Reunión de la CICAD con Universidades de las Américas sobre el Fenómeno de las Drogas desde la Perspectiva de Evidencia Científica

COLLABORATIVE PROGRAM IN NURSING RESEARCH BASED ON THE EVIDENCE OF COSTA RICA

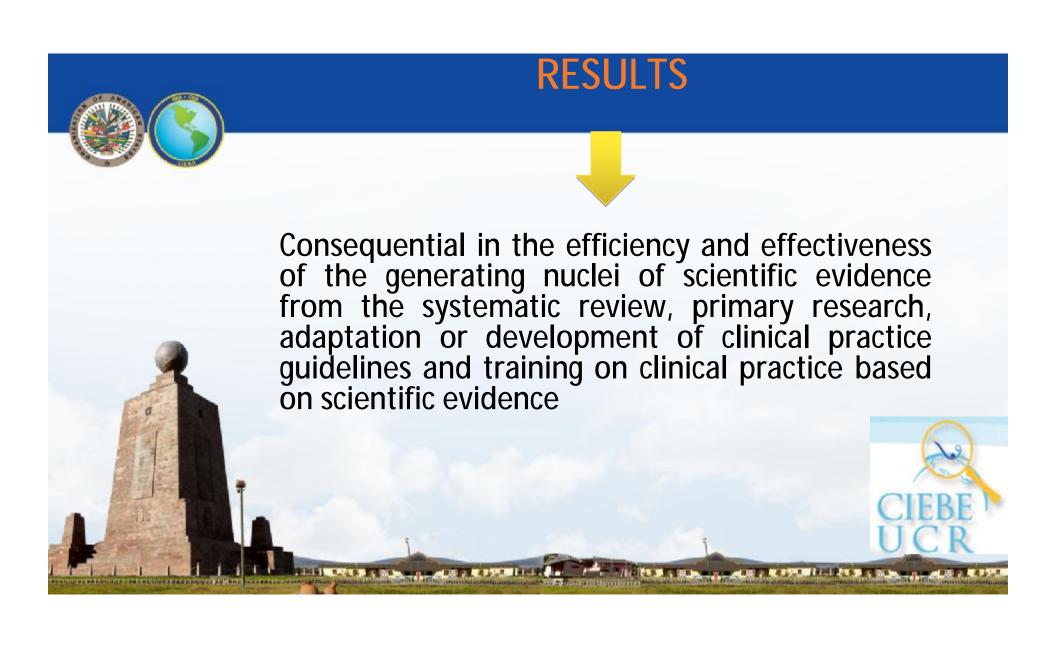


Dra. Ligia Rojas V. M.Sc. Mabel Granados













- § Increase updated knowledge with the professionals of health.
- § Increase quality care.
- § Reduce the error in practice, in making clinical decisions by basing them on the best scientific evidence available





- Prepare (develop), making available (spread) and maintain (update) systematic reviews on topics of interest in health.
- § Adapt and develop clinical practice guidelines.
- § Training in systematic review, meta-analyzes, clinical practice based on evidence, and developing clinical practice guidelines
- Develop training activities and national and international scientific publication.
 - Fostering links with national and international agencies.



Objetives

- § Collaborate and promote good communication, involving and supporting people with different backgrounds, experiences and different origins.
- § Continuous updating of scientific information, support and incorporating new studies and core work.
- § Produce educational materials.
- § Promote visibility of the program by creating virtual spaces.
 - Allow open access and cooperative.

ORGANIZATIONAL STRUCTURE



CORE TEAM
10 RESEARCHERS

UCR - CCSS

Overall coordination

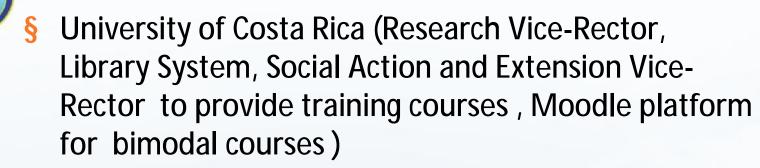
nuclei generators

Technical team

- Sexual and Reproductive Health
- Older Persons
- Administration of health services
- Drugs phenomenon: reduction of drug demand
- Nursing Discipline
- Research in Pediatrics

