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# 2nd European Congress of Health Sciences

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# Oral Presentations



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Oral Presentation-1

## Unmasking Gastroesophageal Reflux Disease

Juan Cai<sup>1</sup>

<sup>1</sup> Specialist of Family Medicine, Shanghai, China

### ABSTRACT

This case report presents a rare but intriguing manifestation of gastroesophageal reflux disease (GERD): palpitations. We explore the intricate link between refluxate and cardiac rhythm in a young woman suffering from seemingly unexplained heart palpitations, highlighting the importance of considering gastrointestinal etiologies in patients with atypical cardiac symptoms.

### CASE PRESENTATION

A 28-year-old woman presented with a six-month history of recurrent episodes of sudden, forceful heartbeats. These episodes were often triggered by bending over, straining, or lying down after meals. She denied chest pain, heartburn, or other typical GERD symptoms. Her past medical history was unremarkable, and she did not take any regular medications.

Initial workup, including electrocardiogram (ECG) and Holter monitor, revealed occasional premature ventricular contractions (PVCs) but no sustained arrhythmias. Echocardiography was normal, ruling out structural heart disease. Serum electrolytes and thyroid function tests were within normal limits.

Given the atypical presentation and lack of obvious cardiac etiology, GERD was suspected as a potential trigger. Esophageal manometry revealed increased esophageal acid exposure, and upper endoscopy confirmed erosive esophagitis.

A trial of proton pump inhibitor therapy was initiated, along with dietary and lifestyle modifications to reduce reflux. Within a few weeks, the patient's palpitations significantly improved, occurring less frequently and with reduced intensity. After three months of therapy, she reported complete resolution of palpitations and remained symptom-free for six months of follow-up.



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Oral Presentation-2

## Gestational Diabetes Complications

Sharma Shah<sup>1</sup>

<sup>1</sup> Specialist of Gynecology and Obstetrics, New Delhi, India

### ABSTRACT

Gestational diabetes mellitus (GDM), a diagnosis affecting up to 25% of pregnancies, casts a bittersweet shadow on this otherwise joyful time. While GDM itself usually resolves after childbirth, its potential complications for both mother and baby necessitate comprehensive understanding, proactive management, and close monitoring throughout the pregnancy and beyond. For mothers, GDM increases the risk of preeclampsia, gestational hypertension, and cesarean section delivery. Additionally, women with GDM have a higher risk of developing type 2 diabetes later in life. Therefore, early diagnosis, meticulous blood sugar control, and lifestyle modifications such as healthy diet and regular exercise form the cornerstone of managing GDM and mitigating these potential complications.

In conclusion, while gestational diabetes presents challenges, it is important to remember that proactive management, close monitoring, and a supportive environment can lead to positive outcomes for both mother and baby. By raising awareness, promoting healthy lifestyle choices, and fostering research focused on prevention, management, and long-term care, we can create a sweeter future for families navigating the path of gestational diabetes.



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Oral Presentation-3

## Sexual Myths

Sharma Shah<sup>1</sup>

<sup>1</sup> Specialist of Gynecology and Obstetrics, New Delhi, India

### ABSTRACT

Sexual health encompasses a complex tapestry woven from biological, psychological, and social threads. Yet, this vital aspect of human experience remains shrouded in a thick fog of misinformation, perpetuated by persistent sexual myths. This letter aims to expose the fallacies embedded in these myths, advocating for evidence-based education and open dialogue to illuminate the reality of healthy sexuality. One pervasive myth posits that penis size directly correlates with sexual satisfaction. This harmful misconception fuels insecurities and perpetuates unrealistic expectations, both for individuals and their partners. Research, however, reveals that diverse factors including communication, emotional intimacy, and technique contribute far more significantly to sexual pleasure than mere size.

In conclusion, sexual myths weave a dangerous web of misinformation, jeopardizing individual well-being and hindering sexual health education. By unraveling these fabrications through evidence-based education, open dialogue, and targeted research, we can illuminate the path towards a brighter future, where healthy sexuality is embraced, understood, and celebrated in all its diverse forms.



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Oral Presentation-4

## Intriguing Presentation of Globus Sensation

Juan Cai<sup>1</sup>

<sup>1</sup> Specialist of Family Medicine, Shanghai, China

### ABSTRACT

Globus sensation, a feeling of a lump or tightness in the throat without objective findings, presents a diagnostic challenge due to its diverse etiology. This case report presents a perplexing case of globus in a young woman, highlighting the intricate interplay of physical and psychological factors and emphasizing the importance of a comprehensive evaluation to unmask the true culprit. In conclusion, while gestational diabetes presents challenges, it is important to remember that proactive management, close monitoring, and a supportive environment can lead to positive outcomes for both mother and baby. By raising awareness, promoting healthy lifestyle choices, and fostering research focused on prevention, management, and long-term care, we can create a sweeter future for families navigating the path of gestational diabetes.





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Oral Presentation-5

## COVID-19 Vaccine Complications

Jaime Martinez<sup>1</sup>

<sup>1</sup> Specialist of Gynecology and Obstetrics, New Delhi, India

### ABSTRACT

The COVID-19 pandemic has underscored the vital role of vaccines in safeguarding public health. While the development and deployment of COVID-19 vaccines have been historic achievements, open and honest dialogue about potential complications remains crucial. This letter aims to navigate the landscape of COVID-19 vaccine complications, emphasizing the importance of balanced communication, informed decision-making, and continued safety monitoring. It is undeniable that, like any medication, COVID-19 vaccines can carry some risks. Common side effects like pain at the injection site, fatigue, and headache are generally mild and transient. However, rare but serious complications like allergic reactions, myocarditis, and blood clots have been reported.

In conclusion, while acknowledging the potential for complications, it is vital to remember that COVID-19 vaccines have demonstrably saved countless lives and significantly curtailed the pandemic's impact. Transparency, balanced communication, ongoing safety monitoring, and informed decision-making are the cornerstones of navigating the landscape of COVID-19 vaccine complications. By approaching this conversation with honesty, data-driven evidence, and a commitment to public health, we can maximize the benefits of vaccination while fostering trust and promoting informed choices for all. In conclusion, while gestational diabetes presents challenges, it is important to remember that proactive management, close monitoring, and a supportive environment can lead to positive outcomes for both mother and baby. By raising awareness, promoting healthy lifestyle choices, and fostering research focused on prevention, management, and long-term care, we can create a sweeter future for families navigating the path of gestational diabetes.



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Oral Presentation-6

## Quality of Life after Amputation

Jun Liu<sup>1</sup>

<sup>1</sup> Specialist of Orthopedics, Shanghai, China

### ABSTRACT

Gestational diabetes mellitus (GDM), a diagnosis affecting up to 25% of pregnancies, casts a bittersweet shadow on this otherwise joyful time. While GDM itself usually resolves after childbirth, its potential complications for both mother and baby necessitate comprehensive understanding, proactive management, and close monitoring throughout the pregnancy and beyond. For mothers, GDM increases the risk of preeclampsia, gestational hypertension, and cesarean section delivery. Additionally, women with GDM have a higher risk of developing type 2 diabetes later in life. Therefore, early diagnosis, meticulous blood sugar control, and lifestyle modifications such as healthy diet and regular exercise form the cornerstone of managing GDM and mitigating these potential complications.

In conclusion, while gestational diabetes presents challenges, it is important to remember that proactive management, close monitoring, and a supportive environment can lead to positive outcomes for both mother and baby. By raising awareness, promoting healthy lifestyle choices, and fostering research focused on prevention, management, and long-term care, we can create a sweeter future for families navigating the path of gestational diabetes.



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Oral Presentation-7

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## Desvelando a Complexidade Metabólica: Estratégias de Intervenção Nutricional e Cirúrgica nas Doenças Metabólicas

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### RESUMO

Diante da ascendente prevalência de afecções metabólicas, notoriamente a obesidade e o diabetes, este estudo delinea uma abordagem abrangente fundamentada em uma meticulosa análise bibliográfica. Seu escopo primordial reside na meticulosa investigação das estratégias de intervenção não farmacológica, destacando primordialmente a terapia nutricional, como meio de controle e prevenção dessas condições.

Os resultados advogam enfaticamente pela relevância incontestável da terapia nutricional no manejo eficaz das doenças metabólicas, salientando imperativamente a premente necessidade de abordagens não medicamentosas. As análises empreendidas abordam minuciosamente a influência da dieta equilibrada, da restrição calórica e da distribuição de macronutrientes na prevenção e controle dessas condições crônicas. Extrai-se, portanto, a conclusão lapidar de que as intervenções nutricionais, quando adotadas de forma proativa e integrada, possuem um papel seminal na promoção de estilos de vida salutares e na mitigação da incidência destas enfermidades. O estudo fornecido aqui ergue, assim, uma base sólida para futuras incursões investigativas e diretrizes clínicas.

A intervenção cirúrgica bariátrica, recomendada pelo Ministério da Saúde para pacientes com obesidade, exerce um impacto direto nos níveis hormonais, incluindo a leptina e a grelina, com efeitos profundos na regulação do apetite e do metabolismo. Ademais, esta abordagem cirúrgica apresenta desafios nutricionais consideráveis, tais como anemia e deficiências vitamínicas, particularmente a respeito da vitamina B12, decorrentes da ressecção gástrica. O artigo destaca, com clareza insofismável, a importância da compreensão desses intrincados sistemas hormonais e nutricionais, a fim de otimizar os desfechos clínicos advindos da cirurgia bariátrica.

A restrição calórica, as modificações hormonais propícias à saciedade e a melhoria na sensibilidade à insulina são elucidadas como componentes basilares para o sucesso inicial desta intervenção. Contudo, a gestão pós-operatória demanda uma abordagem multidisciplinar, congregando diversos profissionais da saúde, a fim de fazer frente aos desafios nutricionais e assegurar uma metamorfose holística na saúde dos pacientes.

**Palavras-chave:** Metabolismo, Obesidade, Diabetes, Terapia Nutricional, Cirurgia Bariátrica, Intervenção Não Farmacológica, Hormônios Metabólicos, Nutrição Clínica, Saúde Metabólica.



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Oral Presentation-8

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## The Importance of Human Resource Management in Nursing

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### ABSTRACT

The healthcare sector is constantly evolving, facing the challenge of adapting to the continuous emergence of new diseases, treatments, and methods of prevention and health promotion. It is a sector where there is competition to provide rapid and effective care to a population increasingly seeking health education and their rights in general. In this dynamic and complex sector, the most valuable resource for organizations is undoubtedly the qualified healthcare professional. There are several professional groups working in healthcare institutions that must coordinate to provide assistance to patients and the community. However, among these professional groups, nursing stands out as the most representative, constantly by the patients' side. The aim of this theoretical reflection was to emphasize the importance of human resource management in the nursing field. This reflection was based on reading, analysis, and interpretation of scientific texts found in diverse databases. The continuity of nursing care is crucial for patient safety, highlighting the need for efficient human resource management. Workforce planning, recruitment and selection, compensation and benefits management, training and development, performance management, and team relationship management are some of the activities involved in human resource management. When human resource management in nursing is carried out adequately, nurses work with greater satisfaction, and the quality of care increases, as well-managed human resources lead to equity, autonomy, and competence, promoting healthy interpersonal interactions. On the other hand, failures in this process can result in staff shortages, absenteeism, high turnover, errors in practice, and lack of commitment to the profession, compromising the well-being of the nursing team and the quality of care. It is, therefore, evident that administrators of healthcare institutions and nurse managers play crucial roles in the development and maintenance of effective and efficient human resource management processes in the nursing field.

**Keywords:** Health management, human resource, nurse administrators, nursing, quality of health care nursing



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Oral Presentation-9

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## Epidemiologia da Leishmaniose Tegumentar Americana no Brasil: Uma Revisão dos Aspectos Envolvidos na Doença

*Epidemiology of American Tegumentary Leishmaniasis in Brazil: A Review of the Aspects Involved in the Disease*

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### RESUMO

As leishmanioses se caracterizam como um grupo de doenças negligenciadas, causadas por protozoários intracelulares do gênero *Leishmania* (Kinetoplastida, Trypanosomatidae)s. É considerada pela Organização Mundial da Saúde (OMS), como uma das seis mais importantes doenças infecciosas, pelo seu alto coeficiente de detecção e capacidade de produzir deformidades. Esta patologia vem aumentando nos últimos vinte anos, sendo a leishmaniose cutânea (LC) sua manifestação clínica mais frequente e a leishmaniose mucosa (LM) sua manifestação grave. Este estudo é uma revisão de literatura que busca analisar e sintetizar as informações disponíveis sobre a Leishmaniose Tegumentar Americana (LTA), com foco na situação no Brasil e nas políticas públicas de saúde, utilizando fontes de dados da LILACS, PubMed, Scielo e o Ministério da Saúde do Brasil. A busca por artigos foi realizada nas bases de dados usando os termos “leishmaniose tegumentar americana”, “transmissão da leishmaniose no Brasil”, “epidemiologia da LTA”, “tratamento da LTA”, “prevenção da LTA” e outras palavras-chave relacionadas. Descrevemos os aspectos envolvidos na doença como epidemiologia, ciclo biológico do parasito, prevenção, tratamento e diagnóstico. Tornam-se necessárias ações educativas da população para que haja medidas preventivas no combate à doença. É essencial que haja o combate do vetor e o diagnóstico precoce para que o tratamento seja mais eficaz. E a notificação é importante para dados epidemiológicos mais concretos.

**Palavras-chave:** leishmaniose tegumentar americana; transmissão da leishmaniose no Brasil; epidemiologia da LTA; tratamento da LTA; prevenção da LTA.



