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NURSING HOME VISIT IMPACT IN PUERPERIUM: SYSTEMATIC REVIEWAna Castro^a, Taciana Ribeiro^b, Tomé Rocha^c, Tânia Alves^d, Simão Vilaça^a*Universidade do Minho. Braga, Portugal***Introduction:** Home visit can be an intervention tool in family's health and in the continuity of postpartum cares.**Objective:** Examine the impact of nursing home visit in puerperium and in neonates of occidental countries.**Methods:** The language used was English and the publication period refers to the last 10 years. Expression used in Web of Knowledge ISI database: ((postpartum periodORpuerper*)AND((Home visit*).**Results:** From 137 articles, 6 articles were eligible, after the implementation of the protocol of systematic reviews of literature. Three dimensions related to home visit were identified: personal contact; relation cost-benefit/efficacy; importance of home visit to the mothers. According to Salonen et al (2011), online resources with information about puerperium is not effective. Paul et al (2004), Koc et al (2008) and Ammerman et al (2013) demonstrate that home visit reduces parental stress and neonates' trauma, decreasing rates of hospital readmission. Rodrigues et al (2006) and Aksu et al (2011) show the lower cost of home visit compared to the cost of neonates' readmission. Mothers who receive home visit choose exclusive breastfeeding, for a longer period, recognizing the importance of home visit.**Conclusions:** Home visit reduces parental stress, contributes to knowledge acquisition, and reduces neonates' readmission and morbidity. The interpersonal relationship shows more effectiveness in prevention of postpartum problems unlike online information. Furthermore, relation cost-benefit is positive, because home visit costs are lower than costs of neonates' readmission. However, further research is needed to understand the importance of home visit in puerperium.**Descriptors:** Nursing; Systematic Review; Home visit; Neonate; Puerperium.

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QUALITATIVE ASSESSMENT OF CARDIOVASCULAR RISK IN A COMMUNITY PHARMACY IN THE ALGARVEJoana Reis^{l,a}, Margarida Santo^{ll,b}, Tânia Nascimento^{ll,c}*^lEscola Superior de Saúde. Universidade do Algarve. Faro, Portugal**^{ll}Centro de Estudos e Desenvolvimento em Saúde. Escola Superior de Saúde. Universidade do Algarve. Faro, Portugal***Introduction:** Cardiovascular diseases are the leading cause of death worldwide and several risk factors can be identified in the etiology.**Objective:** The objective of this study was to evaluate the cardiovascular risk (CVR) of patients in a community pharmacy.**Methods:** A descriptive cross-sectional study (34 patients) was conducted through a questionnaire.**Results:** The patients sample had a mean age of 50.7±17.9 years, about 68% were female, married (58.8%), with high or university education (47%). The mean weight and height were respectively 74.3±14.9 kg and 163±13 cm, and 61.8% of the patients were overweight. About 35% did physical exercise at least 30 minutes and about 27% were smokers. Most patients (71%) reported having family history of cardiovascular event (CVE), however only one reported have already a CVE. About 41% of patients had diagnosis of hypertension, 47% diagnosis of hypercholesterolaemia and 17.6% diabetes mellitus. Systolic blood pressure (BP) mean was 132.5±12.9 mm/Hg and diastolic BP mean 78.5±8.1 mm/Hg. Only 35.7% of patients medicated with antihypertensive drugs had controlled BP values. All patients had at least 1 CVR factor, and 29.4% had 3 CVR factors. About 32% of patients had moderately increased CVR and 47.1% had high increased CVR, with men having a higher risk than women (p<0,05).**Conclusions:** We concluded that patients had a relatively high cardiovascular risk, mostly with 3 or more CVR factors, which may identify a group of patients who require a more restricted monitoring in community pharmacy.**Descriptors:** Community Pharmacy; Hypertension; Cardiovascular risk.^a a65888@alunos.uminho.pt^b a65919@alunos.uminho.pt^c a65934@alunos.uminho.pt^d a65930@alunos.uminho.pt^e svilaca@ese.uminho.pt^a joanafsreis@gmail.com^b mfesanto@ualg.pt^c tinascimento@ualg.pt