3. ADULT HEALTH

WHAT'S THE PERCEPTION ABOUT DIGNITY DURING A DISEASE SITUATION? – SYSTEMATIC REVIEW OF LITERATURE

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Introduction: Although there exists much literature that refers to the term dignity, the common use of this concept seems confuse and does not clarify its meaning (Gallagher et al, 2008) (Jacelon, Connelly, Brown, & Proulx, 2004).
Objectives: So, based on the initial search about the studied variables in previous works, it was outlined the next main question: What's the perception about your dignity during a disease situation?
Methods: The systematic review is a method that has being used incrementally in scientific studies, evaluating an existing dataset so it obtains scientific information that is synthetic and rigorous about a given topic according to a set of defined criteria (Munoz et al, 2002).
Results: Three studies were found, these studies share the qualitative method, which proved the most adequate to the exploitation of a reality influenced by the experimentation of each person. The communication is very important in the caretaking process. The sick person realizes both verbal and nonverbal communication and it intereferes with the efficiency of the therapeutic process. It is important that the sick person realizes that the practitioner is with him and plays a crucial part in the care process. Indeed, it is clear that patients' allocate their "dignity guardian"to the nursing staff. Dignity is a person's fundamental right.
Conclusions: As a conclusion of this systematic review, it appears that the maintenance of the patient's dignity is crucial in the care process. It interferes with the patients' health. The patient demands that the role he plays as a patient doesn't overlap, the role he plays as a person. The sick person may be vulnerable; however it is the nurse's job to promote its dignity, reflecting with the patient about the best way to be taken care of.
Keywords: Dignity. Patient. Concept.

CHARACTERIZATION OF THE LIPID PROFILE OF PATIENTS POST-ACUTE MYOCARDIAL INFARCTION

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Introduction: The high LDL-cholesterol (LDL-C) is major risk factor for Coronary Artery Disease. As secondary prevention, the European Society of Cardiology, advocate LDL-C levels < 70 mg/dl in post-Acute Myocardial Infarction (AMI). Thus it was considered appropriate characterize the lipid profile of patients who have suffered AMI.
Objectives: 1) Characterize the lipid profile of patients post-AMI; 2) determine patients % with LDL-C < 70; 3. Determine patients % with statin prescription.
Methods: Study: observational, descriptive, cross-sectional; Population: Unit's patients who diagnosed AMI; Inclusion Criteria: medical contact ≥ 1 in 2013; AMI until 31/12/2012; Exclusion Criteria: lipid data outdated.
Results: Of 15677 Unit's patients, 0.57% (n = 90) had AMI, 58 users (72.4% ♂) were included, with average age of 65.9 (± 12.8) years.

Objetive 1: Total Cholesterol (TC) (mg/dl): CT > 190-24,1%; CT between 155-190-44,8%; CT < 155 - 31,0%; LDL-C (mg/dl): LDL-C> 115-20,7%; LDL-C between 100-115-17,2%; LDL-C between 70-100-41,4%; LDL-C < 70-20,7%; HDL-cholesterol (HDL-C) (mg/dl): HDL-C ♀ > 45-62,5%; HDL-C ♂ > 40-59,5%; Triglyceride (TG) (mg/dl): TG <150-65,5%. **Objetive 2:** 20,7% has LDL-C < 70, all patients medicated. Of 79.3% with LDL-C > 70 6.5% (n = 3) have not prescribed statin. **Objetive 3:** 94,8%. The statin more prescribed was Rosuvastatin 10 mg (29,1%).
Discussion: The majority of the sample has CT between 155-190 (44.8%), HDL-C ♀ > 45 (62.5%), HDL-C ♂ > 40 (59.5%) and TG < 150 (65.5%). The LDL-C reduction, namely < 70, is the most notable factor in secondary prevention, however, only 20.7% do that. Despite the benefits of statins in post-AMI secondary prevention, they are not prescribed in whole sample (94.8%).
Keywords: Acute myocardial infarction. LDL-C. Statin.

ATTITUDES TOWARDS DISEASE SYMPTOMS: PROCESS OF HEALING AND DOCTOR/PATIENT RELATIONSHIP

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Introduction: In this communication we present the results of an investigation which aimed to build a typology of attitudes towards disease symptoms and the identification of symbolic references involved in the process of healing and doctor/patient relationship.
Methods: For the construction of this typology we used the results of the second edition of the European Social Survey. The samples used are representative of 26 European countries. We used different statistical techniques: Cluster Analysis, in order to identify different profiles of behaviour in relation to a set of symptoms of disease, and Principal Component Analysis to analyse the symbolic references for the process of healing and doctor/patient relationship.
Results: [Profile 1] This profile includes 23.2% of the sample, and it is constituted by people who consult exclusively a doctor when confronted with disease symptoms. [Profile 2] The second profile, corresponding to 39.5% of respondents, consists of individuals who show a more moderate demand for medical care, compared to the previous profile. When facing disease symptoms, these individuals rely mostly on the physician, but also recourse to other health professionals, with particular relevance to the pharmacist. [Profile 3] Individuals who are classified in this profile tend to look for advice, in most situations, with friends or family, and corresponds to 18.6% of respondents. [Profile 4] This is a profile which involves 18.7% of respondents and comprises individuals who reveal an attitude of passivity against the symptoms.
Conclusions: The results demonstrate the existence of different patterns of behaviours associated with social and cultural factors related to the condition of individuals.
Keywords: Attitudes. Illness. Doctor. Symptoms.

PRACTICES AND ATTITUDES TOWARDS MEDICINE CONSUMPTION AMONGST THE PORTUGUESE POPULATION

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Introduction: The way different social groups interpret disease status constitutes a determinant factor of differentiation in the demand and consumption of drugs. In this communication we