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## Desafios Atuais em Saúde Materno-Infantil: A Complexidade da Diabetes Mellitus Gestacional

*Current Challenges in Maternal and Child Health: The Complexity of Gestational Diabetes Mellitus*

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### RESUMO

A diabetes mellitus gestacional (DMG) representa um desafio clínico complexo devido às alterações fisiológicas e hormonais na gestação. Compreender a fisiopatologia é crucial para estratégias terapêuticas eficazes, já que a intolerância à glicose demanda abordagem cuidadosa. Este artigo oferece uma visão científica do tratamento contemporâneo da DMG. Metodologia: A revisão integrativa analisa estudos sobre o manejo da DMG e desfechos materno-infantis. Bases como LILACS, PUBMED e SciELO são consultadas. Critérios incluem publicações de 2010 a 2023, nos idiomas inglês, português e espanhol, com texto completo disponível. Resultados e discussão: Durante a gestação, o DMG envolve interações hormonais complexas, destacando o papel do lactogênio placentário e da progesterona. O diagnóstico, feito idealmente entre a 24ª e 28ª semana com o TOTG, guia estratégias de tratamento. Modificações no estilo de vida, dieta balanceada e monitoramento regular da glicose são fundamentais para um controle adequado. Conclusão: O manejo da DMG abrange do pré-natal ao pós-gestação. O controle glicêmico cuidadoso durante a gravidez é essencial para minimizar riscos. Monitoramento, alimentação saudável e intervenções terapêuticas são cruciais, proporcionando gestações mais seguras e promovendo a saúde materno-infantil.

**Palavras-chave:** diabetes gestacional na atenção primária; prevalência do diabetes gestacional no Brasil; tratamento do diabetes gestacional; complicações do diabetes gestacional.



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Oral Presentation-11

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## Diagnóstico e Avaliação da Lipomatose Epidural Espinhal (LEE) por Ressonância Magnética

*Diagnosis and Evaluation of Spinal Epidural Lipomatosis (SEL) by Magnetic Resonance Imaging*

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### RESUMO

A Lipomatose Epidural Espinhal (LEE) é uma doença caracterizada pelo acúmulo excessivo de gordura no espaço epidural da coluna vertebral, resultando em compressão medular ou radicular. Estudos indicam uma prevalência de LEE de 60% na coluna torácica, predominantemente em T6-T8, e 40% na coluna lombar, com maior incidência em L4-L5.

As principais causas incluem obesidade, altos níveis de corticóides exógenos ou endógenos e hipotireoidismo. A forma idiopática é rara, representando aproximadamente 17% dos casos, e pode se manifestar como mielopatia compressiva ou compressão das raízes da cauda equina.

A ressonância magnética (RM) é reconhecida como a modalidade de imagem padrão-ouro para o diagnóstico e avaliação da lipomatose epidural espinhal (LEE). A LEE é categorizada em graus de leve (I), moderada (II) e grave (III), com sintomatologia variando de assintomática em LEE leve à sintomática em casos graves. Um sinal diagnóstico crucial para LEE na coluna lombar é o sinal "Y", caracterizado pelo acúmulo concêntrico de gordura epidural que comprime o saco dural, resultando em uma aparência poligonal típica do saco.

O manejo da LEE é determinado pela gravidade da condição, variando de medidas conservadoras, como tratamento de hipercortisolemia e redução de agentes exógenos, a intervenções mais invasivas. Estratégias conservadoras incluem tratamento de doenças endógenas e perda de peso em casos associados à obesidade. Quando essas medidas não são eficazes, a laminectomia descompressiva e a excisão do tecido adiposo epidural são recomendadas para alívio dos sintomas e tratamento eficaz da LEE.

**Palavras-chave:** Ressonância Magnética (RM); Lipomatose Epidural Espinhal (LEE); Diagnóstico; Gravidade; Sinal "Y"



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Oral Presentation-12

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## Mekanik Bel Ağrıları Olan Bireylerde Yürümenin Mobilite, Denge ve Antropometrik Ölçümler Üzerine Etkileri

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### ÖZET

**Amaç:** Bu çalışmanın amacı yürümenin mobilite, denge ve antropometrik ölçümler üzerindeki etkilerini araştırmaktır.

**Gereç ve Yöntem:** Çalışmamıza T:C. Artvin Üniversitesi Bilimsel Araştırmalar ve Etik Kurulu'nun E-18457941-050.99-132258 sayılı onayıyla başlanmıştır. Çalışmamızın evrenini Dicle ve Artvin Çoruh Üniversitesi'ndeki fizyoterapi öğrencileri oluşturmaktadır. Çalışmaya lumbal bölgede cerrahi operasyon geçmişi olmayan mekanik bel ağrılı 18 yaş üstü bireyler dâhil edilmiştir. Kişiler randomizasyon ile deney ve kontrol gruplarına ayrılmışlardır. Katılımcılara çalışma kapsamında kişisel bilgi formu doldurtulmuş ve bel-kalça çevresi ölçülmüştür. Bireylerin fonksiyonelliklerini belirlemek için zamanlı kalk ve yürü testi ile birlikte 40 metre hızlı tempo yürüme testi uygulanmıştır. Deney grubuna Voit marka koşu bandında 5 kilometre/saat hızda 20 dakikalık orta tempolu yürüyüşe başlatılmışlardır. Kontrol grubunda yer alan bireyler ise fizyoterapistlerin önerdiği yönergelerle dikkat ederek gündelik hayatlarına devam etmişlerdir. Ölçümler yürüyüşten sonra tekrarlanmış olup tedavi öncesi ve sonrasında değerlendirmeler gerçekleştirilmiştir. Sonuçlar SPSS 22 paket programında değerlendirilmiştir.

**Bulgular:** Çalışmamıza deney grubunda 78 (E:30, K:48), kontrol grubunda 78 (E:33, K:45) olmak üzere 156 birey dahil edilmiştir. Deney grubundaki bireylerin yaş ortalaması (20.00±1.25) iken kontrol grubundaki bireylerin yaş ortalaması (20.00±2.00)'dır. Katılımcıların zamanlı kalk ve yürü testi sonuçlarında yürüyüş sonrası deney grubunun test sürelerinin anlamlı düzeyde azaldığı tespit edilmiştir (p<0,05). Bireylerin 40 Metre Hızlı Tempo Yürüme testi sonuçlarında yürüyüş sonrası deney grubunun test sürelerinin anlamlı düzeyde azaldığı saptanmıştır (p<0,05). Katılımcıların kalça çevresi antropometrik ölçümlerinin deney grubunda yürüyüş sonrası anlamlı düzeyde azaldığı tespit edilmiştir (p<0,05). Bireylerin bel çevresi antropometrik ölçümlerinin deney grubunda yürüyüş sonrası anlamlı düzeyde azaldığı saptanmıştır (p<0,05).

**Sonuç:** Çalışmamız sonucunda bireylerde yürüme egzersizinin mobilite, denge ve antropometrik ölçümler üzerinde anlamlı değişiklikler oluşturduğu gözlenmiştir.

**Anahtar Kelimeler:** Mekanik Bel Ağrısı, Yürüme, Mobilite, Antropometri





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Oral Presentation-12

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## Effects of Walking on Mobility, Balance and Anthropometric Measurements in Individuals with Mechanical Low Back Pain

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### ABSTRACT

**Objective:** The aim of this study was to investigate the effects of walking on mobility, balance and anthropometric measurements.

**Materials and Methods:** Our study was initiated with the approval of the Scientific Research and Ethics Committee of Artvin University with the number E-18457941-050.99-132258. The population of our study consisted of physiotherapy students at Dicle and Artvin Çoruh Universities. Individuals over the age of 18 with mechanical low back pain without a history of surgical operation in the lumbar region were included in the study. The individuals were divided into experimental and control groups by randomization. Participants were asked to fill out a personal information form and waist-hip circumference was measured. In order to determine the functionality of the individuals, a 40-meter fast tempo walking test was applied along with a timed get up and walk test. The experimental group started 20 minutes of moderate-paced walking at a speed of 5 kilometers/hour on a Voit brand treadmill. The individuals in the control group continued their daily lives by paying attention to the instructions recommended by the physiotherapists. Measurements were repeated after walking and evaluations were performed before and after the treatment. The results were evaluated using SPSS 22 package program.

**Results:** The study included 156 individuals, 78 (M:30, F:48) in the experimental group and 78 (M:33, F:45) in the control group. The mean age of the individuals in the experimental group was (20.00±1.25), while the mean age of the individuals in the control group was (20.00±2.00). In the timed get up and walk test results of the participants, it was determined that the test times of the experimental group decreased significantly after walking ( $p<0.05$ ). In the results of the 40-meter fast tempo walking test, it was determined that the test times of the experimental group decreased significantly after walking ( $p<0.05$ ). It was determined that the hip circumference anthropometric measurements of the participants decreased significantly after walking in the experimental group ( $p<0.05$ ). It was determined that the waist circumference anthropometric measurements of the individuals decreased significantly after walking in the experimental group ( $p<0.05$ ).

**Conclusion:** As a result of our study, it was observed that walking exercise caused significant changes in mobility, balance and anthropometric measurements in individuals.

**Keywords:** Mechanical Low Back Pain, Walking, Mobility, Anthropometry



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Oral Presentation-13

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## Desafios e Estratégias no Manejo da Tuberculose Pulmonar: Uma Análise da Realidade nas Redes Públicas Brasileiras

*Challenges and Strategies in Managing Pulmonary Tuberculosis: An Analysis of the Reality in Brazilian Public Networks*

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### RESUMO

**Introdução:** A tuberculose, uma enfermidade persistente com implicações globais, afeta um terço da população mundial, com alarmantes 9 milhões de novos casos e 1 milhão de óbitos registrados pela Organização Mundial de Saúde (OMS) em 2013. No contexto global, 80% desses casos concentram-se em 22 países, incluindo o Brasil, que ocupa a 16ª posição em número de casos absolutos, responsável por 31% das ocorrências na América Latina. As manifestações clínicas podem variar de agudas e graves a mais insidiosas, incluindo febre baixa, sudorese noturna e inapetência. O diagnóstico, frequentemente baseado na baciloscopia do escarro, requer uma abordagem multidimensional, incluindo cultura e métodos moleculares para monitoramento durante o tratamento. Este estudo visa oferecer uma perspectiva abrangente e cientificamente embasada das práticas contemporâneas no manejo da tuberculose pulmonar. **Metodologia:** A revisão integrativa aborda o manejo da tuberculose, analisando estudos relacionados aos desfechos da doença. Bases de dados, como LILACS, PUBMED e SciELO, são consultadas para compilar evidências. Os critérios de inclusão abrangem publicações de 2010 a 2023, nos idiomas inglês, português e espanhol, com acesso ao texto completo. **Resultados e Discussão:** A tuberculose é uma doença infecciosa crônica caracterizada por sua natureza granulomatosa e necrosante, sendo desencadeada pelo bacilo álcool-ácido-resistente (BAAR), principalmente o *Mycobacterium tuberculosis*. O diagnóstico clínico da tuberculose é considerado quando não é possível confirmar a suspeita por meio de exames laboratoriais bacteriológicos. **Conclusão:** Apesar do conhecimento disponível, a tuberculose ainda mantém um impacto significativo na sociedade. A demora dos pacientes em procurar ajuda médica amplifica os desafios, resultando em diagnósticos tardios e adesão inadequada ao tratamento. O protocolo terapêutico, com duração mínima de seis meses, é um fator crítico para os elevados índices de abandono, exigindo estratégias mais eficazes para promover a continuidade do tratamento. A abordagem holística, combinando diagnóstico precoce, apoio ao paciente e tratamentos adaptados, é essencial para enfrentar os desafios sociais associados à tuberculose.

**Palavras-chave:** tratamento da tuberculose pulmonar na atenção primária; prevalência da tuberculose pulmonar no Brasil; protocolos de tratamento da tuberculose pulmonar; desafios no manejo da tuberculose pulmonar.



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Oral Presentation-14

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## Slightly Elevated Ammonia with Severe Neurological Findings in an Ornithine Transcarbamylase Deficiency Case

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### ABSTRACT

Ornithine transcarbamylase deficiency (OTCD) is the most common subtype of urea cycle disorders with X-linked inheritance. Here, we present the clinical follow-up of a 9.5-year-old patient diagnosed with OTCD, who exhibited severe neurological symptoms despite a slightly elevated ammonia level. The patient had prior episodes of asymptomatic mild hyperammonemia (100-200  $\mu\text{mol/L}$ ) and severe hyperammonemia (645  $\mu\text{mol/L}$ ) with ataxia and drowsiness, successfully managed with ammonia scavenger treatments. The patient, who was followed up regularly and had good dietary compliance, was admitted to the emergency service due to agitated behavior, ataxia, and a tendency to sleep. The first ammonia level at admission was 127.7  $\mu\text{mol/L}$ . Although additional oral doses of sodium benzoate, sodium phenylbutyrate, L-arginine, and carnitine were given, followed by intravenous sodium benzoate and sodium phenylacetate, no significant decrease in ammonia was achieved, and the neurological findings progressed. There was no other trauma, intoxication, meningitis, encephalitis, dietary disruption, or high protein intake that would explain the patient's comatose state. Brain MRI and fundus examination revealed no pathology. Despite ammonia levels ranging between 127.7 and 197.5  $\mu\text{mol/L}$ , the decision for hemodialysis was made due to the progression of neurological findings and the comatose state. The pre-dialysis ammonia level increased to 905  $\mu\text{mol/L}$  during hemodialysis preparation. Serum amino acids measured before dialysis during the hyperammonemia attack were alanine: 554.27 (144-557), glutamine: 986.9 (333-809)  $\text{mmol/L}$ , and urine organic acid analysis resulted in orotic acid as 2.29  $\text{mmol/molcrea}$  (0-11). In the second hour of hemodialysis, the patient's ammonia level decreased to 297  $\mu\text{mol/L}$ , and due to the development of hypotension, the procedure was terminated. She was intubated, and inotropic support was started. After hemodialysis was discontinued, the ammonia level decreased to 138.9  $\mu\text{mol/L}$ , and rebound hyperammonemia did not develop. However, the patient, whose Glasgow coma score dropped to 3, died at the 48th hour after dialysis due to cardiac arrest. While our patient previously had attacks with higher ammonia levels but milder neurological findings, in her last admission, she presented with a severe neurological clinic disproportionate to her ammonia level. Despite a decrease in ammonia levels post-dialysis, the patient's condition deteriorated rapidly, leading to cardiac arrest and death. This case underscores the challenge of managing severe neurological manifestations in OTCD, even with seemingly moderate ammonia levels, highlighting the potential need for early dialysis regardless of ammonia levels. This case contributes to the limited literature on this topic.



