

# BIBLIO CONNECT

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## EDITORIAL

Prezado leitor, é com muito orgulho que apresentamos a 14ª edição do Boletim Informativo de Periódicos Científicos das Bibliotecas do Centro Universitário São Camilo - SP, cujo objetivo é divulgar artigos científicos dos periódicos assinados pela Instituição.

Nessa edição, selecionamos artigos de acordo com as datas de conscientização pela saúde, Novembro Azul e Dezembro Vermelho, e artigos sobre patologias inflamatórias do sistema respiratório, auditivo e oculares, todos artigos com questões relacionadas às áreas temáticas dos cursos ofertados. Aqui você também encontra publicações de docentes da Instituição e temas da atualidade.

Na coluna "Orgulho de ser Camiliano", convidamos a professora Luciana Rodrigues para falar sobre a saúde dos olhos e fazemos indicações dos materiais acessíveis e disponíveis no acervo da biblioteca.

No Podcast, convidamos o colaborador camiliano Rodrigo para um bate-papo sobre a Pastoral Universitária.

Se você se interessar por algum artigo, clique no link disponível e será direcionado à página da Biblioteca, em que preencherá o formulário de solicitação e o arquivo será enviado por e-mail em até 48 horas. Lembrando que o acesso aos artigos é destinado a toda comunidade acadêmica: docentes, discentes e colaboradores.

Apresentamos nesta edição a biblioteca virtual "Minha Biblioteca", que é uma plataforma digital de livros que dispõe de mais de 12 mil títulos técnicos e científicos das áreas de Medicina, Saúde, Exatas, Jurídica, Sociais Aplicadas, Pedagógica e Artes & Letras. Os livros podem ser acessados de qualquer dispositivo conectado à internet, de forma prática, intuitiva e com diversas ferramentas inclusas.

Siga a Biblioteca nas redes sociais e fique por dentro de todas as atividades que realizamos: cursos, dicas, divulgações dos artigos científicos atuais e muito mais.

Esperamos que essa publicação contribua para a análise e o conhecimento sobre os temas apresentados.

A todos, uma ótima leitura!

Comissão do Boletim Informativo das Bibliotecas São Camilo - SP



ON AIR

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## POD CAST #4 DO BIBLIO CONNECT



É só dar o play e conferir a edição completa!



Para responder todas as nossas dúvidas, convidamos o assistente da pastoral do Centro Universitário São Camilo, Rodrigo Batista.





### 1. Prognostic impact of nutritional status on overall survival and health-related quality of life in men with advanced prostate cancer. (Impacto prognóstico do estado nutricional na sobrevida global e na qualidade de vida relacionada à saúde em homens com câncer de próstata avançado).



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**Abstract - Purpose:** Prognostic role of nutritional status (NS) in patients with metastatic castration-resistant prostate cancer (mCRPC) is unknown. We hypothesized that patients' NS at the presentation of mCRPC is prognostic for health-related quality of life (HRQoL) and overall survival (OS). **Methods:** We conducted a prospective observational study in mCRPC patients. At enrollment, we allocated each patient into one of four NS categories: (i) well-nourished (WN), (ii) nutritional risk without sarcopenia/cachexia (NR), (iii) sarcopenia, or (iv) cachexia. We sought the prognostic role of the NS for OS and HRQoL by regression models. **Results:** 141 patients were included into our study. When compared to WN patients, those with NR and cachexia had a higher chance of worse HRQoL (OR 3.45; 95% CI [1.28 to 9.09], and OR 4.17; 95% CI [1.28 to 12.5], respectively), as well as shorter OS (HR 2.04; 95% CI [1.19 to 3.39] and HR 2.9; 95% CI [1.56 to 5.41], respectively). However, when accounting for possible confounding factors, we could not prove the significant importance of NS for chosen outcomes. **Conclusions:** Suboptimal NS might be an unfavorable prognostic factor for HRQoL and OS. Further interventional studies focusing on therapy or prevention are warranted.

**Reference:** CAVKA, L. *et al.* Prognostic impact of nutritional status on overall survival and health-related quality of life in men with advanced prostate cancer. *Nutrients*, [s. l.], v. 15, n. 4, p. 1044, 2023.

### 2. Erectile dysfunction after COVID-19 recovery: a follow-up study. (Disfunção erétil após recuperação de COVID-19: um estudo de acompanhamento).

**Abstract – Objectives:** Several studies confirm multiple complications after COVID-19 infection, including men's sexual health, which is caused by both physical and psychological factors. However, studies focusing on long-term effects among recovered patients are still lacking. Therefore, we aimed to investigate the erectile function at three months after COVID-19 recovery along with its predicting factors. **Results:** One hundred fifty-three men with COVID-19 participated. Using GLMM, ED prevalence at three months after recovery was 50.3%, which was significantly lower compared with ED prevalence at baseline (64.7%,  $P = 0.002$ ). Declination of prevalence of major depression and anxiety disorder was found, but only major depression reached statistical significance (major depression 13.7% vs. 1.4%,  $P < 0.001$ , anxiety disorder 5.2% vs. 2.8%  $P = 0.22$ ). Logistic regression, adjusted for BMI, medical comorbidities, and self-reported normal morning erection, showed a significant association between ED at three months and age above 40 years and diagnosis of major depression with adjusted OR of 2.65, 95% CI 1.17–6.01,  $P = 0.02$  and 8.93, 95% CI 2.28–34.9,  $P = 0.002$ , respectively. **Conclusion:** Our study showed a high ED prevalence during the third month of recovery from COVID-19. The predicting factors of persistent ED were age over 40 years and diagnosis of major depression during acute infection.

**Reference:** HARIRUGSAKUL, K. *et al.* Erectile dysfunction after COVID-19 recovery: a follow-up study. *PLoS ONE*, [s. l.], v. 17, n. 10, p. 1–12, 2022.



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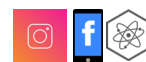
### 3. Ferramenta de apoio à decisão sobre o rastreamento do câncer de próstata no Brasil.

**Objetivo:** Apresentar o processo de desenvolvimento e validação de uma ferramenta de apoio à decisão para o rastreamento do câncer de próstata no Brasil. **Métodos:** Estudo com desenho qualitativo-participativo para elaboração de uma ferramenta de apoio à decisão para o rastreamento do câncer de próstata, com a participação de um grupo de homens e médicos inseridos na atenção primária à saúde de 11 estados brasileiros. Realizou-se síntese de evidências, teste de campo e utilização nos cenários clínicos, de modo a adaptar o conteúdo, formato, linguagem e a aplicabilidade às necessidades do público-alvo nos anos de 2018 e 2019. As versões foram avaliadas de forma subsequente pelos participantes, sendo modificada a partir dos dados obtidos. **Resultados:** Foi elaborada uma ferramenta inédita no Brasil, com informações sobre os exames utilizados no rastreamento, comparação dos seus possíveis benefícios e malefícios e um infográfico numérico com as consequências dessa prática. Verificou-se utilidade da ferramenta para auxiliar na comunicação entre o médico e o homem no contexto da atenção primária à saúde, além de identificar a necessidade de maior discussão sobre o compartilhamento das decisões nos cenários clínicos. **Conclusão:** A ferramenta foi avaliada como de fácil utilização, objetiva e com pouca interferência no tempo de consulta. É um material técnico-científico, produzido por meio de pesquisa, com a participação do seu principal público-alvo e que se encontra disponível gratuitamente para utilização nos cenários clínicos do Brasil.

