexity services, involving hospitals and clinics, as well as diagnostic support services, and it is an intersection between basic care and high complexity procedures of Tertiary Care. This study has the purpose to evaluate the assistance provided in primary care, at the "Mattos Dourado" Family Health Center, and in secondary care, at the Nucleus of Integrated Medical Attention.

METHOD:

A quantitative description cross study developed in the "Mattos Dourado" Family Health Center and in the Nucleus of Integrated Medical Attention, both localized in Fortaleza, Brazil. 431 interviewed patients participated in the study. The data were collected using semi-structured interviews based on a Manual of Primary Health Care assessment tools. The principles of bioethics were obeyed.

RESULTS AND CONCLUSIONS:

52.7% of the sample were primary care patients and 47.3% were secondary care. The study showed that 80% of patients feel well advised by the health professional who attends; 65,4% rated the service as good or excelente and 91.4% said that they feel comfortable with the professional. These data were homogeneous in both health systems and reflect the trust in the doctor-patient relationship. We conclude that the perception of the user on the health-disease process is important because it is directly related to quality of care provided in primary and secondary care.

PALAVRAS-CHAVE: Primary Health Care; Quality of Health Care; Secondary Care

PP1612 - ANALYSIS OF THE FINANCIAL COSTS OF HOSPITALIZATIONS IN THE BRAZILIAN UNIFIED HEALTH SYSTEM FROM 2008 TO 2014

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INTRODUCTION AND OBJECTIVE:

In 2014, the Brazilian government has spent about 93,8 billion of reais in health. Of this amount, 46.4% was destined to hospital and outpatient care. The aim of the study was to analyze the financial costs of hospitalizations in the Unified Health System (SUS).

METHOD:

A descriptive and retrospective epidemiological study was conducted from 2008 to 2014. Epidemiological data were obtained from the Department of the Unified Health System (DATASUS).

RESULTS AND CONCLUSIONS:

A total of 78.121.724 hospitalizations were recorded between 2008 and 2014, where average of expenditure per year between this period was 11.169.277.762 reais, with an average of 1000 reais per hospitalization (standard derivation = R\$139,5). Of these hospitalizations, the highest rates were by cardiovascular diseases (19,78%); pregnancy, childbirth and postpartum (11,58%); and respiratory diseases (10,6%). However, the highest values per hospitalizations were by congenital malformations and chromosomal abnormalities (R\$2590,70/hospitalization); and perinatal conditions (R\$2577,44/hospitalization). In relation to age, patients younger than one year were those with the highest expenses per hospitalization (R\$1721,71), but in total spending, the age group between 60 and 70 was the highest (13,52%). About the analysis of spending by region, it was observed that the Southeast has the largest amount of spending (44,57%), but it is the southern region which has the largest value for hospitalization (R\$1172,74/hospitalization). In conclusion, we observe that there are significant changes depending on the way in which the data are analyzed, whether by total spending or the average per hospital admission.

PALAVRAS-CHAVE: Hospitalization; Economics; Public Health

PP1613 - ANALYSIS OF THE ROUTING'S PERTINENCE TO AN ENDOCRINOLOGIST DURING A SOCIAL ACTION OF CLINICAL APPOINTMENTS IN ARATUBA, CEARA, BRAZIL

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INTRODUCTION AND OBJECTIVE:

It is known that the Primary Health Care is not always enough to solve the case of some patients, which require routing to a medical specialty. Many of these routings are unnecessary, causing a series of problems to the public system of health and to the patients. Thus, this study has the goal to analyze the resolution capability of Primary Health Care in cases of endocrine diseases.

METHOD:

Cross analytical quantitative study made in a social action of clinical appointments at the city of Aratuba, Ceara, Brazil. The data collection was made through a semi-structure questionnaire containing data about the patients (sex, age and education), the time past in the waiting row for the medical appointments, the disease that motivated the routing and the pertinence of the reference to an endocrinologist. The study included patients that signed The Free Consent and Informed Terms and excluded patients that refused to join the research or with incomplete questionnaires. The data were analyzed and interpreted using the SPSS Statistics Base software.

RESULTS AND CONCLUSIONS:

The answers of sixty one questionnaires were analyzed resulting in the following ratios: 29.5% were men, 70.5% were women, 40.78 was the middle age found, 41% of the patients waited for medical appointment for at least a year, 18% of the cases didn't need to be forwarded to the expert. Therefore, there was an unnecessary demand for clinical appointments with the endocrinologist, causing a longer waiting time for referred patients and a loss of care to those who really needed the specialist evaluation.

PALAVRAS-CHAVE: Primary Health Care; Endocrinology; Referral and Consultation

PP1614 - ANEMIA PREVALENCE IN INDIGENOUS OF ETHNICITY XIKRIN WOMEN - SERRA CARAJÁS (PA)

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Introduction:

Anemia is a non-infectious disease with the highest prevalence in the world, and is defined by the fall in the concentration of hemoglobin, whose main cause is iron deficiency, combined with socioeconomic and environmental factors. The study aimed to provide epidemiological information on the prevalence of anemia in women of indigenous Xikrin ethnicity in the years 2011, 2015 and 2016.

Methodology:

The study is cross-sectional, was attended by 541 women from three villages Xikrin: Katete, Djudjêkô and Oodjã. The CBC samples were analyzed in the automated hematology counter (MINDRAY 2300) in the laboratory in locus. Statistical analysis of data was performed in Biostat 5.0 software.

Results:

The prevalence of anemia was identified in both years. But in 2011 had the highest prevalence of anemia, 86 women 74.4% expressed this pathology. In the year 2015 of 138 women 65.2% still had this disease. But in the year 2016 of 217 women surveyed only 5.9% expressed anemia. After comparative analysis of 2011 data, 2015 and 2016 there was a considerable decrease of 69.6% prevalence of anemia among women.

Conclusion:

After the process of decentralization of care, and the establishment of the Special Indigenous Health Districts (DSEIs) having these greater autonomy and planning of care services for indigenous health, specifically the indigenous ethnic Xikrin of Katete, have influenced positively in reduction of anemia of its population.

PALAVRAS-CHAVE: INDIGENOUS; PREVALENCE; ANEMIA

PP1615 - PRIMARY CARE IN THE TREATMENT OF THE DIABETIC FOOT: USING THE MULTIPROFESSIONAL TEAM

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Introduction:

Diabetes mellitus (DM) is a multifactorial disease which results in high morbidity and mortality to those affected. The foot ulcers with amputations are the most severe complications, leading to loss of quality of life and increased costs to the health system. It is estimated that 20% of hospitalizations of DM and 40-70% of nontraumatic amputations occur for lower limb injuries.

Objective:

To show the multidisciplinary team efficiency of APS in the municipality of Rio de Janeiro in the diabetic patient care, especially in the treatment of diabetic ulcers

Method:

Case report successful treatment of diabetic ulcers, including photographic records, with a brief summary of the literature on the subject

Results and conclusions:

Consistent ulceration improves through multidisciplinary medical work, nurses, nursing technicians and community health agents, using only inputs available on the APS of Rio de Janeiro

PALAVRAS-CHAVE: Diabetes Mellitus; Diabetic Foot; Primary Health Care

PP1618 - ASSESSMENT OF PRIMARY CARE ATTRIBUTES IN FAMILY HEALTH STRATEGY FROM A HEALTH CARE UNIT BY PCATool-CHILDREN

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Introduction/Objective:

Assessment of the health practices is fundamental for the qualification of work, especially in Brazil where we live, for last decades, the reformulation of the health system. The objectives of the assessment are: knowledge, verification and correction of problems found. The Primary Care Assessment Tool (PCATool) is a validated tool both in the U.S.A. and Brazil to assess the Primary Health Care and its attributes. The objective of the research was to characterize the assessment of children's treatment in a Family Health Strategy Unit with two mixed teams (family physicians and pediatrician).

Methods:

Application of PCATool-brasil and data analyses according to the manual.

Results/Conclusion:

133 questionnaires have been answered. In the essential attributes, the highest score (0-10) was to integrality (8.62) and lowest score to accessibility (6.03), with lowest score (0-4) to waiting time for service (2.4) and possibility for telephone orientation (2.6). In derived attributes the worst average was for the participation in Health Council (1.72). The tool was administrated for the first time in the city and amplified and helped organizing the team's overview upon the problems. The result will be meeting agenda in the team's meeting to correct the problems found.

PALAVRAS-CHAVE: Family Practice; Evaluation Research; Children's Health

PP1619 - ASSISTANCE OF EVOLUTION IN A UNIT OF PRIMARY

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Introduction and Objective:

As we begin the management of a unit of primary care in the city of Rio de Janeiro, in September 2013, faced with statistics well below the agreed by the Secretariat, especially the Children's Health. Thus identified the challenge of understanding and work, along with staff, ways to widen and improve our service.

Methodology:

To analyze the data we used the electronic medical record VITACARE variable 2, where the indicators D4, D5, D6 and D7 reflect the Children's Health in vaccine issues and early life care.

And we use the weekly team meetings to understand the reason of the low results and plan actions to improve the data.

Results and conclusions:

The meetings identified that professionals know not to use the chart and were unmotivated compromising the quality of your calls. Well planned actions that would have justified the team and to influence in attendance, such as printing of production; encouraging education and work; waiting rooms explaining the importance of assistance.

These actions have helped our data significantly increase, causing almost all exceeded the minimum target which is 80% between the periods from 2013 to 2015. D4 rose from 16.36% to 85.76%; D5 rose from 8.71% to 90.49%; D6 rose from 71.04% to 87.83%; D7 rose from 41.5% to 61.01%.

It follows that participative management in addition to providing increased data calls in favors the integration of the staff thus allowing exchange of knowledge and multiplication of knowledge.

PALAVRAS-CHAVE: Primary Health Care; Medical Records Systems, Computerized; Child Health

PP1620 - AUTO REVIEW OF MEDICAL PRACTICE AT HOUSEHOLD ATTENTION IN PRIMARY HEALTH CARE.

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The home as family environment and space builder of powerful forces that influence the accomplishment of the objectives of primary health care becomes space enhancer of the health care practices professional. The aim of this study was to present the profile and self-assessment of doctors who feel trained in methodologies of household approach, planning, prioritizing, home consultation and development of multidisciplinary home care program in the city of Guarujá, Brazil. This was a cross-sectional study using a structured questionnaire. Descriptive analysis, chi-square test and Mann-Whitney U test, were performed, the significance level of 5%. The vast majority are Brazilian, male, white, single, childless, CLT bond regime, in the family health strategy, but have more service time bond in the county when they are in primary care units. As for the four categories analyzed, planning, prioritizing, home consultation and development of multidisciplinary program of home care, the greater prevalence feel always trained for this role. When stratified by Basic Health Units (UBS) and units with the Family Health Strategy (ESF), it is noted that only one doctor linked to UBS responded. The justifications put in the unanswered questionnaires are that UBS does not perform home visits. It is the guidelines of the Home Care that this kind of attention should be conducted by the staff of the Primary Health and with possible support from other health care points, this reinforces the need for discussion of expanded clinical study in this setting.

PALAVRAS-CHAVE: Primary Health Care; Physicians; House Calls

PP1622 - BENEFITS OF PLAYROOM INTRODUCTION IN PRIMARY CARE UNITS

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INTRODUCTION AND OBJECTIVE:

Playroom is a space conducive to improve children's psychosocial and motor abilities. The Playroom introduction is part of the clinical service's humanization, which leads to a stimulating environment for child socialization. This poster intends to emphasize the importance of Playroom in Primary Care Units based on past literature.

METHODS:

The project was conducted by medical students at Universidade Potiguar by creating the Playroom in Monte Castelo Primary Care Unit, Parnamirim, Rio Grande do Norte state of Brazil, whereas children wait for clinical examinations. The aim of this project is not only to optimize the collection of information regarding the importance of children's spaces in clinics but also to give guidance on age group suitable for using toys within the Brazilian Society of Pediatrics criteria.

RESULTS AND CONCLUSIONS:

It was noticed good adherence of patients in the waiting room and a much more structured scheduling scheme for the clinical examinations. The instructing lecture for parents about guiding and managing toys was productive and enlightening. At the end of the project, it became clear the need to extend it to other units. It was also noticed more participation of the local community in response to good use of children's space and positive feedback from patients and health staff. Considering the small number of studies and past literature about this theme, it is necessary that health professionals further address this subject.

PALAVRAS-CHAVE: Child development; Primary Health Care

PP1623 - BETWEEN MYTHS AND TRUTHS: EXPLORING THE POPULAR WISDOM IN THE COLLECTIVE PRE-NATAL

Maniçoba NR ¹; 1 - Secretaria Municipal de Saúde/RN;

The pregnancy is a phenomenon of many transitions, from morphophysiological variations to the woman and the fetus to changes in family and social context, being this whole process surrounded by expectations. The collective Pre-natal is a more comprehensive assistance methodology, which merges the conventional consultation with collective actions, allowing the mother to be the protagonist in the process. In this context, the popular knowledge of the pregnant woman becomes influential in this method, and should be considered by professionals of primary care, aiding in the formation of a humanized assistance.

Thus, this paper has scoped to describe the experience of the professionals of the primary care in the assistance and health education on Pre-Natal from the perspective of popular knowledge of pregnant women, based in the report of experiments conducted by the participants of the collective action extent of the Federal University of Rio Grande do Norte (UFRN): Dialoguing experiences and strengthening the maternal care.

The project, developed since November of 2014, was the result from intervention of the Supervised Internship in Primary Care, based in wheels conversations associated with other learning resources. Fifteen pregnant women of many pregnancy stages participated of this project. The meetings were founded on doubts raised in the consultations and experiences related.

It is hoped that the dissemination of this experience helps to strengthen the Pre-Natal assistance in primary care, as a means of valorizing the maternal and family role and encouragement for professionals to understand the socio-cultural aspects of the assisted community.

PALAVRAS-CHAVE: Prenatal Care; Prenatal Education; Health Education

PP1624 - BRIEF COMMUNICATION ON THE EFFICACY OF TUBERCULOSIS TREATMENT IN A PRIMARY HEALTH CARE UNIT

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Introduction and Aim:

Tuberculosis, a disease that is curable, still kills at least 6.000 people a year in Brazil. The cure rate is of 72%, and the mortality and abandonment rates were of 9.1 and 8.3% respectively, reaching in some capitals the abandonment value of 30 to 40% (WHO, 2009). A tuberculosis sufferer is any individual with a diagnosis confirmed by bacilloscopy or culture and that whose doctor, through clinical and epidemiological data and results of complementary exams, makes the tuberculosis diagnosis. This study aims at analyzing short reports of research findings of interest to the Family and Community Medicine, describing about the efficacy of the tuberculosis treatment and discussing the importance of Primary Health Care and patient monitoring.

Methodology:

A brief study of the determinants factories for effective treatment of tuberculosis in various health care unities.

Results and conclusion:

Supervised treatment must be rigorous, with continuous and permanent follow-up by the Basic Health Unit, through adequate drug combination, correct doses, long enough use and supervision of medication-taking. These are the means to prevent bacterial persistence and the development of drug resistance, thus ensuring the patient's cure. It is of paramount importance for the patient's adherence to the treatment, acceptance, perseverance, the involvement of health professionals and the search for solidary alternatives in the community.

PALAVRAS-CHAVE: tuberculosis; Family Practice; Primary Health Care

PP1625 - CASE REPORT: APPROACH OF THE HIV-POSITIVE PATIENT AND THE IMPORTANCE OF PRE AND POST-TEST COUNSELING.

Ducan BB ; Gusso G ¹; Ducan BB ; Gusso G ¹; 1 - UERJ;

INTRODUCTION:

D.O.R., 57 years old, male, white and Vila Isabel resident. He lives with his 14-year-old son, who was adopted by him and his former companion. His first contact with primary care unit was to start medical follow-up, he asked the nurse of the team for serology and blood grouping. At that time, no pre-test was done. The result of the first serology was positive and there was an active search. The patient sees the doctor and shows great difficulty to accept the result, after post-test, the patient is afraid of death and disease transmission. A new serology and cd4 / cd8 and viral load were requested. The result was confirmed and because of the impact on the patient and the lack of pre-test counseling, the team started to make appointments with more frequency. After clarification and establishing a connection with the team, Antiretroviral Therapy (ART) started, with the patient's total agreement.

Methodology:

Creating a bond with the patient and the team. Performing pre- and post-test counseling to all patients. Exchanging information about the disease, establishing the difference between seropositive and AIDS disease. Exploring risk behaviors and providing social and emotional support.

Conclusion:

Through this case, the family health team can identify mistakes and agree among its members with a more empathetic approach, with no judgment, motivating and encouraging self-care and making individualized planning for HIV-positive patient

PALAVRAS-CHAVE: Human immunodeficiency virus; counseling; primary health care

PP1626 - CHALLENGES IN THE ASSESSMENT OF SHARED CARE FOR CHRONIC DISEASES IN PHC: IN THE CITY OF RIO DE JANEIRO

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The Primary Health Care (PHC) can solve most of the health problems, since qualified, active as to the completeness of attributes and coordination of care, and supported by adequate care support. The Center of Attention to Family Health (NASF) contributes; by shared, supporting teamwork, and your connection to the network.

The aim of this work is to contribute in the construction of the evaluation system of collaborative care among family health teams and team by identifying cases of injuries APS selected in two units of AP 2.2 of the City of Rio de Janeiro; over a year. Data extraction methods were built, namely the electronic medical record, the waiting list of the Regulation System (SISREG) and accompanying list of shared cases.

The results show a below prevalence literature, currently with 108 cases followed from September / 2014 to November / 2015. Use of this method of study to monitor complex cases is still being perfected. Other advances were observed, as the record improvement of procedures and diagnoses by physicians, and greater integration of the Network.

Conclusion:

The shared cases is inserted as a supporter PHC in their prevention and promotion functions, improves the identification of cases and autonomy of the teams. It is hoped that the inclusion of this technology to increase access, reduce waiting times and optimize the use of resources of the attention network and increased access to health care through care coordinated by PHC.

PALAVRAS-CHAVE: assessment of shared care; chronic diseases; Primary Health Care

PP1627 - CLINICAL CONSULTATION IN PRIMARY CARE TO MENTAL HEALTH PATIENT: MEDICAL GRADUATES EXPERIENCE REPORT

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Introduction and Objective

The model of care in mental health established in Brazil by decree 3088 in 2011, through the Psychosocial Care Network, aims integration of individuals in society through multidisciplinary and multisectorial assistance. This paper aims to describe the experience of forth semester medical graduates in primary care on mental health patient.

Methodology

In the Primary Care Center, the patient's medical records were studied. The consultation, which was based in the methods of Seven Steps Consultation and the Patient-Centered Clinical Method, was conducted by three graduates with the teacher's assistance. During the history taking the requirements addressed by the patient were learnt. Data inquired about his routine allowed preparation of genogram and eco-map for greater understanding of social context. The information collected (exams, CAPS psychiatric report) were analyzed contributing to outline problems, diagnosis and prognosis. A second consultation was held after three weeks.

Results and Conclusion

The focus on the patient's needs helped to overpass the communication barrier due to cognitive deficit and allowed to evaluate the patient in his integrity. There was realizing about his requirements regarding diabetes, hypertension and headaches.

The Patient-Centered Clinical Method is fundamental to understand illness and healing process, contributes significantly to establish bond and motivation for treatment adherence, strengthening patient shared responsibility for health promotion.

The mental health care in primary care not only requires specific psychology skills, but mainly demands development of empathy and respect for equity, obliterating stigmas to diversify care strategies in interdisciplinary logic, promoting focused on the individual needs humanised attention.

PALAVRAS-CHAVE: Primary Health Care; Mental Health; Equity in Health

PP1628 - FAMILY CLINIC: A PROPOSAL IN RELATION TO THE SUPPORT NETWORK FOR MENTAL HEALTH IN THE MUNICIPALITY OF RIO DE JANEIRO

Oliveira LA; Costa MA¹; 1 - Universidade Estadual do Rio de Janeiro;

Introdução e Objetivo:

From the law of psychiatric reform, mental health patient gateway became the Family Health Strategy (FHS). However, what I could see / experience during the period of two years as FHS residence in a clinic in the city of Rio de Janeiro was the absence of the support network provided by law. This caused distress to staff and demonstrated their unpreparedness for the care of these patients, motivating this study. To recognize as is the assistance network that supports the FHS teams. Establish a new network best suited the needs of the monitored population.

Métodos:

Observational study from the experience lived during the residency at the Clinic Ana Maria Conception in the city of Rio de Janeiro, using Ecomapa as another tool for understanding and tackling the issues that arose during that period.

Resultados e conclusões:

The support network for current mental health clinic has psychosocial support center (CAPS), mental health clinic, specialist orientation and psychiatric emergency. This configuration has proved insufficient as a tool available to professionals to meet the population's needs. Therefore, recognizing the urgent need for improvement and reorganization of the network, other agents will become indispensable in its new composition. In addition, the implementation of the practice of lifelong education can support family health teams in relation to the care networks.

PALAVRAS-CHAVE: mental health services; clinical family; general practitioner

PP1629 - COLLABORATIVE CARE IN BRAZIL: THE USE OF MATRIX SUPPORT AS AN INSTRUMENT FOR STRENGTHENING INTEGRATED CARE.

Salgado MA ¹; 1 - Prefeitura do Rio de Janeiro;

INTRODUCTION/ OBJECTIVE:

Family Health Teams (FHT) were implemented, in 1994, each being responsible for 3500 people in a delimited area. In 2008, the interdisciplinary Matrix Support Team (MST), was created to, offer support and expand their scope of actions through collaborative care which includes joint consultations and home visits, and helps building a network with specialized health services. We aim to demonstrate different methods of matrix support work in mental health.

METHODOLOGY:

Presentation of 3 cases evaluated together by psychiatrist and family doctor in Rio de Janeiro, in 2014, where a therapeutic project was established.

RESULTS:

First case: woman of 45 years with psychotic symptoms, where the family doctor initiated antipsychotic and the patient started presenting extrapyramidal side effects, A Joint consultation with the psychiatrist was held to alter medication and manage side effects, demonstration the potential of collaborative care as permanent education. Second case: 35 years old man with psychotic symptoms that has not left home for 3 years without any treatment. Due to the severity of the symptoms, hospitalization was indicated, an example of the expansion of access offered by matrix support work. Third case: 40 years old psychotic female with without adherence to treatment, demanding discussion with the mental health community center interdisciplinary team so that several joint strategies be organized to maintain adequate care.

CONCLUSION:

Collaborative care widens scope of care , generating discussion of therapeutic projects, development of effective interventions, and reorganizing health care through the strengthening of the bonds between professionals, families and patients.

PALAVRAS-CHAVE: Collaborative care; mental health care; matrix support

PP1631 - COMPARATIVE EVALUATION OF THE HEALTH QUALITY OF HEALTH PROFESSIONALS AND STUDENTS ACTIVE IN THE POLYCLINIC OF FEDERAL UNIVERSITY OF AMAPÁ

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Introduction and Objective:

Quality of life is regarded as the individual's perception of their position in life in the cultural and systematic context of values in which they lives and in relation to their goals, expectations, standards and concerns. With that, we tried to evaluate the quality of life of students and health professionals working at the Polyclinic of UNIFAP based on 1998 WHOQOL abbreviated questionnaire.

Method:

A questionnaire was applied to quality of life in professional the following services: 3 doctors, 15 medical students, 3 nurses, 3 psychologists, 3 pharmacists and 3 physical educators. It compared the "satisfaction with their health," the other two topics: "how healthy is your physical environment (climate, noise, pollution, attractive)" and "how satisfied are you with your access to health services."

Result and Conclusion:

33.33% of respondents reported dissatisfaction with their health. In the "how satisfied are you with your access to health services" was found percentage of 37.03% dissatisfied, all medical students, and 44.44% neither satisfied nor dissatisfied. In the "how healthy is your physical environment" 51.85% said very little and 33.33% more or less. So, it was demonstrated that the level of dissatisfaction in the evaluation of their health appears to be directly related to dissatisfaction access to health services and how the working environment of these professionals is unhealthy for efficient performance.

PALAVRAS-CHAVE: Quality of life; Health professionals; Health service

PP1632 - CONFLICT MANAGEMENT IN A FAMILY HEALTH UNIT – WHEN IT'S ABOUT A FAMILY

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INTRODUCTION:

The International Labour Organization considers violence as one of the five emerging risks to the health and safety of workers. In Portugal, the National Health Plan states that violence against health professionals is "a problem of particular importance," proposing "zero tolerance for any kind of violence." In a FHU (family health unit) organization the management of a family highly consumer, producer of multiple complaints, verbally violent and mobbing is a higher challenge for the health team.

OBJECTIVES:

Systematize an approach to conflict management in a FHU generated by a family. Ensure the necessary expertise to healthcare workers in context of Primary Care.

METHODS:

Discussion and share the conflict in team meetings with definition of strategies. Consult of legislation, mainly Code of Ethics, Charter of Rights and Duties of Patient and advice to public entities such as the Health Regulatory Authority and the National Data Protection Commission.

RESULTS:

The Director became the liaison between the family, the team and the Citizen's Office. It was promoted meetings between the family and the Director and requested clarification from the Employer of FHU. The situation was disclosed in the National Observatory of Violence and finally there was a request to be relieved of consultation by the team.

DISCUSSION:

The management was difficult with impact in quality of life of professionals. It demonstrated the need for tools to achieve greater effectiveness and resolve the situation and warned for strengthening of Director's proficiency in leadership, legal issues and communication.

