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VOLUNTARY COUNSELLING AND TESTING FOR HIV: AN INTERVENTION AT THE UNIVERSITY CAMPUS OF ÉVORA

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Introduction: Portugal continues to present rates of new diagnoses of HIV infection above the European average (UNAIDS, 2012) with a cumulative total of 42,580 cases at December 31, of which 29.3% diagnosed at ages between 20-29 (INSA, 2012). Voluntary Counselling and Testing (VCT) is a priority strategy in the different levels of prevention (Fonner, Denison, Kennedy, O'Reilly, & Sweat, 2012) and is common in foreign universities (Hoban, Ottenritter, Gascoigne, & Kerr, 2003; Matlala, Mokono, & Tsotetsi, 2013; Peltzer, Nzewi, & Mohan, 2004).

Objective: To describe the results of ATV for HIV activities at the University of Évora in the context of a specific project.

Methods: Cross-sectional, quantitative and descriptive study. Convenience sample of 114 individuals aged between 18-56 (M=28.29; SD=12:39) were asked about condom use with different partners and in different types of sexual practices. In sub-sample of 74 (60%) individuals was searched attitudes towards HIV testing in 8 dimensions.

Results: In group of individuals who reported sexual practices with regular partner the condom is always used by 43.2% in vaginal sex, by 17.6% in anal sex and by 7.7% in oral sex. In group of individuals who reported sexual practices with occasional partners, the condom is always used by 70% in vaginal sex, by 90% in anal sex and by 47.1% in oral sex. All cases were seronegative. In the sub-sample searching attitudes towards HIV testing are valued.

Conclusions: Although not identified HIV positive cases, the individuals have risk practices. It is useful to develop ATV activities on universities.

Descriptors: Voluntary counselling and testing. VIH. Youth. Condom. Attitude.

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ASSESSMENT OF MEDICATION ADHERENCE AND REGIMEN COMPLEXITY IN HYPERTENSIVE PATIENTS

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Introduction: The high prevalence of hypertension (HT) in Portugal shows a target for reducing morbidity and mortality from cardiovascular diseases. Non-adherence to medication is probably an important cause of treatment failure.

Objective: This study aimed to evaluate adherence to antihypertensive medication (aHT) in a sample of hypertensive patients in a pharmacy in the Algarve countryside, medicated for at least 6 months.

Methods: A descriptive cross-sectional study, with application of a standardized questionnaire (medication adherence - Delgado & Lima, 2001; pharmacotherapeutic complexity index - Melchior, 2008) was conducted to assess adherence and regimen complexity medication.

Results: The sample (n=58) had a mean age 70.17±11.42 years, of whom 56.9% were women. The majority had low education (63.8%), were retired (77.6%), using on average 2.93±1.59 medications, and most (81%) using one aHT drug. Most patients (65.5%) had controlled blood pressure and high levels of adherence (41.4% "good adherence", 51.7% "completely adherence"). Factors shown to influence adherence to medication were age, professional status and monthly income (p<0,05). The regimen complexity medication showed no influence on adherence rates or control of HT.

Conclusions: In this study patients had a high adherence to medication, which may be associated with age, professional status and monthly income, and that can be a contribution to the control of HT, but was not possible to conclude that adherence to medications affected the control of HT. It is essential to improve these patients education regarding non pharmacological approaches that contribute to the control of HT.

Descriptors: Hypertension control. Medication adherence. Regimen complexity.

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