

369

PHYSICAL ACTIVITY IN HEALTHY CHILDREN AND CHILDREN WITH ACUTE RESPIRATORY INFECTIONS

Ana Oliveira^{1,a}, Cátia Pinho^{1,b}, Alda Marques^{1,11,c}¹*Escola Superior de Saúde. Universidade de Aveiro. Aveiro, Portugal*¹¹*Unidade de Investigação e Formação sobre Adultos e Idosos. Portugal*

Introduction: Acute respiratory infections (ARI) are the most common cause of illness worldwide and account for over 1/3 of paediatric consultations in children under the age of five (Thompson et al, 2013). It is known that exercise has anti-inflammatory effects, and adults who exercise regularly experience approximately 21%-41% less risk of developing ARI than sedentary peers (Nieman et al, 2011). However, it is unknown if this association is also observed in children.

Objective: This study aimed to compare physical activity levels of healthy children and children with ARI, under the age of five.

Methods: Children were recruited from the paediatric department of one central hospital. Physical activity was assessed with a 5-question physical activity questionnaire (Telama et al, 1997). This instrument assesses physical activity within a “normal week” (not considering periods of disease) with a score-range of 5-20. Children’s physical activity was classified into 4 categories: the sedentary (5); low activity (6–10); moderate activity (11–15) and vigorous activity (16–20). The questionnaire was filled by children’s legal representative after written consent was obtained.

Results: Twenty-four children with ARI (3±0.6 years; 14 male) and seventeen healthy children (3.3±0.2 years; 11 male) participated. Children with ARI were significantly less active (median=7.5; Interquartile-range: 6; low activity) than their healthy peers (median=12; Interquartile-range: 4.5; moderate activity).

Conclusions: Similar to adults, children with higher levels of physical activity may be at lower risk of developing an ARI. Further studies are needed to establish the most appropriated types and levels of physical activity for children under the age of five.

Descriptors: Acute Respiratory Infections; Children; Physical Activity.

^a alao@ua.pt^b catiap@ua.pt^c amarques@ua.pt

370

FAMILY CARE AT EARLY COPD: IS THERE ANY RISK FOR CAREGIVERS' MENTAL WELL-BEING?

Daniela Figueiredo^{1,11,a}, Raquel Gabriel^{1,11,b}, Cristina Jácome^{1,c}, Alda Marques^{1,11,d}¹*Escola Superior de Saúde. Universidade de Aveiro. Aveiro, Portugal*¹¹*Unidade de Investigação e Formação sobre Adultos e Idosos. Portugal*

Introduction: Evidence shows that caring for a family member with advanced chronic obstructive pulmonary disease (COPD) is a stressful experience, often associated with caregivers’ poor mental health. Much less is known about the psychological well-being of family caregivers of patients with early COPD.

Objective: This study aimed to analyze life satisfaction, anxiety and depression symptoms among family caregivers of patients with early COPD.

Methods: A cross-sectional study was conducted with caregivers of patients with early COPD (grade 1 and 2 according to the Global Initiative for Chronic Obstructive Lung Disease). A questionnaire was used to collect socio-demographic data. The Hospital Anxiety and Depression Scale was used to assess anxiety and depression symptoms, scores ≥8 were considered clinically significant. Life satisfaction was measured with the Satisfaction With Life Scale (SWLS). Descriptive statistics and Spearman correlations were applied.

Results: A total of 142 caregivers have participated (58.9±12.9 years old; 70.4% female). Most were spouses (62.7%), caring for ≥4 years (54.2%). Clinically significant anxiety symptoms were present in 62% of family caregivers, depression symptoms in 28.9% and both in 24.6%. The mean SWLS global score was 16.1±5. Significant moderate correlations were found between SWLS global score and anxiety ($r_s = -0.454$; $p = 0.001$) and depression ($r_s = -0.420$; $p = 0.001$) symptoms.

Conclusions: Findings suggest that, even at early COPD, the caregiving experience might threaten family caregivers’ psychological well-being. Interventions targeted to support caregivers earlier in the COPD course are recommended to prevent mental health decline.

Descriptors: family caregivers; early COPD; anxiety; depression; life satisfaction.

^a daniela.figueiredo@ua.pt^b raquelgabriel@ua.pt^c cristinajacome@ua.pt^d amarques@ua.pt