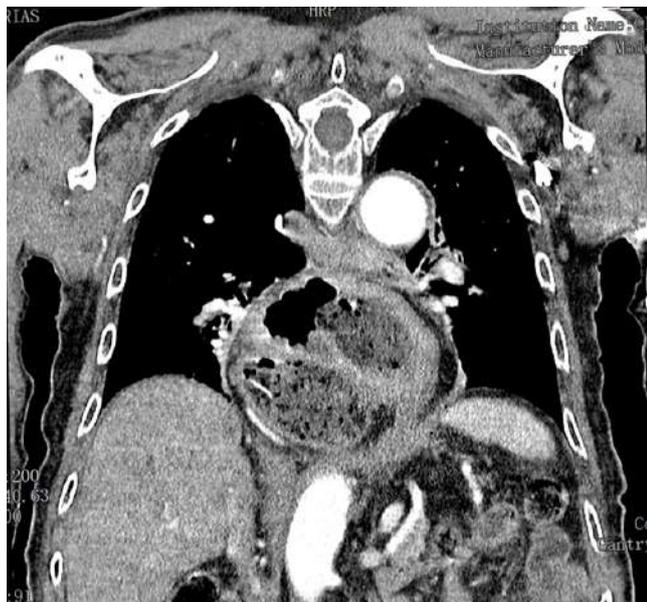


58 mmHg, pCO₂ 34,6 mmHg, saturação 90%; lactatos 1,21. Na radiografia de tórax, observa-se alargamento do mediastino e reforço hilar bilateral. O doente é internado para continuação do estudo da alegada massa perihilar e controlo sintomático. Durante o internamento, foi revista a radiografia de tórax e suspeitou-se de hérnia do hiato, diagnóstico confirmado na TC-T cujo achado principal foi volumosa hérnia do hiato gastro-esofágica de natureza mista contendo praticamente todo estômago. O caso foi discutido com Cirurgia Geral, optando-se por uma estratégia conservadora com adaptação do regime dietético. Clinicamente, observou-se melhoria do quadro de tosse e dispneia com o ajuste alimentar. O doente teve alta para a Consulta Externa de Geriatria.



Discussão: Este é um exemplo de sintomatologia respiratória associada a patologia gastrointestinal, complicado por informação errónea sugestiva de neoplasia hilar transmitida pela família do doente, que realça a importância de manter espírito crítico face aos achados da anamnese e dos exames de imagem disponíveis.

Palavras-chave: Dispneia. Tosse produtiva. Anorexia. Hérnia do hiato. Alterações radiográficas.

PO93. SOCIAL SUPPORT IN PEOPLE WITH CHRONIC RESPIRATORY DISEASES: AN EXPLORATORY STUDY

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Objectives: Social support influences health status and management of people with chronic respiratory diseases (CRDs), but it is largely unexplored. Thus, the aim of this study was to explore the quantity, quality and network composition of social support in people with CRDs.

Methods: An exploratory cross-sectional study was conducted in people with CRDs. Quantity (number of people), quality (level of satisfaction) and network composition (who provides support) of social support were assessed with the 6-item short form Social Support Questionnaire (SSQ6). For each item, participants were asked to provide two answers: i) to list all people or institutions who fit the description of the question (range: 0 to 9 people; quantity and network composition); and ii) to indicate how satisfied they were with the support these people or institutions provided (range: 1 very dissatisfied to 6 very satisfied; quality). Total score for quantity and quality was computed using the mean of the scores from the 6 items. Descriptive statistics was used, and values were presented as median, minimum and maximum or frequencies.

Results: Forty-eight people with CRDs (chronic obstructive pulmonary disease [COPD] n = 39, asthma n = 4, interstitial lung disease [ILD] n = 4 and lung cancer n = 1; 70 [51-84] years old, 32 [66.7%] male) were included. Participants had a median quantity and quality of social support of 1.66 [0.67-7.67] people and 6 [3.5-6] points, respectively. Their support network was mainly composed by close relatives (i.e., spouse and children) in all items of SSQ6 (Table).

Conclusions: People with CRDs seem to have low quantity of social support but perceive it as high quality. The network composition of social support seems to lack support from the community (e.g., neighbours and/or institutions) in this population.

Keywords: Social support questionnaire. Community support. Respiratory diseases.

Tabela PO93

Frequency of social support network composition of people with chronic respiratory diseases (n = 48)

	Spouse	Son/Daughter	Parents	Other family	Friends	Neighbour	Institutional support	Employer
Distract you from your worries	32 [1]	17 [1-4]	0	12 [1-9]	6 [1-3]	0	0	0
Help you relax	29 [1]	16 [1-4]	0	5 [1-3]	8 [1-3]	1 [1]	1 [1]	0
Accept you totally	38 [1]	24 [1-4]	1 [1]	13 [1-9]	6 [1-3]	0	0	0
Care about you	37 [1]	23 [1-4]	1 [1]	9 [1-6]	4 [1-3]	1 [1]	0	0
Help you when you feel down	31 [1]	22 [1-4]	3 [1-2]	7 [1-6]	8 [1-3]	0	0	0
Console you when you are upset	32 [1]	19 [1-4]	2 [1]	8 [1-6]	3 [1-2]	0	0	1 [1]

Note - Results are presented as: number of participants who reported to have support from these people [minimum and maximum number of people that provide support, reported by participants]