

88 - ELDERLY PEOPLE WITH VASCULAR ULCERS: CHARACTERIZATION OF THE CARE PROVIDED TO PATIENTS ASSISTED AT A UNIVERSITY HOSPITAL

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INTRODUCTION

The vascular ulcer (VU) is a syndrome characterized by limited or irregular loss of skin (dermis and epidermis), and could reach up to the subcutaneous tissue and underlying, which affects the ends of the lower limbs and whose cause is usually related to the arterial and/or venous vascular system (MAFFEI; LASTÓRIA; YOSHIDA, 1995).

The etiology of VU (arterial ulcers and venous ulcers) comes from the chronic venous insufficiency in a percentage that varies from 80 to 85% and arterial disease (5 to 10% of cases), and the remainder is of neuropathic origin (diabetic usually 3%) or mixed (BRASIL, 2002; LONGO JUNIOR, 2001).

Epidemiological studies of Frade et al. (2005), Castillo et al. (2004) and Reis et al. (2003), on VU, indicate that they are very frequent in medical practice and absorb large amounts of health money to its management.

Its frequency is growing according to the increase of life expectancy of the world population. Note, however, that this increase is not accompanied by improvements in life quality. People are aging, but their functional capacity often is compromised, especially by the relationship between the living conditions (socioeconomics, cultural and political factors) and health care existing in the world and Brazil (SILVA; PAZOS, 2005).

For most people, the VU comes around the age of 60 years, predominantly in females, with a recurrence rate of 60% to 72%. The cost of treatment of injuries and estimated at 1 billion U.S. dollars in the United States (PIEPER; CALIRI; CARDOZO, 2002).

In Brazil, the ulcers are a serious public health problem, because of the number of patients with changes in the integrity of skin, although the records of such care are few. This high number of people with ulcers contributes to burden the public spending in the Unified Health System, in addition to interfere with the life quality of the population (BRASIL, 2002).

The assistance for people with Vascular Ulcers is usually complex, long and requires interdisciplinary expertise, with adoption of protocol and conduct of systematic treatment, beyond the knowledge of the pathophysiology of these injuries, the team's technical skills, professional relationship between the levels of complexity and assistance, and also an active participation of the patients and their families, within a holistic approach (NÓBREGA et al., 2008).

According to Torres et al. (2007), when the assistance to the patient with VU is poorly conducted, the lesion may remain years without healing, causing high social and emotional costs. In many cases, the individual is away from work, exacerbating the already precarious socioeconomic conditions.

Combined with this reality, this study aimed to characterize the assistance to elderly people with vascular ulcers (venous and arterial) referenced to the curative sector of the ambulatory of surgical clinic of University Hospital Onofre Lopes HUOL/UFRN.

METHODOLOGY

This is a descriptive study of quantitative approach, undertaken in curative sector of the ambulatory of surgical clinic of University Hospital Onofre Lopes (HUOL) from the Federal University of Rio Grande do Norte (UFRN).

The population was composed by patients with acute and chronic vascular ulcers referenced from primary and secondary level of the Unified Health System (SUS) to the angiology consultation. The sample was created intentionally by 32 users, people with vascular ulcers with venous origin (VUs) and arterial (AUs).

For selection of survey participants, was conducted a clinical evaluation and diagnosis of ulcers of users by the team of the project, and was used the following criteria for inclusion and stay in the clinical study: being the bearer of vascular ulcers (venous and arterial), being referenced from the primary or secondary levels of SUS assistance, has more than 59 years and voluntarily take part in the study, with the signing of the Term of Free and Informed Consent (FICT).

This study used as a source of data the records of patients and a structured formulary composed by three parts (interview, observation and diagnosis of ulcer), used to monitor, develop and evaluate the patients. The research was approved by the Ethics Committee of UFRN (Opinion No. 54/05), according to the Resolution 196/96 (BRASIL, 1997).

Patients were registered, monitored, accompanied and evaluated from Monday to Friday, in the morning turn on the HUOL curative ambulatory sector, and on weekends and holidays by a caregiver or the patient himself, who were instructed to perform exchanges in the care of healing dressings.