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*Oral Presentation-14 (continue)*

## Introduction

Ornithine transcarbamylase deficiency (OTCD) is an inherited metabolic disease within the subgroup of urea cycle disorders.<sup>1</sup> The disease is inherited in an X-linked manner, and clinical findings are observed in both males and females.<sup>1</sup> Here, the clinical course and management steps of a 9.5-year-old girl patient who presented to the emergency department with severe neurological symptoms despite mild hyperammonemia and severe changes in consciousness incompatible with hyperammonemia will be presented.

## Case

A 9.5-year-old female patient was diagnosed with OTCD three years ago, based on both metabolic and genetic tests, due to a tendency to sleep and irritability attacks, and her ammonia level was successfully reduced with oral and IV ammonia scavenger treatments due to her past high-level hyperammonemia (645  $\mu\text{mol/l}$ ) attacks. The patient was able to perform daily activities and self-care without assistance. Body weight: 20 kg (<3p, -2.6 SDS), Height: 123 cm (<3p, -2.0 SDS). The same day, after weakness and restlessness that started at home in the morning, the patient was admitted to the emergency service in the afternoon with complaints of an ataxic gait, subsequent confusion, meaningless conversations, and a tendency to sleep. The patient, whose spontaneous eyes were open, her pupils were isochoric, and her direct and indirect light reflexes were positive, had a distracting response that could not be localized to painful stimuli and meaningless sounds. Glasgow's coma score was 10 points. There was no suspicion of intoxication, dietary incompatibility, high protein intake, fever, vomiting, or seizure in her history. She was using sodium benzoate (300mg/kg/day), sodium phenylbutyrate (420 mg/kg/day), and L-arginine (225 mg/kg/day) medications regularly. There were no signs of meningeal irritation during the physical examination. The patient's complete blood count, biochemistry (AST: 22 u/L ALT: 14 u/L), CRP, procalcitonin, and carboxyhemoglobin levels were within normal limits. In the blood gas, there was respiratory alkalosis (pH: 7.45, PCO<sub>2</sub>: 28, HCO<sub>3</sub>: 21.8), which is expected in hyperammonemia. Her ammonia level was 127.7  $\mu\text{mol/L}$  upon admission, and she showed signs of severe inappropriate changes in consciousness, although mild hyperammonemia. A brain MRI was performed on the patient, and no pathological findings suggestive of diffusion restriction, brain edema, or pseudostroke were detected. No papilledema was detected in the fundus examination. The patient's L-arginine, sodium benzoate, and sodium phenylbutyrate treatments were continued enterally by inserting a nasogastric tube. An additional dose of 250 mg/kg of sodium benzoate and sodium phenylbutyrate was given enterally in addition to the maintenance doses. Protein intake was stopped, and the fluid was adjusted to a high glucose infusion rate of 6 mg/kg/min. After 4 hours, the control ammonia level resulted in 135.1  $\mu\text{mol/l}$ . There was no change in the clinical findings. The patient was started on crystallized insulin infusion for anabolic effect and lipid infusion for calorie support. A central catheter was inserted into the patient, whose control ammonia level was 197.5  $\mu\text{mol/L}$ , and iv sodium benzoate and iv na phenylacetate 250 mg/kg loading was started. A maintenance dose was applied with the same dosage. N-carbamylglutamate was given enterally at 100 mg/kg. However, the patient's Glasgow coma score decreased to 8 (she was opening his eyes with painful stimuli, making meaningless sounds, and moving aimlessly to painful stimuli), her pupils became isochoric mid-dilated, and the light reflex response decreased. No papilledema was detected in the control fundus examination. No pathological findings were detected in the follow-up brain MRI. Since the patient's control ammonia level decreased to 157.4  $\mu\text{mol/L}$ , clinical follow-up continued, but hemodialysis preparations were started.



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## *Oral Presentation-14 (continue)*

In the follow-up, the control ammonia level was 642.6  $\mu\text{mol/L}$ ; catheter revision was performed due to insufficient catheter diameter for hemodialysis, and she was taken to hemodialysis with 905.0  $\mu\text{mol/L}$ . During hemodialysis, the ammonia level decreased to 297.0  $\mu\text{mol/L}$  in the 2nd hour. Hemodialysis was terminated at the 2nd hour due to the development of hypotension. After dialysis, the decrease in ammonia continued up to 138.9  $\mu\text{mol/L}$ . Rebound hyperammonemia, which can be seen after dialysis, was not observed. However, due to hypotension developed during dialysis, she was intubated and received noradrenaline and adrenaline infusion from that moment on. The patient had no response to painful stimuli, pupils were fixed and dilated, and there was no light reflex response. The patient's resistant hypotension continued, her Glasgow coma score dropped to 3, cardiac arrest developed, and she became exitus in the 48th hour after hemodialysis.

There was no positive result in the patient's blood and urine cultures. Acute phase reactants did not increase during follow-up. No other cause was detected other than hyperammonemia that could explain the change in consciousness and comatose state. When the patient's ammonia level was 642.6  $\mu\text{mol/L}$ , the serum amino acids ( $\mu\text{mol/L}$ ) were Alanine: 554.27 (144-557), Glutamine: 986.9 (333-809), Citrulline: 3.79 (6-49), Arginine: 37.64 (45-125), and urine organic acid analysis resulted in orotic acid: 2.29  $\text{mmol/mol creat}$  (0-11). At the patient's routine check-up one month before the attack, in the asymptomatic period, serum amino acids ( $\mu\text{mol/L}$ ) were Alanine: 415.82 (144-557), Glutamine: 612.19 (333-809), Citrulline: 8.79 (6-49), Arginine: 130.46 (45-125) and urine organic acid analysis resulted in orotic acid: 0  $\text{mmol/mol creat}$  (0-11).

## **Discussion**

Despite the patient's stupor at first admission, her ammonia level was 127.7, and she had only slightly high hyperammonemia. The patient, who is under regular follow-up, had previous asymptomatic outpatient follow-ups with similar ammonia levels. Once, she applied to the outpatient clinic with complaints of only mild ataxia and mild drowsiness, with an ammonia level of 645  $\mu\text{mol/L}$ . She was admitted to the intensive care unit. Her ammonia level was lowered in 4 hours with iv benzoate and iv phenylacetate infusion. There was no need for dialysis, and her mild clinical findings improved within hours. In her last episode, it was very difficult to interpret and manage such mild but resistant hyperammonemia and such severe clinical findings. In hyperammonemia treatment guidelines, hemodialysis preparation is recommended when the ammonia level is between 250 -500  $\mu\text{mol/L}$ .<sup>2</sup> Additionally, the hemodialysis process has its own complications.<sup>3</sup> Literature shows that continuous venovenous hemodiafiltration is more successful in this group of patients.<sup>3</sup> However, only the hemodialysis method could be applied to our patient because this was the fastest treatment that could be used in our intensive care unit. Hypotension that developed during the procedure could not be treated despite termination of the procedure and inotropic support. Although the patient's ammonia level was not within the dialysis limit in the guideline when she first arrived, hemodialysis could have been performed earlier (between ammonia levels 197.5 and 157.4  $\mu\text{mol/L}$ ) due to the severe change in consciousness and neurological findings.



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## Oral Presentation-14 (continue)

Similarly, there is another case of OTC deficiency described in the literature with severe neurological findings in mild hyperammonemia.<sup>4</sup> This patient was admitted to the emergency department in a lethargic state when the ammonia level was 191.4  $\mu\text{mol/L}$ .<sup>4</sup> Although the ammonia level decreased after ammonia-lowering treatments, she was first taken to hemodialysis due to the development of class 2-3 coma symptoms.<sup>4</sup> She could not tolerate this in the 3rd hour of dialysis, and the clinical condition worsened and then was applied continuous venovenous hemodiafiltration for 16 hours.<sup>4</sup> During the follow-up of this patient, her neurological findings improved after dialysis, and she continued to follow up without any sequelae.<sup>4</sup> Some authors suggest that hemodialysis can be performed in cases where the ammonia level is lower than that of the classical approach guidelines,  $>180 \mu\text{mol/L}$ .<sup>5,6</sup> In the metabolic examinations taken when the ammonia level of our patient increased to 642  $\mu\text{mol/L}$ , despite severe hyperammonemia, there were not significantly high serum glutamine and alanine levels in serum analysis. It was also interesting that there was no increased urinary orotic acid level. Since our patient was a patient with a known diagnosis, metabolic tests were not taken when she presented with her first attack, which prevented us from understanding whether this was treatment-related or not. However, in another case in the literature, it was stated that plasma glutamine and urinary orotic acid levels were normal at admission.<sup>4</sup> This situation also brings to mind whether another accumulated substance, which we have not yet defined and can be cleared by dialysis, may be causing the neurological findings. With the development of omic technologies, it may be worth investigating the serum samples of patients with OTC deficiency during the attack in terms of an accumulated substance we have not yet identified.<sup>7</sup> Pseudostroke-like brain MRI can also be seen in OTC deficiency patients. There was no involvement in the brain MRIs taken upon our patient's arrival and 24 hours later. There were no physical examination findings such as hemiparesis or facial asymmetry. This reduces the possibility of a stroke-like attack triggering a comatose state, which can be seen in OTC deficiency.<sup>8,9</sup>

## Conclusion

OTC deficiency is the most common type of urea cycle disorder. It is a disease that can develop hyperammonemia with a wide variety of triggering factors, causing clinical findings ranging from headache to coma and severe morbidity and mortality. Although it is stated that high ammonia levels are correlated with clinical findings and the risk of sequelae, in a small number of cases like ours, there may be severe neurological findings disproportionate to high ammonia levels. There is still insufficient data in the literature about managing such patients or whether there is a possible different metabolite that accumulates other than ammonia, causing severe neurological findings.

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Oral Presentation-15

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## Missed Nursing Care in Intensive Care Units: A Bibliometric Analysis

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### ABSTRACT

**Objective:** This study conducts a bibliometric analysis of missed nursing care in intensive care units.

**Methods:** A search in the Web of Science database using the keywords "Missing nursing care," "Nursing care rationing," "Care left undone," "missed care," "miss care," and "intensive care" yielded 951 studies. After final filtering, 951 studies published between 2019 and 2023 were selected. Data analysis was performed using RStudio Bibliometrix and Vosviewer 1.6.19 programs.

**Results:** A total of 951 documents from 10 different countries and 165 different sources were reviewed, of which 758 are research articles. Publications per year were as follows: 144 in 2019, 226 in 2020, 172 in 2021, 210 in 2022, and 199 in 2023. The United States has a dominant position with 271 articles, and the "Journal of Nursing Management" is the most prolific journal. The United States also leads substantially in citations, with 1,157 citations recorded. Critical terms highlighted include 'patient safety,' 'missed nursing care,' and 'nursing care.'

**Implications:** The significance of missed nursing care is growing in clinical practice settings. There is diversity among different countries and sources regarding this issue, yet the United States is notably prominent in this field.

**Keywords:** Missed nursing care, Bibliometric analysis, Intensive care units, missed care, miss care.

### Introduction

Intensive care units (ICUs) are highly complex environments where critically ill patients receive advanced care and treatment facilitated by various technological tools and devices (1). This intricate and critical setting often becomes a source of stress for both patients and healthcare professionals (2). Nurses managing the care of ICU patients encounter numerous stressors stemming from the unit's unique characteristics while simultaneously addressing the concerns of patients and their families. They bear the physical and psychological burdens of caring for critically ill individuals, must handle high-knowledge situations, ensure patient safety, provide essential materials, and maintain these materials in a ready-to-use state.

Nursing care, a central concept of professional nursing, is intrinsic to the nursing discipline (3). Nursing care must be administered by competent nurses who can deliver quality, comprehensive care (4). The quality of nursing care varies across healthcare institutions (5). Access to quality nursing care is both a right for patients and a responsibility for nurses, with the overall quality of healthcare services being influenced by the level of nursing care provided. Cost-effective nursing care can also enhance the quality of nursing services (6). Essential nursing care may occasionally be overlooked in daily practices, posing threats to patient safety (7). The failure to provide adequate nursing care introduces the concept of unmet nursing care needs.