**Referência:** SANTOS, R. O. M. D. *et al.* Ferramenta de apoio à decisão sobre o rastreamento do câncer de próstata no Brasil. *Revista de Saúde Pública*, São Paulo, v. 56, p. 19, 2022.



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#### 4. Diagnóstico precoce da infecção por HIV/Aids: análise de conceito.



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**Objetivos:** analisar o conceito “diagnóstico precoce da infecção por HIV/aids” à luz do modelo de análise conceitual de Walker e Avant. **Métodos:** estudo de análise de conceito baseado no referencial proposto por Walker e Avant, instrumentalizado por uma revisão de escopo realizada em abril de 2022, seguindo as recomendações do Joanna Briggs Institute e checklist Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews. A busca foi feita em oito fontes de dados, obtendo-se 16 artigos. **Resultados:** verificou-se como principais atributos do conceito: Relações sexuais homossexuais, Exame precoce, Anticorpos anti-HIV, Contagem de CD4 e Infecção sexualmente transmissível. Como antecedentes: Informação, Comportamento de risco, Relações sexuais desprotegidas, Prevenção e Acesso ao serviço. Como principais consequências: Tratamento antirretroviral, Soroconversão, Transmissão e Consultas. **Considerações Finais:** o estudo aproximou as situações circunstanciais da temática, seus atributos, antecedentes e consequências, qualificando o processo de trabalho fundamentado no conhecimento da prática de enfermagem.

**Referência:** DUARTE, F. H. da S. et al. Diagnóstico precoce da infecção por HIV/Aids: análise de conceito. *Revista Brasileira de Enfermagem*, Brasília, v. 76, n. 3, e20220565, 2023.

#### 5. Alterações imunológicas em crianças portadoras do vírus da imunodeficiência humana.

**Resumo:** Este artigo discorre sobre a temática do vírus da imunodeficiência humana em crianças com menos de 1 ano de vida. O objetivo do trabalho foi identificar as manifestações clínicas que o vírus causa nas mesmas, por meio das manifestações decorrentes da infecção. Para tanto, foram utilizadas fontes bibliográficas pautadas no Ministério da Saúde e artigos, nos idiomas português e inglês, correlacionados ao tema em plataformas médicas e acadêmicas, sendo elas PubMed e Scielo. Esta pesquisa possibilitou concluir que o vírus afeta o sistema imunológico enfraquecendo o organismo de modo a facilitar a entrada de infecções oportunistas que devido à fragilidade do organismo podem levar à morte. Sendo assim, o diagnóstico e tratamento adequados por meio das vacinas torna-se fundamental para garantir a qualidade de vida.

**Referência:** LEMOS, A. S. L.; GRANDO, A. C. Alterações imunológicas em crianças portadoras do vírus da imunodeficiência humana. *NewsLab*, São Paulo, v. 30, n. 175, 2023.



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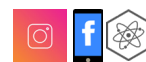
#### 6. Para além do acesso ao medicamento: papel do SUS e perfil da assistência em HIV no Brasil.

**Resumo - Objetivo:** Estimar a composição público-privada da assistência em HIV no Brasil e o perfil organizacional da extensa rede de serviços públicos. **Métodos:** Foram utilizados dados da Coorte Qualiaids-BR, que reúne dados dos sistemas nacionais de informações clínicas e laboratoriais de pessoas com 15 anos ou mais com primeira dispensação de terapia antirretroviral, entre 2015–2018, e informações dos serviços do SUS de acompanhamento clínico-laboratorial do HIV, produzidas pelo inquérito Qualiaids. O sistema de acompanhamento foi definido pelo número de exames de carga viral solicitados por algum serviço do SUS: acompanhamento no sistema privado – nenhum registro; acompanhamento no SUS – dois ou mais registros; acompanhamento indefinido – um registro. Os serviços do SUS foram caracterizados como ambulatoriais, atenção básica e sistema prisional, segundo autoclassificação dos respondentes ao inquérito Qualiaids (72,9%); para os não respondentes (27,1%) a classificação baseou-se nos termos presentes nos nomes dos serviços. **Resultados:** No período, 238.599 pessoas com 15 anos ou mais iniciaram a terapia antirretroviral no Brasil, das quais, 69% receberam acompanhamento no SUS, 21,7% no sistema privado e 9,3% tiveram o sistema indefinido. Entre os acompanhados no SUS, 93,4% foram atendidos em serviços do tipo ambulatorio, 5% em serviços de atenção básica e 1% no sistema prisional. **Conclusão:** No Brasil o tratamento antirretroviral é fornecido exclusivamente pelo SUS, que também é responsável pelo acompanhamento clínico-laboratorial da terapia da maior parte das pessoas em serviços ambulatoriais. O estudo só foi possível porque o SUS mantém registros e informações públicas acerca do acompanhamento em HIV. Não há nenhum dado disponível para o sistema privado.

**Referência:** ALVES, A. M. et al. Para além do acesso ao medicamento: papel do SUS e perfil da assistência em HIV no Brasil. *Revista de Saúde Pública*, São Paulo, v. 57, p. 26, 2023.



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## 7. Hospitalizations and severe complications following acute sinusitis in general practice: a registry-based cohort study. (Hospitalizações e complicações graves após sinusite aguda na clínica geral: um estudo de coorte baseado em registro).

**Objectives:** To investigate complication rates of acute sinusitis in general practice, and whether antibiotic prescribing had an impact on complication rate. **Methods:** All adult patients diagnosed with sinusitis in Norwegian general practice between 1 July 2012 and 30 June 2019 were included. GP consultation data from the Norwegian Control and Payment for Health Reimbursements Database were linked with antibiotic prescriptions (Norwegian Prescription Database) and hospital admissions (Norwegian Patient Registry). Main outcomes were sinusitis-related hospitalizations and severe complications within 30 days. Logistic regression was used to estimate associations between antibiotic prescriptions, prespecified risk factors, individual GP prescribing quintile, and outcomes. **Results:** A total of 711 069 episodes of acute sinusitis in 415 781 patients were identified. During the study period, both annual episode rate (from 30.2 to 21.2 per 1000 inhabitants) and antibiotic prescription rate (63.3% to 46.5%;  $P < 0.001$ ) decreased. Yearly hospitalization rate was stable at 10.0 cases per 10 000 sinusitis episodes and the corresponding rate of severe complications was 3.2, with no yearly change ( $P = 0.765$ ). Antibiotic prescribing was associated with increased risk of hospitalization [adjusted OR 1.8 (95% CI 1.5–2.1)] but not with severe complications. Individual GP prescribing quintile was not associated with any of the outcomes, whereas risk factors such as previous drug abuse, or head injury, skull surgery or malformations, and being immunocompromised were significantly associated with increased risk of both outcomes. **Conclusions:** Severe complications of acute sinusitis were rare and no protective effect of high prescribing practice among GPs was found. Recommendations to further reduce antibiotic prescribing are generally encouraged, except for high-risk groups.



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**Reference:** SKOW, M. *et al.* Hospitalizations and severe complications following acute sinusitis in general practice: a registry-based cohort study. *The Journal of Antimicrobial Chemotherapy*, [s. l.], v. 78, n. 9, p. 2217–2227, 2023.