To evaluate the care provided to patients with vascular ulcers, we take into account the variables related to conduct in the home treatment, regularity in treatment, clinical follow-up by specialist; systemic treatment; compression therapy in the last three months of Unna boot, elastic band or socks; healing kit for the exchange of dressings at home and training for the curative bandage exchange.

Data were transferred to the spreadsheet software Microsoft Excel 2000 XP, exported and analyzed by SPSS version 14.0. All variables used in this study were combined with the variable scarring evolution.

RESULTS

Of the 32 patients with ulcers participants of the survey, 59.4% were male and 40.6% female.

Regarding the socio-demographic characteristics, 53.1% of those surveyed received up to two minimum salaries, 59.4% had no profession and 90.6% had no current occupation.

As for the place where they reside, most live in Natal/RN (90.6%). Taking into account the state of health, 59.4% of the patients have adequate sleep, while 59.4% reported inadequate rest at home, 81.3% had no smoking habits, and most had absent orthostatic position (87.5%). A considerable portion (68.8%) had inadequate nutrition and socio-economic conditions.

The data in the table below shows the characterization of assistance to people with venous ulcers, and this is improper and assystematic, considered inappropriate in 71.9% cases.

Table 1 Characterization of assistance to patients with venous ulcers attended in a University Hospital. Natal/RN.

Factors	Assistance Evaluation		Scarring Evolution	
Conduct in home treatment	Adequate	62,5%	Unsatisfactory	50,0%
Regularity in treatment	Inadequate	31,3%	Unsatisfactory	31,3%
Clinical follow-up by specialist	Inadequate	68,8%	Unsatisfactory	53,1%
Systemic treatment	Inadequate	56,3%	Unsatisfactory	37,5%
Compression therapy in the last three months	Inadequate	59,4%	Unsatisfactory	40,6%
Unna boot, bandage or elastic socks	Adequate	9,4%	Satisfactory	6,3%
Healing kit for the exchange of dressings at home	Adequate	53,1%	Satisfactory	28,1%
Training for the curative dressing exchange	Adequate	81,3%	Satisfactory	50,0%

Source: Researcher

We can see that the conduct in the home treatment was adequate in 62.5% of the cases, 31.3% did not hold the treatment regularly and 68.8% had clinical follow-up by specialists, however this was inappropriate.

Regarding the type of treatment, 56.3% of the elderly had inadequate systemic treatment, 31.3% had no compression therapy, and the 59.4% that had it were considered inappropriate. As for home healing kit, 53.1% of patients claimed that this is appropriate.

The tracking of the healthcare professional at USB/home was inadequate in 81.3% and 81.3% was present the training for the training for the curative bandage exchange.

DISCUSSION

The treatment of vascular ulcers is extensive and complex, requires interdisciplinary expertise, adoption of systematic protocol for assistance, as well as specific knowledge, technical skills, links between the levels of complexity for assistance, active participation of the patient and their families, considering the individual in a holistic manner, within socio-economic and cultural context (BRASIL, 2002; LONGO JUNIOR, 2001).

In this sense, the study conducted in Natal/RN by Nunes et al. (2008), Deodato and Torres (2008), Nóbrega et al. (2008) confirms ours, focusing the constant lack of material resources, the realization of healing by untrained patients and caregivers, lack of systemic treatment and compression therapy, topical therapy incorrectly added to the discontinuity of treatment and lack of monitoring, are negative factors in the routine of these patients, which may be contributing to the inadequacy of assistance to individuals with VUs, both for Primary Care and in High Complexity. Besides these things, the determinants of living conditions of the population as education, age, income, occupation and living habits hinder the realization of the actions and bring the extended treatment and chronicity of injuries.

Maffei (2002) emphasizes that the healing is a physiological process and the function of those who assist patients with ulcers is to provide effective means for healing. Palfreyman et al. (2006) emphasized that, regardless the type of bandage to be applied in venous ulcers, it must always be associated with a compression therapy.