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## Oral Presentation-15 (continue)

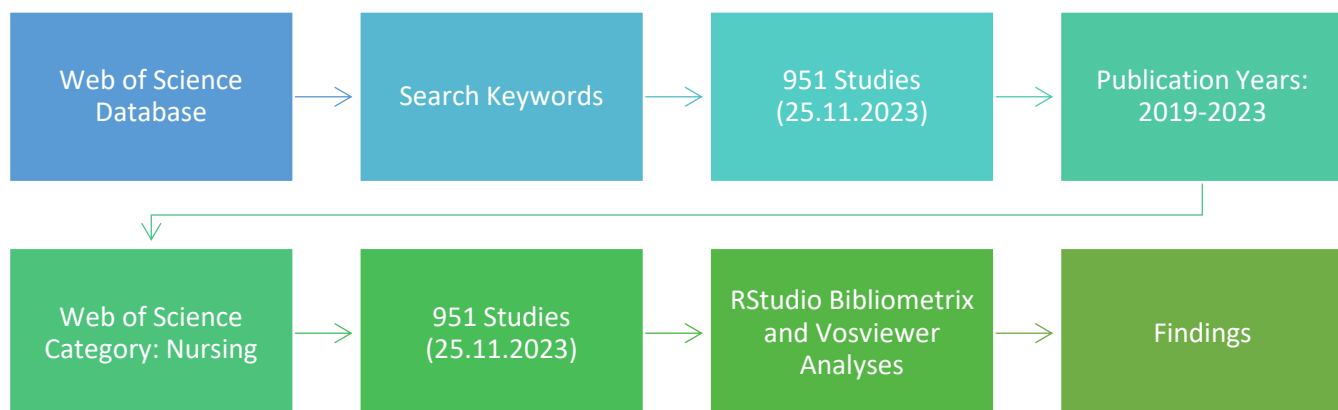
The term "Missing Nursing Care (MNC)" was first defined by Kalisch in 2006 through qualitative research as the neglect or postponement of all or part of the necessary care (8). Missing Nursing Care is variously described as "missed care," "unmet care," "left behind care," "incomplete care," "unfinished care," and "deferred care." For clarity in this bibliometric analysis, the term "Missing Nursing Care" will be used.

Recent research has highlighted a direct correlation between Missing Nursing Care and conditions such as heart failure, acute myocardial infarction, phlebitis, pressure ulcers, and urinary system infections, as well as outcomes like reduced patient satisfaction, increased falls, extended hospital stays, delays in discharge, physical disabilities, and even higher mortality rates (9-14). Furthermore, Missing Nursing Care has emerged as an international issue with significant safety and cost implications for patients and health systems (15,16). As a result, the topic of Missing Nursing Care has gained increasing attention in scholarly literature, with studies focusing on its prevalence and causes (9, 17), associated factors (10,11), influencing conditions (18), and its impact on both patients and nurses (19).

Missing Nursing Care can manifest at any stage of the care process (20). Factors such as long working hours (21), increased workload, the professional experience of nurses (21, 22), high patient-to-nurse ratios (23), limited resources and equipment (21,22), and inadequate nurse/assistant ratios (24) compel nurses to prioritize immediate tasks over others that can be postponed (25). These factors can lead to delays or the non-provision of specific nursing interventions (22).

Studies conducted around the globe show that necessary nursing care is often missed for various reasons, indicating that Missing Nursing Care is a global concern and prompting researchers worldwide to investigate this issue further. This study discusses Missing Nursing Care in intensive care units, aiming to enhance our understanding of its significance, potential contributions in this area, its international definitions, and its scholarly contributions.

## Methods



**Figure 1.** Flowchart of the search strategy.

Using the Web of Science database, we searched with the keywords "Missing nursing care," "Nursing care rationing," "Care left undone," "missed care," "miss care," and "intensive care." As of November 25, 2023, our search yielded 951 studies published between 2019 and 2023. We analyzed these 951 studies using RStudio Bibliometrix and Vosviewer 1.6.19 software, resulting in the below findings.



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*Oral Presentation-15 (continue)*

## Findings

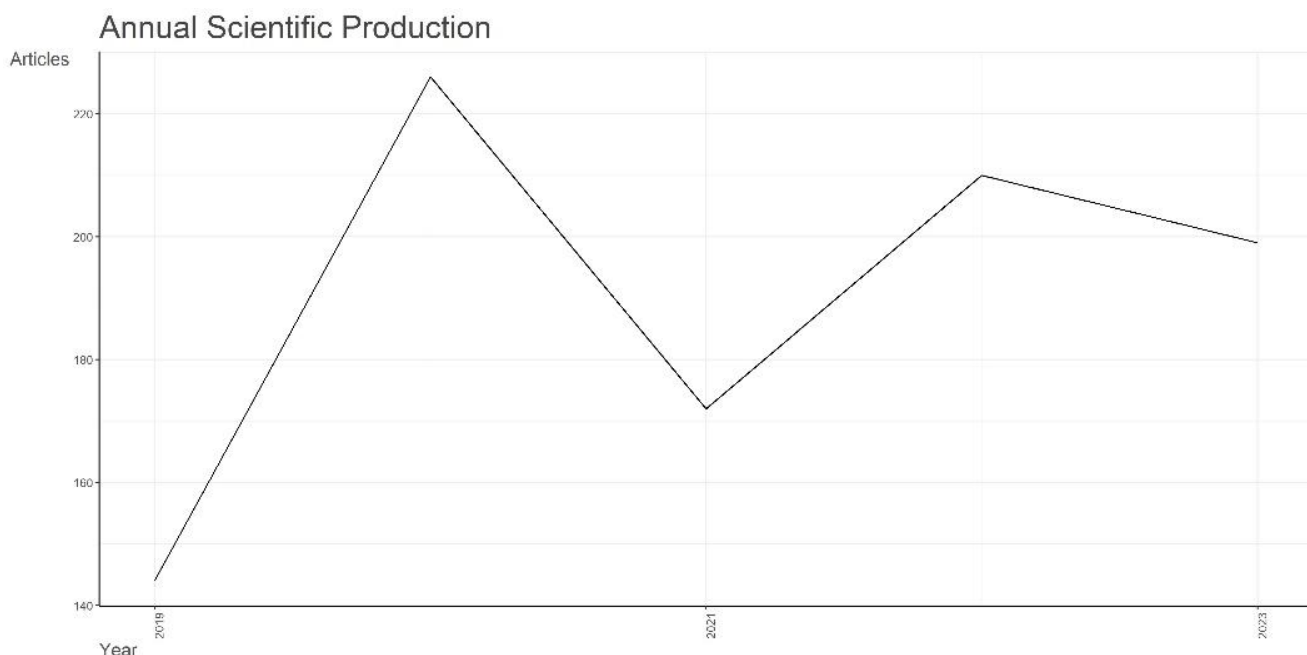
Between 2019 and 2023, a total of 951 documents from 165 different sources on intensive care units and missed nursing care were reviewed. The majority of these documents are full-text articles, totaling 758. Editorial materials and reviews follow with 30 and 103 items, respectively. The total number of authors involved in these studies is 3502. While there are 66 single-authored documents, the number of authors for these documents is 71, indicating that some authors have multiple single-authored articles. On average, there are 4.51 authors per document. The percentage of authors with international collaborations is 22.29%.

**Table 1.** Main Information About Data

Timespan	2019:2023
Sources (Journals, Books, etc)	165
Documents	951
Annual Growth Rate %	8.42
Authors	3502
Authors of single-authored docs	66
Single-authored docs	71
Co-Authors per Doc	4.51
International co-authorships %	22.29
Article	758
Editorial material	30
Review	103

## Annual Scientific Production

There has been a change in scientific production from 2019 to 2023. The production started with 144 documents in 2019, increased to 226 papers in 2020, and as of now, 199 documents have been produced in 2023 (Figure 1).



**Figure 1.** Annual Scientific Production



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### Most Relevant Sources

In the field of missed nursing care, specific journals are prominently featured in the scholarly literature. The 'Journal of Nursing Management' leads with a significant contribution of 91 articles, making it the top-ranked journal in this area. It is followed by the 'Journal of Advanced Nursing' with 50 articles and the 'Journal of Clinical Nursing' with 41 articles (Figure 2).

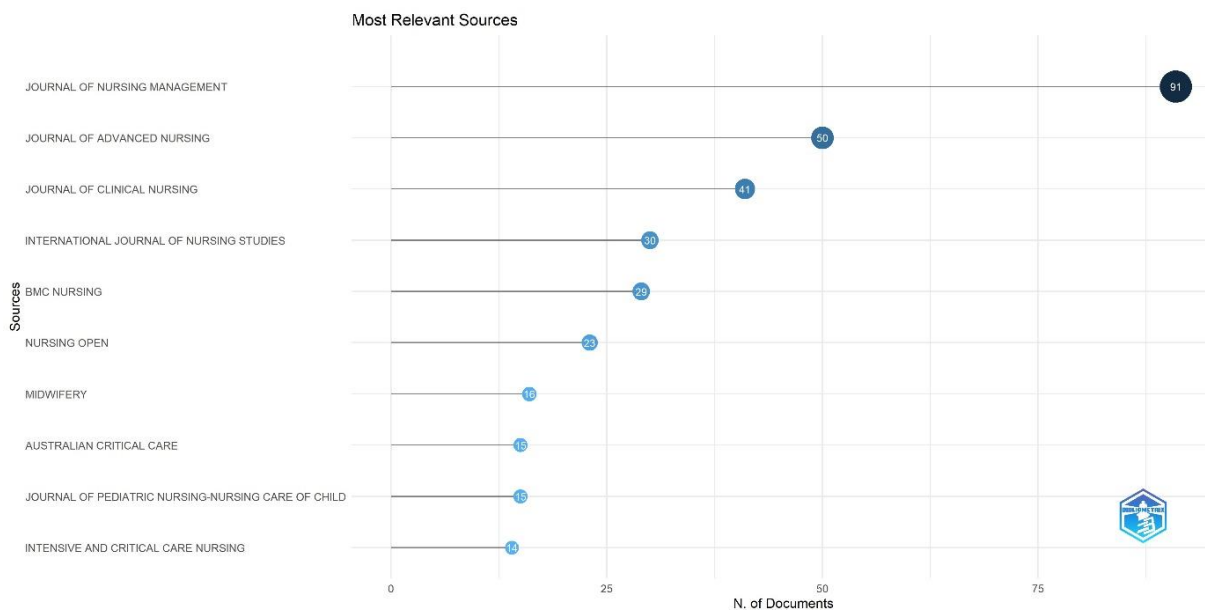


Figure 2. Most Relevant Sources

### Most Relevant Authors

Another crucial aspect of the bibliometric analysis conducted in this study is identifying the most influential authors in the field. For instance, Palese A stands out with 18 publications (Figure 3).

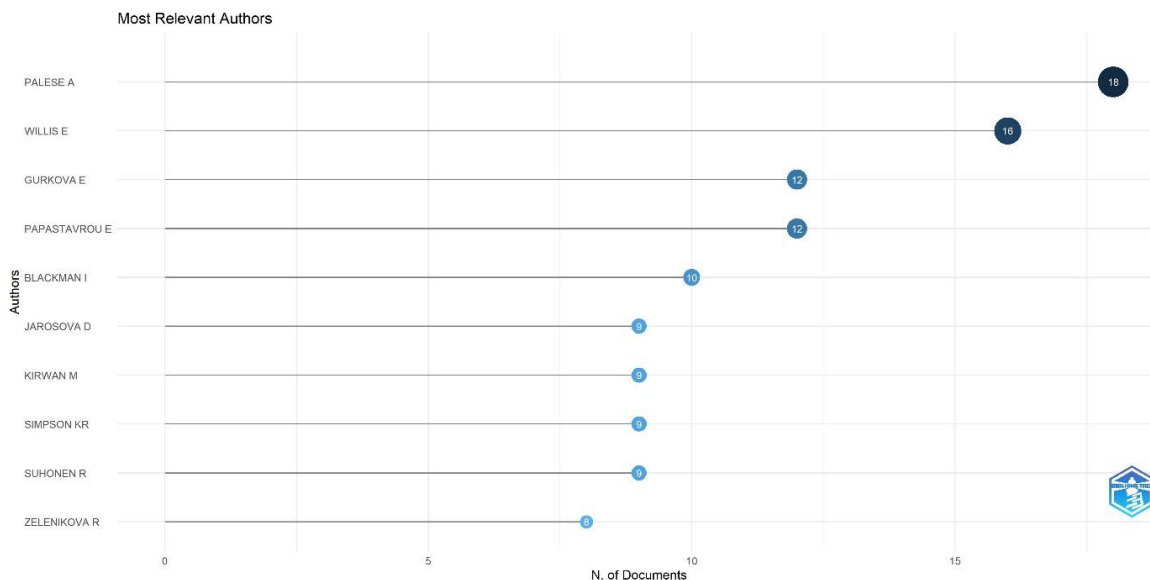


Figure 3. Most Relevant Authors





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## Conclusions and Recommendations

This bibliometric study analyzed 951 studies published between 2019 and 2023, assessing the research on missed nursing care in intensive care units. The results indicate that the importance of Missing Nursing Care (MNC) in intensive care units is increasingly recognized. The majority of these studies have been conducted in the United States.

Among the keywords, the concepts of 'Care,' 'Impact,' and 'Nurse' have been particularly prominent. This emphasis reflects both the impact of MNC on patient care and the various ways it shapes the overall effectiveness of health systems.

This analysis sets a foundation for how MNC can be more effectively addressed in intensive care units and provides a basis for further research. Additionally, understanding the trends in practice and research in different countries significantly contributes to the literature, potentially enhancing the efficiency of global health systems in this area.

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Oral Presentation-16

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## Evaluation of the Effect of Compassion Fatigue on Brain Fog Level in Hemodialysis Healthcare Professionals

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### Introduction and Aim

The long-term intense compassion and sympathy shown by individuals with high levels of empathy may be replaced by "compassion fatigue". Individual with compassion fatigue may feel helpless, confused, have difficulty in focusing and multitasking. The mental fatigue and confusion experienced by individuals with compassion fatigue can lead to many symptoms referred to as "brain fog". Brain fog represents psychobiological and behavioral conditions caused by prolonged and challenging cognitive activities.