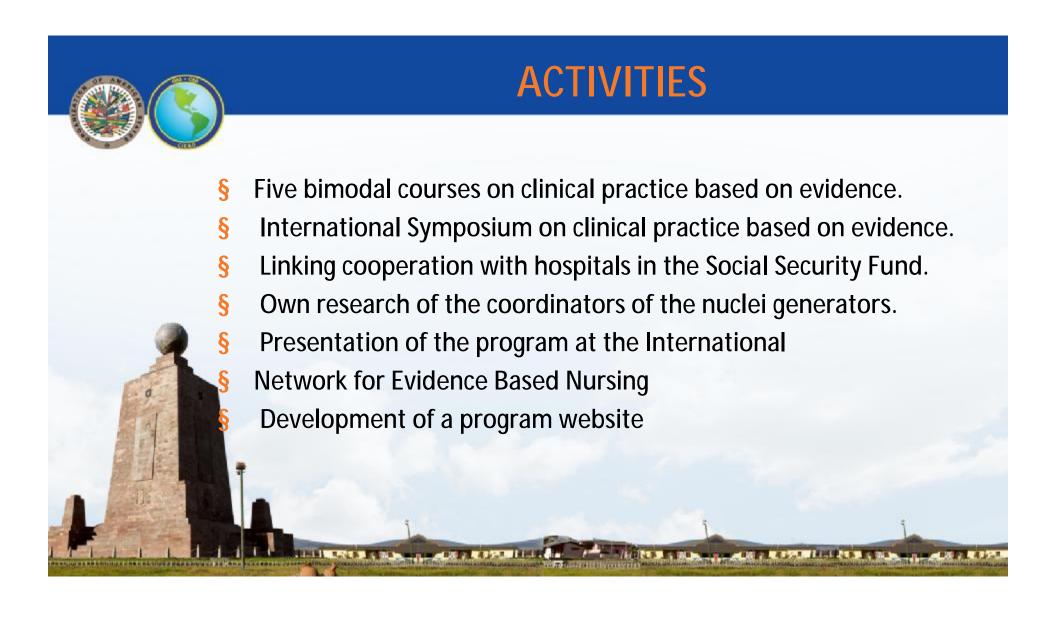
associated researchers

LOGISTICS SUPPORT AND DIVULGATION



§ School of Nursing (Installations, Computer Laboratory, Research Committee, time for researchers

Nursing Science Posgraduate studies Department Current Nursing Journal in Costa Rica (REVENF)
Secretariat (assistant hours)







- Scientific information useful for health professionals and health students in order that their decisions are based on the best scientific evidence.
- § Continuous training through online methods and bimodal, workshops, seminars, symposia.
- § Instructional material to guide the professionals in the various scientist processes
- § Accompanying the professionals and health students in the various cientific processes
- § Provide access to information sources with rigorous summaries review and metaanalytic studies.
 - Provide access to methodological studies on systematic reviews, meta-analysis technique, clinical practice guidelines and primary research.
 - In long term, electronic support of the best available evidence related to the subjects registered in the nuclei generators.



Challenges



search for strategies to:

- § Ensure that health professionals are aware that their practice can not be based on interests other than the high quality research.
- Make professionals feel the need for training to distinguish between the wealth of information that is presented and decide what is worth, improve clinical practice and safety of persons or groups.
 - Develop leadership in communicating the results of the best evidence available to policy decision makers, social groups and individuals directly involved.