## 8. Surgical management of chronic rhinosinusitis with nasal polyps under local anaesthesia: indications and results. (Tratamento cirúrgico da rinosinusite crônica com pólipos nasais sob anestesia local: indicações e resultados).

**Objective:** Our objective was to specify the indications and duration of effectiveness of Awake Patient Polyp Surgery (APPS) in Chronic Rhinosinusitis with Nasal Polyps (CRSwNP). Secondary objectives were to evaluate complications and Patient-Reported Experience (PREMs) and Outcome Measures (PROMs). **Methods:** We collected information regarding sex, age, comorbidities and treatments. Duration of effectiveness was the duration of non-recurrence defined by the time between APPS and a new treatment. Nasal Polyp Score (NPS) and Visual Analogic Scales (VAS, from 0/10 to 10/10) for nasal obstruction and olfactory disorders were assessed preoperatively and one month after surgery. PREMs were evaluated using a new tool: the APPS score. **Result:** Seventy-five patients were enrolled (SR = 3.1, mean age =  $60.9 \pm 12.3$  years). 60% of patients had a previous history of sinus surgery, 90% had stage 4 NPS and more than 60% had overuse of systemic corticosteroids. Mean time of non-recurrence was  $31.3 \pm 2.3$  months. We found a significant improvement (all  $p < 0.001$ ) for NPS ( $3.8 \pm 0.4$  vs  $1.5 \pm 0.6$ ), VAS obstruction ( $9.5 \pm 1.6$  vs  $0.9 \pm 1.7$ ) and VAS olfactory disorders ( $4.9 \pm 0.2$  vs  $3.8 \pm 1.7$ ). Mean APPS score was  $46.3 \pm 5.5/50$ . **Conclusions:** APPS is a safe and efficient procedure in the management of CRSwNP.



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**Reference:** MIMARI, C. *et al.* Surgical management of chronic rhinosinusitis with nasal polyps under local anaesthesia: indications and results. *Acta otorhinolaryngologica Italica*, [s. l.], v. 43, n. 1, p. 42–48, 2023.

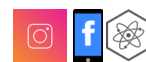
## 9. Chronic rhinitis and stress: the possible culprits of midfacial segment pain. (Rinite crônica e estresse: os possíveis culpados da dor no segmento médio-facial).

**Abstract - Background:** Bilateral symmetrical pain in the midfacial region without evidence of sinonasal disease is termed midfacial segment pain (MSP), about which little is known. The present study explored the prevalence of facial pain and the risk factors for MSP. **Methods:** We analysed cross-sectional data from the Korea National Health and Nutrition Examination Survey (KNHANES). Those who reported facial pain or pressure lasting at least three months with no evidence of a sinonasal disease on nasal endoscopy were considered to have MSP. The participants were categorised according to the presence of facial pain and chronic rhinosinusitis. Basic demographic data and medical conditions, including hypertension, diabetes mellitus, and dyslipidemia, were compared between subject groups. We also evaluated psychological stress, depressive episodes, and suicidal thoughts, as well as physiologically diagnosed nasal diseases, including chronic rhinitis and symptomatic nasal septal deviation. Univariate and multivariate logistic regression analyses were performed to determine risk factors for MSP. **Results:** Of 31,999 participants, the prevalence of facial pain was 0.59%. A total of 58 (0.18%) respondents had MSP, of whom 40 (73.5%) were female. On univariate analysis, female sex, chronic rhinitis, and psychological stress were more prevalent in the subjects with MSP than the control subjects. However, in the multivariate analysis, only chronic rhinitis and psychological stress remained significant, while the female sex exhibited only marginal significance. **Conclusion:** Chronic rhinitis and psychological stress may be significant risk factors for MSP.



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**Reference:** JOO, Y.-H. *et al.* Chronic rhinitis and stress: the possible culprits of midfacial segment pain. *Rhinology*, [s. l.], v. 61, n. 3, p. 214–220, 2023.





## 10. Allergic Rhinitis: Rapid Evidence Review. (Rinite alérgica: revisão rápida de evidências).

**Abstract:** Allergic rhinitis, the fifth most common chronic disease in the United States, is an immunoglobulin E-mediated process. A family history of allergic rhinitis, asthma, or atopic dermatitis increases a patient's risk of being diagnosed with allergic rhinitis. People in the United States are commonly sensitized to grass, dust mites, and ragweed allergens. Dust mite-proof mattress covers do not prevent allergic rhinitis in children two years and younger. Diagnosis is clinical and based on history, physical examination, and at least one symptom of nasal congestion, runny or itchy nose, or sneezing. History should include whether the symptoms are seasonal or perennial, symptom triggers, and severity. Common examination findings are clear rhinorrhea, pale nasal mucosa, swollen nasal turbinates, watery eye discharge, conjunctival swelling, and allergic shiners (i.e., dark circles under the eyes). Serum or skin testing for specific allergens should be performed when there is inadequate response to empiric treatment, if diagnosis is uncertain, or to guide initiation or titration of therapy. Intranasal corticosteroids are first-line treatment for allergic rhinitis. Second-line therapies include antihistamines and leukotriene receptor antagonists and neither shows superiority. If allergy testing is performed, trigger-directed immunotherapy can be effectively delivered subcutaneously or sublingually. High-efficiency particulate air (HEPA) filters are not effective at decreasing allergy symptoms. Approximately 1 in 10 patients with allergic rhinitis will develop asthma.

**Reference:** WEAVER-AGOSTONI, J.; KOSAK, Z.; BARTLETT, S. Allergic Rhinitis: rapid evidence review. *American Family Physician*, [s. l.], v. 107, n. 5, p. 466–473, 2023.



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## 11. Antibiotic use in acute upper respiratory tract infections. (Rinite alérgica: revisão rápida de evidências).

**Abstract:** Upper respiratory tract infections are responsible for millions of physician visits in the United States annually. Although viruses cause most acute upper respiratory tract infections, studies show that many infections are unnecessarily treated with antibiotics. Because inappropriate antibiotic use results in adverse events, contributes to antibiotic resistance, and adds unnecessary costs, family physicians must take an evidence-based, judicious approach to the use of antibiotics in patients with upper respiratory tract infections. Antibiotics should not be used for the common cold, influenza, COVID-19, or laryngitis. Evidence supports antibiotic use in most cases of acute otitis media, group A betahemolytic streptococcal pharyngitis, and epiglottitis and in a limited percentage of acute rhinosinusitis cases. Several evidence-based strategies have been identified to improve the appropriateness of antibiotic prescribing for acute upper respiratory tract infections.

**Reference:** SUR, D. K. C.; PLESA, M. L. Antibiotic use in acute upper respiratory tract infections. *American Family Physician*, [s. l.], v. 106, n. 6, p. 628–636, 2022.



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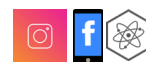
## 12. Association between vitamin D deficiency and recurrent tonsillitis. (Associação entre deficiência de vitamina D e amigdalites recorrentes).