When the literature is examined, it is stated that compassion fatigue is seen in healthcare professionals in pediatrics, emergency, intensive care, oncology, dialysis and palliative care units. However, no study has examined the effects of brain fog caused by compassion fatigue in healthcare professionals in hemodialysis units.

The aim of this study is to determine the level of compassion fatigue and brain fog in healthcare professionals in hemodialysis units and to reveal the relationship between compassion fatigue and brain fog.

### Materials and Methods

The population of this study includes healthcare professionals in public and private hemodialysis centers in Turkey. 440 volunteers who have provided the research criteria have participated in the study. Data collection tools are "Introductory Information Form", "Compassion Fatigue Scale" and "Brain Fog Scale". The compassion fatigue scale is 10-point Likert type and consists of 13 questions. The brain fog scale is a five-point Likert type and consists of 30 questions. Data were collected via Google Form between February 16 and April 16, 2024. The study was sensitive to ethical principles. Informed consents of volunteers were obtained electronically. Approval was also obtained from a local ethics committee.

IBM SPSS 24 package program was used to analyze the data. The suitability of the data for normal distribution was evaluated with Shapiro Wilk's test and skewness-kurtosis values. Continuous data are given as mean  $\pm$  standard deviation, categorical data as n and %. Independent sample t test was used to compare normally distributed scale scores in terms of two-group variables. One Way Anova test was used to compare data containing more than two groups. Pearson correlation test was performed to compare the relationship between the scores of the Compassion Fatigue Scale and the Brain Fog Scale. In all analyses, the significance level was evaluated as 0.05 and the confidence interval (CI) was 95%.



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## Results

**Table 1.** Distribution of Compassion Fatigue Scale Scores According to Participants' Sociodemographic and Professional Characteristics

	Total n(%)	Secondary Trauma		Professional Burnout		Scale Scores	
		Mean(SD)	p	Mean(SD)	p	Mean(SD)	p
<b>Gender</b>							
Famale	361 (82.0)	24,09(10.67)	0.192	37,41(16.34)	0.556	61,50(25.16)	0.351
Male	79(18.0)	22,36(10.46)		36,21(16.42)		58,58(25.39)	
Total	440(100.0)	23.78(10.64)		37.19(16.34)		60.98(25.20)	
<b>Educational Status</b>							
High school	20(4.5)	19,35(10.54)	0.131	31,40(17.23)	0.227	50,75(25.57)	0.248
Associate's degree	119(27.0)	24,44(11.77)		39,32(17.49)		63,77(27.19)	
Licence	251(57.0)	24,27(10.23)		36,70(16.05)		60,98(24.79)	
Master's degree	38(8.6)	21,02(9.29)		38,13(13.74)		59,15(21.01)	
PhD	12(2.7)	23.0(9.82)		33,08(15.44)		56,08(22.70)	
<b>Marital status</b>							
Married	317(72.0)	23.86(10.31)	0,792	36.68(16.04)	0,294	60.55(24.45)	0,569
Single	123(28.0)	23.56(11.49)		38.51(17.11)		62.08(27.10)	
<b>Occupation</b>							
Nurse	232(52.7)	23.53(10.19)	<b>0,015</b> difference: 2-4 3-2,4	36.13(15.17)	<b>0,005</b> difference: 3-1,2,4	59.67(21.25)	<b>0,004</b> difference: 3-1,2,4
Doctor	23(5.2)	19.08(9.27)		31.13(13.77)		50.21(21.30)	
Dialysis Technician	174(39.5)	25.09(11.06)		40.00(16.86)		65.10(25.94)	
Support Personnel	11(2.5)	18.090(12.18)		27.81(17.41)		45.90(28.18)	
<b>Institution</b>							
Public	343(78.0)	23.66(10.33)	0,667	37.09(16.24)	0,796	60.75(24.80)	0,727
Private	97(22.0)	24.19(11.69)		37.57(16.78)		61.77(26.67)	
<b>Years of Working in the Profession</b>							
1-5 years	99(22.5)	23,65(11.60)	0,206	38,75(17.32)	0,168	62,41(27.40)	0,173
6-10 years	54(12.3)	22,59(11.90)		37,22(17.24)		59,81(27.04)	
11-15 years	74(16.8)	26,33(9.40)		40,16(15.51)		66,50(23.25)	
16-20 years	64(14.5)	24.00(10.85)		36,79(16.65)		60,79(24.99)	
>21 years	149(33.9)	22,93(9.88)		34,85(15.46)		57,79(23.76)	
<b>Years of Working in the Hemodialysis Unit</b>							
1-5 years	134(30.5)	24,11(11.31)	0,971	38,86(17.26)	0,642	62,97(27.05)	0,824
6-10 years	79(18.0)	23,88(11.68)		37,06(15.55)		60,94(25.32)	
11-15 years	82(18.6)	23,37(8.59)		37,12(16.06)		60,50(22.84)	
16-20 years	61(13.9)	24,18(11.42)		36,01(16.69)		60,19(25.53)	
>21 years	84(19.1)	23,27(9.92)		35,59(15.72)		58,86(24.30)	
<b>Age range</b>							
18-25 years	61(13.9)	23,11(12.01)	0,102	38,86(17.35)	0,136	61,98(27.79)	0,105
26-35 years	132(30.0)	24,76(10.53)		38,86(16.21)		63,62(24.65)	
36-45 years	148(33.6)	24,37(10.63)		37,07(16.67)		61,44(25.57)	
46-55 years	90(20.5)	22,61(9.69)		34,76(15.37)		57,37(23.51)	
>56 years	9(2.0)	16.00(9.05)		27,77(11.48)		43,77(18.05)	





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The distribution of the participants according to their socio-demographic and professional characteristics is given in Table 1. 82.0% of the healthcare professionals participating in the study are women, 57.0% have a bachelor's degree, 72.0% are married, 52.7% are nurses, and 39.5% are dialysis technicians. 30.0% of the individuals are between the ages of 26-35 and 33.6% are between the ages of 36-45. When professional characteristics were examined, it was seen that the total working years of 22.5% were 1-5 years, and 33.9% were 21 or more years. It was determined that 30.5% of the working time in the hemodialysis unit was 1-5 years, and 19.1% was 21 or more years.

When the distribution of compassion fatigue short scale scores according to the participants' socio-demographic and professional characteristics was examined, it was seen that the compassion fatigue scale scores differed significantly according to the participants' professional status. When nurses' compassion fatigue scale scores are examined; It was observed that the mean score of the secondary trauma subscale was 23.53 (10.19), the mean score of the professional burnout subscale was 36.13 (15.17), and the mean total score of the compassion fatigue scale was 59.67 (21.25). It was observed that the secondary trauma, professional burnout subscales and compassion fatigue scale total scores of dialysis technicians were significantly higher than other employees (Table 1).



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## Oral Presentation-16 (continue)

**Table 2.** Distribution of Brain Fog Scale Scores According to Participants' Sociodemographic and Occupational Characteristics

	Cognitive Symptoms		Physical Symptoms		Psychological Symptoms		Scale Scores	
	Mean(SD)	p	Mean(SD)	p	Mean(SD)	p	Mean(SD)	p
<b>Gender</b>								
Famale	43,21(16.05)	0,844	23,80(8.30)	0,404	13,60(5.86)	0,864	80,62(27.60)	0,863
Male	43,60(16.05)		22,93(8.41)		13,48(5.43)		80,02(28.40)	
<b>Educational Status</b>								
High school	36,30(15.82)	0,274	23,10(7.53)	<b>0,025</b>	11,05(5.29)	0,109	70,45(26.04)	0,254
Associate's degree	43,63(18.07)		25,78(8.57)	differen nce:	14,40(6.06)		83,82(30.16)	
Licence	44,02(15.28)		22,96(8.35)	1-2,	13,46(5.67)		80,45(27.07)	
Master's degree	42,05(13.72)		22,23(6.78)	2-3,	13,68(5.53)		77,97(23.77)	
PhD	39,91(16.40)		22,16(7.95)	3-4	11,75(5.65)		73,83(28.12)	
<b>Marital status</b>								
Married	42,88(15.36)	0,428	23,22(7.96)	0,106	13,38(5.64)	0,252	79,48(26.67)	0,240
Single	44,32(17.68)		24,73(9.10)		14,08(6.10)		83,15(30.19)	
<b>Occupation</b>								
Nurse	43,19(15.05)	<b>0,042</b>	23,25(8.19)	<b>0,001</b>	13,56(5.74)	<b>0,039</b>	80,01(26.53)	<b>0,008</b>
Doctor	36,52(12.53)	differen nce:	18,65(6.81)	differen nce:	10,65(4.53)	differ ence:	65,82(22.15)	differen ce:
Dialysis Technician	44,79(17.37)	2-3	25,05(8.36)	1-2,3	14,10(5.84)	1-2,	83,94(29.05)	1-2, 2-3
Support Personnel	35,54(16.77)		20,00(7.94)	2-3, 3-4	11,81(6.47)	2-3	67,36(29.85)	
<b>Institution</b>								
Public	44,15(15.75)	<b>0,033</b>	23,67(8.27)	0,884	13,65(5.76)	0,627	81,48(27.32)	0,168
Private	40,21(16.74)		23,53(8.53)		13,32(5.86)		77,08(28.95)	
<b>Years of Working in the Profession</b>								
1-5 years	43,36(16.97)	<b>0,013</b>	25,60(9.41)	<b>&lt;.001</b>	14,12(6.36)	0,210	83,09(30.06)	<b>0,007</b>
6-10 years	43,94(18.24)	differen nce:	23,77(7.63)	differen nce:	13,33(5.87)	differ ence:	81,05(28.92)	differen ce:
11-15 years	48,66(15.89)	1-3,	25,89(7.16)	1-4,5,	14,54(5.41)	3-5	89,09(26.04)	1-5,
16-20 years	42,57(16.36)	3-4,5	22,65(8.29)	3-2,5	13,70(5.83)		78,93(28.39)	3-4, 3-5
>21 years	40,63(13.88)		21,60(7.83)		12,78(5.44)		75,02(25.11)	
<b>Years of Working in the Hemodialysis Unit</b>								
1-5 years	44,63(17.52)	0,440	25,50(9.29)	<b>0,005</b>	14,52(6.38)	0,250	84,66(30.59)	0,142
6-10 years	44,29(15.98)		24,10(7.38)	differen nce:	13,20(5.04)		81,59(25.91)	
11-15 years	43,71(15.31)		23,57(7.17)	1-3,4,5	13,10(5.22)		80,40(25.56)	
16-20 years	41,77(14.83)		22,03(7.92)	1-5	13,42(5.91)		77,22(26.39)	
>21 years	40,86(15.12)		21,50(8.26)		13,00(5.78)		75,36(26.99)	
<b>Age range</b>								
18-25 years	40,49(17.02)	<b>0,001</b>	25,44(9.23)	<b>&lt;.001</b>	14,19(6.29)	0,103	80,13(30.31)	<b>0,001</b>
26-35 years	47,81(16.72)	differen nce:	25,64(8.07)	differen nce:	14,15(5.95)	differ ence:	87,60(27.63)	differen ce:
36-45 years	42,39(15.81)	1-2,	22,43(8.20)	1-3,4,5	13,38(5.59)	1-5,	78,21(27.79)	2-3,4,5
46-55 years	41,21(13.64)	2,	22,33(7.42)	2-3,4,5	13,07(5.48)	2-5,	76,62(24.22)	3-5
>56 years	31,33(8.87)	2-3,4,5	15,11(4.62)	3-5, 4-5	9,33(3.70)	3-5	55,77(15.95)	



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The distribution of brain fog scale scores according to the socio-demographic and professional characteristics of the participants is given in Table 2. It was determined that the brain fog scale sub-dimension or total scores differed significantly depending on the individuals' educational level, profession, institution of employment, length of time working in the profession-hemodialysis, and age range. When the average scores of the nurses on the brain fog scale are examined; It was observed that the cognitive symptoms sub-dimension was 43.19 (15.05), the physical symptoms sub-dimension was 23.25 (8.19), the psychological symptoms sub-dimension was 13.56 (5.74), and the brain fog scale total score was 80.01 (26.53). It was observed that the brain fog scale sub-dimension or total score averages of those working in the public sector, those with a total working period of 1-5 years in occupational hemodialysis, and those aged 26-35 were significantly higher than the other groups.

**Table 3.** Correlation Between the Compassion Fatigue Scale and the Brain Fog Scale

		Secondary Trauma	Professional Burnout	Compassion Fatigue Scale-Scores
Cognitive Symptoms	r	,597**	,632**	,662**
	p	<.001	<.001	<.001
Physical Symptoms	r	,584**	,710**	,707**
	p	<.001	<.001	<.001
Psychological Symptoms	r	,568**	,728**	,712**
	p	<.001	<.001	<.001
Brain Fog Scale-total	r	,639**	,730**	,744**
	p	<.001	<.001	<.001

\*\* p<.001

The Correlation Between the Compassion Fatigue Scale and the Brain Fog Scale is given in Table 3. It was determined that there was a positive, high-level, significant relationship between the compassion fatigue scale sub-dimension and total scores and the brain fog scale sub-dimension and total scores.



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## **Conclusion**

In our study, it was determined that the compassion fatigue and brain fog scores of healthcare professionals were at moderate levels. It was determined that compassion fatigue total scores and subdimension scores differ according to occupational groups. It was determined that brain fog total scores differed depending on variables such as occupational groups, working year and age range. A positive relationship has been found between compassion fatigue and brain fog.

In line with our study results; It may be recommended for employers to improve the working conditions of healthcare personnel, increase their motivation, and provide biopsychosocial support. In order to draw attention to this issue, researchers may be advised to work with larger samples. Training can be organized to ensure conscious awareness for healthcare professionals, and compassion fatigue and brain fog conditions of healthcare professionals can be evaluated periodically.