PALAVRAS-CHAVE: workplace violence; quality of life; physician-patient relations

PP1635 - CONTRIBUTIONS OF TELENEUROLOGY TO THE NEW VISION OF PRIMARY HEALTH CARE (PHC)

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"Contributions of Teleneurology to the new vision of Primary Health Care (PHC)"

The Teleneurology allows people to use information technology to provide specialized care to a significant percentage of the population that requires it, contributing to a more equitable and quality health care. This system has been implemented in Chile since 1993, in our health service in 2009, with significant coverage growth and improved services.

The objective of this study is to describe the implementation process of the Teleneurology strategy in a health center the Eighth region of Chile, and review the results obtained from the PHC renewed approach.

Method:

A descriptive statistical analysis of patients attended between September 2015 and January 2016, considering sociodemographic characteristics of the population, and waiting times resolution of the complaint.

Results:

The number of patients treated was 81 in just 5 months after being implemented the Teleneurología, versus 122 interconsultations resolved by traditional method around all 2015, increasing resoluteness in the neurology specialty.

In conclusion, the Teleneurology is a useful tool both for the resolution of consultations with the specialist and with the family medicine approach, and to enhance the therapeutic relationship strength among the physician, the patient and his family, allowing to create an agreement with workplans in a close way, within a framework of respect, ensuring the integrity and the longitudinality.

PALAVRAS-CHAVE: Telemedicine; Teleneurology; new vision PHC

PP1636 - COORDINATION OF PRIMARY HEALTH CARE TO REDUCE HOSPITALIZATION AND PROMOTE THE INTEGRATION BETWEEN HEALTH SERVICES NETWORKS

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Introduction and Objective:

Primary is known to be a health care organization strategy . The attributes that support this model highlight coordination, promoting access and resolution. The development of care to the individual and family based on the recognition of their needs, the link establishment and emphasizing health promotion actions, enables the Primary better develop its role as Network ordinator with responsibility. Objective: Identify the profile of admitted users in emergency services network and emergency planning; and improve the coordination of care for these patients reducing the need for hospitalization; we feel the need for better coordination with the Health Network of our territory consists of two general hospitals, municipal and other state, and two units of ready state care.

Method:

We used as strategies for achieving the goals the implementation of a shared spreadsheet with the emergency services and emergency of the area where information about patients who were hospitalized are released. The information released allows us to identify who the user, your address and because of this hospitalization. Locate the unit primary responsibility for their care and monitor after discharge thereof through the report submitted by the team conducting this monitoring.

Results and Conclusions:

We found that the highest incidence of hospitalization are affected users from chronic diseases. We started strengthening this longitudinal monitoring by the teams, qualify the offer attentive care to the health needs and disease from those followed by primary care.

PALAVRAS-CHAVE: access; care; longitudinality

PP1637 - COORDINATION OF CARE - CHALLENGES AND ACHIEVEMENTS OF PRIMARY HEALTH CARE IN AN URBAN CENTER IN THE PERSPECTIVE OF PROFESSIONALS

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Introduction –

The coordination of care is one of the essential attributes of the Primary Health Care (PHC). Only a strengthened PHC can exercise its coordination role, also depending on an integrated attention to health network. This study aimed to analyze the care coordination strategies practiced in the PHC.

Methods –

Epidemiological study of the sectional type, descriptive and exploratory, using census of doctors, nurses and specialized supporters (n = 157) of the PHC of a region of the city of Rio de Janeiro.

Results and conclusions –

It was verified the presence of pro-coordination conditions in the dimensions of access, resolutivity and first contact. It is necessary to highlight the decentralization of the PHC regulation, its role as gatekeeper, the increase of its resolving power, expansion of services portfolio, the access to diagnostic and therapeutic methods, as well as the accountability of the PHC by users. Clinical guidelines and electronic registration are used in PHC, however there is no informational continuity among the levels of the health care network. Some practices have yet to advance to effect the coordination role of the PHC, such as the communication between professionals in the PHC and experts from other levels of care, the integration of information systems and the ensuring access to specialized services in a timely manner conducted by PHC. Despite the strengthening of PHC and its accountability for the user's path, is pressing the integration of different services and levels of the Health Care Network to promote the development of the coordination role of the PHC.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy ; Delivery of Health Care

PP1639 - DEVELOPMENT OF LONG TERM CONDITIONS RESEARCH STRATEGY FOR WALES

Kenkre JE ¹; Wallace C ¹; 1 - University of South Wales;

Introduction:

To manage in the increasing population in the community with long term conditions there is a need for a focused research strategy to provide the evidence for future care in communities. PRIME Centre Wales is a research centre funded by the Welsh Government to health and wellbeing of people in Wales through research and translation into practice.

Objectives:

- To bring together researchers, representatives from government, local authorities, commercial sector, third sector, community members and their supporters/carers.
- To identify the research issues, prioritise these and establish how they can be collectively delivered.

Methodology

A Nominal Group technique was used to develop the agreed research priorities.

This consisted of three phases: participants were asked to consult with their colleagues and bring with them three priorities for research from their organisation, the negotiation process and development of an action plan.

Results

1. Holistic needs assessment facilitate for:
 - o Personal goal setting and action plan
 - o Self-monitoring/technologies enabled care
 - o Medication management to improve physical/mental function
2. How to improve data sharing infrastructure in all health or social care environments by using emerging technology.
3. Engaging with communities to contribute to their own health and social wellbeing.
4. Engaging practitioners and people with long term conditions in the value of their participation in generating research evidence and information dissemination.
5. Examine the effects of sensory loss on people with dementia, stroke survivors and their carers.

Conclusion

The development of a strategy can facilitate partnership across education, research, government, health services and service users.

PALAVRAS-CHAVE: Strategy; Consensus; Long term conditions

PP1640 - DIABETIC RETINOPATHY: RESEARCH IN PATIENTS HIPERDIA PROGRAM PROJECT PET-HEALTH FEDERAL UNIVERSITY OF PARÁ.

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Introduction and objectives:

Diabetic Retinopathy (DR) is the leading cause of blindness among diabetics. This complication occurs due to high concentration of glucose in the bloodstream, which damages the blood vessels that nourish the retina. Identify the prevalence of diabetic retinopathy (DR) in patients treated by the Family Health Strategy (FHS) in Ananindeua, Pará.

Methods:

This is a study of the sectional type with 40 patients with Diabetes Mellitus (DM) registered in HIPERDIA program and assisted by the ESF of Anantapur. Selected underwent a standardized home questionnaire and answered questions about the knowledge, evolution and complications of DM and DR, as well as socioeconomic data. In the next step, a medical volunteer ophthalmologist held fundus and found the carriers of RD that then were referred to a specialized center to receive specific treatment. Of these patients, 9 were excluded from the study for not attending the unit for the fundus.

Results:

The prevalence of RD was found to be 40.7%, and 4 patients had impaired its analysis due to the presence of cataracts, so it was only possible to make evaluation in 27. Factors associated with RD after analysis of the variables we were: Knowledge time of diagnosis to be patient with DM, type of DM and non-proliferative DR.

Conclusion:

This pilot study highlights the importance of primary care in monitoring diabetic patients, and guidance to public health workers about the need for periodic referral of diabetics to an ophthalmologist.

PALAVRAS-CHAVE: Diabetes mellitus; Family Health Strategy; Prevention

PP1641 - DISPATCHER-ASSISTED CARDIOPULMONARY RESUSCITATION INCREASES WHEN USING THE MEDICAL PRIORITY DISPATCH SYSTEM: KAUNAS CITY EXPERIENCE

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Introduction and Objectives:

Out-of-hospital sudden cardiac arrest (OHCA) is unpredictable and a big challenge for relatives, bystanders, and healthcare providers. Cardiopulmonary resuscitation (CPR) is one of the most important components of the “Chain of Survival”. In the telephone dispatch environment, CPR is carried out through an emergency medical dispatcher (EMD)- assisted bystander CPR (bCPR). bCPR improves health-related quality of life in survivors. In December 2011, Kaunas implemented the Medical Priority Dispatch System™ (MPDS®), enabling EMDs to deliver standardized bCPR instructions. Therefore, the objective was to compare the frequency of bCPR, and mean total time from call to ROSC or death, pre-MPDS and post-MPDS implementation in Kaunas, Lithuania.

Method:

A non-randomized, retrospective cohort study, using OHCA cases collected 6 months pre-MPDS and 6 months post-MPDS implementation.

Results and Conclusions:

280 cases were studied. There was a significant increase in bCPR rate post-MPDS compared to pre-MPDS (62.4% and 44.0%; $p=0.005$, respectively). Pre-arrival instructions (PAIs) were provided in 58.7% of the cases post-MPDS. There was a slight increase in ROSC post-MPDS compared to pre-MPDS (23.4% and 17.6%; $p=0.282$, respectively). Fewer defibrillation attempts were performed post-MPDS compared to pre-MPDS (30.3% and 42.9%; $p=0.044$, respectively). There was a significant increase in the frequency of bCPR administration when PAIs were given by the EMD, compared to when they were not given (97.3%, and 12.8%; $p<0.001$, respectively). There were no significant differences for mean total-time measures between the study groups. The frequency of bystander CPR increased significantly after the implementation of the MPDS, accompanied by an associated slight increase in ROSC.

PALAVRAS-CHAVE: Dispatcher-assisted Bystander CPR; Out-of-hospital cardiac arrest; Pre-Arrival instructions

PP1642 - DISPENSING MEDICATIONS X PHARMACOLOGICAL ASSISTANCE TO MENTAL DISORDERS IN PETROPOLIS.

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In Brazil, from the Psychiatric Reform, and the National Mental Health Policy has been implemented for patients with mental disorders gain access to a life with more autonomy, quality and less stigmatization. As part of the treatment plan, the legislation provides for the dispensing of drugs for treatment of mental disorders, equivalent to distribution and access to other medications. Petropolis is a city in the mountainous region of Rio de Janeiro, which has a population of 297,000 people (IBGE, 2010) and the prevalence of mental disorders can reach 53% of the population (Fortes, 2004). In order to improve care for mental disorders in Petropolis, the aim of this study is to describe the planning dispensation of these drugs in the Municipal Health Pharmacy. As a method, we performed a study about the Pharmacy Division of SMS, as well as an interview with the pharmaceutical responsible. The results were: the city adheres to the National List of Medicines and, by analyzing the demand for drugs, consultation with experts, and establishes protocols that increase the Municipal List of Medicines. Medications are delivered to users in two pharmacies, one next to the Hospital Alcides Carneiro and another at the Health Center. Despite these efforts, the pharmaceutical assistance is not given only by the dispensation. It encompasses its administration and continuity to a patient who requires specialized care. This mismatch can cause destabilization of mental disorders, causing hospitalizations, dysfunction and decreased quality of life for patients and their families.

PALAVRAS-CHAVE: Mental Disorders; Therapeutics; Pharmacy

PP1643 - DOCTORS: THE GOOD THE BAD OR THE UGLY?

Martins I ¹; Espírito-Santo C ¹; Paulo C ¹; 1 - USF Buarcos;

Introduction and objective:

Nowadays fear of cancer is one of the most frequent patients' concerns and taking this into account the authors pretend to show how important is the vocabulary chosen by doctors to transmit clinical information.

Methods (Case description):

A 63 year-old male, hypertensive, with hepatitis B, sleep apnea, anxiety disorder comes to consultation with choking complaints with solids referring that the bolus sticks on the esophagus without obstructing the trachea. The patient presents with a high level of anxiety, fear to die in those episodes and towards the possibility of a local cancer. Therefore has been requested an upper gastrointestinal endoscopy (UGIE) and a gastroenterology appointment. The UGIE revealed proximal ulcerative esophagitis and other small lesions. The gastroenterologist that made the exam described to the patient a scary scenario that led him to return to his Family Doctor, showing increased anxiety and demanding urgent help. He brought the results of the biopsies revealing no neoplastic lesions. To reassure the patient a hospital's gastroenterologist was contacted suggesting us to demystify the problem and start treatment with pantoprazole and sucralfate.

Results and Conclusion:

In this case the Family Doctor was instrumental in the investigation of the trigger of this concern, as well as to clarify all patient's doubts. Moreover, it demonstrates a good link between primary and differentiated care, allowing through this cooperation a faster therapeutic initiation and the anticipation of consultation, thus diminishing the patient anxiety and fears.

PALAVRAS-CHAVE: Deglutition Disorders; Endoscopy; Communication Barriers

PP1644 - DOES THE DIRECT PHONE WITH EMERGENCY SERVICES REDUCE THE TIME FOR HOSPITAL SELECTION?

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Introduction and Objectives

Our regular meeting with members of emergency services raised an issue about the delay before they talk with doctors over the phone. To resolve this, our hospital implemented the direct phone system in which doctors receive phone calls directly from emergency services. Herein we assessed the effectiveness of the system.

Method

This is a historically controlled study. We used the records of emergency services and measured time taken for hospital selection for the cases transferred to our hospital. We excluded cases in which other hospitals were called before us. We compared the time for hospital selection in one year before (group A) and after (group B) we implemented the direct phone system. For statistical analysis, we performed the F test for equality of variance. The student T test was performed when the equal variance was indicated, and the Welch T test was performed when the unequal variance was indicated.

Results

One hundred and eighty-two cases in group A and 325 cases in group B were included. The average time for hospital selection was 4 minutes 39 seconds +/- 2 minutes 39 seconds and 3 minutes 34 seconds +/- 2 minutes 04 seconds, respectively. The Welch T test showed there was a significant difference between group A and group B ($p < 0.01$).

Conclusions

The direct phone call to doctors from emergency services can reduce the time for hospital selection.

PALAVRAS-CHAVE: direct phone; emergency services

PP1645 - EARLY DETECTION OF BREAST CANCER IN RIO DE JANEIRO CITY: ADVANCES AND CHALLENGES

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Introduction and Objectives:

Breast cancer is the most common malignancy in women in the Southeast, representing the leading cause of cancer deaths in the female population. Despite the high mortality rates, it has a good prognosis, with up to 100% cure rate when detected, and treated timely. In this sense, it is essential structure the care network to carry out the early detection of actions with reference assurance to confirm diagnoses and treatment. This work aims to discuss the results of early detection of breast cancer actions in Rio de Janeiro city, and reflect on the role of primary care as coordinator of attention in this line of care.

Method:

Was performed a retrospective study using secondary data available at DATASUS site for the period 2010-2014, with the SISMAMA and SIH-SUS sources, analyzing amount and type of mammography, deadline of request and results, category BI RADS, previous clinical examination, histopathology and surgical procedures performed.

Results and conclusions:

The results showed significant increase in the quantity of screening mammograms, reducing the time for release of results, increase in the percentage of malignant impalpable lesions and reduced the percentage of palpable lesions, and predominance of conservative surgery in relation to radicals. It remained high percentages of women without clinical examination and mammography outside the recommended age group. The authors conclude that Rio de Janeiro city is evolving towards early detection, however there is still need for greater awareness of Primary Care for intensification actions and adherence to the ministerial guidelines.

PALAVRAS-CHAVE: breast neoplasms; early diagnosis; Primary Health Care.

**PP1646 - ECONOMIC PROFILE AND SATISFACTION OF THE SUS
(UNIFIED HEALTH SYSTEM) USERS: USERS' PERCEPTION OF HEALTH
SERVICE IN THE NORTHEAST BRAZIL.**

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Introduction/Objectives:

The creation of the Unified Health System (SUS) led to a hierarchical arrangement of health services in Brazil, pointing the Family Health Strategy (FHS) as the users' gateway and enabling their contact with health care in Brazilian municipalities. This study aims to identify the economic profile of the users and to evaluate their satisfaction with the services offered by the SUS.

Methods:

A cross-sectional study, held in May 2014 at a Family Health Unit in Fortaleza with a sample of 431 users interviewed after the service.

Results/Conclusion:

It was found that 12.5% of the sample was living on less than the minimum wage; 63.9% was receiving between 1 and 2 minimum wages; 12.8% between 2 and 3; 5.1% between 4 and 5 minimum wages and 5.8% over 5 minimum wages. Among those which income varies between 1 and 2 minimum wages, 59.1% described the FHS as poor. For those respondents earning more than 5 minimum wages, 95.8% ranked the FHS from very good to excellent. The analyzed data showed influences of family income in the assessment of health systems and it can be attributed to a greater use of the services by low-income users. We have noticed that there is a positive evaluation of respondents, indicating that, despite the deficiencies of the system, satisfying aspects are identified and capable of providing a good rating. It is important to establish public policies in order to identify and to remedy the shortcomings and to strengthen positive aspects pointed out by the users.

PALAVRAS-CHAVE: Health service; Satisfaction; Brazil

PP1649 - BETWEEN COMMUNITY MEDICINE AND PRIMARY HEALTH CARE: THE ORIGINS OF FAMILY AND COMMUNITY MEDICINE IN BRAZIL

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Introduction:

The history of MFC (Family and Community Medicine) in Brasil has very complex and heterogeneous aspects. In order to investigate the national constitution of MFC as a solid institutional field, it's necessary to understand its relation to the organization of primary care in the world and, specifically, in Brasil's health care system (SUS). Besides that, the MFC's history has direct relation to the emergency and local and worldwide experiences of Community Medicine, which distinguishes itself from Preventive and Social Medicine, both classical disciplines of Public Health.

Methods:

It was made a literature review of the emergency of primary health care in the world and the worldwide and national experiences of Community Medicine. The sources were indexed bases and mainly classical textbooks, due to the lack of systematic information of the issue.

Results:

The emergency of primary care, described in the Dawson Report (1920), does not fully coincide with the main aspects of family and community medicine. The Community Medicine, firstly proposed in USA after 1960, seek to cover excluded populations within individual and collective health actions. After that, there were a lot of Community Medicine programs implemented in poor countries, sponsored by private foundations and stimulated by financial international institutions. In Brasil, these experiences, such as Murialdo, Montes Claros, Niterói, Mariana and others, were vital to the consolidation of MFC's institutional process. Besides that, the implementation of SUS (national health system) and its primary health care politics (specially the Family Health Strategy) were indubitably crucial to MFC's history.

PALAVRAS-CHAVE: Community Medicine; Primary Health Care; Family Practice

PP1650 - BETWEEN THE MEDICAL TRADITION AND PRIMARY HEALTH CARE PROPOSALS: A GENEALOGY OF FAMILY AND COMMUNITY MEDICINE IN BRAZIL

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Introduction:

The Primary Health Care in Brasil since the beginning of the XX century and, especially after the 80's when the Brazilian Health Care System (SUS), has direct relation to the brazilian Family Medicine (MFC). This study has investigated the development of the Primary Care proposals (Dawson Report, National Health System at UK and Canada, Community Medicine, Preventive and Social Medicine, etc) worldwide.

Methods:

After Foucault genealogical approach, we made a literature review of the emergency of the MFC, related to the development of Primary Health Care in Brasil and worldwide. We took as an objective to have a critical understanding of the conditions of possibilities that explain the MFC model that is hegemonic in Brazil and, after that, we try to problematize it point to what we see as its strengths and fragilities.

Results:

We find out that the MFC project in Brazil is not a monolithic one. Those varieties can be explained by its historical development, their relations with health care demands, the different arrangements of the PHCare system and the hegemonic clinical model (bio-psicosocial). Finally, as very important factor, the political and ethical position of the different groups of interest in it. We believe that both the Collective Health Movement (with its politics and clinical alternatives) and the world Health Care systems can produce both better diagnoses and arrangements in the MFC movement.

PALAVRAS-CHAVE: primary health care; Family Practice; Health Policy

PP1652 - ESF'S IMPACT ON SOME HEALTH INDICATORS IN THE CITY OF RIO DE JANEIRO BETWEEN 2001 AND 2014

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Introduction and Objective:

In 1994, the Estratégia Saúde da Família (Family Health Strategy), ESF, was adopted by the Ministry of Health in order to reorganize the healthcare practices in a new model, following the precepts of the Sistema Único de Saúde (Unified Health System), SUS. This work seeks a statistical correlation between the strategy's percentage variation of population coverage in the city of Rio de Janeiro, where the implementation began in 2000, and health indicators.

Method:

Data mining in the electronic addresses of the SUS Informatic Department (DATASUS) and Primary Healthcare Department (DAB). Data were exported, tabulated and analyzed using inferential statistics, calculating the Pearson's r and statistical significance.

Results and Conclusions:

The data analysis showed a strong statistical correlation between the increase in population coverage and the improvement in health indicators, specially in hospitalizations for Pulmonary Tuberculosis, Diabetes Mellitus And Systemic Arterial Hypertension, showing fewer complications in diseases with high prevalence and thus the preventive character of the ESF.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy; Statistics

PP1653 - SPOROTRICHOSIS: REPORT ON SUCCESSFUL EXPERIMENT ON THE APPLICATION OF CONTROL PROGRAM IN CAMPO GRANDE – RIO DE JANEIRO

Velasco CS ¹; Braga RS ²; Azevedo NM ²; 1 - Prefeitura Municipal do Rio de Janeiro; 2 - Prefeitura Municipal do Rio de Janeiro;

Sporotrichosis: report of successful deployment of control program in Campo Grande – Rio de Janeiro.

By: Claudia da Silva Velasco, Regina de Souza Braga and Neide de Melo Azevedo

Introduction and objective

Sporotrichosis, a subcutaneous rash caused by fungi, *Sporothrix schenckii*. Commonly known as “rose handler's disease”, as it mostly infected people working with soil and plants. Acquired modifications in its epidemiological profile by the end of the 1990's. The house cat became a common vector. It has achieved epidemic proportions in the Rio de Janeiro municipality. We have observed in Campo Grande, our programmatic acting zone(PA 5.2), a neighborhood in the North Zone of Rio de Janeiro, a growing search for human treatment in family clinics in the year 2012. With the July 12, 2013 SES no. 674 resolution, it became a statewide compulsory notification disease. A set of actions with the goal of early diagnose, treatment and education, starting January 2013.

Methodology

We use a quantitative approach.

Results and Conclusion

In the first half of 2014 , the municipality of Rio de Janeiro had 138 reported cases and 41 healed. PA 5.2 17 notified cases and healed 14. Therefore , 29.7 % cure in the city and 82.4 % in our area. In the second half , 131 were reported in the city and 58 healed. PA 5.2 , 19 and 13 reported healed. Municipality 44.3 % cure rate. 68.4 % in our area. We conclude that the installation of health programs and public education , help to control this epidemic .

PALAVRAS-CHAVE: Esporotricose; Controle; Programa

PP1654 - EVALUATION OF A NEWLY INTRODUCED COMMUNITY NURSE SERVICE IN GERMANY

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Introduction and Objective:

Like many other countries, Germany is facing a progressive shortage of General Practitioners (GPs) in rural regions parallel with demographic changes leading to an increased demand for primary care. We evaluated the acceptance, processes and effects of newly introduced community nurses in several villages in Germany

Method:

Due to an initiative in a village with local sponsoring in this and three neighbouring villages belonging to a small City in the centre of Germany, a community nurse project was introduced. It aimed at improvement of health services and social care of the population as well as reduction of workload of local GPs. In a mixed methods design, we evaluated the processes quantitatively and qualitatively. We also analyzed the number of home visits and practice contacts with GPs and quality of life of participants in comparison to matched controls of inhabitants of comparable villages in this region without this service.

Results and Conclusions:

Mainly inhabitants 60years and older attended the nurse's offices. In most cases, blood pressure, weight or blood glucose were controlled or there were discussions about health problems. Further, the nurses organized regular common meals and invited experts to discuss special problems like healthy eating, safety at home, advise about intake of medications, which were well accepted, each. 45 Persons who had attended the community nurse's office and 56 from the control region could be recruited for our in-depth evaluation which can be presented during the congress. We will also show the views of the GPs and the nurses.

PALAVRAS-CHAVE: Community nurse; GP's workload; Quality of life

PP1655 - EVALUATION OF HEALTH BEHAVIOURS AND CHRONIC DISEASES OF THE ELDERLY LIVING AT THE BIGGEST RESIDENTIAL HOME OF TURKEY

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Introduction and Objective:

In this study, health behaviors and chronic diseases of the elderly living in the biggest institutional nursing home of the Europe were analyzed.

Method:

Evaluation of all elderly staying at Narlidere Residential Home was aimed and 601 people accepting to be involved in the study were evaluated. The elderly was informed about the study and face to face interviews were had with the ones consenting for questionnaire. Findings obtained were evaluated by use of SPSS (Statistical package for social sciences) for Windows 15.0 for statistical analysis.

Results and Conclusions:

Average of age of 601 elderly participating in the study was $79,42 \pm 7,23$. 37,3% had undergraduate and graduate education. When we asked how they considered their health conditions, 53% of them evaluated as good.. The rate of persons applying to family physician at the residential home in the event of health problem was 90,5%. 44,3% of the elderly indicated as having hypertension, 22,8% as having cardiovascular disease and 22,6% of them indicated as having diabetes mellitus.

The elderly staying at Narlidere Residential Home are at quite high age average and educational level based on Turkey data. Frequency of chronic disease is compatible with the country data. It is significant that family physician at the institution is chosen as the first application center by the elderly substantially. In this case, it was considered that trust relationship established with the family physician by the elderly staying at the institution for a long time and easy application were influential.