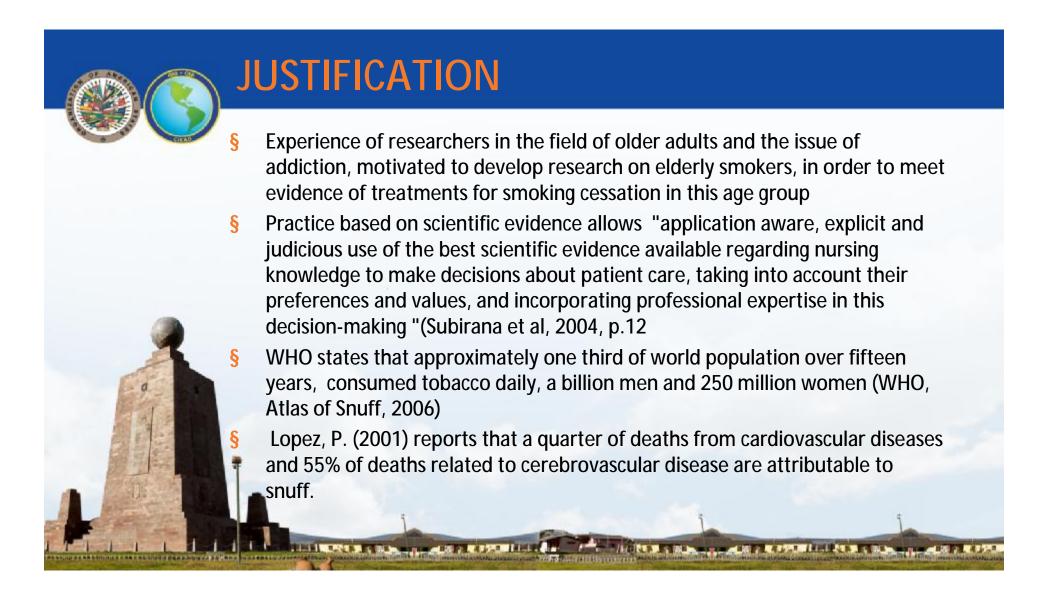




Brief intervention therapy for smoking

Escuela de Enfermería

Researchers: M.Sc. Mabel Granados Dr. Ligia Rojas **Magister Consuelo Cubero**





BACKGROUND

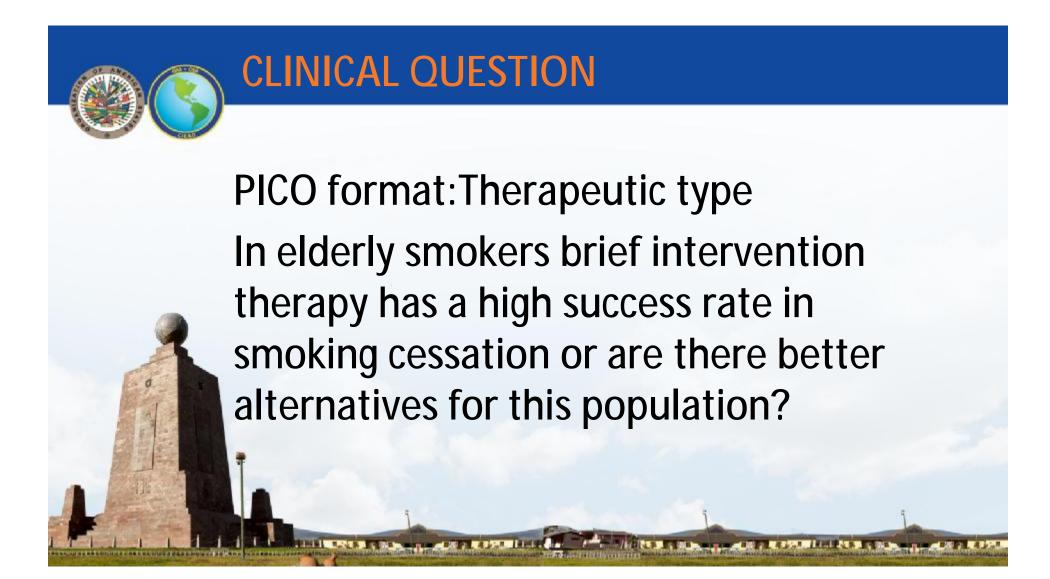
- Surrently five million people die annually as a result of snuff; one person every six seconds. 70% of these deaths occur in developing countries, killing more men than women. (WHO, 2006)
- Sosta Rica, in the latest National Survey on Drug Use conducted, is an overall prevalence of snuff consumption of 15.7%, 23.1% men and 8.2% of women. (IAFA, 2008).
- § Individual and population aging
- In Costa Rica one of the risk factors for the health of elderly persons is smoking. Among people 65 and older, 9% are active smokers.
- § A higher percentage of men (15%) than women (4%) is in that category. (ESPAM, 2008)
 - From 65 to 69, 8.8% of men are smokers, 70 to 79, 14.6% and 80 + 3.8% Such behavior is substantially reduced in those aged 80 and older.