**Keywords:** Brain fog, Compassion fatigue, Dialysis, Health, Healthcare professionals, Hemodialysis.

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Oral Presentation-17

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## The Relationship between Internalized Stigma and Self-esteem in Individuals with Panic Disorder

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### ABSTRACT

This study aimed to determine the the relationship between internalized stigma and self-esteem in individuals with panic disorder. This study was a correlational design. Fourty (40) individuals with panic disorder were included in the study. Descriptive Characteristics Form, Internalized Stigma of Mental Illness Inventory (ISMI) and Rosenberg Self-esteem Scale (RSS) were used to collect data. The total mean score of the individuals with panic disorder were  $67.82 \pm 6.29$  on the ISMI, and  $2.80 \pm 1.09$  on the RSS. There was a statistically negative and strong correlation between ISMI and RSS ( $r = -.672$ ,  $p < 0.05$ ). In the study, it can be said that the internalized stigma of these individuals were at a high level and self-esteem of these individuals were at a moderate level. Additionally, it can be asserted that as the internalized stigma of the individuals with panic disorder increased, their self-esteem levels decreased.

**Keywords:** Internalized Stigma, Self-esteem, Panic Disorder, Psychiatric Nursing, Mental Health Nursing

### INTRODUCTION

Panic disorder is an ongoing illness with relapses and remissions comprising unexpected panic attacks accompanied by physical symptoms such as dizziness, shortness of breath, nausea, and increased heart rate, and cognitive symptoms such as intense anxiety, loss of control, and fear of death (Elkins et al., 2016; Hovland et al., 2015; Wesner et al., 2014). Verbal or non-verbal negative attitudes and judgments towards mental illnesses are expressed by the society in a labeling way.

There are certain problems with mental illnesses that make them difficult to control. One of these problems is the stigmatization of individuals with mental illness by society. Stigmatization refers to a loss of status and social exclusion, in which negative thought patterns about individuals with mental illness emerge (Alptekin et al., 2014). The shame, self-blame, and fear of discrimination that individuals with mental illness experience as a result of being stigmatized by society cause them to stigmatize themselves. For this reason, individuals with mental illness internalize the characteristics attributed to them and come to accept the habitual negative judgments of society (Çam & Çuhadar, 2011; Yeşil & Han Almış, 2016). In addition, a previous study have shown that individuals with panic disorder have moderate levels of internalized stigma (Batinic et al., 2014). The stigmatization experience of individuals with mental illness causes them to feel ashamed of themselves, feel inadequate, avoid social relations, and socially isolate themselves (Sevinik & Arslan, 2020). All these negative situations cause individuals with panic disorder to face many difficulties.

It is known that individuals with mental illness have low self-esteem, lack of self-confidence and feelings of inadequacy (Pujam et al., 2015). Self respect; It is the state of a person loving, valuing and liking himself (Kumar & Mohanty, 2016). Erdoğan stated that individuals with panic disorder have low levels of self-esteem (Erdoğan, 2020). Physical and cognitive symptoms, internalized stigma, etc. experienced by individuals with panic disorder. can affect their self-esteem.



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Increasing the self-esteem of individuals with panic disorder can also contribute positively to reducing the level of internalized stigma, as it can support the process of reintegrating individuals into society. In this respect, our study is important for psychiatric nursing.

The study seeks answers to the following questions:

- Is there a correlation between internalized stigma and self-esteem in individuals with panic disorder?

## **METHODS**

### **Study Design and Setting**

This study was correlational design and was carried out in psychiatry outpatient clinics in 2024.

### **Population and Sample of the Study**

The study population consisted of forty-six individuals with panic disorder. The aim of the current study was to focus on the entire population; thus, no sample selection method was used. Six individuals did not want to participate in the study. The study ultimately included forty individuals with panic disorder. The included participants were individuals with panic disorder (diagnosed according to the DSM-5), volunteered to participate in the study, 18 years of age and above, able to communicate, and had their drug use, drug side effects, and disease symptoms followed regularly by the psychiatrists.

### **Data Collection Tools**

**Descriptive Characteristics Form:** This form, which was created by the researchers in line with the literature, consists of a total of eight questions, including the sociodemographic characteristics of the individuals (i.e., age, gender, marital status, education status, employment status, presence of a history of mental illness in the family, and duration of the illness).

**Internalized Stigma of Mental Illness Inventory (ISMI):** This scale was developed by Rister et al. (Rister et al., 2003). A Turkish validity and reliability study was performed by Ersoy and Varan. The Cronbach's  $\alpha$  coefficients of the scale were reported as 0.89 (Ersoy & Varan, 2007). The scale has no cut-off point. Higher scores in ISMI mean that the person's internalized stigmatization is more severe. Those who score 0–25 on the scale are determined to have low, those who score 26–39 are determined to have moderate and those who score 40 and above are determined to have high levels of internalized stigma (Ersoy & Varan, 2007). The scale is structured in a four-point Likert-type design (strongly disagree=1 point, disagree=2 points, agree=3 points, strongly agree=4 points) and consists of 29 items.

**Rosenberg Self-esteem Scale (RSS):** Rosenberg developed the scale. The validity and reliability of the Turkish version were tested by Çuhadaroglu, who notified a Cronbach's  $\alpha$  internal consistency coefficient of 0.89 (Çuhadaroglu, 1986). It contains 10 questions that are rated on a four-point Likert-type scale. The total score ranges between 0 and 6. The score intervals are as follows: 0–1 = high level of self-esteem, 2–4 = moderate level of self-esteem, and 5–6 = low level of self-esteem.



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## **Ethical Consideration**

Before starting the study, approval from the Ethics Committee of a University (Approv. No: 668409, 2024-5) and legal permission from the hospital where the study was conducted were obtained. Individuals with panic disorder were informed about the purpose of the study and that their information would be kept confidential and that they could withdraw from the study at any time. In addition, the study was carried out in accordance with the Principles of the Declaration of Helsinki and by obtaining written consent from the individuals with an 'Informed Voluntary Consent Form'.

## **RESULTS**

It was determined that 62.5% of the individuals with panic disorder were between the ages of 29 and 39, 62.5% were female, 40.0% were high school graduate, 65% were married, 52.5% were employed, 85.0% had no history of mental illness in the family, and 52.5% had had the illness for 6–10 years (Table 1)

Comparison of the individuals' mean ISMI and RSS total scores according to descriptive characteristics revealed no statistically significant differences associated with age groups, gender, educational status, marital status, working status, presence of a history of mental illness in the family, and duration of the illness ( $p < 0.05$ ).

The total mean score of the individuals with panic disorder were  $67.82 \pm 6.29$  on the ISMI, and  $2.80 \pm 1.09$  on the RSS. According to the total mean score of the scales, it can be said that the internalized stigma of these individuals were at a high level and self-esteem of these individuals were at a moderate level.

It was determined that there was a statistically negative and strong correlation between total mean score of the RSS and total mean score of the ISMI (Spearman correlation,  $r = -0.672$ ,  $p < 0.05$ ).

## **DISCUSSION**

In this study, it was determined that there was a statistically negative and strong correlation between the total mean score of the RSS and total mean score of the ISMI. In line with these results, it can be asserted that as the internalized stigma of the individuals with panic disorder increased, their self-esteem levels decreased. Self-esteem appears to be a core element in reducing the negative effects of internalized stigma on aspects of QOL among people with mental illness (Oliveira et al., 2016). Patients with panic disorder higher levels of internalized stigma had significantly lower self-esteem (Batinic et al., 2014). Internalized stigma may influence the help-seeking behaviors and overall process of treatment, not only for patients with severe mental illnesses, but also for those who have mild or moderate mental disturbances. These diagnostic groups must be paid attention while executing studies against stigma and self-stigma. Otherwise, this kind of discrimination in anti-stigma campaigns may increase the stigmatization of mental illnesses (anxiety disorders, somatoform disorders, and obsessive-compulsive disorder) (Beyazyüz et al., 2015). Individuals with anxiety disorder perceive every diagnosed symptom of an anxiety disorder as a painful stigma which lowers their self-esteem (Ociskova et al., 2013). The results of this study therefore indicate that internalized stigma may be an important factor in the recovery processes of individuals with panic disorder. Many interventions have focused on reducing the psychiatric symptoms of individuals with panic disorder.



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As a side effect of mental illness, individuals may develop the risk of internalized stigma. In addition, this risk can be seen as a major obstacle to the recovery process and realization of life goals for individuals with panic disorder. However, the self-esteem of individuals with panic disorder may protect them against the risk of internalized stigma. With the increase of internalized stigma, individuals' alienation from society, introversion, difficulty maintaining their individual and social roles, and feelings of worthlessness and uselessness may decrease their self-esteem levels. Increasing the level of self-esteem of individuals with panic disorder may improve their ability to cope with the illness by resisting stigma and supporting their social functionality and interpersonal relationships.

## CONCLUSION and RECOMMENDATION

It was determined that there was a negative and strong correlation between self-esteem and internalized stigma, and a positive and strong correlation with stigma resistance. The level of internalized stigma in individuals with panic disorder may negatively affect their self-esteem, and many psychotherapeutic interventions can be recommended to increase the self-esteem of individuals with panic disorder and reduce the level of internalized stigma. In addition, multicenter, randomized controlled studies with larger samples are recommended.

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Oral Presentation-18

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## Suturation of Trocar Site in Laparoscopic Cholecystectomy Patients

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### ABSTRACT

Trocar site hernia has become a subject of interest in the literature with the widespread use of laparoscopic and robotic surgery. In this study, we aimed to compare the long-term results of patients after suturing the umbilical trocar site with polypropylene and polyglactin material in laparoscopic cholecystectomy cases performed in our hospital. With polypropylene suture, trocar site hernias can be reduced without an increase in the risk of chronic pain in the long term.

**Introduction:** Trocar site hernias (TSH) are important wound site problems encountered after laparoscopic and robotic surgery. To prevent TSH, suturing of the trocar site is frequently applied by surgeons. However, the preferred suture material varies from surgeon to surgeon and there is no consensus on the subject. This study aimed to compare the long-term results of suturing the umbilical trocar site with polypropylene suture (PpS) and polyglactin suture (PgS) in laparoscopic cholecystectomy cases, which is one of the most common laparoscopic procedures.

**Materials and Methods:** A total of 142 patients who underwent cholecystectomy for symptomatic cholelithiasis between March 2023 and December 2023 at Polatli Duatepe State Hospital were included in the study. Patients were divided into two groups according to the use of PpS and PgS in the suturing of the umbilical trocar site. Chronic pain at the wound site and TSH results were noted and compared. IBM SPSS Statistics v22 was used for statistical analysis. The chi-square test was used to compare categorical data.

**Results:** Of the 142 patients included in the study, PgS was used for suturing the umbilical trocar site in 87 and PpS was used in 55 patients. Pain persisting at the umbilical trocar site after the 1st postoperative month was seen in 6 patients in the PpS group and only in 1 patient in the PgS group ( $p=0.014$ ). After 6 months of follow-up, TSH was seen in 6 patients in the PgS group and any patient in the PpS group ( $p=0.049$ ). At the end of the 6-month follow-up, no statistically significant difference was observed in both groups in terms of chronic pain at the incision site (2 vs 0,  $p=0.148$ ).

**Discussion:** With the widespread use of laparoscopic and robotic surgery, TSH has become an increasingly common problem. The American Hernia Society recommends suturing the umbilical trocar sites, especially if a 10 mm or wider trocar is used. However, there is not enough data in the literature regarding the suture material to be used.

**Conclusion:** It is possible to safely prevent TSH by using PPS in the repair of trocar sites after laparoscopic and robotic surgery.



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Oral Presentation-19

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## Cholecystolithiasis with Coexisted Choledocholithiasis

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### ABSTRACT

Choledocholithiasis frequently accompanies symptomatic cholecystolithiasis and appropriate treatment of choledocholithiasis plays a central role in the management of these cases. Preoperative ERCP, laparoendoscopic rendezvous, and laparoscopic common bile duct exploration are currently widely used treatment options. Although the reduction of perioperative morbidity is one of the main goals of the choice of treatment modality, this choice is often based on the experience of the institutions.

**Background and Aim:** Choledocholithiasis accompanies cholecystolithiasis in 8-20% of cases. Laparoscopic cholecystectomy has become the standard for the treatment of symptomatic gallbladder stones, but there is no consensus on the management of cases with choledocholithiasis. With this mini-review, we aimed to evaluate the methods used in the treatment of cholecystolithiasis accompanied by choledocholithiasis with current literature.

**Preoperative Endoscopic Retrograde Cholangiopancreatography (ERCP):** ERCP is an advanced endoscopic method that has been widely used for a long time and choledocholithiasis is the most common indication for ERCP. Preoperative ERCP can be used to treat choledocholithiasis with a success rate of over 90%, and patients can be treated with laparoscopic cholecystectomy for cholecystolithiasis after the relief of the symptoms associated with the complication of choledocholithiasis. The frequency of unnecessary ERCP has decreased considerably with the lowering of its diagnostic use in the past and improvements in radiological diagnostic methods. Preoperative ERCP is currently the most common and widely used method in cases of cholecystolithiasis accompanied by choledocholithiasis. The most important disadvantage of preoperative ERCP is the possibility of recurrence of choledocholithiasis and other biliary symptoms during the waiting period for the operation. Recurrent biliary events have been reported with a rate exceeding 20% during the waiting period for the operation after ERCP. In addition, operation-related morbidity increases with recurrent biliary events. Therefore, laparoendoscopic rendezvous (LERV) and laparoscopic common bile duct exploration (LCBDE), two current methods for the synchronous treatment of choledocholithiasis with cholecystolithiasis, are increasing in popularity.