PALAVRAS-CHAVE: Elderly; Residential Home; Chronic Disease

**PP1656 - EVALUATION OF THE PRIMARY CARE IN A POOR COMMUNITY,
FOCUS IN ON THE AVAILABILITY OF HEALTH SERVICES, FORTALEZA,
CEARÁ, BRASIL**

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INTRODUCTION AND OBJECTIVE:

In agreement with the Brazilian Constitution of 1988, “health is everyone’s right and a governmental obligation” and, in agreement with the Alma-Ata Declaration, Primary Care is the gateway to the Health System, therefore it is mandatory that this service is available and suitable for use when necessary. This study aims to assess, under users’ point of view, the Primary Care in a poor community, reviewing the availability of health services.

METHOD:

Quantitative, descriptive and transversal study, interviewing residents over 18 years old in a poor community in Ceará, Brazil, from August to October 2013. It was used an adaptation of the questionnaire Manual for Primary Care Assessment tool – PCA tool Brazil, 2010. The data were compiled and analysed using the Epiinfo program for Windows version 3.5.4.

RESULTS AND CONCLUSIONS:

177 persons were interviewed, 31 men and 146 women. Among them, 66,3% state that the dental examination, for example, is available. 42,9% state that nutrition is an available service. Among the women, 88,8% state that the prenatal testing is provided in the Basic Health Unit (BHU); 1,1% state it to be likely to be done in the BHU; 7,3% don’t know; and 2,8% admit the unavailability of the service. It can be concluded that some essential health services in the community are fairly provided in the Basic Health Unit, but others, equally important, are partially neglected.

PALAVRAS-CHAVE: Health Service; Evaluation; Community

PP1657 - EVALUATION OF THE REFERENCING AND COUNTER-REFERENCING SYSTEM PERFORMED AT A FAMILY HEALTH CENTER IN FORTALEZA, BRAZIL

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Introduction and objectives:

The Family Health Program (FHP) is composed by multidisciplinary teams who are responsible for their users through time and have the duty, if it is necessary, to refer them to higher attention levels, providing an integrated and longitudinal assistance. This study aimed to analyze, through the FHP user's perspectives, if the referencing and counter-referencing system performed at Family Health Center (FHC) in undeveloped community in Fortaleza is being done correctly.

Method:

Quantitative, descriptive and cross-sectional study performed from August to October 2013, including residents above 18 years of a poor neighborhood in Fortaleza, Ceará, Brazil. We collected the data using an adaptation of The Assessment Instrument Manual for Primary Health Care - PCA Tool Brazil, 2010, and analyzed it in Epi Info program for Windows version 3.5.4. The ethical aspects were obeyed.

Results and conclusions:

The analyzed data showed that 54,2% of the patients claimed that they had been referred to specialized service during their following at the FHC. 47,4% of those 54,2% revealed that the doctor or nurse that referred them didn't write any message to the specialist regarding why they needed that consult, and 36,5% revealed that the results of the consult were not questioned by the professional after it happened. Those results indicate that the FHP teams are failing to keep a communication with the services from other attention levels that are too attending the users, which generates great harm to the patients, given the fact that an integrated care becomes impaired.

PALAVRAS-CHAVE: Primary Health Care; Continuity of Patient Care; Patient Handoff

**PP1658 - ASSESSMENT OF THE OUTCOMES OF THE ZERO VACANCY
PATIENT REMOVAL SYSTEM PERFORMED BY THE CITY OF RIO DE
JANEIRO IN THE PRIMARY HEALTHCARE UNITS (PCU)**

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In March 2013 it was developed an online platform to expedite the transport of patients from the Primary Care Units (PCU) who are in an emergency situation requiring service-level unit of higher complexity offered by the PCU. In this event called "zero vacancy" as it does not depend on space in the unit to receive the patient. In this platform, the Regulatory System of the City of Rio de Janeiro has real-time access to patient's condition to be able to regulate it to the health unit closest and with adequate resources to perform the service. The platform's implementation has improved the control times, release of ambulance and ambulance arrived on the requestor PCU, besides giving transparency to the process control / removal of patients seen in the PCU.

In 2015, we identified a daily average of 43.6 requests removal of PCU, dais which 92.6% were for removal of basic ambulances and 7.4% in advanced. The average number of requests was higher in the second half of the month and time of day with the highest demand was the time between 10h and 12h a.m. p.m., representing 28.7% of the requests. the time from request to release the ambulance was 00: 15: 40h and time of arrival at PCU was 01: 19: 39h. Currently it intends to deploy patient removal service through the platform in all PCU the city, seen significant improvement in the timing of release and ambulance.

PALAVRAS-CHAVE: Primary Health Care; Ambulances; Advanced Treatment

PP1659 - EVOLUCIONISTA OS PRIMARY HEALTH CARE: QUALITY OF SERVICES PROVIDED

Peixoto AAFS¹; Silveira JJC¹; Vasconcelos IF¹; Oliveira LM¹; Pinheiro D¹; 1 - UNIFOR;

INTRODUCTION AND OBJECTIVE:

Understanding the duties of Primary Health Care during college improves the knowledge about how the Health System works in Brazil, increasing the odds of proper functioning of the system that provides assistance at all levels. Activities in public health unities provide undergrad med students academic and personal growth, once they can develop important skills. Moreover, it's possible to understand community demands and micro-region peculiarities. Fortaleza has a high coverage in health public unities (third in Brazil), but there're still deficiencies in the service presented. This work analyzes the quality of the service in these unities and the population's satisfaction levels.

METHODS:

During two months, the authors collected data from 178 inhabitants of a Fortaleza's community, setting up a quantitative research. We used the questionnaire based on PCATool (Primary Care Assessment Tool) adult version, validated by Brazilian Health Ministry and adapted to brazilian's reality. Data were analyzed by using the Epi Info for Windows, 3.5.1 version.

RESULTS AND CONCLUSION:

There's a low demand to basic unities, due to insufficient orientation about the need for health follow up. Home visits, made by community agents, were reported only by half of the interviewed, showing that they don't know much of those professionals' duties, making harder the inclusion in the service. Furthermore, the poor doctor-patient relationship corroborates lower longitudinality. The identification of auditory and visual disturbances and advice on the process of aging also were not known by the population.

PALAVRAS-CHAVE: Primary healthcare; medical Education; Access to health care

PP1660 - EXAM FLOW IN PRIMARY HEALTH CARE

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INTRODUCTION:

Strategic planning has a range of subject-actors in the act of planning and summons to the ongoing dialogue, with a view to collective questioning of actions in health services. Substantial aspect in this process is the quest for integration in order to overcome everyday management challenges. Such that the flow of test requests, for example, can become a parley object within an extended rationale.

METHODS:

Evaluate the requests for laboratory tests ordered between January and June of 2015, in a primary Healthcare facility in Rio de Janeiro in order to measure the number of requests contained in the Subsecretaria de Atenção Primária, vigilância e promoção à saúde (SUBPAV) guidelines with those outside of it.

OUTCOMES

In most months analyzed, tests ordered out of the basic guidelines is exceeded. In January, from the total of 2352 requests, 498 were outside of the protocol, which is 21%. In February, of 3515 applications, 47% did not belong to the protocols. In March 6266 tests were requested and in June, 6119, of which 56% and 62%, respectively, did not belong to the Protocols.

CONCLUSION:

The high number of laboratory tests outside of the basic protocol is indispensable to questioning of the issues involved in these results, which need to be interpreted carefully. The return to physicians and nurses, along with a permanent education work aimed at presentation of the SUBPAV protocols, will be relevant to discuss laboratory tests requests among the professionals who request them.

PALAVRAS-CHAVE: Education, Continuing; Health Planning; Health Management

PP1661 - EXECUTING THERAPEUTIC COMMUNITY APPROACH “TALE TENT” IN PRIMARY CARE UNIT IN PARNAMIRIM, RIO GRANDE DO NORTE STATE, BRAZIL

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INTRODUCTION AND OBJECTIVES:

The Tale Tent is a therapeutic community approach which intends to promote health, recognize individuals' singularity, by sharing their experiences, values, learnings and cultural identities, building a space for forming and strengthening bonds. It consists of a caring tool which allows social networking and prevent mental suffering by individual-centered approach, rather than disease-centered, contributing to amplified clinical practice. This abstract aims to report experience of a Tale Tent in Boa Esperança primary care unit, Parnamirim, Rio Grande do Norte state, Brazil, in October 2015.

METHODS:

Qualitative work, experience report.

RESULTS AND CONCLUSIONS:

In the aforementioned primary care unit, an elderly group gathered and each one brought an item of sentimental value, put in a table which had been decorated with symbolic objects, and afterwards told a story about it. It was a notable moment of emotion, during which all participants saw the importance of hearing others' stories and telling their own. The Tale Tent united even more the elderly group and the health team at Boa Esperança primary care unit. Furthermore, it showed its value as a community approach tool capable of qualified listening, contributing to health system optimization and bonds strengthening between patients and health workers.

PALAVRAS-CHAVE: Delivery of Health Care

PP1663 - EXPLORING THE ECOLOGY OF MEDICAL CARE: AN INTEGRATIVE REVIEW FOCUSING ON PRIMARY CARE

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In 1961, Kerr White et al presented, through graphic depictions known today as "cubes", proportions of utilization of the different health services, demonstrating the importance of Primary Care within the health systems. This model has been replicated in many countries, but the data collection methodology and the data sources vary among the studies. This integrative review aims to: select articles of Ecology of Medical Care; identify surveys about health services utilization; assess their quality, regarding especially Primary Care; and help the choice of a survey for Brazilian studies.

Methodology: using the keywords "Ecology AND Medical AND Care" on electronic databases (LILACs, PubMed, SIBi-USP and Google Scholar), we selected articles related to Primary Care that used White's cube model (inclusion criteria), with subsequent analysis of the articles found, following the steps of integrative review method.

Results and Conclusions: Sixteen articles have been analyzed, of whom 8 (50%) used panel surveys as the sole or main data collection source and method. 4 (25%) of them used attendance records as a source, and 3 (18,75%) used prospective symptom diaries. 4 (25%) of them used specific questionnaires for the purpose of the studies. Regardless of the methods and sources used for data collection, which show a marked preference for panel surveys, all of the analyzed studies demonstrate the importance of Primary Care within the public and private health systems across the world.

PALAVRAS-CHAVE: atenção primária à saúde; questionários; serviços de saúde

PP1665 - FAMILY HEALTH CARE TEAMS' EFFICIENCY IN ARAGUARI COUNTY

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INTRODUCTION AND OBJECTIVES

Family Health Care Strategy (FHCS) is considered the main entrance to Brazilian's Public Health Care System. FHCS may solve 85% of all health demands. The present study aimed to analyze Araguari County's Family Health Care Team's Productivity.

METHODS

A retrospective study evaluated the consolidated report of Basic Health Care Information System (SIAB) of 17 Araguari County's Family Health Care teams between January and November of 2015.

RESULTS

There were 57.716 consultations in the lead-time. Consultations causes were mostly High Blood Pressure (48.58%), Diabetes (20.25%), Childcare (12.31%), Women Cervical Smears (11.43%), Prenatal Care (6.71%) and STD/SIDA, Tuberculosis Hansen's disease amounting 0.73%. Complementary tests were requested (53.976) mostly to clinical pathology (87.27%). The written referrals (7,625) were related to specialized care (87.02%), urgency/emergency assistance (11.86%) and hospital stays (1.13%). The home visits (HV) were 104.888 being 94.53% from the Community Health Agent, 2.53% Nurse HV, 1.57% Secondary Level Schooling professionals HV, 1.22% medical HV and 0.57% Other Third Level Schooling professionals. Concerning the lead-time 75,773 procedures were performed at the Basic Family Health Care Unit including mostly injections (45.57%) followed by individual nurse assistance (32.89%), bandages (9.19%) and an amounting of 12.35% other procedures.

CONCLUSION

Family Health Care Teams (FHCT) have an important role in population's assistance. They are able to work with Health Promotion, Prevention, Treatment and Rehab and answer to a great part of a community's need in Primary Health Care.

PALAVRAS-CHAVE: Primary Health Care; Health Promotion; Public Policies

PP1666 - FAMILY HEALTH STRATEGY WITH AND WITHOUT MATRIX SUPPORT: UNDERSTANDING THE PREVALENCE OF MENTAL DISORDERS IN RIBEIRÃO PRETO, SÃO PAULO.

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Introduction/Objective:

Introduction:

Mental disorders (MD) are among the 20 leading causes of morbidity around the world. A recent study in the megacity of São Paulo showed a prevalence of almost 30% of non-psychotic disorders. However, according to WHO, about 50% of people with MD are not being followed in health care. Primary care still shows low levels of MD detection. Several studies have already proven the efficacy and effectiveness of collaborative care / integrated care (in Brazil called Matrix Support) in the management of MD.

Objective:

To estimate the prevalence of MD in a region of Ribeirão Preto; to compare the impact on MD prevalence among subjects from health care units with Family Health Strategy (FHS), FHS with Matrix Support (MS), or Traditional care (TC).

Methods:

Using a digital cartographic base, residents over 18 years old were randomly selected from a region of Ribeirão Preto. They were residents from areas with FHS, FHS with MS, or TC units. Screening instrument: MINI-Screening Mental Disorders. Diagnostic instrument: Mini International Neuropsychiatric Interview.

Results/Conclusion:

1545 residents were screened. 487 subjects were from areas with FHS, 549 were from areas with FHS + Matrix Support, and 509 were from areas with TC. A significantly higher number of MD was found in residents from the area with TC when compared to subjects from areas with FHS and FHS with MS. No difference in prevalence was found between the FHS areas. Conclusion: Family Health Strategy seems to better manage mental disorders when compared to Traditional care.

PALAVRAS-CHAVE: Primary care; Collaborative care; Family Health Strategy

PP1668 - FAMILY MEDICINE AS A GATEWAY TO THE UNIVERSITY HOSPITAL: PERCEPTIONS OF THIS ORGANIZATIONAL MODEL

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Introduction and objective:

In February 2014 is implemented the Plan Free Assistance and Services to patients, constituting the Service of Family Medicine (SFM) as the gateway to the National Clinical Hospital (NCH) dependent UNC. To know the perception of the people attending the SF Mand NCH health team on the organizational model that involves the use of SMF as a gateway.

Methodology:

Descriptive study with semi-structured surveys to people attending the SFM and interviews concerning other services.

Results and conclusions:

10 interviews were conducted regarding selected service, out of 12 planned. As to the notification, only one said to remember a written decision. In the perception of change model, the SFM was recognized as an important part of comprehensive care resignifying site specialists to create relevant interconsultations.

200 randomly surveys were given to people who attended, with a recovery of 122 (61%). Most felt heard by the professional who showed interest (88%); the explanation about their problems and physician indications were clear and accessible to 87%. The time assigned to the consultation was satisfactory in 86%. 88% would recommend this service.

Conclusions

18 months of the implementation of MF as a gateway to NCH both professionals regarding the various services such as assisted population had a positive assessment, recognizing the sense of family medicine in our hospital.

PALAVRAS-CHAVE: Service of Family Medicine; Gateway; Perception

PP1669 - FAMILY PHYSICIANS PERCEPTIONS WITH THE WORK ENVIRONMENT IN LITHUANIA

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Introduction:

Physicians satisfaction with the working environment is an important aspect associated with the quality, efficiency of work, stress and burnout.

Object:

To analyze Lithuanian's family physicians perceptions of their working environment and to compare their attitudes according Primary Health Care Setting (PHCS) type: public or private.

Method.

The survey was performed in Kaunas region as a part of the "TABESORI" project SIN-12015. The permission of Bioethical committee was received. There were 33 PHCS randomly included in the survey (based on the size and type). 164 family physicians participated in the survey and answered the anonymous questionnaire "Areas of Worklife Survey" (the permission was received by the authors), which was created to assess employees' perceptions of work setting qualities described by six areas of the work environment: workload, control, reward, community, fairness and values. Respondents choosed one of the 5 answers and the results were scored, the mean ranks were calculated and compared (Mann Whitney U).

Results:

92,1% of the respondents were women, aged 50 years old in average; 34.7 % were working in private and in 57.3 %the public PHCS – this represents data in the region. The mean ranks were compared; physicians in private PHCS vs. from public ones statistically significantly had less workload (13,5 vs. 12,1);administrative control (14,3 vs. 12,3); were evaluated better (14,2 vs.12,8); had better relations (17,7 vs. 15,9); evaluated administrative better (19,4 vs. 16,6) and their values were concordant with the administrative values (14,6 vs. 13,6).

Conclusion:

Physicians working in the private PHCS evaluated their working environment better vs.physicians from public PHCS.

PALAVRAS-CHAVE: Burnout, Professional/psychology; Job Satisfaction

PP1671 - FINANCIAL INVESTMENT IN HEALTH AND HOSPITALIZATION FOR PRIMARY CARE SENSITIVE CONDITIONS IN NOVO HAMBURGO, RIO GRANDE DO SUL, BRAZIL.

ARRUDA JS ¹; DIAS DA COSTA JS ¹; 1 - UNISINOS;

Introduction and Objectives:

From the beginning, the National Health System (SUS) have problems with the definition of their funding. Despite the advances made, the expansion of federal and municipal expenditures, especially investments in the expansion of the Family Health Strategy (FHS), remains the need to increase funding for health in Brazil. The objective of this study was to assess the impact of the investment in Novo Hamburgo municipality in the rates of hospitalization for primary care conditions sensitive, from 1998 to 2012.

Methodology:

This was an ecological study to determine the impact of investment in health in hospitalizations for primary care sensitive conditions (ACSC) in Novo Hamburgo between 1998 and 2012. The financial data were taken from the Information System of Public Health Budgets (SIOPS). The financial data were adjusted according to the IGP-DI, the Getulio Vargas Foundation. Negative binomial regression was used.

Results and Considerations:

In the analysis of investments in health in the municipality it was observed an increase in the values applied. In 1998 were invested R\$ 30.500.995,07; in 2012 the values were R\$ 130.929.810,25; increase of more than 3 times in the period. Were observed similar behavior in per capita health spending, had significant increase of U\$ 32.66 in 1998 to U\$ 275.02 in 2012, increase of more than 7 times in the period. No differences were found between ASCS rates in the period ($p = 0.87$), but there was significant increase in financial investment in health ($p < 0.0001$), and per capita expenditure ($p < 0.0001$).

PALAVRAS-CHAVE: Primary Health Care; Family Health; Healthcare Financing

PP1672 - FORTALEZA'S FAMILY HEALTH CENTER MATOS DOURADO AND INTEGRATED MEDICAL CARE CENTER PATIENT'S PROFILE AND THEIR SATISFACTION RATE

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INTRODUCTION AND OBJECTIVE

The development of the Family Health Strategy (ESF) emerged to improve the efficiency of the Unified Public Health System (SUS) implemented in Brazil. Thereby, to amplify such outcome, it is needed to analyze the profile of this system's users and their satisfaction rate about the health service provided. Therefore, the purpose of this study is to evaluate the satisfaction rate of the Family Health Center (CSF) Matos Dourado – a primary health care unit – and of the Integrated Medical Care Center (NAMI) – a secondary care unit – patients in Fortaleza city.

METHOD

In the presented study, 496 users of both public health services mentioned were interviewed, thus, it was properly conducted with a quantitative, descriptive and transversal study. The inclusion criteria requested two conditions: the interviewee needed to have age majority and to have had previous first contact with the health services analyzed. This study was committed with an ethic approach of the interviewees and consent for interview application. Moreover, this research required the appliance of the following instruments: Google DOCs – used to elaborate a questionnaire –, Excell, LibreOffice Calc and EpiInfo – applied to analyze the results of this project.

RESULTS AND CONCLUSIONS

The obtained results revealed that socioeconomic factors, such as age group, gender, monetary condition and literacy, contribute intensively to the satisfaction rate of health service users of CSF Matos Dourado and NAMI. This outcome demonstrates the need of improvements on Brazilian health system and the importance of a more personalized and efficient service for each social parcel.

PALAVRAS-CHAVE: Unified Health System; Primary Health Care; Secondary Care

PP1673 - FREQUENTING ASSESSMENT IN PSUS AFTER THE INCLUSION OF THE FAMILY HEALTH STRATEGY IN ARARAQUARA/SP-BRAZIL

Freitas RV ¹; Camargo BP ²; Jesus NS ²; Limoni FF ²; Mattos AC ²; Santos LEM ²; Calixto PA ²; 1 - Centro Universitário de Araraquara/UNIARA; 2 - UNIARA;

Introduction and Objectives:

Access is a large pillar of Primary Health Care. A skilled FHS should solve at least 85% of chronic and acute health disorders. Looking for evaluate the users of one FHU search for PSUs with and without Family Doctor. Assess whether there was a reduction of the search for PSUs with the Family Doctor presence.

Methods:

Was analyzed data from the digital records of the city, the number of users belonging to a FHU using medical care in two PSUs in Araraquara/SP-Brazil. There were considered only hours FHU was open (7:30am to 4:30pm, excluding weekends and holidays). We evaluated the period from July through to December 2013, which was parameterized composition compared to the same period in 2014 when there was the Family Doctor, in the same team.

Results and Conclusions:

In the 2nd Semester of 2013, when FHUs were parameterized, we observed a total number of 1164 medical consultations in the two PSUs. In the same period in 2014, there has been a total number of 893 medical consultants in PSUs. When the Team began to be composed of a Family Doctor, was noted a reduction of 23.28% (26.57% when open and 21.46% when closed) in the total demand for care in PSUs. It can be concluded that users of this FHS, after Family Doctor arrive, reduced the demand for PSUs. It's noticed that a generalist expertise could improve access and reduces the search for emergency services of the users of FHS.

PALAVRAS-CHAVE: Primary Health Care; Health Services Needs and Demands; Health Services Aecessibility

PP1674 - MANAGEMENT, SERVICES AND CARE: PRIMARY CARE AT AP 5.1 IN A CITY OF RJ STRENGTHENED BY PHARMACEUTICAL CARE

BRITO, SF¹; ARAÚJO, LCA²; SOUZA, AAT³; 1 - COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1, SECRETARIA MUNICIPAL DE SAÚDE DO RJ; 2 - COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1, SECRETARIA MUNICIPAL DE SAÚDE; 3 - COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1, SECRETARIA MUNICIPAL DE SAÚDE DO RJ;

INTRODUCTION AND OBJECTIVE

The paradigm shift of minimalist logistics for pharmaceutical clinical care has contributed to the effective actions of care, the improvement of clinical services and efficient management in the pharmaceutical activities. The study aims to disclose the pharmaceutical actions in order to strengthen the primary health care on the point of view of results obtained in units of PA 5.1.

METHODOLOGY

It refers to a descriptive study on the effective actions taken by pharmacists of PHC units in the Program area 5.1 in 2015. Data were obtained from the Pharmaceutical Assistance Center Regional through internal forms and standardized statistics spreadsheets.

RESULTS AND CONCLUSION

In the year 2015 all 24 units of the AP 5.1 had at least a pharmacist's total of 27, among them, 89% had at least one training in a particular type of care and 41% over three skills. With regard to clinical activities all units held health actions, management activities and care, especially two units that through educational groups in Diabetes Care line, managed to obtain satisfactory reduction in biochemical parameters of the monitored users. Full coverage and clinical attachment of Pharmaceutical Assistance in all health units: Pharmaceutical Care, Home Visit, Health Education, Training users and professionals have demonstrated reduction of costs, improvement in health indicators and quality of life of users.

PALAVRAS-CHAVE: Care Management; Pharmaceutical Care; Primary Care

PP1675 - HALLUCINATIONS VISUAL: METABOLIC DISORDERS OR DISORDERS PSYCHIATRIC?

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INTRODUCTION AND OBJECTIVE:

The present study is to present the experience of UNIFESO medical students in BFHU Vargem Grande, in order to elucidate the diagnostic hypotheses of patient E.M.S. We observed that the patient had, and visual hallucinations, other diseases such as type 2 diabetes mellitus, hypertension and dyslipidemia.

METHODS

The information was collected from medical records and a meeting with the health team of the Basic Health Unit Vargem Grande family. Through home visits, we know the patient. It was conducted analysis of vital signs and assessment of blood glucose. In addition to multidisciplinary consultation.

RESULTS AND CONCLUSION:

In UNIFESO Psychiatry Clinic, a diagnostic hypothesis was suggested: metabolic disorders by type 2 diabetes decompensated, which was leading to hallucinatory paintings. Another possible reason is Charles Bonnet Syndrome. Both hypotheses are relevant to the context of our patients: over the home visits, we can see the poor adherence to dietary and pharmacological treatment. This situation was partially reversed as it showed the importance of glycemic control, and we began to ask family daily monitoring of blood glucose values, as well as an educational organization-oriented pharmacological treatment. Difficulties permeated the evolution of the patient, such as lack of information gathered by professionals about the psychiatric condition and his vision. The displacement of E.M.S. It is hampered by its housing and health conditions, which prevents it from going to the post and the specialized centers.

PALAVRAS-CHAVE: HALLUCINATIONS VISUAL; METABOLIC DISORDERS; DISORDERS PSYCHIATRIC

**PP1676 - HEALTH CARE OF WORKERS EXPOSED TO SILICA IN
INIMUTABA: JOINT ACTION BETWEEN PRIMARY HEALTH CARE AND
CEREST FROM SETE LAGOAS**

Loures WF ¹; Dias EC ²; 1 - CEREST Sete Lagoas; 2 - Universidade Federal de Minas Gerais;

Introduction and Objective

The general practitioner plays a crucial role in the care of formal and informal workers' health, especially informal ones. For this it is important that physicians have been trained to attend those professionals. Objective: describe the actions of support to the health Primary Care team of Inimutaba by CEREST (Occupational Health Reference Center) addressed the workers exposed to silica, based on the UFMG protocol "Health Care workers exposed to dust silica and patients with silicosis by Primary Care".