The difficulties faced daily by people with venous ulcers and their family members found in studies of Friar et al. (2005), Castillo et al. (2004), Reis et al. (2003), also by health professionals involved in assistance, Longo Junior (2001), constitute a great challenge especially for those who work in hospitals of reference in angiology.

CONCLUSION

We identified a deficit healthcare process, in which the evaluation of the quality of care was considered inadequate in 71.9% of the cases interviewed.

In reviewing the care of elderly patients with vascular ulcers, we observed that this assistance can be characterized by inappropriate conduct in the home treatment, irregularity in treatment, lack of specialized medical monitoring, inadequate systemic therapy and absence of compression therapy.

Moreover, there is a lack of monitoring teams from Family Health Program, a lack of integrality between the levels of reference and counter-reference to other levels of assistance complexity.

We stress that the presence of healing kit and training of caregivers for the conduct of healing bandage exchange contributed to the satisfactory progress of wounds.

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ABSTRACT

The vascular ulcer is a syndrome characterized by loss of tegument (dermis or epidermis) and may spread to subjacent and subcutaneous tissues, where it attacks lower limb extremities. Its cause is generally related to the arterial vascular and/or venous system. Its frequency is increasing with the increase of life expectancy of the world population. This descriptive study conducted in the sector of the curative clinic of a University Hospital in Natal/RN aimed to characterize the assistance to elderly people with vascular ulcer. The population was composed of 32 elderly patients with vascular ulcers guided by the arms clinic. Used as a source of the data records of patients and a structured form. The search returned a favorable opinion (No. 54/05) of the Ethics Committee of UFRN. Data were transferred to Excel 2000 and analyzed in SPSS 14.0. The conduct in the home treatment was adequate in 62.5%, 31.3% did not hold regular treatment, 68.8% had inadequate follow-up clinical; the systemic treatment was inadequate in 56.3%, 31.3% had no compression therapy, and 59.4% was inappropriate; adequate home dressing kit in 53,1%; monitoring the health professional, USB/home was inadequate in 81.3%; 81.3% was present in the training for the conduct of dressing; the quality of care was considered inadequate in 71.9%. Assistance to holders of UV is usually complex, long and requires interdisciplinary expertise, specific knowledge, technical skills, links between the levels of complexity for assistance and also active participation of the bearer and their families, within a holistic approach. The results show that when these factors are adequate, influence satisfactorily the healing of the injury.

Keywords: Vascular ulcers; characterization of assistance; Elderly.

LES PERSONNES ÂGÉES DES ULCÈRES VASCULAIRE: CARACTÉRISATION DES SOINS DISPENSÉS AUX PATIENTS VUS À UN HÔPITAL UNIVERSITAIRE

RESUME

L'ulcère vasculaire est un syndrome caractérisé par la perte de la peau (derme et épiderme), ou à les tissus sous-cutanés et sous-jacents, ce qui affecte les extrémités des membres inférieurs et dont la cause est généralement liée au sang système vasculaire et / ou veineux. Sa fréquence est de plus en plus en ligne avec l'augmentation de l'espérance de vie de la population mondiale. Cette étude descriptive menée dans le secteur de la clinique de soins d'un hôpital universitaire dans le Natal / RN visant à caractériser l'aide aux personnes âgées souffrant de maladie ulcéreuse. La population était composée de 32 patients âgés avec des ulcères vasculaires visés dans les bras de la clinique. La recherche a donné un avis favorable (n ° 54/05) du Comité d'éthique de UFRN. Les données recueillies ont été transférées à Microsoft Excel 2000 et analysés dans SPSS 14.0. La conduite dans le traitement à domicile a été suffisant dans 62,5%, 31,3% n'ont pas de traitement régulier, 68,8% n'avaient pas suffisamment de suivi clinique, le traitement systémique a été insuffisante dans 56,3%, 31,3% n'ont pas apresentavam terapia compressiva, e em 59,4% era inadequada; quite curativo domiciliar era adequado em 53,1%; o acompanhamento do profissional de saúde USB/domicílio era inadequado em 81,3%; em 81,3% estava presente o treinamento à la réalisation de la guérison, d'évaluer la qualité des soins a été jugée insuffisante dans 71,9%. Une assistance aux titulaires des UV est habituellement complexe, long et nécessite une expertise interdisciplinaire, des connaissances, des compétences techniques, les liens entre les niveaux de complexité pour obtenir de l'aide et la participation active du porteur et de leurs familles, dans une approche holistique. Les résultats montrent que lorsque ces éléments sont suffisants, suffisants pour influencer sur la guérison de la blessure. **Mots-clés:** ulcères vasculaires; caractérisation de l'assistance; personnes âgées.