**Laparoscopy Common Bile Duct Exploration:** Although LCBDE was first performed about 30 years ago, it has become widespread only with the increase in laparoscopic technique and experience. With LCBDE, cases of choledocholithiasis can be treated with a single-stage surgical procedure. The procedure can be performed transististically or transcholedochally. LCBDE has been reported to shorten the length of stay and reduce hospital costs compared to preoperative ERCP. In addition, patients receive anesthesia only once with this method. However, postoperative bile leakage has been reported more frequently in LCBDE cases compared to preoperative ERCP. The most important disadvantage is that it requires specific and long-term training. Therefore, it has not yet been widely used.



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**Laparoendoscopic Rendezvous:** With the introduction of the LERV procedure in the treatment of choledocholithiasis, ERCP and operation have become performed in the same session, thus, recurrent biliary tract events that may develop after preoperative ERCP can be prevented. In addition, with the laparoscopic guide insertion, cannulation time can be reduced and wirsung cannulation can be prevented. Compared to the preoperative ERCP method in cases treated with LERV

**Conclusion:** Choledocholithiasis accompanying cholecystolithiasis is a challenging entity to treat. Preoperative ERCP, LERV, and LCBDE are the current treatment options. Choosing the appropriate method is often related to the experience of the institute.



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Oral Presentation-20

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## The Relationship Between Microbiota and Metabolic Diseases in the Elderly People

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### ABSTRACT

The gut microbiota plays a crucial role in the development and management of metabolic syndrome in the elderly. Aging is associated with changes in the gut microbiota composition, which can lead to metabolic disorders like obesity and related conditions. These alterations in the microbiome can trigger low-grade inflammation and innate immunity activation, contributing to metabolic diseases commonly seen in the elderly population. Studies have shown that alterations in the gut microbiota composition are associated with metabolic syndrome components such as obesity, insulin resistance, and inflammation. Probiotics have been investigated for their potential to improve metabolic health in the elderly, showing promising results in reducing waist circumference, insulin levels, cholesterol, and inflammatory markers. Furthermore, illnesses such as Alzheimer's and Parkinson's have been linked to changes in the gut microbiome, with microbiota-derived metabolites playing a role in influencing cognitive defects and age-associated pathologies. Therefore, understanding and modulating the gut microbiota through interventions like probiotics and dietary adjustments can be crucial in managing metabolic diseases and promoting healthy aging in the elderly. Specific bacterial genera like *Prevotella*, *Bacteroides*, and *Lachnospiraceae* have been linked to weight loss and metabolic health improvements in older adults. Understanding the relationship between gut microbiota and metabolic syndrome in the elderly is crucial for developing targeted interventions to improve their metabolic health and overall well-being. The interaction between gut microbiota and metabolic diseases has gained significant attention in recent research. Herbal medicines have been shown to influence gut microbial composition, intestinal barrier function, inflammation, and microbial metabolites, thereby impacting metabolic disorders positively. Additionally, studies have highlighted the therapeutic potential of modulating the gut microbiome through approaches like probiotics, prebiotics, synbiotics, and fecal microbiota transplantation in managing metabolic disorders such as diabetes and obesity. Furthermore, the modulation of gut microbiota through fecal microbiota transplantation has shown promise in treating endocrine and intestinal inflammatory diseases, emphasizing the importance of regulating the microbiome for improved health outcomes. All of these results highlight how important the microbiome is as a possible target for metabolic illness treatment. In the treatment of metabolic diseases; while treating insulin resistance, atherosclerosis, and lipid metabolism disorders, treatments targeting the gut microbiota, our largest endocrine organ, should also be planned. Especially in diseases such as diabetes, cardiovascular diseases, dyslipidemia, and obesity, probiotic and prebiotic-based nutrition should be emphasized. Large-scale multicenter studies on humans, especially probiotics, are inadequate, and the studies have different results because the microbiota varies according to the individual, lifestyle, and geographical conditions. In the years to come, within the framework of technological developments and global research, the effectiveness of microbiota in treatment will be better understood and new horizons in treatment will be opened.

**Keywords:** Elderly people, gut microbiota, metabolic syndrome, probiotics



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Oral Presentation-21

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## Protocols for the Management of Pediatric Traumatic Brain Injury: A Literature Review

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### ABSTRACT

**Introdução: Introduction:** Traumatic Brain Injury (TBI) is a brain injury resulting from an external force, which can lead to changes in brain function. Its definition emphasizes that the clinical symptoms of brain damage may not be immediately evident after the trauma and may manifest later. Various external factors, such as direct impacts to the head and acceleration/deceleration of the brain, can result in TBI. In the pediatric context, TBI is especially concerning, with a significant incidence of approximately 280 cases per 10,000 children, being the leading cause of death in children over one year old and one of the most frequent complaints in pediatric emergencies worldwide. The use of the flowchart proposed by PECARN, based on evidence, is a valuable tool to assist in the evaluation and management of children with suspected cranial injury, helping to safely determine the need for neuroimaging, such as computed tomography. **Objective:** To verify in the literature the importance of using the Pediatric Emergency Care Applied Research Network (PECARN) in the care of children with Traumatic Brain Injury. **Methodology:** This is a quantitative and exploratory literature review that employs the PICO strategy to collect data from databases such as PubMed, Scielo, LILACS, and Google Scholar. **Results:** The reviewed studies indicate that there is still low adherence to instruments that guide safe clinical decision-making for the patient. However, other studies have shown positive results in the use of the PECARN flowchart, with a confidence level close to 100%. This means that patients with relevant brain injuries were not discharged without the necessary tests or evaluations for a more accurate diagnosis. Factors such as repeated vomiting, severe trauma mechanism, and trauma to the parietal or occipital region were identified as having a higher statistical correlation with findings on cranial tomography. In the case of mild head trauma, computed tomography (CT) would be indicated for cases with altered mental status, seizures, linear skull fracture, and diastasis greater than 4 mm, depressed skull fracture, or open skull fracture identified or visualized by X-ray. On the other hand, patients with repeated vomiting (>3 episodes), headache, or momentary loss of consciousness could be observed in the emergency room for up to 6 hours and discharged according to clinical evolution. **Conclusion:** This analysis indicates that there is currently an excessive use of imaging tests in children in emergency services. Therefore, it is crucial to train the medical team, use clinical decision-making tools, and develop effective protocols to assess each case individually. This will bring short- and long-term benefits, including reducing the number of tests requested, resulting in cost savings for hospitals, and reducing children's exposure to ionizing radiation, which can increase the risk of developing cancer in the future.

**KEYWORDS:** Traumatic Brain Injury; Pediatric Emergency; PECARN; Protocol.



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## Protocols for Assessment and Treatment of Musculoskeletal Traumatic Injuries in the Shoulder Joint Complex: An Integrated Literature Review (ILR)

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### RESUMO / ABSTRACT

**Introduction:** The shoulder joint complex is composed of several joints, with the main one being the glenohumeral, and a functional one called the scapulothoracic. Traumatic shoulder injuries are frequent, with an incidence of 33%, affecting mainly individuals under 40 years old. The most common causes are falls from own height (28.26%), motorcycle accidents (23.91%), falls from stairs, and direct trauma (8.7% each). Physiotherapeutic diagnosis is made through anamnesis and physical examinations, including inspection, palpation, range of motion assessment, muscle function tests, and special tests. Complementary exams such as magnetic resonance imaging and ultrasound can be used to assist in the diagnosis. **Objective:** To identify standardized protocols in the literature in the area of musculoskeletal rehabilitation and physiotherapy for painful conditions in the shoulder joint complex. **Methodology:** A literature review was conducted with a search in the databases of the Regional Portal of BVS, using the Health Sciences Descriptors (DeCS): "Physiotherapy," "Rehabilitation," "Shoulder," "Traumatic Injury," "Shoulder Injury," and "Car Accident," crossed between them. Articles that were not related to the studied theme were excluded. **Results:** Rehabilitation protocols aimed initially to relieve pain, improve range of motion, and strengthen the shoulder muscles. Combined therapies, such as electrotherapy and joint mobilization, were used, followed by proprioceptive neuromuscular facilitation (PNF) for range of motion gain. Muscle strengthening was performed with resisted training. The treatment also included the association of TENS with shoulder traction for joint decompression and pain relief, as well as specific exercises for range of motion and strength gain, such as Maitland Joint Mobilization Techniques, and for strengthening the scapular girdle, aiming at scapular stabilization and prevention of impacts on the humerus and its associated structures. **Conclusion:** Conservative treatment has shown effectiveness for traumatic shoulder injury, aiming at functional restoration, pain relief, range of motion gain, and improvement of muscle strength. Methods such as TENS, joint mobilizations, and PNF were effective for range of motion gain. Kinesiotherapy, with eccentric and concentric exercises, proved to be effective for muscle strength gain.

**Keywords:** Shoulder Joint Complex; PNF; Maitland; Glenohumeral

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## Missed Nursing Care and Influencing Factors

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### ABSTRACT

Missed nursing care means that care is not provided at all or is provided incorrectly. Missed nursing care is considered as a medical error and is a universal nursing problem that affects the results of nurses and health institutions. Neglect of nursing care leads to a decrease in the quality of nursing care and a decrease in patient safety. In the results of many studies conducted worldwide, it has been determined that the necessary nursing care is neglected for various reasons. Therefore, studies on this subject have increased in recent years. In this review, it is aimed to contribute to the field by addressing missed nursing care and factors affecting it. Databases such as Google Scholar, PUBMED, CINAHL were searched.

**Keywords:** Nursing, missed nursing care, patient safety, incomplete care.

### Introduction

Missed nursing care was introduced as a new concept by Kalisch (2006) as a result of a qualitative study and defined as “neglect or postponement of all or part of the required care” (1). When the literature is examined, missed nursing care has been expressed in different terms such as “missed care”, “unmet care”, “deferred care”, “incomplete care”, “incomplete care” and “deferred care” (2). This review will use the term “Missed Nursing Care (MNC)” to maintain fluency in the text.

Care is the most important component of health care and nursing care is the most fundamental element of health care in health care organizations such as hospitals where care is provided (3). If the nursing care provided by nurses, who are at the forefront in the provision of health services, is prevented for various reasons or if all services determined by other employees are not provided, care processes may be incomplete (4). The concept of overlooked nursing care, which refers to a measure of the nursing care process, any aspect of necessary care that is partially or completely omitted or delayed, is a recently defined quality indicator for patient safety and nursing care (5,6). Nurses are front-line health professionals who are in contact with patients the most and provide the most health care services, but they are also an important force in ensuring patient safety (7). Nurses want to provide patient care that is required by professional standards to provide both safe and high quality patient care and to provide appropriate and respectful care to their patients while maintaining patient safety through the quality of that care (8). Neglect of nursing care leads to a decrease in the quality of nursing care and a decrease in patient safety (7,8). Missed nursing care means that care is not provided at all or is provided incorrectly. Missed nursing care is considered a medical error and is a universal nursing problem that affects outcomes for nurses and health care organizations (9,10). It can also be seen as a threat to the quality of care and patient safety, leading to more negative events such as medication errors, infections, increased patient mortality, poor prognosis, patient complaints and verbal abuse by nurses, thus reducing the quality of nursing care and patient safety (7,8). The more incomplete the nursing care, the lower the staff's perception of quality of care, quality of nursing care and patient safety (9).



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Deficient care is closely associated with adverse patient outcomes. Most of these can be categorized as patient safety failures due to higher risk of adverse events, such as risk of falls or compromised skin integrity, as well as actual occurrences of adverse events, such as falls, nosocomial infections or medication errors (8). Nurses become aware of the effects of incomplete care on their patients and experience personal guilt. However, it is recognized that nurses are the first to identify potential complications associated with incomplete nursing care (8). A published systematic review found that at least 75% of nurses missed at least one nursing care activity (11). In another study, it was found that 55-98% of nurses left one or more care incomplete (4). Again, when the literature was examined, it was found that the most common causes were medication errors, infections (7), positioning of patients, delayed or skipped feeding, patient education, discharge planning, emotional support, hygiene, follow-up and observation (12). It is known that overlooked nursing care has negative effects on nurses. It has consequences such as job stress, burnout, low job satisfaction and turnover in nurses. It has been determined that approximately 55-98% of nurses cannot meet at least one or more nursing care. Patients who received more care from nurses were found to have higher satisfaction, lower psychological distress and more effective coping mechanisms (13,14,15).

### **Factors Contributing to Missed Nursing Care**

Adequacy of resources and nurse staffing are key environmental factors that influence the incidence and prevalence of missing care (15,16). Among the contributing factors, lack of supplies, lack of nurses, inexperienced work immediately after graduation, working overtime, long shift hours, communication problems between team members, and non-patient duties are the most common reasons (7,17). The reasons for nurses' inability to meet patient care were defined as low number of personnel, inadequate use of existing personnel resources, time required for nursing interventions, poor teamwork, ineffective delegation of authority, habits and denial (12). Factors specific to nurses include age, gender, years of experience, high workload, overtime, inadequate labor resources (13,16). Appropriate and effective communication between nurses and patients increases patient satisfaction, can shorten hospital stay and improve patient prognosis, reducing rates of missed nursing care (7). Studies have shown that patients who received more care from nurses had higher satisfaction, lower psychological distress and more effective coping mechanisms (13).

### **Relationship Between the Number of Nurses and Missed Nursing Care**

Reviewed the literature (2018) on missed nursing care and examined quantitative studies reporting the relationship between missed nursing care and the number of nurses. As a result of the review, 16 of the 18 studies examined were conducted in nurse samples and two in patient samples. In 15 of these studies, a low number of nurses was found to be significantly associated with a high level of missed nursing care. In addition, Griffiths et al. (2014) found that nurses caring for 11 or more patients missing 26% more care than nurses caring for six or fewer patients (18).