**Background:** Tonsillitis is defined as an inflammation of the tonsils characterized by signs of tonsillar erythema and exudates and recurrent tonsillitis is at least 7 episodes of acute tonsillitis in a year, or a minimum of 5 episodes in a year for 2 consecutive years, or at least 3 episodes in a year for 3 consecutive years. There are many research that have hypothesized the association of low level of Vitamin D and recurrent attacks of acute tonsillitis. **Methods:** A single centre prospective, cross sectional analytical study was conducted from 2021 June to 2022 March in Department of ENT and Head and Neck surgery in Kathmandu Medical College Teaching Hospital. The study participants were recruited from ENT Head and Neck OPD and the data on number of episodes of recurrent attacks of tonsillitis and serum level of Vitamin D were collected. **Results:** 78.8% of patients with tonsillitis had low level of serum Vitamin D (less than 30ng/ml) and 21.2% had optimal level of serum Vitamin D (more than 30ng/ml). The incidence of recurrent tonsillitis was 40.9% in patients with low level of Vitamin D where as the incidence of recurrent tonsillitis was 18.1% in patients with optimal level of Vitamin D. **Conclusions:** The low serum level of Vitamin D was found to be associated with recurrent episodes of tonsillitis.

**Reference:** SHRESTHA, D.; BISTA, M. Association Between Vitamin D deficiency and recurrent tonsillitis. *Journal of Nepal Health Research Council*, [s. l.], v. 20, n. 3, p. 731–733, 2023.



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### 13. Incidence of olfactory and gustatory dysfunctions in the early stages of COVID-19: na objective evaluation. (Incidência de disfunções olfativas e gustativas nas fases iniciais da COVID-19: uma avaliação objetiva).

**Introduction:** Coronavirus disease 2019 (COVID-19) is a dangerous infectious disease caused by a newly discovered severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) that has various clinical presentations. Numerable cases with non-specific olfactory and gustatory dysfunctions in COVID-19 have been reported from all over the globe. This is important as awareness will let people to self-isolate and help in limiting disease spread. **Objective:** To objectively evaluate the frequency of olfactory and gustatory dysfunction, which may occur independently or with other symptoms, in laboratory confirmed COVID-19 patients at an early stage of the disease. **Methods:** Objective evaluation of olfactory and gustatory function of 322 COVID-19 patients treated at our hospital, (SMGS, Government Medical College, Jammu), from August 2020 until November 2020. Results Our study population included 127 (39.4%) males and 195 (60.6%) females. Two hundred and twenty-six (70.2%) COVID-19 patients experienced olfactory and gustatory disorders. One hundred and sixty-five (51.2%) cases experienced both olfactory and gustatory disorders. Isolated olfactory dysfunction was reported in 34 (10.6%) patients, while 27 (8.4%) patients experienced only gustatory dysfunction. **Conclusion:** The olfactory and gustatory dysfunctions, without any nasal obstruction or rhinorrhea, are significant symptoms in the clinical presentation of early COVID-19 patients. This presentation can be recognized at the earliest one, and it can reduce the high communicability of the COVID-19 disease.

**Reference:** MANHAS, M. *et al.* Incidence of olfactory and gustatory dysfunctions in the early stages of COVID-19: an objective evaluation. *International Archives of Otorhinolaryngology*, [s. l.], v. 26, n. 2, e265 – e271, 2022.



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### 14. Suffering from chronic tinnitus, chronic neck pain, or both: Does it impact the presence of signs and symptoms of central sensitization? (Sofrendo de zumbido crônico, dor cervical crônica ou ambos: isso afeta a presença de sinais e sintomas de sensibilização central?).

**Abstract:** Chronic subjective tinnitus is a prevalent symptom, which has many similarities with chronic pain. Central sensitization is considered as a possible underlying mechanism of both symptoms. Central sensitization has already been investigated in chronic pain populations but not in patients with chronic subjective tinnitus. Therefore, the main objective of this cross-sectional study was to compare signs and symptoms, indicative for central sensitization, in tinnitus patients with and without chronic idiopathic neck pain, patients with chronic idiopathic neck pain only, and healthy controls. Also, differences in psychological and lifestyle factors, possibly influencing the association between central sensitization and tinnitus, were examined as well as correlations between signs and symptoms of central sensitization, and tinnitus, pain, psychological and lifestyle factors. Differences in signs and symptoms of central sensitization were examined using the self-report Central Sensitization Inventory and QST protocol (local and distant mechanical and heat hyperalgesia, conditioned pain modulation). Tinnitus, pain, psychological and lifestyle factors were evaluated using self-report questionnaires. Symptoms of central sensitization and local mechanical hyperalgesia were significantly more present in both tinnitus groups, compared to healthy controls, but were most extensive in the group with chronic tinnitus + chronic idiopathic neck pain. Distant mechanical hyperalgesia, indicative for central sensitization, was only observed in the group with both chronic tinnitus + chronic idiopathic neck pain. This group also displayed a significantly higher psychological burden and poorer sleep than patients with chronic tinnitus only and healthy controls. Signs and symptoms of central sensitization were also shown to be associated with tinnitus impact, pain-related disability, psychological burden and sleep disturbances. This study shows preliminary evidence for the presence of central sensitization in patients with chronic tinnitus + chronic idiopathic neck pain. This could be explained by the higher perceived tinnitus impact, psychological burden and sleep problems in this group.

**Reference:** DE MEULEMEESTER, K. *et al.* Suffering from chronic tinnitus, chronic neck pain, or both: does it impact the presence of signs and symptoms of central sensitization? *PloS One*, [s. l.], v. 18, n. 8, e0290116, 2023.



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15. **A 10-year review of malignant otitis externa: a new insight.** (Uma revisão de 10 anos sobre otite externa maligna: uma nova visão).

**Abstract – Objectives:** This study aims to assess the clinical trends of malignant otitis externa (MOE) and classify MOE based on the findings related to high-resolution computed tomography (HRCT) of the temporal bone and 99-Tc<sup>99m</sup>-Technetium-99m Phase Bone Scintigraphy (TPBS). We also reconstruct a treatment algorithm for MOE in our institution. **Methodology:** A 10-year retrospective review was carried out on MOE in a single otology institution from January 2011 to December 2020. The MOE was classified based on proposed Tengku's radiological stratification according to HRCT and TPBS findings. Phase I is defined as inflammation limited to the soft tissue in the external auditory canal, without involvement of the bone. Phase II is the inflammation beyond the soft tissue, involving bone, but limited to the mastoid. Phase III is when the inflammation extends medially, involving the petrous temporal bone or temporomandibular joint, with or without parapharyngeal soft tissue involvement. Phase IV refers to inflammation extending medially to involve the nasopharynx, with or without abscess formation. Finally, Phase V is inflammation that further extends to the contralateral base of the skull. **Results:** A sample of 49 patients was involved in this study. Majority of the patients were having Phase III (36.7%) of the disease, followed by Phase V (24.5%), Phase II (18.4%), Phase IV (16.3%), and Phase I (4.1%). A comprehensive treatment algorithm was drafted based on our institution's experience in managing MOE. The mortality rate was low (8.2%), mainly involving patients in advanced phase of the disease (Phases IV and V). **Conclusion:** This study has revealed the evidence of progression of MOE based on the proposed radiological stratification. This stratification is simple and practically applicable in clinical settings. We suggest the use of our proposed treatment algorithm as a standard diagnostic and treatment protocol for MOE.



Clique aqui para solicitar esse artigo na íntegra



**Reference:** KAMALDEN, T. M. I. T.; MISRON, K. A 10-year review of malignant otitis externa: a new insight. *European Archives of Otorhinolaryngology*, [s. l.], v. 279, n. 6, p. 2837–2844, 2022.