Methodology:

1. Definition of the Work Plan for CEREST team, researchers from UFMG and Health Primary Care team of Inimutaba. 2 Mapping of productive activities of gem cutting and registration of workers. 3 Training on clinical management and surveillance of exposeds on silicosis and the importance of prevention and surveillance of exposure to silica made by CEREST to Community Health Workers, . 4 monitoring of actions taken in Primary Care.

Results and conclusions

1- Established flows and training. 2- 10 workplaces and 245 workers involved in the activity was identified and mapped. 3 training has been done in Inimutaba by CEREST registered by participation certification. 4- 24 workers were attended, 1 diagnosed with silicosis, 1 referred to the clinic of occupational diseases, UFMG, 6 patients treated by the pulmonologist of CEREST.

The protocol execution continues in Inimutaba.

PALAVRAS-CHAVE: Primary Health Care; Occupational Health; Silicosis

PP1677 - HEALTH CARE QUALITY PERCEPTION WITH THE INCLUSION OF PMM IN PA 5.1 IN THE MUNICIPALITY OF RIO DE JANEIRO

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This study aims to present the Management experience across the design for “Mais Médicos” Program (PMM) in programmatic area 5.1 in the municipality of Rio de Janeiro created in July 2013.

Since the program creation, management team seek to solve the emergency problem for basic services offered to Brazilian citizens and create conditions to keep a qualified service in the future for those who have daily access need to primary health care. In addition to extending health access, program leads to improvements in quality and humanize treatment, with doctors that create bonds with their patients and community where they work.

They act on several fronts. Stands out among them, the guarantee of continuous service to people who had no medical assistance located in areas of high social and sanitary vulnerability, in those areas the shortage of doctors was even more accentuated.

Another great opportunity of the PMM is to enable Brazilian doctors to exchange experiences, opportunities and professional practices universally standardized in its scientific technical scope.

In these three years of experience in the area, the program managed to implement and develop some pillars axes like: Emergency employment strategy for doctors and the implementation of a new curriculum program focused on humanized care training, prioritizing methodologies for the Basic Attention. In the management side, we face the challenge to reinforce the basic health actions already implemented and to surpass the discontinuity perspective in the program due to temporary contract valid for three years with possibility to extend once more.

PALAVRAS-CHAVE: primary health care; Humanized Service; “Mais Médicos” Program

PP1681 - IMPACT OF THE EXPANSION OF FAMILY HEALTH STRATEGY ON PRIMARY CARE SENSITIVE CONDITIONS IN RIO DE JANEIRO: AN ECOLOGICAL STUDY

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Introduction and objectives:

In the past 6 years, the city of Rio de Janeiro has experienced a major expansion on the coverage of the Family Health Strategy (FHS). Starting at only 3% of the population covered by FHS in 2009, the city has reached over 49% of coverage at the beginning of 2016 with the plan to achieve 70% of FHS coverage by the end of the year. Though improvements have been shown, no evaluation has been done so far regarding the impact on population health. The goal of the current study is to evaluate the impact of the expansion of FHS coverage on hospitalizations and deaths due to primary care sensitive conditions in the city of Rio de Janeiro.

Methodology:

This is a longitudinal ecological study, looking at the 2011-2014 period, using bairros (neighborhoods) as the units of analysis. Data on hospitalizations, mortality and FHS coverage will be obtained, respectively, from the Hospital Information System, the Mortality Information System and primary care medical records. Analysis will be done using a consolidated methodology for impact evaluation of ecological longitudinal data: negative binomial regressions with fixed effect specification, adjusting the models for all relevant socioeconomic, healthcare and demographic variables. The impact will be evaluated on process indicators, hospitalizations and mortality from the Brazilian list of the ambulatory-care sensitive conditions (ICSAP), overall and by group of causes.

Results and conclusions:

This is an ongoing study with the prevision of the results for the impact analysis being ready by June 2016.

PALAVRAS-CHAVE: Community Medicine; Primary Health Care; Family Health

PP1683 - IMPROVEMENT IN SERVICE QUALITY IN UNIMED SANTA BÁRBARA E AMERICANA'S DIABETES MELLITUS PATIENTS

QUINTEIRO, G¹;

INTRODUCTION AND OBJECTIVE:

Chronic non-communicable diseases account for the greatest burden of morbidity and mortality worldwide. In Brazil accounted for 74% of deaths in 2010 and by an even greater percentage of morbidity. Among the main problems of health systems are to establish a coping plan that focuses its actions on the major groups of chronic diseases and their major modifiable risk factors. This project aimed to create a systematization of Disease Management Chronicles of Unimed Portfolio, initially involving endocrinologists in their offices, with the Preventive Medicine team support.

METHOD:

Development of a continuous improvement project in health using the cycle of Plan-Do-Study-Act as a tool to develop a set of actions organized by: Health Promotion, Integral Care and monitoring of patients with diabetes mellitus.

RESULTS AND CONCLUSIONS:

The introduction of population management concepts of chronic diseases and coordinated care presented specifically to medical specialists a new health model based on patient safety, quality of care, care of perception, proactive attitude and economic sustainability. We could increase to three times the number of patients with minimal care in the period six months. The implementation of this project opens the way for the dissemination of the work to other specialties and chronic diseases, with the introduction and consolidation of security concepts, coordination of care, integrity and continuous improvement in health among physicians.

PALAVRAS-CHAVE: Diabetes Mellitus; Primary Health Care ; Episode of Care

PP1686 - INNOVATION DYNAMICS IN PRIMARY HEALTHCARE REFORM: THE INNOVATION-WAVES IN PHC IN PORTUGAL

Lapão LV¹; 1 - Global Health and Tropical Medicine. Instituto de Higiene e Medicina Tropical. Universidade Nova de Lisboa.;

Introduction and objectives

Primary Healthcare (PHC) strengthening can be considered a longer-term strategy to cover population's health needs, demanding both innovative approaches and a compromise from governments to organize healthcare services responding to these demands. Portuguese PHC is a good example of such an endeavour. Long-time sustainable and innovative strategies are required for effective PHC reform. This will be addressed by an overview of six innovation-waves dynamics since 1962, and by identifying a set of challenges that need to be addressed for sustainable healthcare-reform.

Method

Kingdon's three-streams theory of policy development is used to analyze events from 50-years of reform considering the cycles of policy-making and the path of change and innovation. This approach was chosen as a methodology to assess the process of implementing a reform, including the identification of facilitators and obstacles to translate guidance to policy-makers.

Results and Conclusions

Like other European countries, Portugal has engaged in a reform (as innovation-waves) of its health services aiming at strengthening family-care services to provide universal access services. It was found that innovations have been introduced in five distinct-waves: in the 1960's, 1970's, 1980's, 1990's, in 2000's and the last one in the 2010s. The combination of government and other actors enable the creation of "policy-windows" favourable to reform. Sustainable change takes many years and requires all actors in the health-system to act systematically and in coherence. The evolution of the PHC-reform as a set of smaller reforms, or innovation-waves, during 50 years is highlighted.

PALAVRAS-CHAVE: primary healthcare reform; policy-making; innovation

PP1687 - INTEGRATION OF CARE: USERS' VIEW OF A PRIMARY HEALTH CARE SERVICE IN CEARÁ, BRAZIL

Dantas ABVC¹; Lima MDB¹; Lima CET¹; Sobreira ABF¹; Mesquita DAK¹; Cunha EFQ¹; Lima AS¹; 1 - Universidade de Fortaleza (UNIFOR);

INTRODUCTION AND OBJECTIVES:

Brazilian health care system is divided into three levels, and the primary level is the main entrance of health care services. The Family Healthcare Center covers the care of individuals, taking into account their context of living, focusing on well-grounded reference/counter-reference services. This study analyze the integration of primary health care professionals along with other health care services, regarding the perspective of users of a Family Health Care Center in Ceará, Brazil.

METHOD:

A descriptive cross-sectional quantitative study, in Fortaleza, Ceará, Brazil, between August and September of 2013. A sample of 178 residents were surveyed, including residents over 18 years old. An adapted questionnaire Assessment Instrument Manual Primary Health Care - PCA Tool Brazil, 2010, was used and the data were analyzed using EpiInfo, version 3.5.4 for Windows. Ethical aspects were considered.

RESULTS AND CONCLUSIONS:

The data from 178 respondents showed that 67.3% of them considered that their doctors do refer patients who need some specialized service. However, when asked if the doctor has specified the reason for consulting an expert, 53% answered no, demonstrating a failure on reference/counter-reference services. In addition, 53.4% reported that they do not take their old records to their doctor's appointment, a result that turned out to be directly proportional to the population level of education. It can be concluded that in the presented health care service, coordination of care proposed by the primary health care is problematic, both by the population misinformation as for the health professionals lack of preparation.

PALAVRAS-CHAVE: Primary Health Care; Systems Integration; Continuity of Patient Care

PP1688 - IPS'S PRIMARY CARE EXPERIENCE: AN INTEGRATED HEALTH SERVICES NETWORK

MARKAKIS EA ¹; MANTILLA AM ²; 1 - PREMISALUD IPS ; 2 - PREMISALUD IPS;

Introduction and Objective

Premisalud IPS is a health services provider in Bogota, Colombia. It has 14 years of experience in primary care. Through an organized and integrated model encompassing both promotion and prevention, it provides necessary and quality patient care services. Its objective is to provide comprehensive patient care through the appropriate allocation of health resources. As a result our motto is indicative of our practice: "At Premisalud IPS we do not give appointments, we give health."

Approach

A review of the population cared for by a family doctor during 2015, indicated the services provided encompassed the following: Follow-up of abnormal laboratory test results, polypharmacy monitoring, follow-up of diagnostic imaging, and follow-up of hospitalized or emergency care patients.

Results and Conclusions

Our services resulted in improved control rates and greater adherence of health professionals to clinical practice guidelines, both of which enhanced the quality of patient care. Affording an integrated primary care services, requires constant attention to the variables of service delivery. The role of the primary care doctor physician is essential to achieve the program's objectives.

PALAVRAS-CHAVE: health services; population; adherence

PP1691 - LABORATORIAL TESTS USE IN PRIMARY HEALTH CARE IN RIO DE JANEIRO

LANES CK¹; STREIT MB²;1 - COORDENADORIA DE ÁREA PROGRAMÁTICA AP 2.1; 2 - COORDENADORIA DE ÁREA PROGRAMÁTICA AP2.1;

INTRODUCTION AND OBJECTIVE:

The importance of appropriate laboratory tests use and the need of costs controlling, lead the healthcare systems to assess the utilization of these tests. This analysis was focused on an area (AP 2.1) of the city of Rio de Janeiro, which has 12 outpatient clinics, and 60 family health teams and approximately 160,000 patients. To determinate the laboratory tests ordered, and the ones that had the biggest impact on the area's laboratorial budget.

METHODS:

Monthly sheets containing the laboratorial tests cost were analysed from September 2015 until January 2016. The reviewed data were the tests ordered and their frequency, total and relative costs of the tests on the area's laboratorial budget. The data were also stratified by clinic and health care workers.

RESULTS AND DISCUSSION:

On average, there were 46.783 tests ordered per month, with the average monthly cost of R\$185.343,55. There were orders to an average of 7192,6 patients, the average ratio tests/patients was 6,7 and the average cost per patient was R\$ 26,40. Complete blood count, glucose and creatinine were among the five most frequently ordered tests on all of the area's clinics and health care workers. As the frequent tests were the same during the research period, this might represent the population's demographic characteristics, clinics' work related process, or the health care worker's profile. This must be evaluated to identify unnecessary tests and further reduce the costs of the health care system.

PALAVRAS-CHAVE: costs; primary health care; diagnostic tests

PP1693 - LINK IN PRIMARY HEALTH: A REVIEW OF THE LITERATURE

Vicente, AST ¹; Siqueira, SAV ²; 1 - Prefeitura da Cidade do Rio de Janeiro; 2 - Escola Nacional de Saúde Pública - ENSP/FIOCRUZ;

Introduction and Objective:

In Primary Care the link between services and users, is recognized as an important element for the effectiveness and quality of care, some policies implemented in recent decades as the strategy of the Family Health and the National Humanization Policy, brought to daily services the need to strengthen this bond. Thus, this study sought to understand what issues and concerns have been discussed in theory.

Method:

From a review of the literature in texts published in the years 2012-2014 on the issue of bond found a variety of texts that led to the creation of five categories to group and review publications, namely: Organization of Services , perception of Bond, Theoretical Aspects, Personal Relations and Training and Qualification.

Results and Conclusions:

Regarding the organization of services to institutional culture was cited as something that needs to be modified. In this respect the change in the professional curriculum and continuing education emerge as key initiatives. It was revealed that professionals and users have different views regarding the responsibility for the execution of the bond, although both emphasized the importance of this relationship.

We conclude that the construction and quality in primary care established bond are resulted from a number of factors that go through the commitment and professional users with its realization, the organization of work processes and care, including the issue of bonds Employing for the continuing education and the continuation / expansion of investment in public policies that reaffirm the importance of this device.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy; Object Attachment

PP1694 - LITERATURE REVIEW: THE INSERTION OF MENTAL HEALTH IN PRIMARY CARE

Carvalho RT¹; Oliveira LQ¹; Amorim MJB¹; Miranda NS¹; Santiago PKM¹; Vila Nova TAD¹; 1 - Universidade Potiguar;

INTRODUCTION and OBJECTIVE:

The Family Health Strategy is considered an instrument to strengthen the network of mental health care because it reaffirms the principles of psychiatric reform. This reform proposes to prioritize social inclusion and autonomy of people with mental disorders; and emphasize the early control of mental suffering.

The objective is to present a literature review about the mental health insertion in the sphere of primary care, replacing the hospital-centered model.

METHODS:

We used as research source electronic libraries "SciELO" and "VHL" and the databases of the "NLM" and "FioCruz". We use the terms "mental health", "primary care" and "Brazil" by restricting the publication date of the last 10 years.

RESULTS and CONCLUSION:

In practice, the difficulty of implementation of psychiatric reform is noticeable because the primary care team try to dodge the mental health activities. The fragility of academic education on this topic is used by professionals to justify this reality. In addition, there is a trend toward medicalization of symptoms, because psychiatric care in primary care is restricted to medical consultation and drugs prescription. This happens because health professionals usually do not investigate the real needs of users. This scenario reflects the dissatisfaction of patients with mental disorders regarding the care they receive. Therefore, it is evident that primary care is an important strategy for the inclusion of these people in society, opposed to the segregation caused by psychiatric hospital. However, there are still obstacles to making this proposal a reality.

PALAVRAS-CHAVE: Primary health care; Mental health

PP1695 - LUNG CANCER PATHWAY ANALYSIS IN A LARGE NHS TRUST IN NORTH WEST ENGLAND.

Nguyen N¹; Hunger N¹; Kwong G Ng Man²; 1 - University of Manchester; 2 - Pennine Acute NHS Hospitals Trust;

Introduction and Objective;

Lung cancer mortality rates are higher in the north of England, compared to the rest of the UK. National guidance for Lung Cancer, define target times for referral-to-treatment. These targets have since come under scrutiny under the public eye, with particular media attention on slow referrals from family doctors.

Method;

We investigated reasons for failing to achieve two week wait (TWW) and 62 day referral-to-treatment targets in a large hospital trust (population 900,000) via retrospective case note analysis.

Results and Conclusions;

During a one year period, 39 of 550 lung cancer patients breached the target pathway. 4/39 (10%) breached the TWW and 33/39 (85%) breached our internal standard of 21 days from referral to completion of initial investigation. Median "time from request to investigation" in days(range) were as follows: CT 7(2-14), PET-CT 7(1-13), bronchoscopy 7(1-8) and CT-biopsy 11(5-29). 19/39 (50%) breached the 31 day secondary referral-to-treatment target. Median waiting time to initial tertiary care appointment was 10 days(5-26). Primary reasons for breaches were secondary care delays (42%) including inadequate preparation for biopsy and administrative errors (2 patients each, respectively) and delays within tertiary care (18%).

In the public eye, there is a misconception of delays in diagnosis and management at primary care level lying with the experience of the family doctor. In our study, we have found this to not be the case, as delays of note included: time to CT-biopsy and waiting time to appointment with a tertiary care clinician from point of referral.

PALAVRAS-CHAVE: Lung Neoplasms; Referral and Consultation; Public Opinion

PP1697 - MANAGEMENT, SERVICES AND PHARMACEUTICAL CLINICAL CARE: ATTENTION PRIMARY IN PA 5.1 OF RIO DE JANEIRO CITY STRENGTHENED WITH PHARMACEUTICAL ASSISTANCE

ARAÚJO, LCA¹; BRITO, SF¹; SOUZA, AAT²; 1 - COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1, SECRETÁRIA MUNICIPAL DO RIO DE JANEIRO; 2 - COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1, SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO;

INTRODUCTION AND OBJECTIVE

The paradigm shift of minimalist logistics for pharmaceutical clinical care has contributed to the effective actions of care, the improvement of clinical services and efficient management in the pharmaceutical activities. The study aims to disclose the pharmaceutical actions in order to strengthen the primary health care on the point of view of results obtained in units of PA 5.1.

METHODOLOGY

It refers to a descriptive study on the effective actions taken by pharmacists of PHC units in the Program area 5.1 in 2015. Data were obtained from the Pharmaceutical Assistance Center Regional through internal forms and standardized statistics spreadsheets.

RESULTS AND CONCLUSION

In the year 2015 all 24 units of the AP 5.1 had at least a pharmacist's total of 27, among them, 89% had at least one training in a particular type of care and 41% over three skills. With regard to clinical activities all units held health actions, management activities and care, especially two units that through educational groups in Diabetes Care line, managed to obtain satisfactory reduction in biochemical parameters of the monitored users. Full coverage and clinical attachment of Pharmaceutical Assistance in all health units: Pharmaceutical Care, Home Visit, Health Education, Training users and professionals have demonstrated reduction of costs, improvement in health indicators and quality of life of users.

PALAVRAS-CHAVE: Care Management; Pharmaceutical Care; Primary Care

PP1698 - MANAGEMENT, SERVICES AND PHARMACEUTICAL CLINICAL CARE: ATTENTION PRIMARY IN PA 5.1 OF RIO DE JANEIRO CITY STRENGTHENED WITH PHARMACEUTICAL ASSISTANCE

ARAÚJO, LCA ¹; BRITO, SF ²; SOUZA, AAT ³; 1 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO; 2 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO, COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE AP 5.1; 3 - SECRETARIA MUNICIPAL DE SAÚDE DO RIO DE JANEIRO, COORDENADORIA DE ATENÇÃO PRIMÁRIA EM SAÚDE 5.1;

INTRODUCTION AND OBJECTIVE

The paradigm shift of minimalist logistics for pharmaceutical clinical care has contributed to the effective actions of care, the improvement of clinical services and efficient management in the pharmaceutical activities. The study aims to disclose the pharmaceutical actions in order to strengthen the primary health care on the point of view of results obtained in units of PA 5.1.

METHODOLOGY

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RESULTS AND CONCLUSION

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PALAVRAS-CHAVE: Care Management; Pharmaceutical Care; Primary Care

PP1699 - MEDICAL TASK FORCE: BRINGING THE SPECIALIST TO PRIMARY HEALTH CARE

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INTRODUCTION AND OBJECTIVE:

The Primary Health Care is capable of solving up to 80% of its demand. However, some clinical conditions need to be followed in others levels of health care. In Endocrinology, certain diseases should be managed initially by a specialist, for example, hyperthyroidism and unwieldy diabetes mellitus. The reference and counter-reference between the Primary and Secondary Health Care present difficulties, for example, the need to shift users to others cities and the waiting row. The following study has the goal to report the activity made by the League of Metabolism, Endocrinology and Nutrology from the University of Fortaleza in a mountain town in the state of Ceará, Brazil.

METHOD:

The attendance was made in a primary health care unit of the city - 140km away from the capital - by endocrinologists, medical students and other health professionals. The action had the audience patients who were already in the waiting row. The team was divided at pre medical appointment, checking vital signs, waiting room, health education for endocrinological disorders, medical appointment and post medical appointment.

RESULTS AND CONCLUSIONS:

Seventy nine clinical appointments were made; the patients that required specialized follow-up signed up in an ambulatory-school service for monitoring. Therefore, it concludes that the accomplishment of joint efforts as volunteer social action is an important tool in which concerns for personal and professional growth of students and, specially, in training of humanistic, critical and reflexive physicians. These latter qualities are essential for building an efficient health care and matches with the graduate's profile in accordance with the National Curriculum Guidelines.

PALAVRAS-CHAVE: Endocrinology; Primary Health Care; Referral and Consultation

PP1700 - MENTAL HEALTH IN BOA VISTA - RR: STUDY OF THE MODEL OF ATTENTION AND EPIDEMIOLOGICAL PROFILE ON CAPS

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Introduction and Objectives:

The Psychosocial Attention Center (CAPS) is a mental health service regionalised, allowing through a network, access to reference services and against reference. Aims to analyze the care model and an epidemiological profile of users of CAPS III in Boa Vista - RR, in order to assess its functioning.

Methodology:

It is a documentary and descriptive study, from the analysis of medical records available in CAPS III. Were evaluated 152 medical records, having been collected data interpreted in the light of the relevant literature and presented through charts and tables with the use of the application SPSS and Excel 2007.

Results and Conclusions:

It was evidenced interaction between the insufficient Basic Health Units and the CAPS III. There is a need for better documentation of information records, as well as better preparation of the health team to perform the reception of patients at the center of attention. Among the patients, there is a predominance of females (55.9%), occurring greater incidence of the age range of 26 to 35 years (22.4%). In relation to the first medical care, 36.8% of patients occurred in the year 2014. The psychiatrist was the professional that most involved in the host state, with 22.3% of the cases.

PALAVRAS-CHAVE: Epidemiology; Mental Health; Boa Vista

PP1701 - MODERNIZATION IN THE VACCINE AREA AND THE BENEFITS FOR THE SYSTEM AND THE HEALTH OF THE POPULATION.

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Introduction and Objectives:

The vaccination room of a Basic Health Unit is an essential environment in the context of preventive medicine. In addition to a place to stock and administer the biopharmaceuticals, it provides an opportunity of guidance for the users. The use of new and appropriate equipment is essential and has been a major challenge facing the units. The objectives are to comment the benefits that the adequate and constant cooling of the vaccines can bring to both the population and the Health System.

Method:

Students of the fourth semester have gone through an experience in a Basic Health Unit, Fortaleza – when they learned about updates by the nurse responsible for the vaccine about the benefits of the current vaccine storage rooms.

Results and conclusions:

The students were able to infer by means of the report and their own questions and further research that current conservation chambers are superior for storage of vaccines when compared to conventional refrigerators. They maintain the ideal temperature without sharp fluctuations, for the Unit is equipped with a generator that supplies for several hours when power is out, maintaining adequate cooling. The quality assurance, possibility of better cooling made the handling of vaccines easier, optimizing working time. Benefits to the population were perceived such as the possibility of further visits and the guarantee of a well-preserved vaccine. It is possible to note that acquisition of this equipment is vital to the health facilities, as it enables a better security in the storage of vaccines.

PALAVRAS-CHAVE: VACCINE; MEDICINE PREVENTIVE; PRIMARY ATTENTION TO HEALTH

PP1703 - MULTIPROFESSIONAL EXPERIENCE IN THE CONTROL OF TUBERCULOSIS IN THE COMMUNITY OF BEBERIBE CITY OF RECIFE BRAZIL

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Introduction/ Objectives:

Tuberculosis (TB) is a contagious disease endemic in Brazil (Population 206 Million in 2014) with 81.512 of confirmed cases in 2014. Most of contaminated persons are asymptomatic (latent TB infection), remaining focus of contamination. Lack of hygiene, malnourishment, smoking and alcoholism are predisposing factors. The objective of this work is to assess the relevance for the medical student to acquire multidisciplinary experience in a family health unit (FHU) supporting TB control.

Methodology:

Medical, nursing, odontology, biology and physical education (PE) students were divided in mixed groups and sent to a FHU in the low income community of Beberibe (8.856 inhabitants) city of Recife Brazil. The students followed up activities of different health professionals in their routine FHU home visits of TB patients. An assessment of the different health actions and how they contributed for the control of the disease was performed.

Conclusion / Results

PE students focused at schools in order to notify suspected cases. Biologist students helped surveillance coordination of the community and environmental health agents (CHA/EHA). Nursing and medical students supported triage, diagnosis and treatment. TB educational actions were of primordial importance for all. Precarious social conditions, proximity of the houses, closed and without proper aeration rooms, allied to a high population density, expedited the dissemination of the Mycobacterium tuberculosis. Lack of disease awareness and long-term treatment are contributing factors to the lack of treatment compliance. Therefore the importance of the synergic work of the multidisciplinary agents in the community to achieve the best TB control results.

PALAVRAS-CHAVE: Tuberculosis; Family health; Primary health care

PP1704 - THE SUPPORT CENTER FOR FAMILY HEALTH (NASF) AND QUALIFICATION OF PRIMARY HEALTH - ANALYSIS PLANNING AREA 3.1

Raposo da Camara EA ¹; Crisanto L IMM ¹; Souza APA ¹; Graever L ¹; Miranda TS ¹; 1 - SMS RJ;

Introduction:

The Centers of Support for Family Health (NASF) are multidisciplinary teams that work seamlessly teams of Family Health (eSF), aiming to support the consolidation of Primary Health Care (PHC), increasing resoluteness and the scope of actions in the network. It recommends that from the comprehensive and longitudinal care of the individual by eSF integrated into NASF teams happen to expanding care and consequently reducing the number Referring to specialized care. The focus on expanded clinical and logic of the matrix support is a priority for the Planning Area (AP) 3.1 in the last year, with investment in the expansion of NASF teams. Therefore, he listed out to this work the observation records and regulatory systems as a way of linking the NASF actions to broaden health care.

