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**Abstracts**

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# SYMPTOMS AND DIAGNOSIS OF RESPIRATORY DISEASE IN ELDERLY PEOPLE - GERIA STUDY

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**Introduction:** Chronic respiratory diseases (CRD) are prevalent worldwide, even though CRD are not properly studied on the elderly. Moreover aging is considered a risk factor for poor perception of symptoms.

**Objective:** To assess prevalence of respiratory symptoms and known diagnosis of respiratory disease in elderly people living in nursing homes in Lisbon and Oporto.

**Methods:** Within the Phase I of the GERIA study 53 elderly care centers (ECC) – 33 from Lisbon and 20 from Oporto – were selected through proportional stratified random sampling. From September 2012 to April 2013 all the elderly from the selected ECC were invited to participate in the study. After informed consent, a Portuguese version of the BOLD questionnaire was administered by an interviewer. Clinical files from the participants were reviewed in order to collect information about CRD. A descriptive analysis of the data was performed.

**Results:** 931 out of 2,110 elderly participated in the study (79% were female and the mean age was 84.1±7.2 years). Respiratory symptoms were referred by 21% of respondents, of which 55% had no diagnosis of respiratory disease. According to the clinical files, 20% of the elderly had registration a respiratory disease. These elderly reported coughing, sputum and wheezing in the last 12 months only in 33%, 30% and 22% respectively.

**Conclusions:** These results show a possible underdiagnosis of respiratory diseases in elderly people that emphasize the importance of diagnosis and follow-up of respiratory disease in elderly people, particularly residents in ECC. Use of pulmonary function tests could fulfill this gap.

**Descriptors:** Elderly; respiratory symptoms; respiratory diseases.

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# MARKERS OF VULNERABILITY FOR BULIMIA AND ANOREXIA: PERCEPTIONS OF HEALTH PROFESSIONAL

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**Introduction:** The anorexia and bulimia are eating disorders around five time more common in young adults. It is necessary an approach congruent with demands (biological, cultural, social and psychological) of people living with eating disorders.

**Objective:** Identify the markers of vulnerability for Bulimia and Anorexia, from the perception of health professionals.

**Methods:** The study is descriptive and exploratory. It was conducted in a Center to Eating Disorders in Fortaleza, Ceará, Brazil. We did no-structured interviews, with 12 health professionals (dietitians and psychologists), in accordance with the criterion of theoretical sampling. The ethical principles were respected. The speeches were submitted to content analysis.

**Results:** The family conflicts and sexual conflicts, the low self-esteem and the stress in job were identified as antecedents to illness. The stereotype and the beauty concept, favor the rejection of self-image and non-acceptance the eating disorder symptoms. These are most frequent obstacles to improving the health condition of these people. The difficulties in establishing empathy and trust with the health team, tends to increase the risk of non-compliance to treatment.

**Conclusions:** The social influences are promoters negative behaviors to these diseases. The instrumental support of the multidisciplinary team is essential for social cohesion in the care process and better adherence to therapeutic regimen.

**Descriptors:** Bulimia; Anorexia; Feeding behavior.

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