## # Patologias Oculares



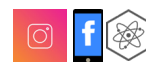
16. **Accuracy of refractive outcomes using standard or total keratometry for intraocular lens power formulas in conventional cataract surgery.** (Precisão dos resultados refrativos usando ceratometria padrão ou total para fórmulas de potência de lentes intraoculares em cirurgia convencional de catarata).

**Abstract – Purpose:** To evaluate if total keratometry (TK) is better than standard keratometry (K) for predicting an accurate intraocular lens (IOL) refractive outcome in virgin eyes using four IOL power calculation formulas. **Methods:** 447 eyes that underwent monofocal intraocular lens implantation were enrolled in this study. IOLMaster 700 (Carl Zeiss Meditech, Jena, Germany) was used for optical biometry. Prediction error (PE), mean absolute prediction error (MAE), median absolute prediction error (MedAE), proportions of eyes within  $\pm 0.25$  diopters (D),  $\pm 0.50$  D,  $\pm 0.75$  D,  $\pm 1.00$  D,  $\pm 2.00$  D prediction error, and formula performance index (FPI) were calculated for each K and TK-based formula. **Results:** Overall, the accuracy of each TK and K formula was comparable. The MAEs and MedAEs showed no difference between most of the K-based and the TK-based formula; only the MAE of TK was significantly higher than that of K using the Haigis. The percent of eyes within  $\pm 0.25$  D PE for TK was not significantly different from that for K. The analysis of PE across various optical dimensions revealed that TK had no effect on the refractive results in eyes with different preoperative axial length, anterior chamber depth, keratometry, and lens thickness. The K-based Barrett Universal II formula performed excellently, showed the leading FPI score, and had the best refractive prediction outcomes among the four formulas. **Conclusion:** TK and K can be used for IOL power calculation in monofocal IOL implantation cataract surgery in virgin eyes, as both are comparable. In all investigated formulas, the predictive accuracy of TK-based formulas is not superior to that of standard K-based formulas.

**Reference:** ZHAO, H. *et al.* Accuracy of refractive outcomes using standard or total keratometry for intraocular lens power formulas in conventional cataract surgery. *BMC Ophthalmology*, [s. l.], v. 23, n. 1, p. 346, 2023.



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### 17. Complications occurring through 5 years following primary intraocular lens implantation for pediatric cataract. (Complicações que ocorrem ao longo de 5 anos após a implantação de lentes intraoculares primárias para catarata pediátrica).

**Importance:** Lensectomy with primary intraocular lens (IOL) implantation is often used in the management of nontraumatic pediatric cataract, but long-term data evaluating the association of age and IOL location with the incidence of complications are limited. **Objective:** To describe the incidence of complications and additional eye surgeries through 5 years following pediatric lensectomy with primary IOL implantation and association with age at surgery and IOL location. **Results:** The cohort included 609 eyes from 491 children (mean [SD] age, 5.6 [3.3] years; 261 [53%] male and 230 [47%] female). Following cataract extraction with primary IOL implantation, a frequent complication was surgery for visual axis opacification (VAO) (cumulative incidence, 32%; 95% CI, 27%-36%). Cumulative incidence was lower with anterior vitrectomy at the time of IOL placement (12%; 95% CI, 8%-16%) vs without (58%; 95% CI, 50%-65%), and the risk of undergoing surgery for VAO was associated with not performing anterior vitrectomy (hazard ratio [HR], 6.19; 95% CI, 3.70-10.34;  $P < .001$ ). After adjusting for anterior vitrectomy at lens surgery, there were no differences in incidence of surgery for VAO by age at surgery ( $< 2$  years, HR, 1.35 [95% CI, 0.63-2.87], 2 to  $< 4$  years, HR, 0.86 [95% CI, 0.44-1.68], 4 to  $< 7$  years, HR, 1.06 [95% CI, 0.72-1.56];  $P = .74$ ) or by capsular bag vs sulcus IOL fixation (HR, 1.22; 95% CI, 0.36-4.17;  $P = .75$ ). Cumulative incidence of glaucoma plus glaucoma suspect by 5 years was 7% (95% CI, 4%-9%), which did not differ by age after controlling for IOL location and laterality. **Conclusions and Relevance:** In this cohort study, a frequent complication following pediatric lensectomy with primary IOL was surgery for VAO, which was associated with primary anterior vitrectomy not being performed but was not associated with age at surgery or IOL location. The risk of glaucoma development across all ages at surgery suggests a need for long-term monitoring.



Clique aqui para solicitar esse artigo na íntegra



**Reference:** YEN, K. G. *et al.* Complications occurring through 5 years following primary intraocular lens implantation for pediatric cataract. *JAMA Ophthalmology*, [s. l.], v. 141, n. 8, p. 705-714, 2023.

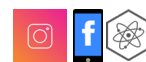
### 18. Detecting glaucoma in the ocular hypertension study using deep learning. (Detecção de glaucoma no estudo de hipertensão ocular usando aprendizado profundo).

**Importance:** Automated deep learning (DL) analyses of fundus photographs potentially can reduce the cost and improve the efficiency of reading center assessment of end points in clinical trials. **Objective:** To investigate the diagnostic accuracy of DL algorithms trained on fundus photographs from the Ocular Hypertension Treatment Study (OHTS) to detect primary open-angle glaucoma (POAG). **Results:** A total of 1147 participants were included in the training set (661 [57.6%] female; mean age, 57.2 years; 95% CI, 56.6-57.8), 167 in the validation set (97 [58.1%] female; mean age, 57.1 years; 95% CI, 55.6-58.7), and 322 in the test set (173 [53.7%] female; mean age, 57.2 years; 95% CI, 56.1-58.2). The DL model achieved an AUROC of 0.88 (95% CI, 0.82-0.92) for the OHTS Endpoint Committee determination of optic disc or VF changes. For the OHTS end points based on optic disc changes or visual field changes, AUROCs were 0.91 (95% CI, 0.88-0.94) and 0.86 (95% CI, 0.76-0.93), respectively. False-positive rates (at 90% specificity) were higher in photographs of eyes that later developed POAG by disc or visual field (27.5% [56 of 204]) compared with eyes that did not develop POAG (11.4% [50 of 440]) during follow-up. The diagnostic accuracy of the DL model developed on the optic disc end point applied to 3 independent data sets was lower, with AUROCs ranging from 0.74 (95% CI, 0.70-0.77) to 0.79 (95% CI, 0.78-0.81). **Conclusions:** The model's high diagnostic accuracy using OHTS photographs suggests that DL has the potential to standardize and automate POAG determination for clinical trials and management. In addition, the higher false-positive rate in early photographs of eyes that later developed POAG suggests that DL models detected POAG in some eyes earlier than the OHTS Endpoint Committee, reflecting the OHTS design that emphasized a high specificity for POAG determination by requiring a clinically significant change from baseline.

**Reference:** FAN, R. *et al.* Detecting glaucoma in the ocular hypertension study using deep learning. *JAMA ophthalmology*, [s. l.], v. 140, n. 4, p. 383-391, 2022.



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**19. Glaucoma suspects referred by general ophthalmologists to a tertiary center in Brazil: outcomes of the glaucoma specialist assessment.** (Suspeitos de glaucoma encaminhados do oftalmologista geral para um centro terciário no Brasil: resultados da avaliação do especialista em glaucoma).