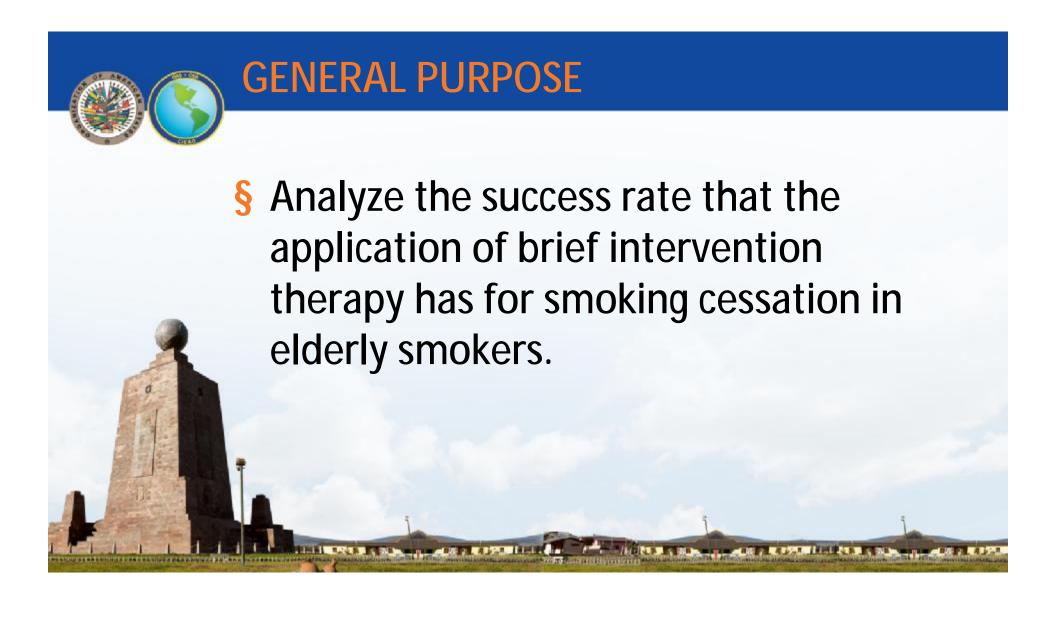


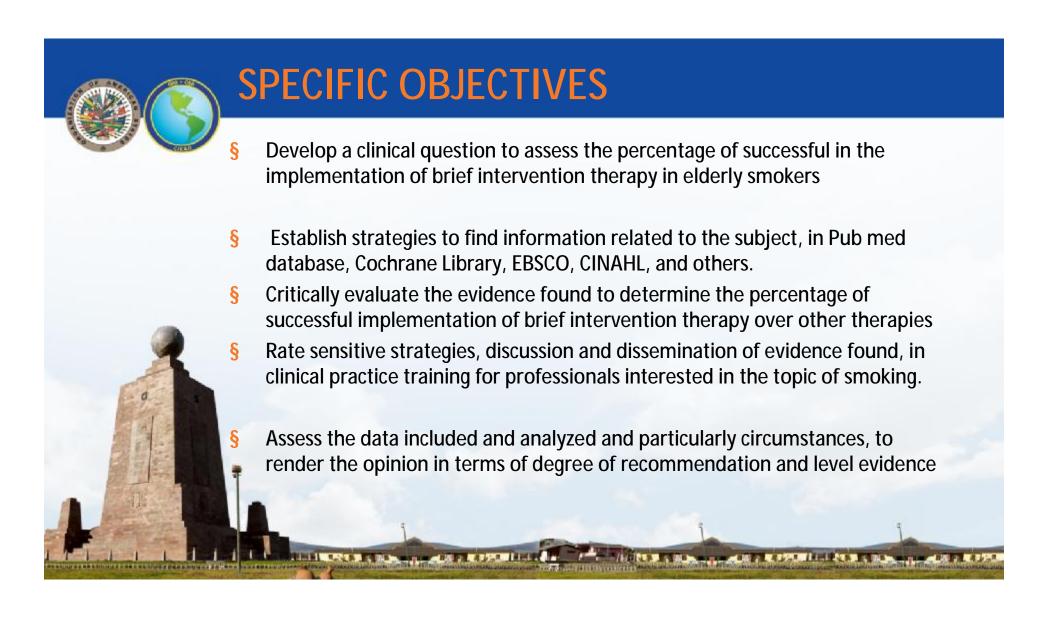
BACKGROUND

- Myths about smoking and old age.
- Most health workers do not have enough knowledge about smoking as a disease and do not know how this addiction works and how to deal with it.
- To help people in the cessation of smoking, there are several alternatives, including brief intervention therapy applied in several countries, which is based on 5 actions: known as the five A's: Ask, Advise, analyze, assist and agree on a follow-up.
 - In Costa Rica, this therapy is carried out in the smoking cessation clinics, especially now as support for smokers and to comply with the anti-smoking law created March 27, 2012, in our country. Currently there are five smoking cessation clinics in the Social Security Fund

Few research on therapies for smoking cessation in elderly persons









Methods and Procedures

- § Convert a need for information in a clinical question, to answer.
- § Find the best evidence to answer this question
- § Critical reading for objectifying quality criteria for each design
- § Implementation of the changes or evidence-based strategies
 - Evaluation of results rather than the processes



Concepts to retrieve the information

Aging and smoking cessation strategies

Older Persons and smoking cessation

Smoking cessation therapies and elderly

Brief therapy

intervention and smoking cessation

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Clinical trials

Nursing Research
Based on the evidence

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smoking cessation and elderly

Effectiveness and Efficiency of smoking cessation therapies

