

242 pacientes com idade de  $68,3 \pm 5,6$  anos, 54% do sexo feminino e duração do DM de 14 (8-22) anos. A glicose plasmática da amostra foi de  $152 \pm 54$  mg/dl e HbA1c de  $7.8 \pm 1.5\%$ , IMC  $29,5 \pm 4,5$  kg/m<sup>2</sup>. O consumo de proteínas (79,5 vs. 75 g/dia) carboidratos (211 vs. 200 g/dia) e lipídios (43 vs. 43 g/dia) não foi diferente entre os grupos com e sem sarcopenia ( $p > 0,05$ ). Também o consumo de lácteos [214 vs 241 ml/dia], frutas [170 vs. 213g/dia], vegetais (97 vs 112g/dia) e carne vermelha (42 vs. 68g/dia) não foi diferente entre os grupos ( $p > 0,05$ ). Entretanto o grupo com sarcopenia caminhou menos [3165 (2227-4574) vs. 4031 (3007-5676) passos,  $p = 0.004$ ], que o grupo sem sarcopenia. Conclusão: Os dados tabulados até o momento indicam que, em pacientes com DM tipo 2, a inatividade física foi o único fator associado com a perda de MM. A prática de atividade física nesta população deve ser incentivada. A caminhada além de ser um exercício que não requer habilidades especiais pode ter um papel protetor para a sarcopenia em indivíduos idosos com DM tipo 2.

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#### **ADEQUACY OF MEDICAL FILES REGISTRATION AND PRESCRIPTION OF CONTRACEPTION IN WOMEN WITH DIABETES: A CROSS-SECTION STUDY**

CATEGORIA DO TRABALHO: PESQUISA

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**Introduction:** Adequate glycemic control is the most important interventions to prevent adverse outcomes in pregnancies of women with diabetes mellitus (DM). Women with DM should be instructed to plan pregnancies, so that blood glucose levels are normalized before conception. **Objective:** Describe the adequacy of DM patient's files registry regarding contraception use, factors associated with lack of registry, prevalence of contraception methods used by women with DM in reproductive age and if the prescription is in accordance with World Health Organization (WHO) eligibility criteria. **Methods:** Cross-sectional study was developed in two phases. First phase: electronic medical records of women with DM who attended the Endocrinology Outpatient Clinic of a tertiary university hospital (Hospital de Clínicas de Porto Alegre) were reviewed to identify women in reproductive age (10-49 years) and to look for contraception method registration. Second phase: consisted of an interview to collect data regarding contraception in use, as well as comorbidities and chronic DM complications. **Results:** 1069 files analyzed, 313 women with DM in childbearing age were identified and included. those, 55.3% had a contraception method registered in the medical file. Factors associated with lack of registry in the multivariate analysis were age older than 40 years and type 2 DM. The second phase, 270 women were interviewed and 201 (74.4%) were using contraceptive method. Of the 69 patients not on contraception, 51 fertile patients with DM were at risk of an unplanned pregnancy (18.8% of the total interviewed). The most frequently used method was contraception hormonal combined, 34.3% and 62 (30.8%) women were using a contraindicated method (WHO eligibility category 3 or 4). **Conclusion:** One third of women with DM are of childbearing age. The lack of registration of MAC use in the medical records of women with DM suggests that this approach has not been performed, especially in patients over 40 years of age and with type 2 DM. The most used contraceptive method is the combined hormonal contraceptive. Methods with greater effectiveness such as the intrauterine device/system or implant should be prescribed, especially in adolescents and young women. Approximately one-third of respondents were using contraceptive method inappropriate for their clinical condition and one-fifth were at risk for an unplanned pregnancy. Improvements in family planning for women with DM should be instituted.

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#### **MACROPROLACTINOMA GIGANTE INVASIVO - RELATO DE CASO**

CATEGORIA DO TRABALHO: RELATO DE CASO ÚNICO

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