**Abstract - Purpose:** To characterize patients with suspected glaucoma who were referred to the clinic for suspected glaucoma in a tertiary public hospital in southern Brazil and to evaluate differences in functional and structural damages between patients diagnosed with different types of glaucoma, those with normal eye examination results, and those who remained as glaucoma suspects. **Methods:** This is a cohort study of patients referred by general ophthalmologists to the clinic for suspected glaucoma at Hospital Nossa Senhora da Conceição, Porto Alegre, Brazil, between March 2016 and December 2018. The patients were followed up until they had undergone reliable examinations (eye examination, visual field screening, and optic coherence tomography for classification as normal and having a suspected glaucoma, glaucoma with an elevated intraocular pressure, normotensive glaucoma, or ocular hypertension). **Conclusions:** Patients with normal tension glaucoma tend to be diagnosed later because of their normal intraocular pressures; thus, the optic nerve cupping must be greater to raise the suspicion of glaucoma. In this study, we found that the patients with normal tension glaucoma had worse disease at the time of diagnosis.

**Reference:** FANTON, F. L. *et al.* Glaucoma suspects referred by general ophthalmologists to a tertiary center in Brazil: outcomes of the glaucoma specialist assessment. **Arquivos Brasileiros de Oftalmologia**, [s. l.], v. 86, n. 3, p. 248–254, 2023.



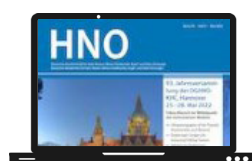
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**20. Atypisches Cogan-syndrom als differenzialdiagnose eines hörsturzes.** (Síndrome de Cogan atípica como diagnóstico diferencial de perda auditiva neurossensorial súbita).

**Zusammenfassung:** Das Cogan-I-Syndrom ist eine seltene Erkrankung mit vestibulocochleären Symptomen und einer nichtsyphilitischen interstitiellen Keratitis. Obwohl diese seltene Erkrankung bereits im Jahr 1945 erstmalig beschrieben wurde, ist bis heute die Pathogenese unbekannt. Ätiologisch für diese Erkrankung wird eine autoimmunbedingte Vaskulitis diskutiert. Eine atypische Manifestation ist durch das zeitversetzte Auftreten von okulären Beschwerden oder Variabilität der Augenbeteiligungen definiert. Klinisch im Vordergrund kann eine beidseitige Hörsturzsymptomatik stehen. Es zeichnet sich ab, dass eine intratympanale Kortikosteroidgabe in solchen Fällen erfolgversprechend ist.

**Referenz:** SALAMAT, A.; STRIETH, S. Atypical Cogan syndrome as a differential diagnosis of sudden sensorineural hearing loss. **HNO**, [s. l.], v. 70, n. 5, p. 405–414, 2022.



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## 21. Assessment of SARS-CoV-2 virus in the tear secretion of conjunctivitis patients during COVID-19 pandemic. (Avaliação do vírus SARS-CoV-2 na secreção lacrimal de pacientes com conjuntivite durante a pandemia de COVID-19).

**Purpose:** To determine the presence of SARS CoV 2 virus in the tear secretion of conjunctivitis patients during the COVID 19 pandemic. **Methods:** This observational, cross sectional study was conducted in clinically diagnosed patients with conjunctivitis attending the outpatient services of our institute from July 2021 to December 2021. The tear samples were collected from patients using Schirmer's strips or capillary tubes to detect the presence of SARS CoV 2 by real time PCR assay. COVID 19 vaccination and infection status, visual acuity, and clinical features were documented in all cases. **Results:** A total of 111 patients with symptoms of conjunctivitis were included during the study period. The mean age was  $41.1 \pm 13.1$  years, and the mean duration of symptoms was  $7.1 \pm 4.4$  days, with 74% males. Conjunctival congestion was mild in 69 (62.1%) patients, moderate in 30 (27%) patients, and severe in 12 (10.8%) patients. All except four had superficial punctate keratitis (SPK). Five (4.3%) patients were positive for SARS CoV 2 RNA in their tear samples. All had mild-moderate conjunctival congestions with variable papiliofollicular reaction and SPKs, superficial hemorrhages were seen in three and pseudomembrane in one patient. They were followed up with telemedicine and three of them developed mild COVID 19 related symptoms and recovered after in home quarantine. None of them had a previous history of COVID 19 infection and all had received COVID 19 vaccination within 2 weeks to 2 months. **Conclusion:** SARS CoV 2 transmission through ocular secretion of conjunctivitis patients cannot be ignored and appropriate COVID-19 preventive behavior should be followed in ocular settings.

**Reference:** BEHERA, H. S. *et al.* Assessment of SARS-CoV-2 virus in the tear secretion of conjunctivitis patients during COVID-19 pandemic. *Indian Journal of Ophthalmology*, [s. l.], v. 71, n. 1, p. 70-74, 2023.



## 22. Value of doppler ultrasonography in assessing the efficacy of diabetic retinopathy: a retrospective analysis. (Valor da ultrassonografia Doppler na avaliação da eficácia da retinopatia diabética: uma análise retrospectiva).

**Abstract – Objective:** To investigate the value of Doppler ultrasound in evaluating the efficacy of diabetic retinopathy. **Methods:** A retrospective analysis was conducted on 90 hospitalized patients with type 2 diabetes from January 2019 to January 2020. The patients were divided into two groups: 34 cases without retinopathy and 56 cases with diabetic retinopathy. Clinical data and Doppler ultrasonography results were collected and analyzed to evaluate the value of Doppler ultrasound. **Results:** After treatment, various indicators, including blood glucose, HbA1c, FPG, 2hFPG, HOMA-IR, and FINS, showed significant improvement in both groups ( $P = .05$ ). Before treatment, the retinopathy group exhibited significantly different central artery parameters: PSA ( $8.35 \pm 1.08$ ), EDV ( $5.80 \pm 0.62$ ), RI ( $1.53 \pm 0.25$ ), compared to patients without retinopathy: PSA ( $13.61 \pm 1.80$ ), EDV ( $7.23 \pm 0.51$ ), RI ( $0.85 \pm 0.02$ ) ( $t = 12.019, 11.631, 11.461, P = .01, .01, .00$ ), respectively. After treatment, the central artery parameters improved in both groups. The retinopathy group showed PSA ( $10.44 \pm 0.26$ ), EDV ( $6.84 \pm 0.85$ ), RI ( $1.01 \pm 0.04$ ), while patients without retinopathy exhibited PSA ( $15.13 \pm 1.20$ ), EDV ( $8.50 \pm 0.80$ ), RI ( $0.71 \pm 0.08$ ) ( $t = 15.94, 12.01, 13.32, P = .01, .01, .01$ ), respectively. Similarly, before treatment, the retinopathy group had different central artery parameters: PSA ( $30.35 \pm 5.15$ ), EDV ( $8.85 \pm 1.67$ ), RI ( $1.53 \pm 0.25$ ), compared to patients without retinopathy: PSA ( $34.41 \pm 5.20$ ), EDV ( $11.34 \pm 2.56$ ), RI ( $0.88 \pm 0.15$ ) ( $t = 12.108, 11.542, 11.57, P = .01, .01, .01$ ), respectively. After treatment, the central artery parameters improved in both groups. The retinopathy group showed PSA ( $33.26 \pm 4.27$ ), EDV ( $9.37 \pm 1.86$ ), RI ( $0.98 \pm 0.35$ ), while patients without retinopathy exhibited PSA ( $36.15 \pm 4.24$ ), EDV ( $13.51 \pm 2.13$ ), RI ( $0.76 \pm 0.23$ ) ( $t = 13.84, 12.14, 10.11, P = .01, .01, .01$ ), respectively. **Conclusions:** Color Doppler ultrasound monitoring of fundus hemodynamic parameters can accurately reflect the changes in blood vessels in diabetic eyes. It provides real-time and objective evaluation of fundus hemodynamic indexes. This technology demonstrates high repeatability and simple operation, making it valuable for the noninvasive detection of early retinopathy. (*Altern Ther Health Med.* 2023;29(6):260-263).