Objective:

To evaluate and discuss the impact of the work of the NASF teams on solving the Primary AP 3.1 from the analysis Referring to specialized care in strategic areas held by the SISREG regulation system.

Method:

To analyze the bank SISREG requests for this AP specialized consultations on track chosen as strategic in the year 2015, which are orthopedics, physical therapy, physiatry, neurology, psychiatry, psychology, nutrition and endocrinology.

Results:

It is expected to note the reduction in the number of requests via SISREG relating to the areas mentioned in the ESFs supported by NASF teams.

Conclusions:

To evaluate the impact of actions of NASF teams in the expansion of solving the APS it is essential to continue with the investment of the work of teams in the careful logic.

PALAVRAS-CHAVE: Primary Health Care; Regulation

PP1705 - NATIONAL TELEHEALTH PLATFORM: ADAPTABLE MODULE FOR REMOTE DIAGNOSTICS

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Introduction and objective:

To support the Primary Health Care, the Telehealth Networks Brazil Program is expanding since 2007. Among the telehealth actions, the teleradiologic has the potential to give more access to needed diagnostic methods, with less territorial displacement, controlled quality, lower costs and regulatory criteria, offering exams only to those who really need it, within the quaternary prevention logic. Therefore, this work aims to model and develop, by TelessaúdeRS/UFRGS, a registered and adaptive module for teleradiologic.

Method:

Experimental development using Business Process Model and Notation (BPMN) together with Axure wireframe for elicitation and documentation of requirements and system development using Scrum as methodology for software development.

Results and conclusions:

There was success in developing a flexible module for teleradiologic. The BPMN notation allied with prototyping in Axure proved effectiveness as a mean of gathering requirements and documentation in the use of Agile Scrum development. The two remote diagnostics workflow possibilities developed (sample collection by the requesting and by technical collection) are adaptable to a wide range of distance diagnostic modalities. The great success of remote diagnostics module is to provide a technological solution for Sistema Único de Saúde (SUS) as a gateway to regulated support diagnosis for those who really need it, near their home, reducing patient transit and cost of service and with quality supported by scale. This study emphasizes the need to strengthen the regulatory processes for the purpose of quantitative and qualitative adequacy of the volume of exams using protocols based on the best scientific evidence.

PALAVRAS-CHAVE: Telehealth; Primary health care; Health services accessibility

PP1706 - NEW CARE MODEL: PRIMARY HEALTH CARE AT UNIMED JABOTICABAL

Malago MGS ¹; Yamazaki MR ¹; Betiol JSJ ¹; Manduca LCF ¹; Orlanda CMB ¹; 1
- UNIMED JABOTICABAL;

Introduction and objective:

The currently health care model at Unimed is based on specialized care, fragmented, with out coordinated and centered in the hospital. What is proposed in this New Care Model (NCM) is the introduction of Primary Health Care (PHC) as a gateway to Unimed customers in the health system, organizing their "navigation" in this complex and medical system - centric. The PHC at Unimed Jaboticabal (UJ) started a pilot project in August 2013, applying the main principles; access, longitudinality, integrality and coordination of care (Starfield, 2002). The triple aim of the PHC in the UJ is to improve the health of individuals and communities, improve the population experience with heath care and reduce healthcare costs (waste).

Method:

The method used was The Science of Continuous Improvement by the Institute for Healthcare Improvement. This methodology exploits the team to plan, test and implement the changes needed to achieve a defined objective. To understand the impact of interventions on the indicators we used the methodology of Shewhart or control charts.

Results and conclusions:

Monthly control charts are analyzed by indicators: access (94% already consulted), health (breast cancer screenings increased from 54% to 75%, cervix from 55% to 78% and colorectal 19% to 65%), satisfaction (70% scored 5 (maximum 5) to the NCM - PHC) and Financial (costs remained), demonstrating the sustainability and viability of the NCM - PHC.

PALAVRAS-CHAVE: health systems; supplemental health; primary health care

PP1707 - NEW DELIVERY MODEL OF HEALTHCARE FROM UNIMED GUARULHOS

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Introduction & Objective:

Unimed Guarulhos is a healthcare provider based on medical specialties with 87.000 clients. The objective of this project, was the pilot implantation of a primary care service at the Unimed Guarulhos, to achieve the Triple Aim: improve health, better care, lower costs.

Method:

The Núcleo de Atenção Primária a Saúde (NAPS) was created to attend 3000 clients, composed by a multidisciplinary team, providing cares for all members of family, by every reason of encounter. The Science of Improvement methodology was followed, and the results were measured by chart of trend and control, between august 2012 and april 2015.

Results & Conclusion:

Appointments to the same day, decrease of 63% and stabilization of ER costs, high level of patient experience, reducing of healthcare cost around 34%, improve of 0% to 90% of diabetic patients with 6-10 recommended cares by medical literature. It's observed the presence of Attributes of Primary Care, and impact over Primary Care clinical conditions. With these results NAPS had passed from pilot to implantation with improvements, creating the Continuous Improvement Committee, Advanced Access appointments system, and partnership with the Residence of Family Medicine of Escola Paulista de Medicina/UNIFESP. Now at the dissemination, the challenges includes expand the teams, increase the integration with other Levels of Care, develop concepts of Patient Engagement and Health Community. Now a Challenge Question: can we really use the implantations of Primary Care on Brazilian Supplemental Health Care System, like base of a model of Quality and Innovation, benefiting our patients?

PALAVRAS-CHAVE: Primary Care; Health Care Quality; Supplemental Health Care

PP1708 - NUMBER OF CASES OF LEPROSY IN THE BRAZILIAN NORTH: A REFLECTION ON BASIC CARE

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INTRODUCTION AND OBJECTIVE:

Leprosy is a contagious infectious disease caused by *Mycobacterium leprae*, which has affinity for skin and nerves. Due of its potentially incapacitating and high detection rate, leprosy is considered a public health problem. In this research, we sought to demonstrate the importance of a more recent epidemiological profile of the disease, relating to the health and prevention actions in the basic attention to the difficulties found in this process.

METHODS:

Epidemiological data were used provided by electronic portal DATASUS in the years 2014 and 2015, related to leprosy in the Northern region.

RESULTS AND CONCLUSION:

In 2014, DATASUS notified that the Northern region occupied the fourth place in number of cases (4523) and presented the penultimate position in the cure rate with 81.67%. Among the data presented on the Northern region, the state of Pará presented the highest number of cases (2,525) and the state of Roraima showed the lowest amount (65). In relation to other variables, such as cure rate, Acre presented the highest percentage with 95.57% and Roraima presented the lowest percentage with 70.68%. This profile may be related to difficulties that basic attention has to cover the hard-to-reach locations to promote mechanisms for the prevention, treatment and even reporting of cases, which constitute obstacles to control the disease.

PALAVRAS-CHAVE: Leprosy; Basic Care; Northern Brazil

PP1709 - THE CHALLENGE OF CHRONIC ILLNESSES IN PRIMARY CARE

Medeiros Junior M E ¹; 1 - Atenção Primária Santa Marcelina;

Introduction:

Skilled attendance chronic diseases in Brazil and in the world the left of ensuring access, completeness, longitudinality and coordination of care by primary care services are one of the most important challenges of the coming decades for these services.

Methods:

The multidisciplinary team of the Municipality of Santa Isabel - SP, were stimulated through the continuing education department of Primary Santa Marcelina to conduct the consultations with chronic diseases using the prerogatives of management of access, care and vulnerability.

Conclusions:

The municipality teams have managed to increase the number of patients with hypertension and diabetes, to more accurately assess the risks and injuries of patients and more accurately whether they are achieving the therapeutic goals

PALAVRAS-CHAVE: Doenças Crônicas; Atenção Primária; Organização de serviços

PP1713 - ONLINE NATIONAL PRIMARY CARE REFERRAL SYSTEM EVALUATION: HOW EFFECTIVE IS IT?

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Introduction and objectives

Our purpose is to evaluate an online national referral system articulating primary healthcare and hospital care, using information systems. The family doctor refers patients to be sorted by a specialist hospital doctor and scheduled. Our study aims to identify the strengths and frailties of the referrals, as a tool to improve communication and access.

Methods

During a 2 months period we have evaluated all the referrals to Orthopedics outpatient clinic in western Lisbon: registered patients by demographic characteristics, type and quality of the referral, sorting and scheduling.

Results and conclusions

312 referrals were registered from 16 health centers to one hospital. Waiting time was: 2,8 days until sorting, 47,5 days until scheduling. 20 patients had been to orthopedics clinic before. 8 patients had been to the emergency for the referral cause. 8 were referred for having missed the previous appointment. 8,3% were referred as emergent: cause of priority not apparent in 14 cases, 7 post-traumatic. 5,1% were refused: 7 sent to the emergency to be scheduled directly (6 fractures, 1 tumor), 3 redirected to other clinics. 67% needed 3 sub-specialties: 39% knee, 14% foot, 13,8% shoulder. Overall referrals were adequate. There is room for improvement in the quality of information. There is a need to adjust expectations relating to hospital's time to respond. Knowing the type of demand allows the hospital to implement measures to better provide for its population. Creating a "dialogue box" in the informatics system may be a useful communication tool.

PALAVRAS-CHAVE: primary care referrals; information systems; time to referral

PP1715 - ORIENTATION MANUAL OF THE SANTA MARCELINA PRIMARY HEALTH CARE CHART COMMITTEE (CIRP)

Scarmeloti DBN¹; Santos ESA¹; France HS¹; Pastana ICASS¹; Martins JS¹; Bourget MMM¹; Castro RCR¹; Jesus VM¹; 1 - Casa de Saúde Santa Marcelina;

Introduction:

The chart is a very important document for patient follow-up as well as a legal document; it is vital to retain appropriate patient documentation and provide information on patient care. Quality documentation is especially essential when legal suits occur.

Objectives:

This paper is intended to present the orientation manual that was developed by the technical team of Santa Marcelina PHC

Methodology:

The Santa Marcelina PHC Institutional Chart Revision Committee is composed of a multidisciplinary team, organized according to the resolutions and codes of the different constituent professional groups; in the construction of the manual, a literature review was conducted on the legal, ethical and clinical aspects of the chart record. The manual was constructed with the objective of guiding the documentation and archiving of charts in the different services that Santa Marcelina PHC offers, with consideration of the process of chart revision done by the local Chart Revision Committees (CLRP) and of the CIRP.

Results:

The manual considers the needs of the different service modalities of PHC, with relation to recording, normatization, sample, auditing, data collection, archiving, guarding confidentiality and access . It aims to improve the quality of the records and the organization of the work process of local chart revision committees.

Conclusion:

The manual is an important tool for the management and care at the local and institutional level.

PALAVRAS-CHAVE: Primary Health Care; Medical Chart; Health assistance

**PP1716 - OPTIMIZATION OF THE WAITING LINE IN THE REGULATION
SECTOR AT THE JARDIM MITSUTANI PRIMARY CARE UNIT:
RESOLUTION AND FOCUS ON THE PATIENT**

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Optimizing the waiting list for medical specialties in Primary Health Care Center "Jardim Mitsutani":resolubility and focus at the patient.

Introduction and Objective

The referral system for specialists in question was not adequate to local protocols with waiting times lasting more than 6 months in some cases. The goals are to optimize the waiting list and improve the follow up of the provided care to users; improving quality and rationalizing the health expenditures in a more efficient way by guidance of clinical protocols and predefined pathways.

Method

The cases in the waiting line were reviewed by: the technical support area; training of the medical staff was conducted based on the difficulties encountered; reinforcement for the adherence of the referral protocols already established; actions for awareness addressed for the health team aimed to improve communication with the referral department for the proper functioning and establishment of the clinical referral manager position.

Results and Conclusions

In nine months the waiting list for medical specialties was reduced by 90%, and for diagnostics tests in approximately 89%; even if eventually the tax of referrals raise the trend of the waiting list is to remain stable as long as the conditions obtained are sustained. The reduction in the non-referral rate and waiting time were due to greater interaction between teams and sectors, rational use of the sector; through trained and aware doctors; as well as the partnership with the technical support area. In this way we are ensuring efficiency, quality, and comprehensive care to all patients.

PALAVRAS-CHAVE: Referral and Consultation; Waiting Lists; Clinical Governance

PP1718 - PERCEPTIONS AND REFERENCES ON THE WELCOMING OF PATIENTS TO PRIMARY CARE IN THE CITY OF RIO DE JANEIRO

Silva TF ¹; 1 - Policlínica Piquet Carneiro. UERJ.;

This paper describes some weaknesses observed and referred to by healthcare professionals at the time when new patients are welcomed to two Primary Care units in the city of Rio de Janeiro. Perceptions were identified by means of a semi-structured interview and systematic observation techniques, which were analyzed considering the Content Analysis references, according to Bardin. As a result problems were found in the professionals' resolution skills and in the integration between Family Health Strategy professionals and those in the Family Health Support Nucleus, leading to problems in the coordination of care. The acknowledgement of such weaknesses, aside from encouraging reflections and actions, lead to the creation of parameters to improve the work process and to seek strategies to obtain institutional support which will benefit the healthcare team, as well as the users.

PALAVRAS-CHAVE: Acolhimento; Saúde da família; Atenção primária em saúde

PP1719 - PERCEPTIONS OF MEDICINE ACADEMICS ABOUT THE PROGRAM OF TUBERCULOSIS IN A BASIC HEALTH UNIT IN RIO DE JANEIRO

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Brazil has been promoting efforts to accelerate the improvement of its Tuberculosis Indicators making use of strategies as: control of TB-HIV co-infection by the Quick Test for HIV in all patients, directly observed treatment (TDO), drugs treatment scheme in fixed-dose combination (4:1) and conduct studies for the adoption of new technologies for the diagnosis of Tuberculosis, as the Quick Test for Tuberculosis (TRM-TB). However, these strategies have not yet allowed the eradication of the disease in the country. We have set as objectives: submit an account of experience in the program of Tuberculosis in a programmatic area in the city of Rio de Janeiro and describe the specifics of the program, comparing with the Guide of Visit and Surveillance of the Municipal Program of Tuberculosis Control. The research has shown that some actions are in line with what determines the program, however, other actions pointed challenges for the improvement, among them: the Unit presented difficulty in making the diagnosis, taking for up to 15 days, lack of materials to perform the test of Tuberculosis compromising treatment and diagnosis. Referring to the Quick Test for TB, there was a misunderstanding on the part of the professionals interviewed. In conclusion, it is necessary to ensure efforts to training on the most current in the control of Tuberculosis and in this case reinforces the Quick Test for TB. Monitoring on the part of professionals with sensitive listening to signs and symptoms reported in relations: professional/patient, in order to promote greater adherence to treatment.

PALAVRAS-CHAVE: Tuberculosis; Infection; Prevention & Control

PP1720 - PERFORMANCE FROM FAMILY HEALTH TEAMS IN SCHOOL HEALTH PROGRAM MANAGED BY INTERSECTORAL LOCAL GROUP: ACHIEVEMENTS AND CHALLENGES

Brandão LMS¹; Cosme FSMN²; Medeiros ESJ¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro; 2 - Secretaria Municipal de Saúde do Rio de Janeiro;

Introduction and Objective:

The Primary Health Care Coordination 5.1 in the city of Rio de Janeiro, in 2015, had 107 family health teams (FHT) linked to 129 schools and child day care centers from municipality under management of intersectoral local group of Health, Education and Social Development professionals. This local group called “Núcleo de Saúde na Escola e na Creche (NSEC8)” operates to implement the national program: School Health Program (SHP), under municipal intersectoral working group coordination. The aim of this work is to analyze the coverage of all FHT accompanied by this local group in SHP.

Methods:

The actions were periodically monitored, considering yourself actions from SHP: Intersectoral planning meetings articulated by “NSEC8” or FHT with local partners; training; clinical and psychosocial evaluation, and, actions of promoting health and preventing diseases and accidents/violence, involving school community. For such we use the information system “PSE Carioca” and local health system: Vita Care, besides participants attendance record.

Results and Conclusions:

All schools and day care were covered for FHT in school period, that is, february to november: 26% in 10 months, 48% between 8 to 10 months; 79% between 6 to 10 months; and only 5% for 3 months. They have been identified as problems to cover schools and day care centers in school period: More than 1 school or day care center for 1 FHT; distance from primary care unit; armed conflict in the territory; action plan not defined in connection with participation of all over the actors.

PALAVRAS-CHAVE: health information management; school health; health promotion

PP1721 - PHYSICIANS ON PRIMARY HEALTH CARE IN BRAZIL A STUDY OF RELATIONS BETWEEN MEDICAL TRAINING AND THE PRACTICE OF CARE

Pacheco RM ¹; Favoreto CAO ²; 1 - SMS RJ; 2 - UERJ;

This paper discuss how Primary Health Care (PHC) practices links to training of physicians in Rio de Janeiro, Brazil. Medical education has direct implications for patient care and it points to needs for medical training. In process to organization of this health system based on PHC, Brazil, has faced numerous challenges. Suffers from a deficit of health professionals compared to other countries with universal health care systems and it is worse on PHC. Given this situation, provision policies have been articulated, proposed and funded by the Brazilian Government, in an attempt to meet the demands of increasing access to health care. Among these policies, the Programa de Valorização da Atenção Básica (PROVAB) stands out and is the focus of this study. It aims analyze and discuss the relationship between training and care practices and wonder whether the proposed changes to the current training model have an impact on care practices. The field work consisted of the application of 48 questionnaires and 05 semistructured interviews with physicians who were ending their period in the PROVAB. Questionnaires and interviews covered the experiences regarding medical practice in PHC, the face-to-face supervision, the participation in Distance education program, their thoughts about care and the primary health care tools. The research concluded that the PROVAB sensitizes those who participate in it, however, unprotected and almost solitary exposure of such inexperienced doctors to so complex contexts has limitations and may produce adverse effects. And the program supervision plays a central role in this process.

PALAVRAS-CHAVE: Primary Health Care; Education, Medical; Health Policy, Planning and Management

PP1722 - PMAQ AS A STRATEGY THAT LEVERAGES THE WORK OF FAMILY HEALTH TEAMS

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As management innovation to health services, the Ministry of Health (MS / SMS / RJ) proposes to qualify the services offered to users through the PMAQ (National Program for Improving Access and Quality of the Basic Care) that evaluates and monitors processes and outcomes the ESF / ESB. This tool has been used in CAP 3.3, where teams analyze and certify the quality of their performances in the units, with the focus on continuous improvement of actions carried out under the monitoring the enrolled families. We aim to contribute to the debate on program evaluation with the analysis of experiences of the managers and professionals of EAB and ESB. The methodology focused qualitative analysis of information whose essence was the perception of professional participants. We analyze that the teams that had better adherence at all stages of PMAQ had a significant impact on the qualitative evaluation of the teams as soon as reflecting improved access and quality for users. We consider the PMAQ a framework of promotion and preventive health care debate, providing opportunities for the evaluation of the work process, enabling the continuity of self-evaluation and reformulation of its headquarters interventions of the problems within the elected governance teams. It concludes that by the evaluation, the PMAQ can link the analytical activities and management new interventions, so reformulating the process of actions as a potential change.

PALAVRAS-CHAVE: Evaluation; Primary Health Care; Family Health

PP1725 - PRELIMINARY EVALUATION AFTER THREE YEARS SINCE THE INCLUSION OF CUBAN DOCTORS IN THE MORE DOCTORS PROGRAM (MAIS MÉDICOS) OF BRAZIL.

Tasca R ¹; Chapman E ²; Delgado Ramos A ²; Fortunato MA ¹; Oliveira G ²; 1 - PAHO/WHO ; 2 - PAHO/WHO;

Introduction

The main purpose of the Program More Doctors (MDP) is to improve the access and quality of primary health care services (PHC), particularly in the least developed territories, where there is low socio-economic development and complex geographical access to health services.

The aim of this work is to present the preliminary results relating to the effect of the work conditions, and the performance of the Cuban doctors included in the MDP, within the PHC services of the National Unified Health System of Brazil.

Methodology

An observational analytical study of a prospective cohort, in a stratified simple random sample of 832 Cuban doctors was performed. The variables were grouped into six dimensions, and the Brazilian version for professionals of PCATool was applied.

Summary measures were used for qualitative and quantitative data, and statistical test such as the Student t and Chi square. Logistics in addition to multiple linear regression, were used to measure the extent and magnitude of the association between the variables. The main result was measured considering the degree of adequacy to the PHC services and the health impacts.

Results

The main effects in the PHC are related to the infrastructure of the health units, the availability of a complete set of basic drugs (statistically significant) and feedback from the secondary care. High percentage values for their insertion into the family health care strategy, the completion of the PHC teams, as well as the perceived professional satisfaction in relation to the MDP were observed.

PALAVRAS-CHAVE: More Doctors Program; Primary health care; PCATool

PP1726 - PRELIMINARY EVALUATION OF CUBAN DOCTORS OF THE MORE DOCTORS PROGRAM (MAIS MÉDICOS) WITHIN INDIGENOUS HEALTH SPECIAL DISTRICTS (IHSD) IN BRAZIL.

TASCA R¹; CHAPMAN E¹; DELGADO A¹; GOMES MA¹; VITTOY B¹; PADILLA H¹; 1 - PAHO/WHO;

Introduction

The main purpose of the More Doctors Program (MDP) (Mais Médicos Program) is to improve the access and quality of primary health care services (PHC), particularly in the least developed territories, where there is low socio-economic development and complex geographical access. The aim of this work is to present the preliminary results relating to the inclusion of Cuban doctors of the MDP in the IHSD, and its effects on the PHC services and on the health of the indigenous population of Brazil.

Methodology

A prospective cohort study, with a sample of 85 Cuban doctors who work at the IHSD was performed. The variables were grouped into six dimensions. The Brazilian version for professional of the PCATool was applied to measure the adequacy of services to the PHC strategy. Descriptive measures were used for qualitative and quantitative data, and statistical tests such as the Student t and Chi square. Logistics in addition to multiple linear regression, and canonical correlation were used to measure the extent and magnitude of the association between the variables.

Results

The main effects in the process of inclusion and the work of the doctors in the IHSD are related to the infrastructure of the Indigenous health services, and the conditions of transport and work safety. High percentage values for their insertion into the family health care strategy, the completion of the PHC teams, and their cultural adaptation as well as the perceived professional satisfaction related to the MDP were observed.

PALAVRAS-CHAVE: More Doctors Program; Cohort study; Primary health care

PP1730 - PRIMARY HEALTH CARE FROM THE PROFESSIONALS PERSPECTIVE: COMPARING TRADITIONAL HEALTH CARE UNITS TO UNITS WITH FAMILY HEALTH CARE STRATEGY

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Introduction:

Primary Health Care (PHC) is defined as the first level of entry (access to first contact in the system), being characterized principally, by continuity, holistic care and coordination of assistance within the health care system. PHC also relies on complementary characteristics like Family and Community orientation and social competency. Using the theoretical concepts of PHC, attributes and characteristics considered necessary to PHC, Starfield (2009) developed an instrument to collect and analyze the information relative to the care received and provided by the PHC, known as PCA Tool- Primary Care Assessment Tool which tries to measure the presence and extension of the 4 attributes considered essentials and of the 3 attributes considered as derived from PHC.

Objective:

Compare the presence and extension of the attributes of PHC in Traditional Health Care Units and Units using the Family Health Care Strategy.

Method:

All physicians, nurses and dental surgeons hired by the Santa Marcelina PHC who are working in Health Care Units localized in the East Zone of the city of SP were invited to participate of the survey. All the data was collected through the PCATool.

Results:

The results indicate a better performance (statistically significant) in the Units that work with the Family Health Care Strategy in relation to the attributes of continuity ($p=0,0330$), holistic care (given services)($p=0,0011$), community orientation ($p=0,0017$), as well as for the general score ($p=0,0098$).

Conclusion:

The Family Health Strategy presents a better performance when units with and without the Strategy are compared, using the PCA Tool.

PALAVRAS-CHAVE: Primary Health Care; Family Health Strategy; Evaluation of Health Services

PP1731 - PRIMARY HEALTH CARE OF PERSONS WITH DISABILITIES

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Introduction and Objective

In Novi Sad has registered 14,000 persons with disabilities. Many of these people live in a climate of discrimination, prejudice, ignorance, often with unmet basic needs. The aim was to draw attention to the problems of society in which there are people with disabilities and that these persons are operating in the health centers where they would achieve one of the fundamental human rights - the right to health and health care

Method

The study was conducted using an anonymous survey questionnaires

Results and Conclusions

Asked were 84 respondents who have voluntarily agreed to participate in the study. The mean age was 54 years. In the past year 70% were examined in a medical institution. The majority of respondents (93%) think that takes care of their health, 85% are not smokers, 33% takes care of a healthy diet, 70% do not add salt in food, 71% are not overweight, 66% do not drink alcohol. Two-thirds of respondents believe that the services of the Health Centre are available for disabled persons. Those who are of the opposite opinion as reasons they lack ramps for the disabled to certain buildings, the problem of communication of people with hearing impairments and health workers waiting at appointments. All respondents who wanted were examined by GP; 76 specialist examinations were provided . 98% of respondents were satisfied with the activities undertaken under this project. Such actions should proceed continuously to patients with special needs as many possible primary health care.