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## **Relationship Between Nurse Workload and Missed Nursing Care**

It is known that the need for nurse human resources differs for each unit and patient group of the hospital (19). For example, a patient who is supported with mechanical ventilation after open heart surgery creates a different workload for the nurse compared to a patient who is monitored for chest pain. In the literature, it is stated that nurses' workload and high patient-nurse ratio lead to medical errors and negligence errors (20).

## **The Relationship Between Material and Physical Infrastructure and the Missed Nursing Care**

Material and equipment resources include all hardware, equipment and supplies that the nurse may need to perform patient care (1). These resources have been identified as the antecedents of missed nursing care in many studies in the literature (21). In a study by Kalisch, Landstrom, and Williams (2009), 50% of the participants stated that the lack of material and equipment resources caused nursing care to be missing (22). In another study, it was found that the unavailability of materials and devices when needed was the cause of 18% of system failures (21).

## **The Relationship Between Communication Between Employees and the Missed Nursing Care**

Communication and teamwork are interrelated and are among the factors affecting missed nursing care (23). In Kalisch et al. (2009) study, 38% of the participants stated that poor communication was an important reason for missed nursing care. (22).

## **Conclusion and Suggestions**

When the literature is examined, it is seen that nurses frequently miss the care they should provide to patients for different reasons. Although this situation shows some similarities and differences between countries, it has been revealed that it is common and constitutes a problem on a global scale. There are studies conducted in different country samples in the international literature on this subject, and it has been observed that this issue has recently started to be studied in our country. For this reason, it is recommended to increase the number of studies on this subject and to conduct qualitative studies on missed nursing care.

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Oral Presentation-24

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## Aspectos Epidemiológicos e Fisiopatológicos da Influenza A: Disseminação e Controle de Surto

*Epidemiological and Pathophysiological Aspects of Influenza A: Outbreak Spread and Control*

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### RESUMO / ABSTRACT

A Influenza A é uma infecção viral respiratória que continua a representar um desafio significativo para a saúde pública em todo o mundo. O vírus influenza A, pertencente à família Orthomyxoviridae, possui uma estrutura genética única que permite uma rápida evolução e adaptação. Seu genoma consiste em segmentos de RNA, o que facilita a troca de material genético entre diferentes cepas do vírus, possibilitando a emergência de novas variantes e subtipos virais. Este estudo propõe uma revisão de literatura com o objetivo de analisar e sintetizar informações sobre a epidemiologia da influenza A, com ênfase nas rotas de transmissão, impacto populacional e medidas de controle. Com foco nas implicações clínicas, padrões de propagação e desfechos a longo prazo, a pesquisa baseia-se em fontes confiáveis, como PubMed, Scielo e estudos epidemiológicos relevantes. Os impactos da influenza na sociedade são diversos e abrangentes. Além do ônus direto sobre a saúde dos indivíduos afetados, a doença gera uma carga substancial sobre os sistemas de saúde, aumentando a demanda por recursos médicos e hospitalares, especialmente durante os picos sazonais. Isso pode sobrecarregar os serviços de saúde e resultar em dificuldades de acesso ao atendimento para outras condições médicas. Além disso, a influenza pode causar absenteísmo escolar e no trabalho, impactando a produtividade e a economia. Os grupos mais vulneráveis, como idosos, crianças, gestantes e pessoas com condições médicas crônicas, enfrentam um risco aumentado de complicações e morte, exacerbando as desigualdades de saúde na sociedade. Para enfrentar eficazmente a influenza no Brasil, é crucial adotar uma estratégia que integre medidas clínicas com ações sociais robustas. A base para qualquer plano de enfrentamento efetivo continua sendo a vacinação, mas para maximizar seu impacto, é essencial que haja um forte componente de conscientização e engajamento público. As campanhas de conscientização devem ser intensificadas para educar a população sobre a importância da vacinação anual contra a influenza, desmistificar mitos associados às vacinas, e informar sobre as formas de transmissão e prevenção da doença.

**Palavras - chave:** influenza A, transmissão, epidemiologia

**Keywords:** Nursing, missed nursing care, patient safety, incomplete care.



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# Poster Presentations



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Poster Presentation-1

## Child Obesity

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### ABSTRACT

Child obesity statistics paint a concerning picture – rising numbers, potential health complications, and a looming public health challenge. However, focusing solely on the statistics risks framing childhood weight as a problem to be fixed, overlooking the complex web of factors influencing it. This letter calls for a reframing of the narrative, from blame to understanding, and advocates for a holistic approach that prioritizes prevention, early intervention, and supportive environments for achieving healthy weight outcomes in children. Firstly, attributing child obesity solely to individual choices and parental responsibility is overly simplistic and potentially harmful. Societal factors like food deserts, limited access to healthy options, and marketing practices targeting unhealthy choices play a significant role. Blaming parents disregards these broader influences and risks further stigmatizing families facing this challenge.

In conclusion, the narrative on child obesity needs a transformation. Moving beyond the numbers, we must acknowledge the complex interplay of societal factors, prioritize prevention and early intervention, and foster supportive environments that encourage healthy habits. By embracing a holistic approach, we can empower children and families to thrive, promoting well-being and tackling the challenge of childhood obesity through understanding, support, and effective interventions.





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Poster Presentation-2

## Obesity and Depression

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### ABSTRACT

The intertwined threads of obesity and depression weave a complex tapestry, often presented as a simplistic cause-and-effect narrative. This letter aims to unravel this binary, illuminating the reciprocal relationship between these two prevalent conditions and urging a holistic approach to understanding and addressing them. The notion that obesity solely leads to depression is demonstrably simplistic. Research reveals a bidirectional link, where one can increase the risk of developing the other. On the one hand, the social stigma and discrimination associated with obesity can trigger feelings of shame, isolation, and low self-esteem, contributing to the development of depression. Similarly, depression can lead to changes in appetite and physical activity, potentially influencing weight gain. The relationship between obesity and depression is not a one-way street. Recognizing their reciprocal influence and embracing a holistic approach are crucial steps towards tackling both conditions effectively. By implementing comprehensive interventions, fostering research, and creating supportive environments, we can unravel the threads of this complex tapestry, weaving a brighter future for individuals navigating the intertwined challenges of obesity and depression.



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Poster Presentation-3

## Social Psychology of COVID-19 Pandemics

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### ABSTRACT

The COVID-19 pandemic, an unprecedented global event, has not only reshaped healthcare landscapes but also profoundly impacted the social psyche. Understanding the complex shifts in collective and individual behaviors, anxieties, and resilience forms a crucial lens through which we can comprehend and navigate the long-lasting psychological and societal consequences of this era. The pandemic's initial wave unleashed a whirlwind of fear, uncertainty, and grief. Lockdowns and social distancing measures, while necessary for public health, fostered feelings of isolation, loneliness, and loss of control. Fear of the unknown virus, misinformation, and economic anxieties further amplified these emotional burdens. In conclusion, the COVID-19 pandemic has unmasked the complexities of the social psyche, revealing its vulnerabilities and strengths in the face of a global crisis. Recognizing the enduring psychological and societal consequences, embracing ongoing support, and fostering research will be our collective compass as we navigate the shadows and light of this transformative era. By nurturing resilience, prioritizing mental health, and rebuilding trust, we can emerge from this pandemic stronger, more connected, and prepared to weather future challenges as a united human community.



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Poster Presentation-4

## The ER Psyche

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### ABSTRACT

The Emergency Room (ER) pulsates with a unique energy, a frenetic blend of urgency, adrenaline, and human drama. Amidst this controlled chaos, healthcare workers navigate a demanding terrain, confronting illness, injury, and death with unwavering dedication. Yet, behind the stethoscopes and scrubs lies a complex landscape of the ER psyche, shaped by constant pressure, exposure to trauma, and the unwavering need for compassion. This letter delves into the psychological realities of those who stand guard at the frontline of healthcare, urging greater recognition and support for their mental well-being. The ER environment presents a potent cocktail of stressors. High-stakes decisions made under time pressure, witnessing suffering and loss on a daily basis, and grappling with moral dilemmas can take a toll on emotional resilience. Witnessing traumatic events, from violent accidents to unexpected deaths, can leave lingering scars, increasing the risk of post-traumatic stress disorder (PTSD) and burnout. In conclusion, the ER psyche is a tapestry woven with resilience, compassion, and the inevitable toll of confronting human suffering at its rawest. Recognizing the unique mental health needs of these frontline heroes, providing dedicated support, and fostering research are critical steps to ensure their well-being and sustain their unwavering dedication to saving lives. By empowering the ER psyche, we empower the very heart of emergency healthcare, ensuring its strength and compassion for generations to come.



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Poster Presentation-5

## Oxalate Diet Trial in Recurrent Calcium Oxalate Kidney Stone Formation

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### ABSTRACT

We present a case of a 40-year-old man with recurrent calcium oxalate nephrolithiasis who opted for a dietary oxalate restriction trial alongside standard preventive measures. This report details his experience, highlighting the potential benefits and challenges of this approach, and encouraging a nuanced, individualized perspective on oxalate-restricted diets for kidney stone prevention.



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Poster Presentation-6

## Infertility and Depression

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### ABSTRACT

The journey through infertility can be profoundly isolating and emotionally challenging. Beyond the physical struggles, individuals and couples navigating infertility often grapple with a debilitating shadow: depression. This letter sheds light on the complex interplay between infertility and depression, advocating for increased awareness, supportive interventions, and comprehensive mental health care within fertility treatment programs. The emotional strain of infertility is multifaceted. Unfulfilled desires for parenthood, feelings of inadequacy and failure, social stigma, and financial stress can all converge to create a fertile ground for depression. The uncertainty and emotional rollercoaster associated with fertility treatments further exacerbate these challenges, amplifying feelings of vulnerability and despair. In conclusion, the emotional weight of infertility cannot be ignored. Recognizing the high prevalence of depression and its detrimental impact on both mental and physical well-being is the first step towards providing comprehensive care. By integrating mental health support into fertility treatment programs, fostering open communication, and investing in research, we can navigate the intertwined shadows of infertility and depression, empowering individuals and couples to navigate their journey with hope and resilience.



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Poster Presentation-7

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## Revisão Sistemática

### Estimulação Cerebral Profunda: Uma Opção de Tratamento Neurocirúrgico Para a Doença de Parkinson

*Deep brain stimulation: a neurosurgical treatment option for Parkinson's disease*

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#### RESUMO

**Introdução:** A doença de Parkinson (DP) é uma doença neurodegenerativa progressiva, que cursa com sintomas motores e não motores. O tratamento de escolha, medicamentoso, visa a neuroproteção e o controle dos sintomas, com o uso de agonistas dopaminérgicos e/ou levodopa. Todavia, em situações específicas, como em pacientes refratários ao uso de medicação dopaminérgica, a estimulação cerebral profunda (ECP) apresenta-se como método terapêutico eficaz para diminuir os principais sintomas da doença, como tremor, rigidez e bradicinesia. **Objetivo:** Relatar os benefícios da ECP em pacientes com DP, comparado ao tratamento não cirúrgico da doença. **Método:** Foram encontrados 13 artigos de acordo com o objetivo e os critérios de inclusão do estudo. A pesquisa foi realizada nas bases de dados MedLINE e SciELO, com os descritores “Doença de Parkinson”, “Eletrodos” e “Neurocirurgia”, a partir de 2019. **Resultados:** A ECP é um procedimento neurocirúrgico estereotáxico, que consiste na implantação de um gerador de impulso integrado (IPG) em áreas profundas do cérebro, geralmente no núcleo subtalâmico e globo pálido. Nessas regiões, ondas de alta frequência são emitidas do IPG para os eletrodos conectados ao tecido cerebral, de forma a modular a atividade de estruturas nervosas que causam a sintomatologia da DP, melhorando instantaneamente as manifestações da doença. Além disso, pacientes com DP frequentemente apresentam um quadro de dessensibilização à dopamina, devido ao tratamento medicamentoso dopaminérgico. A ECP se apresentou eficaz na reversão deste cenário, devido a possibilidade de diminuição do uso e da dosagem de medicamentos antiparkinsonianos. **Conclusão:** A ECP é um procedimento neurocirúrgico seguro e eficaz para o tratamento de pacientes em estágios avançados da doença ou com dessensibilização à dopamina. Porém, por ser um procedimento invasivo e não apresentar bons resultados para pacientes que desenvolveram sintomas não-dopaminérgicos, é necessário a seleção rigorosa dos candidatos à cirurgia por equipes multidisciplinares especializadas.

**Descritores:** “Doença de Parkinson”; “Estimulação cerebral profunda”; “Neurocirurgia funcional”.



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Poster Presentation-8

## Satisfaction and Expectance about MRI Experiences: A Questionnaire-Based Study

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### ABSTRACT

The intertwined threads of obesity and depression weave a complex tapestry, often presented as a simplistic cause-and-effect narrative. This letter aims to unravel this binary, illuminating the reciprocal relationship between these two prevalent conditions and urging a holistic approach to understanding and addressing them. The notion that obesity solely leads to depression is demonstrably simplistic. Research reveals a bidirectional link, where one can increase the risk of developing the other. On the one hand, the social stigma and discrimination associated with obesity can trigger feelings of shame, isolation, and low self-esteem, contributing to the development of depression. Similarly, depression can lead to changes in appetite and physical activity, potentially influencing weight gain. The relationship between obesity and depression is not a one-way street. Recognizing their reciprocal influence and embracing a holistic approach are crucial steps towards tackling both conditions effectively. By implementing comprehensive interventions, fostering research, and creating supportive environments, we can unravel the threads of this complex tapestry, weaving a brighter future for individuals navigating the intertwined challenges of obesity and depression.