

and with detail what went wrong in the social event, is considered an important maintenance factor of SAD. Clinical practice seems to indicate that rumination in patients with SAD, is mainly a self-critical process frequently resulting in feelings of shame.

Aims: This study aimed to bridge the gap between cognitive variables (PEP) and evolutionary variables (Self-Criticism and Internal/External Shame) in understanding Social Anxiety (SA), exploring the mediator role of these evolutionary variables in the relationship between PEP and SA in a clinical sample of patients with SAD.

Methods

The sample was constituted by 32 subjects with SAD – 25 females (78.10 %) and 7 males (21.90 %) – with an average age of 26.78 (SD = 9.22), that filled several self-report instruments and answered a diagnostic interview.

Results

Self-Criticism and Internal Shame fully mediated the relationship between PEP and SA. However, Sobel test only supported the full mediation of Internal Shame.

Conclusions

These results suggest that SA does not directly depend on PEP levels but from Internal Shame levels. In other words, Internal Shame is the mechanism through which PEP impacts on SA. Therefore, Internal Shame seems to be an important health indicator to consider in the intervention with this population. Limitations and clinical implications will be discussed.

Keywords

Social Anxiety Disorder, Post-Event Processing, Shame, Self-Criticism, Mediation

O10

Obstruction and infiltration: a proposal of a quality indicator

Luciene Braga¹, Pedro Parreira², Anabela Salgueiro-Oliveira², Cristina Arreguy-Sena³, Bibiana F. Oliveira⁴, M^a Adriana Henriques⁵
¹Universidade Federal de Viçosa, Viçosa - Minas Gerais, 36570-900, Brasil; ²Escola Superior de Enfermagem de Coimbra, 3046-851 Coimbra, Portugal; ³Universidade Federal de Juiz de Fora, Juiz de Fora - Minas Gerais, 36036-330, Brasil; ⁴Centro Hospitalar e Universitário de Coimbra, 3000-075 Coimbra, Portugal; ⁵Escola Superior de Enfermagem de Lisboa, 1700-063 Lisboa, Portugal

Correspondence: Luciene Braga (lucienemunizbraga@yahoo.com.br) – Universidade Federal de Viçosa, Viçosa - Minas Gerais, 36570-900, Brasil
BMC Health Services Research 2016, **16(Suppl 3):O10**

Background

The quest for continuous improvement of the quality of provided care is the objective of nursing care. However, the insertion and permanence of a peripheral venous catheter has been associated to complications, thus making a systematic evaluation of the performance of professionals and the management of health services important. Objective: Analyse complications that caused removal of intravenous catheters.

Methods

A prospective study with 64 patients of a health service of Portugal, from July to September/2015. Included patients with age 18 years, with a peripheral venous catheter. Descriptive analysis using SPSS. Ethical requirements were met.

Results

Two hundred three (203) intravenous catheters, in 64 patients, most elderly (section 95.3 %), with mean age of 80 years were evaluated. The catheters remained inserted between one and 12 days (mean 2 days), 66 % of the devices were removed because of complications, such as: removal by the patient (17.7 %), obstruction (17.2 %), infiltration (14.8 %), phlebitis (9.4 %) and fluid exiting the insertion site (6.4 %). The prevalence of obstruction and infiltration per patient was respectively 36 % and 39 %.

Conclusions

Obstruction and infiltration were the complications of higher prevalence that led to the removal and reinsertion of a new peripheral venous catheter with the possibility of increased pain, infection and

hospital costs. Faced with the risk of compromising patient safety and being able to contribute to the improvement of health care, we suggest the inclusion of obstruction and infiltration in the indicators of quality of care, in order to have systematic evaluation of results, (re)plan and implement preventive measures.

Keywords

Catheterization Peripheral, Complication, Nursing, Patient Safety, Quality Indicators Health Care

O11

Balance and anxiety and depression symptoms in old age people

Joana Santos, Sara Lebre, Alda Marques
 School of Health Sciences, University of Aveiro, 3810-193 Aveiro, Portugal

Correspondence: Joana Santos (joanacarvalhosantos@ua.pt) – School of Health Sciences, University of Aveiro, 3810-193 Aveiro, Portugal
BMC Health Services Research 2016, **16(Suppl 3):O11**

Background

Falls have high incidence in elderly and are major responsible for accidental deaths. People with high depression and anxiety symptoms have impaired balance and this is more problematic in the elderly population. However, it is unknown how anxiety and depression symptoms affect the different systems responsible for balance and balance confidence. Objective: Explore balance systems and balance confidence differences between elderly with presence/absence of anxiety and depression symptoms.

Methods

A quantitative cross-sectional study was conducted. Socio-demographic, anthropometric and general clinical data were collected with a structured questionnaire. Balance confidence was evaluated with Activities-specific Balance Confidence (ABC) and balance with Balance Evaluation System Test (BESTest) and Berg Balance Scale (BBS). The level of significance was set at $p < .05$.

Results

One hundred thirty-six (136) elderly (75.9 ± 8.8 years old; $n = 96$ female), participated in this study. All BESTest sections were significantly affected by the presence of anxiety or depression symptoms ($p < 0.001$). Similar results were observed in BBS ($p < 0.001$). The Reactive section presented the larger difference between present/absence of anxiety (49.4 ± 21.1 vs 84.2 ± 14.9 ; $p < 0.001$) and depression (46.3 ± 30.3 vs 88.5 ± 15.3 ; $p < 0.001$) symptoms. Participants' balance confidence also decreased significantly in the presence of both symptoms (anxiety: $p = 0.010$; depression: $p = 0.001$). The severity of both symptoms influenced significantly the balance (BBS (anxiety: $p = 0.013$; depression: $p = 0.029$); BESTest ($0.001 < p > 0.046$)) but not the balance confidence (anxiety: $p = 0.516$; depression: $p = 0.274$).

Conclusions

The presence of anxiety and of depression symptoms significantly decrease balance performance and balance confidence in the elderly. The severity of symptoms significantly decreases balance performance but does not seem to significantly impact on balance confidence.

Keywords

Balance, old age people, anxiety, depression

O12

Prevalence of postural changes and risk factors in school children and adolescents in a northern region (Porto)

Clarinda Festas, Sandra Rodrigues, Andrea Ribeiro, José Lumini
 Universidade Fernando Pessoa, 4249-004 Porto, Portugal

Correspondence: Clarinda Festas (clarinda@ufp.edu.pt) – Universidade Fernando Pessoa, 4249-004 Porto, Portugal
BMC Health Services Research 2016, **16(Suppl 3):O12**

Background

Postural changes acquired during childhood and adolescence are a risk factor for disorders of the spine in adulthood and may become irreversible if not treated in time. The purpose of this study was to