PALAVRAS-CHAVE: persons with disabilities; primary health care; general practitioner

PP1732 - PROBLEMATIZATION ABOUT THE LIMITED ACTION OF A HEALTH FAMILY STAFF FRONT TO THE HEALTH NEEDS OF THE POPULATION.

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Introduction and objective:

The Family Health Program (PSF) is a new primary health care model which prioritizes not only the sick individual but the whole family. The PSF objective is basically to ensure the well-being through integral and continuous practices into the logic of health promotion and disease prevention for the population included at the coverage area of their health centers. Faced with complaints about patients and staff, undergraduates were interested in problematizing the limited role of the PSF of a health center on the outskirts of Federal District(DF).

Methods:

A member of the community, the health center's staff , a teacher and eight undergraduates chose the main problems faced by the local PSF. Then through the situational strategic planning (PES), the problems were classified, a demand plan was elaborated and the requests were formalized. The students scheduled official meetings with the regional Direction of Primary Health Care of DF (DIRAPS) for discussions.

Results e conclusions:

The reported problems included delays in test results, irregularity in the provision of medicines and institutionalized wardrobes, difficulty at hospital appointment scheduling - specific problems which hindered the continuous care of the population. The meetings were effective, the health center staff have obtained a closer communication with DIRAPS, a car was made available to replenish wardrobes and medicines and to carry patients and tests. The intervention demonstrates the relationship between the problem solving and distribution of resources by the management and its importance for the right functioning of the health system.

PALAVRAS-CHAVE: Health Management; Decentralization; Primary Health Care

PP1734 - PROFILE OF CONSULTATIONS IN PRIMARY HEALTH IN THE STATE OF RIO DE JANEIRO, BRAZIL

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Introduction and objective:

The primary health care should be able to solve most health problems, having the integral vision on the part of its employees. It's very important invest in its infrastructure and employees. So, the objective was to identify the profile of consultations in primary health in the state of Rio de Janeiro, Brazil. The period selected was from 2011 to 2015.

Method:

This is a transverse and descriptive study, with a quantitative approach. The data were obtained from DATASUS platform, in the Brazilian Health Ministry website, on february 19, 2016, identifying the profile of consultations in primary health in the state of Rio de Janeiro, from 2011 to 2015. The absolute and relative frequencies of the data were calculated.

Results and conclusion:

27.335.631 users were attended, 24.47% were 60 years or older, and 18.81% from 20 to 39 years. Concurrently, 38.20% are hypertensive and 13.81% are diabetics. 2.514.658 users were referenced, 90.60% for specialties. It were requested 25.026.390 tests, being 66.92% related to clinical pathology and, in relation to the procedures, 13,677,359 procedures were performed, 50.26% were curative and 34.16% were injection applications. It were carried 6.220.646 out home visits, and 51.0% by medium level professionals and 24.55% for nursing. Therefore, the consultations were, in majority, for users with chronic diseases. There was little referral (less than 10%) at the consultations. The elderly are most users, the most requested tests are the clinical pathology, and the execution of curatives is the main procedure performed.

PALAVRAS-CHAVE: Primary Health Care; Public Health; Referral and Consultation

PP1735 - MEDICAL PRACTITIONERS VERSUS MANAGEMENT IN PUBLIC HEALTH

Porqueres LOA ¹; Ferreira FM ¹; Gabe JS ¹; 1 - UNICESUMAR;

With the consolidation of the SUS (National Health Service of Brazil) and health measures, there was a significant increase in Brazilian life expectancy, allowing greater interaction with the environment where the individual is inserted. Therefore, a change in the view of the health disease was necessary, opening space for a new holistic approach to the individual and its collective. In this context, it has become essential the inclusion of trained managers to optimize health programs and financial resources for public health. In a quantitative descriptive approach, with the objective of analyzing the medical professional contribution to the management in public health, we used secondary data provided by the Training Advisory Department and Permanent Training of Health Workers, of the Municipal Health Secretariat of the city of Maringá -PR, linking management in public health in the city. The results show a gap of medical professionals involved in the management, with great discrepancy among doctors and other professionals inserted in management positions. The presence of doctors in management areas provides the use of a labor area little explored by them. The doctor has an essential and indispensable role in health care and it is important that this professional is ahead of decisive positions once they are empowered to do so.

PALAVRAS-CHAVE: Gestão em saúde; especialidade médica; saúde pública

PP1736 - PROFIT AND PREVALENCE OF NEONATAL SCREENING IN GUARAMBARÉ

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Introducción Health Center: Inside the newborn population, some may be born with conditions such as congenital hypothyroidism, Cystic fibrosis or phenylketonuria, severe and even fatal diseases whose clinical signs are not enough for early detection in newborns afectados. La single incidence of these diseases is variable, however, the overall incidence is significant in children 1: 2000 to 1: 5000, and therefore is an important issue saludObjetivo: Knowing the impact of neonatal screening in the population of Guarambaré. Metodología: observational, descriptive, retrospective, cross-sectional study. Sheets data record "prevention program cystic fibrosis and mental retardation" the Ministry of Public Health and Social Welfare, the Health Center Guarambaré were evaluated from January 1, 2015 to October 31, 2015 . Results: In the period considered in this work, in the Health Center Guarambaré 95 records were analyzed: 53.6% (51) were male and 46.3% (44) female; the cuales 94,7% (90) were term and 85.2% (81) with adequate weight for gestational age. 16.8% (16) of the mothers are considered adolescents and 96.8% (92) were births institucionales. En the time of sampling, 56.5% (56) of newborns had less than or equal age 7 days. The 100% (95) of the results were negative. Conclusion: After analysis of the data collected, it should be noted that the vast majority (94.7%) of deliveries made in the Health Center were term infants and age-appropriate gestacional. Con the implementation of neonatal screening in Health Center Guarambaré since 2012 it was an important step in the diagnosis of pathologies treated early can improve the quality of life of patients and their families

PALAVRAS-CHAVE: neonate; screening

PP1738 - CARIOCA ACADEMY PROGRAM - A SKILLED AND HUMANE LISTENING VENUE TO PROMOTE HEALTH IN THE FAMILY HEALTH STRATEGY (SMSRJ-BRAZIL)

SOARES, T.M. ¹; 1 - CF Emygdio Alves Costa Filho;

Introduction:

Despite the health policies suggest a more humane and holistic approach in order to overcome the previous technical-assistance model, we still come across health care settings where the old logic prevails. Extended clinical means to pay attention to the subjectivity inherent to human beings, it is to transpose the focus only on biological questions to thus understand the life context of the patient. Vilar (2014, p. 7) states that the great challenge of FHS "[...] is the search for another way to operate the health work, building a more harmonious relationship".

Objective:

This study aims to present the Carioca Academy Program as a health promotion strategy; point listening to the Physical Educator, through the program, as a tool to extend care to the user, based on the coordination with the health team, sharing the collected history and promoting a more effective patient action.

Method:

This study is qualitative in nature, characterized as field work. It was developed with participants in the program through community testing.

Results and Conclusion:

Based on daily life can be inferred that the implementation of the Carioca Academy Program amplified approach space with the Health Unit, as well, it should be noted that the qualified hearing can indeed generate a humanized care, and that the physical educator part of this service when you hear, and looking for a way to extend the look to the user, marking thus another way to take care of.

PALAVRAS-CHAVE: Primary Health Care; Health Policy; Motor Activity

PP1739 - QUALITY OF HEALTH CARE: ASSESSMENT OF THE FAMILY HEALTH TEAMS

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The National Program for Improving Access and Quality of Primary Care – PMAQ, establishes a self-evaluation of family health teams, that it is realized by a instrument/questionnaire self assessment for improving Access and Quality of Primary Car – AMAQ. This study was to analyze the quality of primary care in the professional's vision that composed the family health teams. It is a documentary research in a quantitative approach and transversal analytical design. The questionnaire data AMAQ, which was on the Health's Ministry web site was answered by the health team, were analyzed from the dimension Permanent Education, Work Process and Full Health Attention, according location and composition of the teams and health indicators of communities. It was evaluated data from 75 teams: 44.0% reach satisfactory level, with the highest percentage for urban teams (45.3%) compared to a rural team (36.4%), $p = 0.260$. The average number of doctors and dentists were higher in best ranked teams ($p < 0.05$) and the more professional, higher the score ($p < 0.05$), better quality of primary care. The evaluation did not show any relevance to the epidemiological profile of the communities. In conclusion, the more workers in teams in number and professional categories, better evaluation of primary care. The self-assessment should be the starting point to reorganize the team and health management.

PALAVRAS-CHAVE: Primary Health Care; Health care quality; Public Health

**PP1741 - REDUCTION STRATEGIES AND MONITORING OF
ABSENTEEISM IN THE OUTPATIENT VACANCIES ADJUSTMENT
SYSTEM: AN EXPERIENCE REPORT**

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Introduction and objectives:

Assistance regulation aims to increase equity of access to health services and to ensure comprehensive care. Pretende adequar the available care demands the immediate citizen needs, equitable, orderly, timely and rational. However, the absence of patients with scheduled appointments hinder the management of available positions and undermine the system's organization. Thus, this study aims to describe faulty control strategies directed at family health to primary care in the system of regulation.

Method:

This is a story of watching experience de 2 year follow-up of patients referred by the national system of regulation / SISREG by a health unit of the family of Rio de Janeiro to secondary care.

Results and conclusions:

The strategies used by SUS adopt the organization of central regulation of access issues or care areas. It is important to use instruments to ensure, in accordance with the needs of each case, the quality of patient care and the efficient allocation of medical resources. To this end, it adopted in the unit daily monitoring system (responsible medical technician, nursing, and direction); delivery of referral by Community Health Agents in home visit; telemonitoring of patients referred (pre- and post-consultation); communication / partnership Coordination of Programming Area 1.0 of the most serious cases and with limited spaces in the system. Therefore, system organization strategies can be inserted in the work process and become inherent in the control of missing in the patients included in the system of regulation.

PALAVRAS-CHAVE: Primary Health Care; Health Care Quality, Access, and Evaluation; Outcomes Assessment

PP1742 - REFERRALS PERCENTAGE OF THE SUBSPECIALTIES: AN ANALYSIS FROM THREE FAMILY HEALTH UNITS OF THE FAMILY RIBEIRÃO PRETO-SP, BRAZI

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INTRODUCTION:

The Family Health Strategy presents strategic features for the Unified Health System (USF), aimed at replacing a health care delivery system purely traditional to roll out a model that, in about 98% of cases, is resolved in this sphere.

METHODS:

Medical records of three USFs of Ribeirão Preto-SP, Brazil (USF Avelino Palma Neighborhood, USF Heitor Rigon Neighborhood and USF Estação do Alto Neighborhood) were analyzed, comprised between June/2011 and May/2012, in order to assess sex and range age of their patients, plus the percentage of referrals to medical specialties.

RESULTS:

The three USFs showed the prevalence of a female clientele (USF Avelino Palma: 59.4%; USF Heitor Rigon: 59.3%; USF Estação do Alto: 61.3%). As for the distribution by age groups, the USF Avelino Palma showed 45.13% of the population such as age above 41 years; in USF Heitor Rigon and USF Estação do Alto, 36.84% and 47.41%, respectively. The USF Avelino Palma sent 14.63% to medical specialties, while USF Hector Rigon sent 6,38% and USF Estação do Alto, 4.46%.

CONCLUSION:

Data regarding sex and age of the patients are in agreement with the literature. However, data regarding referrals to specialists are well above what the literature reports, that show the need for referrals to medical specialists in only 2% of the clientele. Thus, there is a need to revise the parameters used in each USF, thereby providing reduced costs, as well as the waiting time for a new query, and consequently accelerating the process of resolving the problem.

PALAVRAS-CHAVE: Referrals percentage ; Brazilian Unified Health System; Family Health Units

PP1743 - RURAL PUBLIC HOSPITALS SAVE MEDICAL EXPENSES AND PROMOTE HOME MEDICAL CARE IN JAPAN

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Introduction and Objective

In 2015, the New Public Hospital Reform Guidelines from the Ministry of Internal Affairs and Communications and the Regional Medical Conceptualization Guidelines from the Ministry of Health, Labour and Welfare were released in Japan. These guidelines promote home care while they discourage the role of rural public hospitals to increase economic efficiency. In light of new guidelines, we aimed to clarify the roles of rural public hospitals regarding 1) medical costs and 2) providing home care.

Method

For 1), we used the regional difference index (RDI), which indicates the annual medical expenses per capita after controlling for age structure. We plotted the RDI and the proportion of beds belonging to public hospitals for individual prefectures using government data in 2009 and 2013 and then calculated the correlation coefficient of Pearson from the regression line. For 2), we selected prefectures where the proportion of home death was high and the density of population was small. Then, we calculated the percentage of general beds belonging to public hospitals in the selected prefectures.

Results

- 1) The RDI and the proportion of beds belonging to public hospitals showed a significant inverse correlation (Pearson $R=0.40$).
- 2) In six underpopulated prefectures having a high proportion of home death, the percentage of beds belonging to public hospitals was significantly higher than average (32% vs. 25%).

Conclusions

Prefectures with a high proportion of public hospitals tended to have low medical costs. Rural public hospitals may play a role in providing home care and subsequent home death.

PALAVRAS-CHAVE: Rural; Public hospital; medical expenses

PP1744 - MENTAL HEALTH IN PRIMARY HEALTH CARE: AN ANALYSIS FROM THE PRACTICE OF FAMILY HEALTH STRATEGY PROFESSIONALS

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This is a qualitative study of descriptive and analytical nature in which the main goal is to analyze the perception of Family Health Strategy professionals concerning what they regard as "cases" of mental health in the adult population of the territories under their responsibility, from the understanding they possess of the nature of their job. Held in a Family Clinic at the South Zone of Rio de Janeiro and counting with 3 Family Health Strategy teams, 27 professionals were interviewed: 7 doctors, 1 dentist, 3 nurses, 3 nursing technicians and 13 community health workers. For data analysis the Discourse Analysis technique was used. Preliminary results indicate that, for professionals with higher degrees of formal education (such as doctors, dentists and nurses), working with Family Health means leaving the biomedical model, the emphasis on specialty and valuing the individual as a whole, not only treating the disease, but having in mind that it is the condition of an individual who needs to be heard and respected. As for the professionals with primary and secondary education (such as nursing technicians and community workers), Family Health practice is closely related to the concept of "helping others" as an act of solidarity with neighbors and people they have known since childhood, considering they live and work in the same territory. However we were able to see, during field diary period and interviews, that when it comes to mental health "cases", professionals of all educational backgrounds have trouble applying their speech into practice.

PALAVRAS-CHAVE: Primary Health Care; Clinical Competence; Mental Health

PP1745 - PEDIATRIC SURGICAL SERVICE DESCENTRALIZED UDELAR - ASSE 2003 -2015. EXPERIENCE ANALIZING

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On the health area, a contribution to improve the quality of life of the people would be the result of an efficient, effective and equitable system. In children with surgical pathology of high prevalence, the access to a pediatric surgery service nearby to the area in which they reside, contributes to these objectives. This is how, in a context of national economic crisis, the Pediatric Surgical Clinic sees the opportunity to decentralize the service and begins to lead the process. Our objective is to describe the decentralized Service of Pediatric Surgery dependent to the Pediatric Surgical Clinic in the period 2003-2015. Following our objective, we made a documentary analysis of the decentralization process and a description of the service in these 12 years of operation. The documentary analysis shows this consolidated process, with the inter-institutional work experience between the academia and the public health sub-sector. With the installation and operation of 10 units of pediatric surgery scheduled. It has been made between 2003 and 2015 a total of 1369 clinics, corresponding to 11265 consultations, with 335 surgical dates that concluded in 1979 children operated. We conclude that this process has been very important and positive in the decentralization of service, and at the same time fulfilled with the objectives of providing an equal assistance, covering an unsatisfied demand and solving the pathology of high prevalence in a properly manner, highlighting the clinical leadership and the commitment of officials and authorities.

PALAVRAS-CHAVE: Pediatric Surgery; decentralized services.; public health

PP1747 - SIMPLIFIED EVALUATION OF AUDITORY SYSTEM IN CHILDRENS FROM 7 TO 11 YEARS WITH INSUFFICIENT GRADE IN SCHOOLS FROM AP 5.1.

VAL, Thamirez ¹; 1 - CMS BUA BOANERGES;

Introduction:

The integrity of the auditory system is a prerequisite for the acquisition and normal language development. Childrens with learning disabilities has difficulty in various aspects of linguistic auditory processing, and it is possible that these commitments are result of perceptual problems. The area related to auditory processing is composed of the following skills: selective attention, discrimination, location, acknowledgment, understanding and auditory memory.

Objective:

Perform screening auditory processing in children with insufficient grades in formal evaluation realized in four schools in the programmatic area 5.1 to relate learning disabilities with auditory processing disorders.

Method:

It is a study by analyzing data collected by assessment through formal protocol (PEREIRA & SCHOCHAT, 1998) applied to 172 childrens in four schools of the municipal educational system of the city of Rio de Janeiro, in Magalhães Bastos.

Results and conclusion:

It was observed changes in at least one of auditory skills of 113 childrens evaluated by the protocol application using the sino, agogô, coco and guizo. It is concluded that there may be links between learning difficulties and changes in auditory processing order. It must carry out a formal evaluation of the auditory processing to assert the hypotheses.

PALAVRAS-CHAVE: learning; auditory processing; learning difficulties

PP1748 - SITUATIONAL ANALYSIS OF PRIMARY HEALTH CARE AND FAMILY MEDICINE IN BOLIVIA

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Introduction and Objective:

Since 1994 the first measures to achieve a more efficient primary health care were introduced with the law to promote social participation. Thereupon primary health care services expanded, giving priority to those related to the MDGs, leading to a selective, merely curative, and vertically oriented health care. From 2008 onwards various efforts are undertaken to generate a more comprehensive and inclusive primary health care. The objective of this analysis is to evaluate the impact of these recent efforts.

Methods:

A comprehensive literature review, consulting pubmed, WHO database, grey literature and national documents since 1994 included all articles related to "Bolivia" that covered at least one "primary health care" dimension, as described in the PCAT. The data were analyzed in depth, fomented by the Latin-American summit on Family and community medicine 2016.

Results and Conclusions:

Since 2008 national health politics are oriented towards a universal family and community health system (SAFCI). Notwithstanding, changing health authorities, a fragmented health system and isolated non integrated efforts have hampered its implementation. Both the social security system, serving about 30% of the population, and the public system face challenges in their infrastructure, organization and human resources. No articles, nor indicators were found that measure recent changes in quality of primary health care nor the operational efficiency of family medicine in the social security system or the SAFCI politics in the public sector. Considering these finding we emphasize the importance of solid health indicators and the opportunity of implementing the Bolivian PCAT.

PALAVRAS-CHAVE: Primary Health Care; healthcare quality indicators; Human Resources Development

PP1749 - SITUATIONAL ANALYSIS OF THE RISK FACTORS FOR DEVELOPING CERVICAL CANCER IN UNIVERSITY AND COMMUNITY IN THE CONTEXT OF PRIMARY CARE

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INTRODUCTION AND OBJECTIVE

The analysis of the health situation is relevant for the formation of an effective health service. The study was based on the identification of the development of cervical cancer's risk factors, which is the second cause of death by cancer worldwide. The objective was to analyze the degree of attendance of the interviewees regarding the execution of Papanicolau test, connecting to risk factors for the development of cervical cancer, emphasizing the importance of primary care in disease prevention

METHOD

A transversal study with a household survey and interview in the second half of 2012, at the neighborhood Edson Queiroz, Community of Dendê, in Fortaleza - Ceará, was made, using the questionnaire VIGITEL 2010. The survey had a sample of 325 respondents, which there was 187 women. For data analysis, The EpiInfo 3.53 was used.

RESULTS AND CONCLUSION

About the women interviewed, 79% performed the exam at some time in their lives, indicating huge concern about the prevention of cervical cancer. 35 to 44 years women were the most examined, with approximately 93% compliance. In the age group 18-24 years, the survey implementation rate was lower, with 62.3% compliance. It was observed that 58.2% of women use the morning-after pill as a contraceptive method, which is associated with increased HPV infection, the major risk factor for the development of cervical cancer, showing the role of health professionals in prevention and guidance of women.

PALAVRAS-CHAVE: Cervical cancer; health care; Risk factors

PP1752 - SOCIAL CONTROL IN THE PUBLIC HEALTH: THE ACQUIREMENTS OF RESIDENTS OF A MICROAREA IN BELÉM, PARÁ (PA), BRAZIL

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Introduction and objective:

The social control in health management promotes equity in care and enhances the work of the primary care professionals in health. However, many citizens don't participate of this social control because they don't know this right. So, the objective was identify if the majority of residents interviewed of the microarea 06, microarea of Health Unit Family (USF) Eduardo Angelin, city Belém (PA), Brazil, knows the right of social control in the public health.

Method:

The study was approved by the Research Ethics Committee of the Pará State University (CEP-UEPA), Brazil, under the number 977.332. Was conducted a cross-sectional descriptive study with a quantitative approach, with 101 interviewed, using descriptive analysis.

Results and conclusion:

Of the 101 interviewed, 60.4% (61) said they didn't know that the social control in public health is a right of the citizen. As for health advice, 59.41% (60) said they didn't know what is a health advice, while 40.59% (41) said they knew it. Of this 40,49% (41), only 29,26% (12) said it intercede in health management. In reference to the local health unit, 56.44% (57) said they didn't know its function of facilitate the access to the right of popular participation in health management, and all of this 56.44% (57) affirmed that the local health unit don't divulge its functions in health management. It was concluded, therefore, that the majority of residents interviewed of the microarea 06 doesn't know the right of participation of social control in public health.

PALAVRAS-CHAVE: Public Health; Social Participation; Primary Health Care

PP1753 - SPONTANEOUS DEMAND IN URGENT AND EMERGENCY IN PRIMARY

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Introduction:

The reception with Risk Rating in the Emergency Service in a Basic Health Unit(UBS) lets us identify and assess risks and vulnerabilities and be aware of the degree of physical and psychological suffering and makes it possible to offer a service with resolution, guiding the patient and family to network healthcare. We are interested in checking out as is done with the reception of spontaneous demand risk rating through the Manchester triage system to reduce morbidity and mortality in primary care.

Objective:

Check the registration of spontaneous demand referred to the Emergency Service in a UBS Emergency, in Guarulhos, using the Manchester protocol.

Methodology:

We used the Book of Emergency of UBS Jacy with 54 cases recorded from January to July 2015 and analyzed 27 complete medical records. According to Manchester Protocol to classify the reported cases in accordance with the priorities of the signs and symptoms in 5 categories: Red (immediate); Orange (within 10 minutes); Yellow (up to 1 hour); Green (up to 2 hours); Blue (up to 4 hours) for clinical management in primary care.

Results:

Of the total sample were identified 09 cases in red category, 12 cases in orange, 05 cases in yellow, 01 cases in green and no one in the blue. The classification allowed the equity in access to care and use of the health care network termination form as the optimization of the Mobile Emergency Service.

Conclusion:

The Home with risk rating in Urgency and Emergency Service in Primary Care through the Manchester Protocol assured harm reduction and health hazards to users and allowed stabilize the health condition in the most urgent cases until the arrival of the Mobile Emergency Service.

PALAVRAS-CHAVE: Primary Health Care ; Ambulatory Care; Protocols

PP1754 - STRATEGIC INTERVENTIONS IN REDUCING MATERNAL MORTALITY IN 2014 IN THE PROGRAM AREA 3.3 OF THE CITY OF RIO DE JANEIRO

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Introduction:

Reducing maternal mortality is one of the important challenges in public health. With the creation of the National Pact to Reduce Maternal and Neonatal Mortality (2004) commitments were made by various government entities. In this sense, Rio de Janeiro have been engaged in this confrontation, with priority actions and interventions aimed magnitude of this issue.

Objective:

To describe important strategic management interventions in 2014 in the Programatic Area of 3.3 on Rio de Janeiro.

Method:

Descriptive, identifying problems encountered in prenatal care and proposals for immediate intervention, in order to minimize possible hazardous conditions for pregnant women.

Results:

Medical assistance failures were identified with regard to the shared monitoring by Primary Health Care, gestational risk assessment, laboratory tests, nutritional evaluation in women with obesity, active search for defaulting pregnant referrals women to prenatal risk and monitoring of pregnant women with vulnerabilities. Interventions were: professionals training through workshops and in service training, joint monitoring (CAP and health clinic) of pregnant women referred to the prenatal high risk, implementing a nominal list of the women, reason for referral and current situation , discussion of all cases of death in the Working Group, weekly, and also on the spot with the professionals involved in direct assistance.

Conclusion:

Obtained a real reduction of maternal deaths in AP 3.3 in 2014 compared to the previous year (78.12%), reducing the mortality rate (39.3%).

PALAVRAS-CHAVE: Primary Health Care; Maternal Mortality; Strategies

PP1757 - STRENGTHENING PRIMARY CARE THROUGH FAMILY MEDICINE AROUND THE WORLD: A COMPARATIVE ANALYSIS OF FAMILY MEDICINE IN SEVEN COUNTRIES

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Introduction:

There is a limited evidentiary base on the growth and development of family medicine in different contexts and countries. The lack of an evidence-base poses challenges that impede our ability to characterize family medicine models and identify areas of success that have led to the effective provision of care. Any attempt to understand the growth of family medicine as a discipline demands examining the enablers and barriers that advance or hinder implementation.