**Reference:** PENG, X. *et al.* Value of doppler ultrasonography in assessing the efficacy of diabetic retinopathy: a retrospective analysis. *Alternative Therapies in Health and Medicine*, [s. l.], v. 29, n. 6, p. 260-263, 2023.



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### 23. Trajetórias educacionais de pessoas com surdocegueira adquirida.

**Resumo:** Este estudo é um desdobramento de uma pesquisa de Doutorado em Educação sobre a história de vida de indivíduos com surdocegueira adquirida, conforme Lupetina (2019). O artigo tem como objetivo trazer a narrativa dos surdocegos referente à trajetória educacional vivenciada por eles. Participaram, desta pesquisa, sete surdocegos de diferentes estados brasileiros que narraram sobre as suas vidas a partir da própria percepção, trazendo o protagonismo dos surdocegos como lugar de fala. As formas de comunicação utilizadas pelos surdocegos durante as entrevistas foram: Língua Brasileira de Sinais (Libras) tátil, Libras em campo reduzido, fala ampliada, fala estando perto e Tadoma. Os resultados indicaram que, apesar de trajetórias diferentes, os relatos possuem pontos em comum, como a insistência na oralização e na leitura labial para os surdocegos que possuem resíduo visual, em vez do incentivo ao uso da Libras; a ausência de profissionais especializados e materiais adaptados; e serem os únicos surdocegos nos espaços escolares em que estudaram. O estudo conclui que o protagonismo do surdocego em pesquisas acadêmicas ainda é muito raro e que o processo de inclusão escolar tem muito a caminhar, pois são pessoas que necessitam ter voz e direitos como cidadãos.

**Referência:** LUPETINA, R.; WALTER, C. C. de F.. Trajetórias Educacionais de Pessoas com Surdocegueira Adquirida. *Revista Brasileira de Educação Especial*, [s. l.], v. 27, p. e0237, 2021.



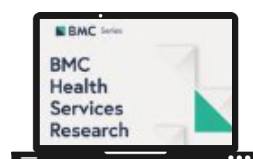
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### 24. Interventions for adults with deafblindness - an integrative review. (Intervenções para adultos com surdocegueira – revisão integrativa).

**Abstract - Purpose:** To compile the current research on interventions for rehabilitation aimed at adults (aged 18-65 years) with deafblindness. **Materials and methods:** A comprehensive search was conducted in eight databases. An additional manual search was also carried out. A total of 7049 unique references were initially identified, and after screening, 28 original sci entific articles were included. The results from these articles were categorized based on limiting consequences of deafblindness: communication, orientation and to move around freely and safely and access to information, as well as to psychological adaptation to deafblindness. **Results:** Fourteen of the included articles had their main focus on access to communication, ten on orientation and the ability to move around feely and safely, three on the opportunity to gain access to information, and one related to psychological adaptation to deafblindness. Most articles focused on technical devices, of which one-third were single case studies. **Conclusion:** There is a limited number of evaluated interventions for people with deafblindness. Most of the existing studies involved one to five participants with deafblindness, and only few studies involved a larger number of par ticipants. More research with a larger number of participants are needed, which could be facilitated by international cooperation between practitioners and researchers.

**Reference:** WARNICKE, C. *et al.* Interventions for adults with deafblindness - an integrative review. *BMC health services research*, [s. l.], v. 22, n. 1, p. 1594, 2022.



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Artigo enviado por: Professora Luciana Rodrigues

O dia 13 de dezembro é o “Dia Nacional da Pessoa com Deficiência Visual”. A data foi escolhida por ser o “Dia de Santa Luzia”, santa católica protetora dos olhos. O objetivo da comemoração é conscientizar a sociedade para questões importantes como preconceito e discriminação, além de buscar a garantia de direitos e a inclusão das pessoas com deficiência visual na sociedade.

Segundo a Organização Mundial da Saúde (OMS), cerca de 285 milhões de pessoas no mundo têm baixa visão, sendo que 60% a 80% dos casos poderiam ser evitados ou dispõem de tratamento. No Brasil, o último Censo Demográfico (IBGE 2010) identificou mais de 35 milhões de pessoas com algum grau de dificuldade visual.

De acordo com o documento "As Condições de Saúde Ocular no Brasil 2019", produzido pelo Conselho Brasileiro de Oftalmologia (CBO) — baseando-se em dados da Agência Internacional para a Prevenção da Cegueira —, é possível associar a prevalência de cegueira em uma população em relação às condições econômicas e de desenvolvimento humano, já que quase 90% dos casos de cegueira estão em países de baixa e média renda.

As principais causas de cegueira em adultos são a catarata, o glaucoma, a degeneração macular relacionada à idade e a retinopatia diabética. Já entre as crianças, os maiores causadores da perda de visão são infecções congênitas, catarata congênita, retinopatia da prematuridade e glaucoma congênito.

O Plano de Ação Global 2014-2019 da Organização Mundial de Saúde (OMS) propôs ações com a finalidade de erradicar a cegueira evitável (Campanha "Visão 2020: O Direito de Ver").

O Conselho Brasileiro de Oftalmologia (CBO), em parceria com os Ministérios da Saúde (MS) e da Educação e Cultura (MEC), tem proposto e aplicado projetos voltados para a promoção da saúde visual da população. Entre eles, a Campanha “Olho no Olho” (1999) que deu origem ao Projeto “Olhar Brasil” (2013) e, mais recentemente, o programa “Mais Acesso à Saúde Ocular” (2015).

O Programa “Olhar Brasil” levou atendimento aos alunos da Educação Básica, das escolas públicas, na etapa Ensino Fundamental e dos jovens de 15 anos ou mais e adultos do Programa Brasil Alfabetizado. O Programa “Mais Acesso à Saúde Ocular” tem a proposta de inserir o médico oftalmologista na equipe de atenção primária, através dos Núcleos de Apoio à Saúde da Família (NASF), entre outras ações.

Portanto, o dia nacional da pessoa com deficiência visual é mais uma proposta para unir políticas públicas de promoção de Saúde e conscientização da população e dos profissionais da Saúde para que a acessibilidade dos pacientes ao oftalmologista aconteça e a prevenção possa ser eficaz.

