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Abstracts

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FOOD SUPPLEMENTS LABELS AND HEALTH CLAIMS: IMPLEMENTATION OF EUROPEAN UNION REGULATION

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Introduction: The consumption of food supplements have increased exponentially in last years, mainly as attractive adjuvants in the prevention/treatment of diseases. Commission Regulation (EU) 432/2012 of 16 May 2012 establish a list of permitted health claims made on foods, and consequently all food supplements with labels not conform must be outflow until June 14 of 2013.

Objective: The present study aimed to verify the legal compliance of the food supplements labels in different places of sale in the period following the established limit date in the EU regulation.

Methods: For different categories were analyzed a total of 187 products marketed in herbalists, Over The Counter Stores, pharmacies, supermarkets and internet, and registered the legal compliance of its labels through the registration of the compliance of legal mandatory criteria and subsequent quantitative analysis, during the period of Sept to December 2013.

Results: The results obtained show the existence of some food supplements available to consumers whose labelling are still in uniform according to the new UE Regulation. In Supermarkets have not been recorded any non-conformity on labels analyzed. Internet and herbalists were the market places with higher number of nonconformities, and in pharmacies and drugstores were registered lower number of nonconformities.

Conclusions: In accordance with the Regulation all food supplements not conform must be outflow until June 14 of 2013, what is not confirmed in our study. With this study we confirm the need to pursue the verification and improvement of effective application, accompanied by health professionals counseling.

Descriptors: Labeling; Food Supplements; Commission Regulation (EU) 432/2012 of 16 May 2012; Health claims; Nonconformities.

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FROM MEANINGS OF SPIRITUALITY TO THE CHALLENGES OF NURSES IN FAMILY INTERVENTION

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Introduction: Spirituality incorporates key principles of family rituals that determine to be in family and being with others, involving the search for a sense of family continuity. As a field of family assessment and intervention requires nurses to promote their own spiritual health and acknowledge their spiritual needs.

Objective: understand the meanings of spirituality for nurses, describe their experiences of spiritual care with families, recognizing the value assigned to the spiritual dimension in assessment and family intervention and identify the expectations of nurses in the optimization of spirituality as a resource for care.

Methods: The study is qualitative, sustained on systemic thinking. The methodological approach was the Appreciative Inquiry. Participants were twenty nurses working in Primary Health Care. Appreciative Interview was used and data analysis was supported by content analysis.

Results: The following categories of analysis emerged: Meanings of spirituality, Spiritual care experiences with their families; Value assigned to the spiritual dimension in assessment and family intervention. Spirituality stands out as a multidimensional belief concept (bodily, emotional and relational), lived with families mostly in contexts of suffering and end of life. Nurses value this dimension by associating it with respect, authenticity and holism.

Conclusions: The need for improve spirituality education and sharing experiences evidenced as key resources in the optimization of care focused on the family system.

Descriptors: Family Nursing Spirituality, Appreciative Inquiry.

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