Objective:

This paper offers a comparative compilation and analysis of family medicine programs in seven countries, namely: Brazil, Canada, Ethiopia, Haiti, Indonesia, Kenya and Mali.

Methods:

Using qualitative case studies, the paper describes the process of developing family medicine programs, including enabling strategies and barriers, and shared lessons.

Results:

Committed partnerships, the contribution of champions, and general health policy were identified as key enablers in all seven case studies. The case studies further reveal that some enablers were more salient in certain countries, as compared to others and that it is the interaction of enablers in each particular context that is crucial for understanding how and why initiatives succeeded. The barriers that emerged across the seven case studies include the following: resistance from other medical specialties, lack of resources and capabilities, lack of political will and challenges in brokering effective partnerships.

Conclusion:

The findings emerging from this comparative analysis offer insights and lessons that can potentially inform the design and development of family medicine programs elsewhere.

PALAVRAS-CHAVE: primary care; family medicine; Qualitative Research

PP1759 - NURSING SUPERVISION: TECHNOLOGY CONTRIBUTING TO FAMILY HEALTH

Neto OM ¹; Porto RCC ¹; 1 - Secretaria Municipal de Saúde;

This study is a literature review prepared in order to identify the nursing supervisor duties as a contribution technology to the family health strategy. The data collected comes from the electronic database Scielo (Scientific Electronic Library Online), returning as a 06 publications result, grouped according to similarity of content: Professional profile common to the supervisor, with two articles (33.33%); The supervisory work process with three articles (50.00%); Supervision propositions and trends, with an article (16.67%). Evidences show the indispensability of supervision by nurses in the primary care network units, due to their actions of shared vision and work organization, leading to services optimization and the health system users satisfaction. Thus, this article allows (re) think the practice of nursing supervision in primary care, understood as a capable policy instrument and technically, organize the process of working with the design to make it skilled and productive, in providing an assistance which is universal, equal and fair. This means building quality indicators for reorganization of family health strategy as a contribution to the humanization of democratic and participatory organizational behavior. It favors the employee learn the fine distinction between 'being supervisor' and 'making supervision', appropriate technical and scientific knowledge and multidisciplinary team appreciation, in the situation that is inserted as co-responsible for services provided quality at the clinic.

PALAVRAS-CHAVE: Supervision; Nursing; Family Health

**PP1760 - SYPHILIS, AMONG PUERPERA OF A MATERNITY LOWLANDS
RIO DE JANEIRO STATE**

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BRANCO, COREN RJ; 4 - IABAS SMS RJ;

Syphilis is a chronic infectious disease caused by the *Treponema pallidum*, with predominantly sexual transmission may occur via the placenta, causing great morbidity in intra-uterine life and extra. Objective To understand the knowledge that the mothers have about syphilis and syphilis congênita. Metodologia This is an exploratory qualitative research field type, made with fifteen largest mothers of eighteen with positive VDRL for syphilis in a maternity Baixada Fluminense in Rio de January, after authorization by the Research Ethics Committee nº078 / 2014 UCB. Results The interviewees mothers are young, poorly educated, single, working outside the home and mostly with one or two children. All received prenatal care and 52% had more than six consultations, 60% with doctor and nurse, 80% found the disease prenatally, these, only 54% had late treatment and only three partners were tratados. Observa- if ignorance about the disease syphilis and reports little information during prenatal about the disease and the difficulty of understanding of the consequences of lack of tratamento. Conclusão The women need greater understanding of the disease and enhancement of treatment, it is clear some mothers repentant not have done the treatment. It takes a different look at education and health among professionals working in prenatal, more concise calls on the severity and adherence to treatment of syphilis in prenatal

PALAVRAS-CHAVE: Syphilis; congenital syphilis,; knowledge

PP1764 - TERM OF A COMMITMENT AND GOALS PLAN

Tartalho MC ¹; Oliveira RP ¹; 1 - Secretaria Municipal de Saude do Rio de Janeiro;

The municipal manager of primary health care in order to induce the operation of Care Networks in an integrated and coordinated manner to health quality and efficiency of services, has implemented mechanisms to formalize institutional relations between managers, regulators and service providers. This paper describes the process between the Municipal Health Secretariat in Rio de Janeiro and its specialized outpatient clinics and presents the development of an instrument to share responsibilities, define indicators and ways of monitoring and evaluation. The choice of term of a commitment and goals plan followed a desk review of the Ministry of Health regulations that guide paths to this pact. The construction of the documents was based on agreements, negotiations and sharing of responsibilities between levels of management involved. We observed that the establishment of quantitative and qualitative parameters for the demands of assistance from the determination of targets and indicators could contribute to greater efficiency and effectiveness of the specialized attention of dots that make up the network of attention to health.

PALAVRAS-CHAVE: term of a commitment; responsibilities between levels of management involved.; establishment of quantitative and qualitative parameters

PP1765 - TERRITORIALIZASUS: USING TECHNOLOGY AS A TOOL FOR THE ADVANCEMENT OF PRIMARY HEALTH CARE.

SILVA, C.J. ¹; ARAUJO, B.L. ¹; LIMA, I.F. ¹; LEITE, I.D.S. ¹; LOURENÇO, J. T.V.S. ¹; LIMA, L.F.F ¹; JESUS, O.M.S.T. ¹; LACERDA, R.L. ¹; ¹ - Universidade Federal do Vale do São Francisco;

From the experience in Basic Health Units at Paulo Afonso, state of Bahia, were perceived territorial demands that bumped on the obsolescence of current models of territorialization. Therefore, was created an application for mobile devices, called TerritoralizaSUS.

This application aims to transform the territorial model currently adopted and strengthen the principle of universality, arising from the Organic Law of SUS. The TerritoralizaSUS app optimizes the team work, integrates the Health Units and society, promote the continuous monitoring of system users, and allows data logging in a computerized way from a "check-in" done by health workers, which can store personal data, house to house. The application was made available through the App Maker platform. For mapping, the application received from Google Maps support.

With the help of TerritoralizaSUS app, the public may obtain information about the Basic Health Units as important dates, calendars and campaigns, health promotion activities, community epidemiologic data, the health worker responsible for each microarea, strategic locations within the community, and other things. The TerritoralizaSUS app also has the ability to provide a database that in the future may serve as a basis for the implementation of new public policies in the health field.

PALAVRAS-CHAVE: Technology; Primary health care; Innovation

PP1768 - THE BASIC ATTENTION UNITS AS AN EMERGENCY ENTRANCE: A CASE REPORT OF COMMUNITY ACQUIRED PNEUMONIA

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The Primary Health Care is responsible to receive its users with either acute or chronic conditions. The spontaneous demand and emergency consultations in the Basic Health Units (BHU) are characterized by teamwork, prior knowledge of the population and follow-up consultations with the same health personnel, establishing a connection with the patients, which best characterizes the continuity care.

The present work proposes a demonstration of how important a BHU is for the identification of acutely ill patients and continued care of chronic cases, creating an identity with the covered area.

Initially, an urgent consultation was performed and, after in-hospital therapy, a continued and comprehensive follow-up care was implemented to a patient with Community Acquired Pneumonia.

L.B.F.S., male, 17 years, complained with severe cough and large amounts of yellowish sputum for 14 days, associated with dyspnea and continuous fever of 39 °C with chills. Blood pressure of 90x60 mmHg. Respiratory auscultation: vesicular murmur in both hemithoraces, asymmetric, with a reduction in left hemithorax base, fine crackles, wheezing and snoring in left hemithorax base. The BHU played a key role in regulating the patient to tertiary care, despite the initial refusal imposed by hospital staff. Thus, the successful treatment and rehabilitation were results of a good relationship and trust between the health personnel and patient, combined with thorough physical examination. Therefore, the BHU acts as a universal entrance for the Brazilian Unified Health System users, regardless of the complaint.

PALAVRAS-CHAVE: Primary Care; Community-acquired pneumonia; Urgency

PP1769 - THE CARE COORDINATION WITH PATIENTS WITH CHRONIC WOUNDS IN A FAMILY HEALTH UNIT IN RIO DE JANEIRO

FORTUNATO JGS¹; MAXIMO VGC¹; CARMO EN¹; FREITAS, RC¹; 1 - CLINICA DA FAMÍLIA EVERTON DE SOUZA SANTOS;

INTRODUCTION:

This study was conducted in a health unit of the family of Rio de Janeiro, which has 23 patients with chronic wounds (foot injuries) who visited daily the unit to perform healing. They did not know about the management of wounds that why attended the unit every day, causing an increase in demand from the dressing room, overloading professionals and hampering the time required for disinfection.

OBJECTIVES:

Display the strategy used to organize the dressing room service and analyze their effectiveness.

METHODS:

We used the book of records to quantify the healing performed monthly in the unit and identification of patients with chronic wounds. multidisciplinary consultation (nursing technician, nurse and medical) to assess: wound, network support and conditions for realization of the home in dressing. The wounds were photographed, patients were instructed and trained and also counseled about the importance of their co -responsibility. It was initially requested the attendance at drive on alternate days for the healing done in residence were evaluated. On this basis they were scheduled according to your needs in times favorable to them and to the unit.

RESULTS AND CONCLUSION:

After sharing the care of the user, these had become more interested in the treatment and achieve the high. The total attendance was 143 for 46 month after the implementation of this measure. With photographic documentation of injuries it was established that even with the decrease in attendance, there was no damage and lesion progression and adherence to the therapeutic.

PALAVRAS-CHAVE: Foot injuries; Family health; Health Care

PP1771 - THE DIAGNOSIS OF LEPROSY IN PRIMARY HEALTH CARE

Alvares EAM ¹; Moreira AD ¹; Pires MTF ¹; 1 - Fundação Técnico-Educacional Souza Marques;

INTRODUCTION AND OBJECTIVE:

Brazil ranks first in incidence of leprosy in America and its diagnosis is still made very late in many places. This delay in diagnosis leads to severe sensitive and motor complications that could have been avoided by an early diagnosis. The objective of this study is to report a case of a patient who came to a routine appointment in a primary care unit in Rio de Janeiro and the diagnosis of leprosy was made.

METHOD:

The information was obtained through interviews and physical examination of the patient, chart review, histopathological results, photographic record of injuries and literature review.

RESULTS AND CONCLUSIONS:

The reported patient came to a routine appointment in a primary care unit and clinical diagnosis of leprosy lesions was made by physical examination and test with ether. A biopsy was performed and histopathology confirmed indeterminate leprosy. The case and the literature clearly show the need of early diagnosis of leprosy to prevent severe sensitive and motor complications. Primary care has a great responsibility for this diagnosis, since it is in contact with patients regularly through the Family Clinics. Many patients still do not have specific complaints of injuries and many live in endemic areas in Brazil. Thus, it is of utmost necessity a greater clinical knowledge of the disease by health professionals, aiming at an earlier suspicion of leprosy before having signs of disabling sensitive and motor complications.

PALAVRAS-CHAVE: Leprosy; Early diagnosis; Primary health care

PP1772 - THE ENFORCEMENT OF THE EPIDEMIOLOGICAL STUDY AT BASIC HEALTH UNIT BEIJA FLOR IN UBERABA, BRAZIL

VAZ, BMM¹; PINHEIRO, TC¹; MELO, CS¹; SOUZA, AS¹; RAMOS, JTGS¹; PORTO, EMF¹; VENTURA AA¹; 1 - UNIVERSIDADE DE UBERABA;

Primary Care is the main gateway to public health service, being a strategy of attention to attend the major health necessities of the population. This scientific study is a cross-sectional epidemiological descriptive study, with data from patients who were attended in a basic health unit called Beija Flor in Uberaba, Minas Gerais, Brazil, from 08/31/2015 to 10/22/2015. Data were collected by the tenth period students of the of Medical school of Universidade de Uberaba, using some variables collected in a spreadsheet. This form of data collection is named SIRF (Renato Fabri information system) and has the goal to characterize medical care in one unit of a Family Health (USF), to see the prevalence of diseases and try to treat them at the best way and if necessary to indicate other specialities. It was collected data from 184 patients, and the majority (84%) has their problem resolved at the Family Health Unit (USF), without routing for a second opinion. Beyond this, it was observed that the preponderance of doctor appointments was about continued care, 63% of all. So we conclude that USF is in a new stage, aim to the change of "traditional" model, biologicist, to integralist paradigm, obtaining good results in solubility at the care of Primary Care of Health.

PALAVRAS-CHAVE: Primary Care; Family Health; continued care

PP1773 - THE REGULATION ON THE COORDINATION OF MATERNITY CARE - ANALYSIS OF REQUESTS FOR PRENATAL HIGH RISK

Raposo da Camara, EA ¹; Crisanto, L IMM ¹; Barro, LSS ¹; Thiago Souza Miranda ¹; 1 - SMS RJ;

Introduction:

The “Rede Cegonha”, established under the National Health System (SUS), consists of a health policy which aims to ensure quality care, safe and humane for all women. The program area 3.1 (AP 3.1) corresponds to an approximate area of 1200,000 inhabitants with 32 primary care units in Health Care (PHC). All these units perform prenatal care with referral and shared care to secondary and tertiary care for cases of high maternal and fetal risk. Reducing maternal mortality is a priority for the Coordination Area 3.1 (CAP 3.1) and for this it is necessary to joint actions between levels of care.

Objective:

To identify and analyze the main demands for high-risk prenatal in AP 3.1 based on the year 2015.

Method:

Qualitative analysis and quantitative sampling of requests for prenatal high risk regulated via SISREG, from January 2015 to December 2015. It will considered the requests for consultation in obstetrics high risk, multiple pregnancy and infectious diseases obstetrics.

Results:

It is expected to show the major health conditions associated with the referral to secondary health care and suggest ways to improve quality of prenatal care in AP 3.1. Conclusions: PHC can ensure the surveillance of the itinerary of people at different levels of health care. CAP 3.1 and the municipal administration can intervene together to get better comprehensiveness in the primary care units. These results will be able to suggest the network qualification possibilities for better coordination of care of women in the AP 3.1.

PALAVRAS-CHAVE: Primary Healthcare; Prenatal high risk; Coordination of care

PP1774 - THE FRAGMENTATION AND FRAGILITY IN THE SYSTEM'S FRONT DOOR: PERCEPTIONS OF THE STUDENTS ABOUT THE REALITY EXPERIENCED IN THEIR PRACTICES

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Introduction/Objectives:

The Primary Care is the front door of users to the health care services, whose function is to identify, receive, reference and solve population's health problems. However, it has seen a fragmentation is a fragility and fragmentation in this service. This study aims to report the experiences of the students of Integrative Practices of Learning, Service and Community (PIESC) of the Universidade Estadual de Santa Cruz (UESC), who are coursing this subject inserted in a Family Health Unit (USF) in Ilhéus-BA.

Methodology:

The students of the third year of medical school meet weekly in the USF in the period from 2013 to 2015, and by direct observation and qualitative evaluation, with direct interviews, they could identify fragilities and fragmentation in this service.

Results/Conclusion:

It was observed that the community does not identify the USF as a service capable of solve their problems, looking for other services for it. Between the fragilities found, was identified complaints related to the reception, bonding, material resources, lack of integration in the multi professional team and disorganization in the processes of work of the managers. This reality occurs due the influence of the biomedical model of education in the work relationships, because what is noticed is a complete autonomy of the members of the team and the perpetuation of this scenery that will result in a lack of credibility by the user in the health care service and its migration to other levels in the network, compromising the operating logic of the system.

PALAVRAS-CHAVE: Primary Health Care; Bonding; Health Care Services

PP1776 - THE IMPACT OF PHC IN RIO DE JANEIRO: AN EVALUATION USING LINKED MEDICAL RECORD DATABASES

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Introduction and Objectives

Brazil's primary healthcare (PHC) program - the Estrategia de Família da Saúde (ESF) – has been rapidly expanding nationally since the 1990s, but urban centres - such as the city of Rio de Janeiro - have been neglected. Urban poor populations in favelas have received little PHC coverage. Since 2009 coverage has rapidly expanded to nearly 50% coverage in 2016.

Many studies on PHC utilise aggregate data to demonstrate the national effects of PHC and the ESF on reducing mortality (infant and cardiovascular) and hospitalisations. Very few studies examine the role of PHC in urban poor populations in a middle-income country and using large, individually linked medical datasets.

Methods

We link four large, individual socio-demographic and medical record datasets to evaluate access to and use of ESF for the years 2011-2014. Using a social security dataset (Cadastro Unico) containing over 1 million individuals, we assess their coverage and access to ESF, and link individual hospital records and death certificates. We compare patterns of healthcare use and mortality between those using ESF and those not, controlling for a wide-range of individual characteristics.

Results and Conclusions

We present the findings of this novel and sizeable study which has not been undertaken in a middle-income country before. There are key learning points for researchers and implementers wishing to undertake similar evaluations of local PHC services, and also for policy-makers on the impact of PHC on health in an urban and poor setting.

PALAVRAS-CHAVE: primary health care; hospitalizations; medical records

PP1777 - THE IMPORTANCE OF BONDING PREGNANT WOMEN AND HEALTH STAFF IN A LOW INCOME COMMUNITY IN RIO DE JANEIRO

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Introduction/Objective:

The implementation of Family Health Strategy (ESF) and the improvement of maternal and childhealth policies strongly support Primary Health Care (PHC) reorganization process, since it allows the recognition of needs for changes in practice and quality of prenatal care, encouraging coresponsability through it. Thus, a cohesive multidisciplinary team capable of creating internal bonds and conected with the population it assits is necessary. This report seeks to understand the creation of bonds between multidisciplinary team and pregnant women as a fundamental tool in adherence to prenatal and childcare.

Methodology/Case report:

A young female samba dancer from a low income community in Rio de Janeiro attends to a medical appointment due to an unintended pregnancy for the possibility of registering a coordination of childbirth assistance program in public hospitals, since she alleged to simultaneously monitor pregnancy in a private consultation. Along the follow-up with the Family Health residents doctor and nurse in the public primary care unit, it was possible to create bonds that helped the patient to choose and decide to keep the prenatal care strictly limited to this setting, leaving aside the private consultation.

Results/Conclusion:

By creating a supportive atmosphere and bond with the patient and her family, the team achieved a comprehensive evaluation of the case, as well as the subsequent monitoring of childcare for her daughter. Despite the problems and difficulties in PHC in Brazil, multidisciplinary and teamwork can make the difference in service, as it allows to achieve better adherence to the care offered and the long term follow-up.

PALAVRAS-CHAVE: Multidisciplinary team; Bonding; Longitudinality

**PP1778 - THE IMPORTANCE OF THE MULTI-PROFESSIONAL TEAM
WORK IN THE PRIMARY HEALTHCARE CLINIC OF UNIMED/UNIODONTO
JABOTICABAL-SP**

Benelli OO ¹; Yamazaki MR ²; Malago MGS ²; Rubin AL ¹; 1 - Uniodonto Jaboticabal; 2 - Unimed Jaboticabal;

Introduction and Objective:

The prevention of diseases, is one of the biggest challenges in the health area. The patient, frequently attends the clinic with symptoms of an illness in advanced stage. So, the treatment becomes more difficult, long and expensive. It's important to detect diseases on early stages to minimize the patient suffering, diminish cost and length of the treatment, increasing the chances of therapeutic success. Our objective is to demonstrate that the multi-professional team work accomplished in the Primary Healthcare Clinic, is able to detect health problems in an early stage, preventing the illness aggravation.

Method:

Patient E.S, 28 years old, attended a dental appointment in the Primary Healthcare Clinic in 12/2015. During the clinical exam, black lesions were found on the buccal mucosa. After discussion of the case with the multi-professional team, the patient was referred to Dermatology. A biopsy was done in order to confirm a diagnostic hypothesis of Peutz-Jeghers Syndrome, which is characterized by the presence of black lesions on the buccal mucosa, as well as polyps in the digestive tract.

Results and Conclusion:

The presence of a dentist in the multi-professional team of the Primary Healthcare Clinic is new to private medicine in Brazil. The Unimed/Uniodonto Jaboticabal-SP are the first ones to embrace this system as partners. This case report shows the importance of the multi-professional team work in the health area. The group discussion of the clinical cases, promotes better interaction among the team members, as well as, better approaches of the therapeutic actions.

PALAVRAS-CHAVE: primary health care; dentistry; patient care team

**PP1779 - THE INCIDENCE PROFILE OF PATIENTS WITH TB-HIV
COINFECTION INSERTED IN THE NATIONAL PROGRAM FOR THE
CONTROL OF TUBERCULOSIS IN RORAIMA**

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Introduction and Objectives:

Tuberculosis is an infectious disease of high importance in the world. The disorganization of health systems and the advent of the HIV pandemic hampering its eradication. It becomes necessary the analysis of variables to guide new strategies of the WHO and the health policies in Brazil. The main objective of this study was to build a profile of incidence of TB-HIV in the state of Roraima.

Methodology:

It was a documentary study, quantitative, descriptive, transversal cut in which the sample included data of the infected population and with manifestation of tuberculosis notified mandatorily in the state of Roraima, originated from SINAN, SIM SIH-SUS, SITE-TB, comprising the period 2005 to 2014 as preliminary data, however, the search will extend until July 2016.

Results and Conclusions:

Until now were computed 106 new cases of TB-HIV, with reduction of the coefficients of incidence over the years. The predominance of new cases of TB-HIV was found in the capital of Boa Vista, male patients (76.4%), age-group between 15-39 years (56.6%) and non-indigenous (92.4%). According to the results obtained in this research, we managed to correlate with the national and world data on equivalence and should not be ignored. While new strategies are developed, it is necessary to use the findings of this research for the contribution of new interventions around these comorbidities in the population of Roraima.

PALAVRAS-CHAVE: Tuberculosis-HIV; Coinfection; Roraima

PP1780 - THE INTEGRATION BETWEEN PRIMARY AND SECONDARY HEALTH CARE: A VIEW OF USERS OF THE UNIFIED HEALTH SYSTEM (SUS)

Lima MDB¹; Dantas ABVC¹; Mesquita DAK¹; Morais JLS¹; 1 - Universidade de Fortaleza;

Introduction and Objectives:

Structured, SUS is divided into three levels of care. Primary Health Care (PHC) is responsible for health promotion, disease prevention, treatment and rehabilitation, respecting principles of longitudinality, attention to the first contact, integrity and coordination of care. Secondary Health Care (SHC) offers medium complexity services to the population in clinics and hospitals for diagnostic support. This study aimed to compare the care delivered in primary and secondary health care in order to analyze the integration between these levels, from the perspective of the patients.

Method:

Quantitative, descriptive and cross-sectional study, developed in a Family Health Center (FHC) and a center of secondary care in Fortaleza, Ceará, Brazil. The sample consisted of 450 respondents, who answered a self-administered and semi-structured questionnaire. Data were analyzed using Epi Info version 3.5.4 for Windows.

Results and Conclusions:

Analyzing data, 63% of patients rated as good to excellent care FHC against 95% in SHC; 82.21% of patients in the PHC and 96.7% of patients in SHC responded feel comfortable with the professional, reflecting strength in the doctor-patient relationship; 78.8% of patients in the PHC and 94.78% of the trainees in SHC feel well advised by health professionals serving them. It concludes that, despite of the generally positive assessment, primary care has remained at a disadvantage in relation to secondary care in relation to the construction of a structured doctor-patient relationship, showing a deficit in early longitudinality and coordination of care.

PALAVRAS-CHAVE: Primary Health Care; Systems Integration; Community Health Planning

PP1781 - THE MATRIX SUPPORT IN FOOD AND NUTRITION IN FAMILY HEALTH SUPPORT GROUP IN PROGRAM AREA 3.2 OF RIO DE JANEIRO

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Introduction:

The situation of nutritional transition, marked by coexistence of nutritional deficiencies and chronic non-communicable diseases is one of the current challenges, because the pattern must be based on completeness and encourage health promotion. In the face with the necessity, the Primary Health Care is a space to promote actions related to food and healthy nutrition. Thus, it is substantially the realization of matrix support actions for family health teams through the core of Family Health Support Group (FHSG), because it favors the thematic appropriation by other health professionals.

Objective:

To identify the main demands to the nutritionists of the FHSG programmatic area 3.2 of Rio de Janeiro.

Method:

The data collected from January to July 2015, from a spreadsheet filled by nutritionists. Were analyzed: type of action performed, age group, gender and frequent demands.

Results:

2.199 actions were analyzed: 37% are joint consultations, 33% of case discussions and 30% are individual consultations. The largest portion of the matrix support cases was: 66% women, 52% adults, 30% seniors and 9% were children and adolescents. The most frequent demands are: 23% users with obesity, 20% carrier of Arterial Hipertension and Diabetes Mellitus, 7% received nutritional and complementary feeding orientations, 6% were hypertensive with associated obesity, 5% with malnutrition, 4% were obese diabetics, 3% pregnant women, 2% renal failure, 1% of users were diabetic, obese patients with dyslipidemia and other 1% were overweight. There is a quantitative lower demand related to priority health conditions, eventually direct a review of the work process.

PALAVRAS-CHAVE: Family Health Support Group ; Primary Health Care ; Food and Nutrition

PP1782 - THE PATIENT'S VOICE IMPROVING THE QUALITY OF HEALTH CARE

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Introduction:

To improve the quality of the health care system, it is important that the care is patient-centered and all dimensions of patient experience are considered: accessibility, effectiveness, efficiency and safety.

Objective:

To create a committee that uses the Model for Improvement to continuously improve patient care, providing them with the best experience.

