

MEETING ABSTRACTS

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Session 1: Citizenship in health

S1

Health literacy and health education in adolescence

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Health literacy, a more complex concept than knowledge, is a required capacity to obtain, understand, integrate and act on health information [1], in order to enhance individual and community health, which is defined by different levels, according to the autonomy and personal capacitation in decision making [2].

Medium levels of Health literacy in an adolescent population were found in a study conducted in 2013/2014, being higher in sexual and reproductive health and lower in substance use. It was also noticed that the higher levels of health literacy were in the area adolescents refer to have receipt more health information. The health literacy competence with higher scores was communication skills, and the lower scores were in the capacity to analyze factors that influence health. Higher levels were also found in younger teenagers, but in a higher school level, confirming the importance of health education in these age and development stage. Adolescents seek more information in health professionals and parents, being friends more valued as a source information in older adolescents, which enhance the importance of peer education mainly in older adolescents [3].

As a set of competences based on knowledge, health literacy should be developed through education interventions, encompassing the cultural and social context of individuals, since the society, culture and education system where the individual is inserted can define the way the development and enforcement of the health literacy competences [4]. The valued sources of information should be taken into account, as well as needs of information in some topics referred by adolescents in an efficient health education.

References

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Session 2: Evaluation & intervention in health

S2

The effect of a walking program on the quality of life and well-being of people with schizophrenia

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Schizophrenia is a serious and chronic mental illness which has a profound effect on the health and well-being related with the well-known nature of psychotic symptoms. The exercise has the potential to improve the life of people with schizophrenia improving physical health and alleviating psychiatric symptoms. However, most people with schizophrenia remains sedentary and lack of access to exercise programs are barriers to achieve health benefits. The aim of this study is to evaluate the effect of exercise on I) the type of intervention in mental health, II) in salivary levels of alpha-amylase and cortisol and serum levels of S100B and BDNF, and on III) the quality of life and self-perception of the physical domain of people with schizophrenia. The sample consisted of 31 females in long-term institutions in the Casa de Saúde Rainha Santa Isabel, with age between 25 and 63, and with diagnosis of schizophrenia according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). Physical fitness was assessed by the six-minute walk distance test (6MWD). Biological variables were determined by ELISA (Enzyme-Linked Immunosorbent Assay). Psychological variables were assessed using SF-36, PSPP-SCV, RSES and SWLS tests. Walking exercise has a positive impact on physical fitness (6MWD – $p=0.001$) and physical components of the psychological tests ([SF-36] physical functioning $p < 0.05$; [PSPP-SCV] functionality $p < 0.05$ and SWLS $p < 0.05$ of people with schizophrenia. The walking program enhances the quality of life and self-perception of the physical domain and physical fitness of people with schizophrenia.

S3

Diagnosis and innovative treatments - the way to a better medical practice

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Background

Caregivers are often subject of huge physical, emotional, psychological, spiritual, social and financial demands, which can seriously compromise their quality of life (QOL). Objective: To translate, adapt and validate the Quality of life in life threatening illness-family carer version (QOLLI-C) of Cohen et al (2006) [1], to the Portuguese culture, for caregivers of people with chronic and advanced disease.

Methods

We applied a questionnaire consisting of demographic data and the QOLLI-C to 314 caregivers of patients with palliative needs. The sample is predominantly female (84.1 %; 264), with an average age of 63 years old (± 11). Through the process of validation and cultural adaptation, we followed the methodological steps recommended by international guidelines. The study of the items and respective reliability was done according to two criteria: determining the Pearson correlation coefficient and the Cronbach's alpha (α). The construct validation was done by factorial analysis. Throughout the study, Helsinki Declaration Principles were followed.

Results

The QOLLI-C-PT has an internal consistency with 13 items, $\alpha = 0.780$, a 0.736 KMO, and a Bartlett's sphericity test of 1189.967 ($p < 0.001$). Using the Kaiser criterion, we obtained four factors that explain 61.89 % of the total variance: Factor 1 – social domain (items 1, 12, 13, 14, 15); Factor 2 – Spiritual domain (items 9, 10, 11); Factor 3 – Psychological domain (items 3, 4, 5) and Factor 4 – Physical and emotional domain (items 7, 8).

Conclusions

The instrument showed an adequate factorial validity and reliability, in the sample under study, and can be used to access QOL in Portuguese caregivers.

References

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Keywords

Quality of life, caregivers, people with advanced chronic disease, validation, scale

O174

The psychometric properties of the brief Other as Shamer Scale for Children (OAS-C): preliminary validation studies in a sample of Portuguese children

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Background

Shame is a social emotion with specific and adaptive functions, involved in complex human behaviour and social interactions. The study of shame gained increased interest in several research fields, particularly in mental health, as an involuntary response associated with self-consciousness, loss of status and self-devaluation. Early shame experiences have been consistently reported as an important factor in the development of psychopathology, emphasizing the importance of evaluating shame and the negative representations of the self from an early age. Aims: This study's goal is to adapt and present preliminary psychometric data on the Other as Shamer Scale to Portuguese children (8 years or over), a scale

devised to assess external shame (how one believes one appears in the eyes of others).

Methods

A sample of 127 children participated in this study and a research protocol was administered including the OAS adapted for children (OAS-C).

Results

Exploratory Factor Analysis (EFA) was computed and the one-factor solution explained 48.85 % of the total variance of the scale. The measure also showed good internal consistency ($\alpha = .84$). Convergent and divergent validity was found with measures of self-criticism and self-reassurance, and emotional intelligence.

Conclusions

The OAS-C is a brief and adequate measure of external shame in children, with the potential to be used by professionals in clinical and research settings. Moreover, the availability of a widely used measure of external shame will also facilitate transnational and cross-cultural studies by warranting score comparability across several countries and also across the lifespan.

Keywords

external shame, psychometric properties, children

O175

Measuring emotional intelligence in health care students – Revalidation of WLEIS-P

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Background

Emotional intelligence (EI) has been linked to effective communication in education environments, better study skills, stress and conflict management, and academic and workplace success. Measuring EI could provide information to access and monitoring emotional skills. Objective: To test psychometric properties of the Portuguese version of Wong and Low Emotional Intelligence Scale (WLEIS-P) in a sample of Health care students.

Methods

We applied a questionnaire consisting of demographic data and WLEIS-P to a sample of 672 health care students in Dietetics, Nursing, Physiotherapy, Speech Therapy and Occupational Therapy, mostly females (85.4 %), $M = 21.6$ years old (± 4.17). The process of validation followed the methodological steps recommended by international guidelines. The study of the items and respective reliability was done by determination of Pearson correlation coefficient and the Cronbach's alpha(α). Construct validation was done by factorial analysis. Helsinki Declaration Principles were attended.

Results

The WLEIS-P applies to students has a good internal consistency with 16 items, $\alpha = 0.825$, a 0.825 KMO, and a Bartlett's sphericity test of 3691.523 ($p < 0.001$). Using the Kaiser criterion, we obtained four factors that explain 61.52 % of the total variance: Factor 1- Self-emotional appraisal (items 1,2,3,4); Factor 2- Emotional appraisal of others (items 5,6, 7, 8); Factor 3 – Use of emotion (items 9,10,11,12) and Factor 4 – Regulation of emotion (items 13, 14, 15, 16).

Conclusions

WLEIS-P revealed an adequate factorial validity and reliability in the sample of health students, better than previous Portuguese validation, therefore it can be used to access Emotional Intelligence in Portuguese students.

Keywords

Emotional intelligence, students, validation, scale