Fontes:

Projeto Olhar Brasil: triagem de acuidade visual : manual de orientação/ Ministério da Saúde, Ministério da Educação. – Brasília: Ministério da Saúde, 2008. 24 p. ISBN 978-85-334-1419-8

Ottaiano, J A A; Ávila, M P; Umbelino, CC; Taleb, A C. As Condições de Saúde Ocular no Brasil 2019 Edição 1 ISBN: 978-8-56-210904-1

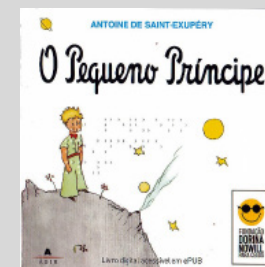
Projeto de Plano de Ação para a Prevenção da Cegueira e de Deficiência Visual evitáveis 2014-2019. 66ª Assembleia Mundial de Saúde. Disponível em: <https://visao2020la.files.wordpress.com/2013/08/2-projeto-de-plano-de-ac3a7ao.pdf>

Campanha Nacional de Reabilitação Visual Olho no Olho: vídeo informativo, 1999. Brasil. Ministério da Educação. Fundo Nacional de Desenvolvimento da Educação; Conselho Brasileiro de Oftalmologia. Brasília; s.n; 1999. Localização: BR599.1; 617.7-053.2, B823c, e.1 / BR599.1; 617.7-053.2, B823c, e.2

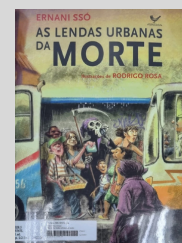
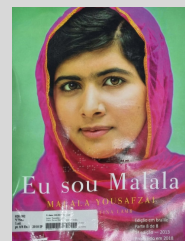
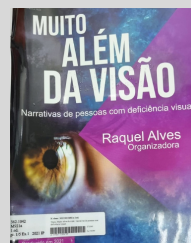
O Projeto Mais Acesso à Saúde Ocular. In: Ávila M, Nishi M, Alves MR (Org.): 50 Fórum Nacional sobre saúde Ocular. Olhares sobre o Brasil. Pela Ampliação do acesso da população aos cuidados com a saúde ocular. CBO. 2015.p.154

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## UM DOS CIENTISTAS MAIS INFLUENTES DO PLANETA! CONHEÇA O DR. BARBIERI:



De acordo com a revista "O Mundo da Saúde", periódico científico do Centro Universitário São Camilo, tem um grande motivo para se orgulhar: o seu editor científico, Dr. Edison Barbieri, foi eleito um dos cientistas mais influentes do planeta!

Confira a matéria completa no [blog](#) da São Camilo!



## AMOR EM MECHAS

Camilianos(as), convidamos vocês para participarem da campanha de doação de lenços, cabelo e bijuterias para o nosso SUPER parceiro @InstitutoAmoremMechas. Lembrando que as doações podem ser realizadas durante todo o ano.

*Bora fazer o bem?*

Ah, o link para as horas complementares é o [bit.ly/AMOREMSC](https://bit.ly/AMOREMSC)

Só vem!

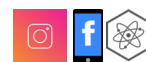


## PROF. JOÃO SILVESTRE, DOCENTE DO CURSO DE MEDICINA, PUBLICA ARTIGO NA BMC PUBLIC HEALTH

Em setembro de 2023, um estudo notável e abrangente foi publicado no respeitado periódico científico "BMC Public Health", intitulado "Return to work after sick leave due to musculoskeletal disorder or injury: a longitudinal study conducted in Brazil" (Retorno ao Trabalho Após Licença Médica por Distúrbios Musculoesqueléticos: Estudo Longitudinal Realizado no Brasil). O Prof. João Silvestre Silva-Junior, do curso de graduação em Medicina do Centro Universitário São Camilo, foi o principal autor deste estudo inovador.

Acesse a reportagem na íntegra:

<https://blog.saocamilo-sp.br/index.php/2023/11/01/pesquisa/>





## I. FIM DA AIDS EM 2030?

Em julho, aconteceu a 12ª Conferência da International Aids Society sobre Ciência do HIV (IAS 2023), em Brisbane (Austrália). O evento reuniu sociedade civil, ativistas, formuladores de políticas, doadores e cientistas, que compartilharam as mais recentes descobertas científicas e discutiram ações que podem impulsionar a pesquisa e garantir equidade nos seus resultados. Radis reúne aqui alguns destaques sobre as discussões mais recentes sobre HIV/aids. (Revista Radis, 2023)



[Clique aqui para solicitar o artigo](#)



## II. NOVOS FORMATOS, MESMAS CONSEQUÊNCIAS.

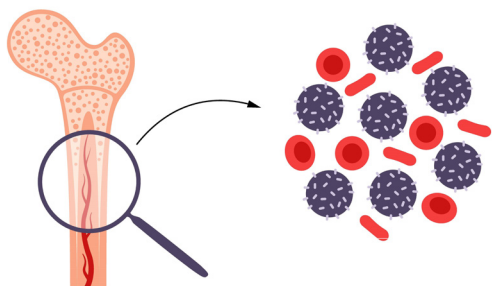
Cigarros eletrônicos e artesanais ganham preferência dos usuários e preocupam especialistas. (Revista Poli, 2023)



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## III. O "MATCH" PARA A DOAÇÃO DE MEDULA.

Tecnologia ajuda a encontrar voluntários e a otimizar a lista pelo transplante. (Revista Veja Saúde, 2023)



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## IV. TÉCNICA À BASE DE VAPOR D'ÁGUA DIMINUI PRÓSTATA INCHADA.

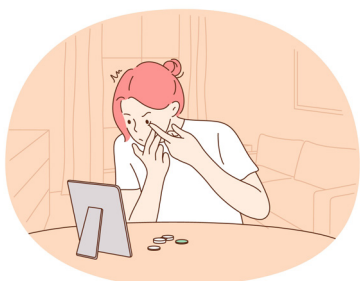
Novo tratamento evita complicações de métodos tradicionais mais invasivos. (Revista Veja Saúde, 2023)



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## V. TECNOLOGIA AMPLIA POSSIBILIDADES DAS LENTES DE CONTATO.

Especialista discute as tendências da categoria: das novas lentes para ceratocone às personalizadas, passando por lentes inteligentes e outros avanços tecnológicos em oftalmologia que aumentaram as possibilidades de tratamento de diversas condições complexas, que antes eram muito limitadas. (Revista Veja Saúde, 2023)



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## VI. A MORTE DA ATENÇÃO.

Você já teve a sensação de que está cada vez mais difícil manter o foco? Vivemos mergulhados numa chuva de estímulos – e isso tem efeitos mensuráveis sobre o cérebro. Veja quais são, e entenda a real sobre a moda que tomou as redes sociais: o jejum de dopamina (Revista Super Interessante, 2023).



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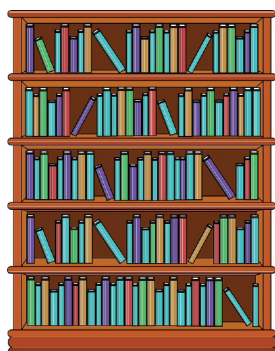


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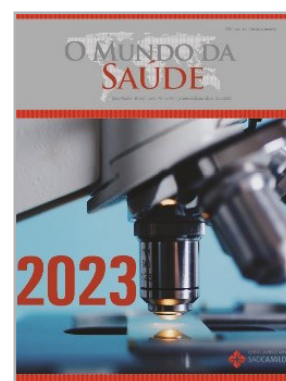
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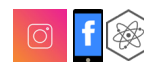
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