Methods:

On May 2015 the Continuous Improvement Committee was created, at the Primary Care Center at Unimed Guarulhos. The main duties of this committee are to identify opportunities for improvement through the patient's point of view, suggest changes or improvement projects and track the results. For this purpose, important tools are used such as shadowing, satisfaction questionnaires and the ombudsman. The main indicators monitored by this committee are: patient satisfaction, adherence to clinical protocols, access to medical consultations and access to the specialists.

Results:

A number of structural and operational changes were made, improving work processes and the quality of services provided. The "child space" was created, the facility has become safer and better signposted and best practices were reviewed, improving care for patients.

Conclusion:

Listening to the patients, looking through their eyes and feeling what they feel allows us to understand increasingly their needs and what really matters to them. Only then will we be able to offer a better care experience for patients and their families.

PALAVRAS-CHAVE: Patient Satisfaction; Quality of Health Care; Primary Health Care

PP1783 - THE PERSPECTIVE OF USERS AND PROVIDERS OF PUBLIC SERVICES FOR ASSESSING QUALITY IN PRIMARY CARE IN C. DEL URUGUAY, ARGENTINA

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Introduction:

According to the Starfield model, the quality of PC services at the first level is defined by seven functions: first-contact, longitudinality, comprehensiveness, coordination, family-centeredness, community orientation and cultural competence.

Objective:

To evaluate PC functions quality from users and health teams perspectives in Concepción del Uruguay, (Entre Ríos, Argentina).

Methodology:

Descriptive and cross-sectional study. Twenty-nine professionals (P) and 229 adult users (U) were interviewed in 4 primary health care municipal centers (December 2012 - July 2013). The Primary Care Assessment Tools (PCAT) for providers and users has been used for evaluating functions of PC and permit to obtain mean values for each attribute, and a global PC score. Values <3 (scale 1 to 4) show unsatisfactory performance.

Results:

Almost all of the U were women (96.7%), most between 18 and 35 years of age (67.9%), most of whom have finished primary school but not secondary school (63.2%). Besides doctors (32%), other health professionals were interviewed (58%). The mean value for the global function of PC was 2.61 in U and 2.77 in P. First-contact function (U=01.78; P=2.0), information processing coordination (U=2.64;P=2.92) and service comprehensiveness (U= 2.45; P=2.67) showed unsatisfactory results. Longitudinality (U=3.0; P=3.15) and information system-coordination (U=3.1; P=3.5) results were acceptable.

Conclusions:

Access to first contact is the most deficient function, for both P and U. PC functions shall be strengthened by changes in the first level. It is necessary to work with health teams and analyze their own practices in order to get changes for which are real transformation improving quality in for PC.

PALAVRAS-CHAVE: Primary care; users; providers

PP1784 - THE PHYSIOTHERAPIST IN THE SUPPORT NUCLEUS OF HEALTH FAMILY : POSSIBILITIES

Medina ABP¹; Alves FK¹; de Souza MLP¹; Oliveira FR¹; 1 - Instituto de Responsabilidade Social Sírio Libanês;

Introduction.

The physiotherapist, currently has an important role in primary care and it is one of the professionals who can compose the team of Support Nucleus of Health Family (SNHF).

Objective.

Describe about the importance related to the role of the SNHF Physiotherapist in Basic Health Units (BHU) in the Central region of São Paulo city.

Methods.

It was evaluated the physiotherapy activities in the SUS data bases of the computerized system in March, April and May 2015 of three BHU (Cambuci, Nossa Senhora do Brasil e Humaitá).

Results and Conclusions.

The distribution of the SNHF physiotherapist activities was: Meeting with Health Strategy Family (HSF): 21.3%; specific evaluation: 17.8%; Planning of activities: 16.4%; SNHF meeting: 14.5%; collective activities: 12.6%; Home Visit: 7.1%; Shared appointment: 3.9%; Articulation in the care network: 4.8%; continuing education: 1.4%. Analyzing the described data, one of main functions of the physiotherapist was the analysis of the repressed demand of Physiotherapy resulting in individual or shared assessments of patients. Furthermore, he has in important role in communication with rehabilitation agencies and local regulation, facilitating the cases screening. The discussions with teams from the Family Health Strategy (FHS) were important because established Physiotherapy flows directing them on referral criteria for Specialty or group Physiotherapy for users with chronic pain and psychosomatic. In addition to the collective activities, the professional performed specific or shared home visits for restricted and bedridden users. The physiotherapist is essential in the Primary Health Care, however the challenges are great yet.

PALAVRAS-CHAVE: primary health care; physical therapy modalities; health planning support

PP1786 - THE PROFILE OF CAREGIVERS FOR THE INSTITUTIONALIZED ELDERLY

Abreu GCR¹; Arantes FJ¹; Rezende IA¹; Pereira FC¹; Lopes DCS¹; Abreu RCR¹; Schincariol FM¹; Pinheiro FA²; Prado GM²; Martins GS²; Silva GCP²; 1 - Instituto Master de Ensino Presidente Antonio Carlos; 2 - Instituto Master de Ensino Presidente Antônio Carlos;

Introduction:

According to the Brazilian Ministry of Health, 40% of the elderly population needs assistance to perform at least one instrumental activity of daily living. Thus, as the institutionalized elderly have greater dependence, questions must be raised how empowered the caregivers from these institutions are for the most diverse functions required everyday.

Objectives:

Knowing the profile of caregivers of institutionalized elderly people and to identify the level of qualification and satisfaction of this group. Method: It was applied a questionnaire with twelve to eighteen objective questions to caregivers that work in Long Term Care Institution St. Vincent de Paul in Araguari – MG.

Results and conclusions:

100% are the caregivers are female which agrees with Ribeiro et. al. (2008) which states that most caregivers are women, and in this study 39% work by vocation and 61% by financial interest. In addition, in relation to the professional qualification it was observed that the majority held course for elderly caregiver and / or Medium Level Professional Licensing in Nursing Technician. In this sense, it has assembled a contingency table in which we applied the Fisher exact test, relating the level of satisfaction with the professional qualification. Colomé et. al. (2011) report that the level of satisfaction is higher in qualified caregivers, contrasting our review, from Fisher's exact test which showed that the level of significance of 5%, with $p > \alpha$, it is accepted H_0 . Although most have chosen this job by financial interest, the research showed that they are satisfied with their work.

PALAVRAS-CHAVE: Elderly Health; Housing for the Elderly; Caregivers

PP1787 - THE PROFILE OF CAREGIVERS FOR THE INSTITUTIONALIZED ELDERLY

Arantes FJ¹; Rezende IA¹; Pereira FC¹; Abreu GCR¹; Lopes DCS¹; 1 - Instituto Master de Ensino Presidente Antonio Carlos;

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PALAVRAS-CHAVE: Elderly Health; Housing for the Elderly; Caregivers

PP1791 - THE ROLE OF PRIMARY CARE: UNDERSTANDING AND LIMITATIONS FROM THE USERS' PERSPECTIVE

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INTRODUCTION AND OBJECTIVES:

Understanding by users about the services developed in primary care unit is one of the factors leading to the effectiveness of activities, as the misinformation in the community contributes to organizational breakdown between levels of care. Moreover, made aware, the service user will become an active subject of the health-disease process. The research aimed to analyze the knowledge of the users about the services provided at primary care unit.

METHOD:

Exploratory, descriptive and qualitative study with a sample of 90 users of three primary care unit Fortaleza, Ceará, Brazil.

RESULTS AND CONCLUSIONS:

It was noticed that the majority of patients were women (68), with low education (54) and earning the minimum wage (49). Among the respondents, only 42 were able to answer correctly, the purpose of primary care unit and 48 respondents associated services to disadvantaged socioeconomically. When inquiring about received guidance on habits and actions to maintain a healthy life, 28 users said they did not receive such guidance and 62 people said they received, citing as the main source of information the nurse, followed by the doctor, by health workers and finally, the nutritionist. We conclude, therefore, that the majority of the population still has a mistaken view about the real purpose of the primary care unit, realizing the need for greater investment in health education, so that public policies are recognized and accepted by the target community, favoring the health promotion and disease prevention.

PALAVRAS-CHAVE: Primary Health Care; Community Health Care; Health Impact Assessment

**PP1793 - TORONTO ADDIS ABABA ACADEMIC COLLABORATION IN
FAMILY MEDICINE: THE DAWN OF FAMILY MEDICINE IN ETHIOPIA
THROUGH AN INTER-INSTITUTIONAL MODEL**

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Introduction:

Increasing evidence supports the development of robust primary care as a central pillar of health systems. The transition from Millennium Development Goals into the Sustainable Development Goals presents an opportunity for innovation in effective health service models, with significant contribution from family medicine.

Objective:

In 2013, Addis Ababa University (AAU), with an inter-institutional model of collaboration, launched the first family medicine residency program in Ethiopia.

Methods:

AAU's family medicine residency program was inaugurated in collaboration with the Department of Family and Community Medicine (DFCM), University of Toronto and the DFCM at the University of Wisconsin. The launch of the program followed a series of strategic discussions, needs assessments, international collaborations, and faculty development events held between 2008 and 2013. The program aims to train family physicians for Ethiopia and to cultivate future faculty and program offerings encouraging sustainability through capacity building.

Results:

The program has achieved significant milestones. Ethiopia's Ministry of Health has embraced family medicine as a key element of its health system and recently announced the upcoming establishment of additional family medicine training programs.

Ongoing challenges exist, including undefined roles and career opportunities for this new cadre of family physicians in the health care system, a shortage of Ethiopian faculty, and the need to expand the number of training programs to produce enough family physicians for the population. The program's sustainability will be contingent on the ongoing support of Ethiopian leaders, local champions, reduced reliance on expatriate faculty, commitment from long-term partners, and support for expansion sites.

PALAVRAS-CHAVE: partnerships; capacity building; educational collaborations

PP1794 - TRACKING TRACHOMA IN TEENS DUE CONJUNCTIVITIS REPEAT

QUAINI LR¹; MOURA CAFM²; ALVES MN²; ABDALLA IR¹; 1 - UNIVERSIDADE DA CIDADE DE SAO PAULO; 2 - PREFEITURA DE GUARULHOS;

Introduction:

Trachoma is a chronic inflammatory disease of the cornea conjunctiva and a relapsing chronic keratitis that as a result of repeated infections can lead to scarring of the eyelid conjunctiva. The causative agent of trachoma is Chlamydia trachomatis. In short, the clinical diagnosis is based on the verification of the presence or absence of five key signs: Follicular trachomatous inflammation, intense trachomatous inflammation, healing conjutival trachoma, trachoma trichiasis , corneal opacification.

Objective:

Perform screening in adolescents enrolled in school - EPG Vila Any in Guarulhos.

Methodology:

Exploratory and quantitative research. The total number of registered students is 884 students, participated in this sample 578 teenagers, where there were 7 refusals and 4 closed diagnostics. This study was developed by the family health team from UBS Jardim.

Results:

In this study we found 4 adolescents with active infection. The family health strategy have an important role in the early detection of this disease, with prevention actions through the health education, as the main form of transmission is the eye contact to eye, or through contaminated objects. Some insects such as housefly and or lick eyes can act as mechanical vectors found in the improper disposal of waste, associated with poor health and hygiene conditions favor the spread of the disease.

Conclusion:

The promotion and health protection through traces and monitoring of health indicators what contributes to that can be made intersectoral action for coping vulnerabilities that could compromise the development of vision and the learning process, important for the full development of citizenship.

PALAVRAS-CHAVE: Trachoma; Family Health Strategy; Adolescent

PP1795 - TRAUMATIC BRAIN INJURY DURING DELIVERY, A REALITY NOT TO FORGET - CLINICAL CASE

Moreira CM ¹; Caetano P ²; 1 - Centro Hospitalar do Porto; 2 - USF Nova Via;

Introduction:

Besides the knowledge we get from the books, it is often with real clinical cases we observe that we learn new medical knowledge to import for our clinical practice.

Clinical Case:

Woman, 34 years old, with no past personal relevant medical history, refers to the family doctor in the third month postpartum with clinical daily headache, disturbed sleep patterns, tiredness, memory loss and emotional lability that make it impossible to take care of her child's autonomously. The symptoms add an inaccurate installation but apparently initiated from discharged from hospital.

This case was initially admitted as postpartum depression, with the patient being oriented in accordance with that diagnosis.

She returned after 1 month, maintaining the clinical picture. The doctor then contact the obstetrician present during childbirth which, by consulting the clinical registration refers to have been described a traumatic brain injury during birth episode, with loss of consciousness for a few seconds, but no other symptoms, so at the time was devalued.

Thus, it was concluded that the clinical could be related to the occurrence of a brain concussion, whereby the patient was referred to an specialist in rehabilitation. She was properly medicated and oriented, she began occupational therapy and one month after found herself perfectly autonomous in child care, no other symptoms besides decreasingly sporadic headaches.

Conclusion:

This clinical case demonstrates how being alert to different pathologies and their clinical presentations can lead to the correct diagnosis and thus the proper guidance of our patients.

PALAVRAS-CHAVE: Traumatic Brain Injury; Postpartum depression; Concussion

PP1796 - TREATMENT OF CHRONIC WOUNDS IN USE WITH SOCIAL VULNERABILITY

CUNHA, ACN¹; VIDAL, AA¹; PONTES, LL¹; TRIVINO, GS¹; 1 - CLINICA DA FAMÍLIA FAIM JOSE PEDRO;

Introduction and goal:

Venous ulcers can be difficult to heal, being responsible for 70 to 90% of vasculogenic ulcers. Are one of the symptoms of venous insufficiency characterized by venous reflux due to incompetence of the valves present in the venous network. This lesion is approximately 70% of the wounds which the primary attention have careful in area programmatic 5.1.

Method:

Experience report describe treatment of venous ulcer of user with social vulnerability that have access to a clinic of the family in the city of Rio of Janeiro in area programmatic 5.1 and that during treatment was in street situation.

Result and Conclusion:

D.A.C, 57 years, smoking, deny alcoholism and comorbidity, with venous ulcers in throughout circumference until the average-third to one year. Accompanied by the family health staff in conjunction with the staff street office was requested shelter and removal of documents by CREAS. On admission, it was prescribed antibiotics. Treatment with topical collagenase and mineral oil in injuries daily. It takes up with the solution of chlorhexidine degermante diglioconato 2% and serum physiological 0,9% in the first week, because the hygiene conditions. With the improvement of the clinical condition, treatment with serum physiological 0,9% and mineral oil. Later three months of treatment user directing the shelter, with the wound in the lateral region of the feet. Considering the use health needs that pervaded the health sector, we see effective treatment, low cost, providing better quality of life.

PALAVRAS-CHAVE: Varicose Ulcer; Social Vulnerability; Family Health Strategy

PP1798 - TRENDS IN HOSPITALIZATION FOR PRIMARY CARE SENSITIVE CONDITIONS IN NOVO HAMBURGO, RIO GRANDE DO SUL, BRAZIL.

ARRUDA JS ¹; DIAS DA COSTA JS ¹; 1 - UNISINOS;

Introduction and Objectives:

Hospitalizations for primary care sensitive conditions (ACSC) is an indicator that defines a group of diseases for which an effective care at the primary care level, decreases the risk of hospitalizations. The aim of this study is to assess the trend of the rates of hospitalization for primary care sensitive conditions the resident population in the city of Novo Hamburgo, and compare them with the rest of the state of Rio Grande do Sul, from 1998 to 2012.

Methodology:

Conducted ecological study to analyze trends in hospitalization for primary care sensitive conditions in the city of Novo Hamburgo and throughout the state of Rio Grande do Sul, between 1998 and 2012. The causes of ACSC were based on the national list as the Ministry of Health. The data were obtained from the Hospitalization Information System (SIH – SUS). Standardized coefficients were built.

Results and Considerations:

Novo Hamburgo between 1998 (11.66 / 1000) and 2012 (12.68 / 1000) noticed an increase in ACSC, confirming a growth of 8.75% in the period. Regarding the analysis of ACSC in Rio Grande do Sul, excluding Novo Hamburgo, demonstrated a decrease in the coefficients between the years 1998 and 2012, the largest standardized coefficient in 1998 (29.40 / 1000) and the lowest in 2012 (15.95 / 1000). This variation in standardized coefficients ACSC represented a reduction of 45.75%. Despite the increase found ACSC the coefficients in Novo Hamburgo, these were lower than the rest of the coefficients state throughout the period.

PALAVRAS-CHAVE: Quality of Health Care; Hospitalization; Primary Health Care

PP1799 - TUBERCULOSIS IN ROCINHA: ANALYSIS OF INDICATORS AFTER 100% COVERAGE WITH THE FAMILY HEALTH STRATEGY

Durovni PBP¹; Saraceni V¹; 1 - Secretaria Municipal de Saúde do Rio de Janeiro;

INTRODUCTION AND OBJECTIVES:

Rocinha is a densely populated slum in Rio de Janeiro, Brazil, with approximately 74.000 inhabitants where tuberculosis (TB) control has always been a challenge. In 2010, following Primary Healthcare Reform in the city, Family Health Strategy (FHS) was implemented in the community, with a total of 25 family doctors, 25 nurses, 25 nurse technicians and 150 community health workers.

The main objective of this study was to analyze some tuberculosis indicators in Rocinha from 2010 to 2014, following 100% population coverage with FHS and to describe the clinical and epidemiological profile of TB in the community.

METHODS: TB Surveillance Information System (SINAN) was evaluated. Data were plotted with Tabwin and analyzed using the statistical package STATA 11.2.

RESULTS AND CONCLUSIONS:

TB notification by the FHS teams increased from 0.6% in 2010 to 87,3% in 2014. Cure of new smear positive pulmonary cases was 79%, 80.2%, 82.4%, 81.2% and 79,2% in 2010, 2011, 2012, 2013 and 2014, respectively. More than 80% of cases were pulmonary TB. HIV testing increased from 52.4% in 2011 to 87,7% in 2014. Culture performing increased from 37.7% to 58.9%. Mortality rates decreased from 18.7 to 10.1 / 100,000 inhabitants. Contacts evaluation increased from 14.8% to 47,2%.

People with TB in Rocinha started to be promptly diagnosed and treated by family doctors in the community, avoiding unnecessary consultation with pneumologists. HIV testing and culture performing improved, while mortality rates decreased. Contact evaluation of tuberculosis patients is increasing but remains a challenge that is strategic to reduce the burden of TB in the community.

PALAVRAS-CHAVE: Tuberculosis; Epidemiological Surveillance; Primary Healthcare

PP1800 - TUBERCULOSIS PULMONARY MDR AND CHALLENGES FOR CARE COORDINATION – EXPERIENCE REPORT

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INTRODUCTION:

The search concerned about of the experience of a family health team in the city of Rio de Janeiro about the care coordination of a patient diagnosed with pulmonary tuberculosis which has developed resistance to antibiotics.

OBJECTIVE:

The objective of this report is to share the experience of the team highlighting challenges and strategies found to ensure the continuity and care coordination across the multidrug resistance to antimicrobial therapy, and subsequent treatment for prolonged period.

METHOD:

It stands out as the main challenges identified by the team were the patient's own resistance to accept the directly observed treatment (DOT) over the years, religious influence interfering with the continuity of care, lack of family structure and support, lack of motivation of the patient facing regimen and takes to achieve the cure.

As strategies has been planning regular home visits for all team of the Family Health Strategy and Health Support Unit Team Family, daily visits to perform the TDO by the Community Agent and visit three times a week by nursing technique, the construction of a single treatment plan and the strengthening of dialogue with professional of the referral hospital for shared care.

CONCLUSION:

We conclude that ensure care coordination and continuity of care about TB remains a challenge for family health team, especially in cases of multidrug. The role of the multidisciplinary team, the ongoing discussion of strategies and following a single treatment plan are care facilitators.

PALAVRAS-CHAVE: TUBERCULOSIS PULMONARY; FAMILY HEALTH STRATEGY; TUBERCULOSIS MULTIDRUG-RESISTANT

PP1801 - AN ACCESS ISSUE: INTERVENTION PROPOSAL TO INCREASE COVERAGE PAP SMEAR TEAMS OF CMS TIA ALICE

Morato APS¹; 1 - Centro Municipal de Saúde.,Secretaria Municipal de Saúde do Rio de Janeiro.;

Introduction:

The women's health actions are some of the responsibilities of primary care. High rates of incidence and mortality of cervical and breast cancer in Brazil justify the implementation of effective strategies to expand the Pap smear coverage, including actions health promotion, prevention, early detection, treatment and palliative care, when these if they needed.

Goal:

This study aimed to develop an action plan in order to expand the unity of Pap smear coverage using a previous study that identified the perception of the users of the CMS Aunt Alice opposite the realization of the Pap smear, to support the action plan.

Methodology:

The study was based on analysis of data from the Primary Care Information System (SIAB) and the D1 indicator variable 2 - Percentage of women between 25 and 64 years with Pap smear recorded in the last three years. The Community Health Agents (ACS) conducted survey on the perception of women who did not undergo the Pap smear in the last three years, identifying the main reasons.

Conclusions:

The unit began the investigation with women in October 2014, when it had a 19% coverage after the actions, and in less than 12 months, the unit achieved 55% coverage and more than that, there was growth of the multidisciplinary team since the actions promoted extensive discussions on women's health, and of course, not least, be sure that our women are being accompanied with an enlarged view.

PALAVRAS-CHAVE: Acesso; colpocitológico; saúde da mulher

PP1802 - USE OF FEEDBACK AS A PROFESSIONAL DEVELOPMENT TOOL

Pinho APNM¹; Souza MLPS¹; Oliveira FR¹; 1 - Instituto de Responsabilidade Social Sírio Libanês;

Introduction and Goals:

People management tells that the effective professional development happens with continuous monitoring and clear assessment process. The work goal was to demonstrate the result of the professional evaluation process of the Family Health Strategy (FHS) in downtown São Paulo.

Method:

ESF Syrian Lebanese Institute for Social Responsibility (IRSSL) Supervisors used a semi structured survey in feedback sessions with administrative assistants, community health agents, dental and nursing staff. The interviews were individual, with an average duration of 1 hour and aimed to identify potential issues to improve the employees that will change social organization responsible for hiring and services management.

Results and conclusions:

Were interviewed 41 employees: 14 (34.14%) administrative assistants, 20 (48.78%) community health workers, 1 (2.43%) professional dentistry, 6 (14.63%) nurses. 34 (82.30%) were female. 7 (17.07%). There were 24 (58.54%) with more than 2 years of work. It was identified a need of at least one improvement aspect for 21 (51.22%) of the sample, predominantly the teamwork competence. Based on that a professional development training was already implemented. The instrument enabled the team information systematization and qualification of the monitoring process. It is planned increase the number of evaluations.

PALAVRAS-CHAVE: feedback; professional development; Family Health Strategy

**PP1803 - WHAT IS PROBLEMS IN LONG TERM DEMENTIA CARE?
~QUESTIONNAIRE SURVEY IN AGED JAPANESE RURAL AREA
COMMUNITY~**

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Introduction

Japan is presently aging more rapidly than anywhere else in the world. The progress of the depopulation and aging is real problem in Japanese rural area. Dementia an elderly care in Japanese rural area are cutting edge in the world. Prolongation of mean of life span contributes increasing patients of cognitive disorder.

By increases of cognitive disorder patient, medical and care cost will be a burden for social in future. In our country, KAIGO HOKEN (Long-Term Care Insurance) is national insurance system for care of elder and dementia person. It had started in 2000. "Care managers" have a license for planning of home care in the insurance. Their interviewed family and patient, caregiver, and medical staffs on patients conditions.

Method

We did a questionnaire survey to care managers in local community. Ask and judge an understanding for dementia with medical staffs, caregivers and family. Statistical analyze using Graph Pad Prism.

Results

Number of target for survey 143, Numbers responded 53, Response Rate was 36.3%. 87% of care managers answered that there were gaps between families on recognition of dementia. 72% of them answered that there were difficulties on communication between other professional staffs.

Conclusion

Collaborative care are based on dementia person. But our survey results showed it is not sufficient in our area. Interprofessional and inter institutional collaboration is not good work in our community. Family is important roles, but they could not be in care collaboration.

PALAVRAS-CHAVE: Dementia care; Alzheimer

PP1805 - WORKING SIMILARITIES BETWEEN FAMILY AND COMMUNITY MEDICINE AND BRAZILIAN MEDICAL ARMY OF MILITARY BARRACKS

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In 2010 the Brazilian Air Force began PASIN (Integrated Assistance Program - TECHNICAL ORDER Nº 18/DIRSA/2010 of 15 July 2010) as a way of driving to new models of management in the health system of Aeronautics (SISAU). In the army, military medicine PHC has similarity to the general practitioner made by career physicians and temporary, exercising the profession in the Health Formations (FS) that look to civilian health clinics, and physician could Physician Family and Community Military, due fraternity found in the barracks, where all are a Band of brothers. On the Definition Iberoamericana (Colombia / 2010), the Family and Medical Community (MFC) has four basic skills: care, community orientation, teaching and research and resource management. In the Rules and General Services - R-1 (RISG) Army, have the same characteristics as MFC, as in the "The Doctor" and "The Health formation", as against the service, health care, home care, health surveillance of the barracks and personnel, advising the Commander of the Unit for preventive medicine, teaching classes to the health military, acting in FUSEX (Army Health Fund) of the unit. We conclude that the Headquarters of Military Medical performs like many duties of the MFC, and suggested the permission that this professional group to practice medicine in the barracks by 4 or more years with weekly working hours of 40 hours, is authorized by the Brazilian Society of MFC for to prove the title of Specialist.

PALAVRAS-CHAVE: Brazilian Army; Family and Community Medicine; Medical Military