LAS PERSONAS DE EDAD AVANZADA DE LAS ÚLCERAS VASCULAR: CARACTERIZACIÓN DE LA ATENCIÓN PRESTADA A LOS PACIENTES ATENDIDOS EN UN HOSPITAL UNIVERSITARIO

RESUMEN

La úlcera vascular es un síndrome caracterizado por la pérdida de la piel (dermis y epidermis), o hasta el tejido subcutáneo y subyacente, que afecta a los extremos de las extremidades inferiores y cuya causa está generalmente relacionada con la sangre del sistema vascular y / o venosa. Su frecuencia está aumentando en línea con el aumento de la esperanza de vida de la población mundial. Este estudio descriptivo realizado en el sector de la curación clínica de un hospital universitario en Natal / RN tenía como objetivo caracterizar la asistencia a las personas de edad avanzada con enfermedad de úlcera. La población estaba compuesta de 32 pacientes de edad avanzada con úlceras vasculares se refiere a los brazos de la clínica. La búsqueda volvió una opinión favorable (N ° 54/05) del Comité de Ética de la UFRN. Los datos recogidos fueron trasladados a Microsoft Excel 2000 y analizados en SPSS 14.0. La conducta en el hogar el tratamiento fue adecuado en 62,5%, 31,3% no tenían tratamiento regular, el 68,8% tenían insuficiente seguimiento de la experiencia clínica, el tratamiento sistémico fue insuficiente en 56,3%, 31,3% no había terapia de compresión, y el 59,4% era inadecuado, kit curativos en casa era apropiado en el 53,1%, la supervisión de la profesional de la salud, USB / home fue insuficiente en 81,3%, 81,3% estuvo presente en la formación para el logro de la curación, evaluar la calidad de la atención se consideró insuficiente en el 71,9%. Asistencia a los titulares de los rayos UV es generalmente complejo, largo y requiere conocimientos técnicos interdisciplinarios, conocimientos específicos, los conocimientos técnicos, los vínculos entre los niveles de complejidad para la asistencia y participación activa del portador y sus familias, en el marco de un enfoque holístico. Los resultados muestran que cuando estos factores son adecuados, suficientes para influir en la curación de la lesión.

Palabras clave: úlceras vasculares; caracterización de la asistencia; Ancianos.

IDOSOS PORTADORES DE ÚLCERA VASCULAR: CARACTERIZAÇÃO DA ASSISTÊNCIA PRESTADA AOS PACIENTES ATENDIDOS NUM HOSPITAL UNIVERSITÁRIO

RESUMO

A úlcera vascular é uma síndrome caracterizada por perda do tegumento (derme ou epiderme), podendo atingir o tecido subcutâneo e subjacentes, que acomete as extremidades dos membros inferiores e cuja causa está, geralmente, relacionada ao sistema vascular arterial e/ou venoso. Sua frequência vem aumentando de acordo com o aumento da expectativa de vida da população mundial. Este estudo descritivo realizado no setor de curativos do ambulatório de um Hospital Universitário em Natal/RN teve por objetivo caracterizar a assistência aos idosos portadores de úlcera vascular. A população foi composta por 32 idosos portadores de úlceras vasculares encaminhado ao angiologistas do ambulatório. A pesquisa obteve parecer favorável (n. 54/05) do Comitê de Ética da UFRN. Os dados coletados foram transferidos para o Microsoft Excel 2000 e analisados no SPSS 14.0. A conduta no tratamento domiciliar era adequada em 62,5%; 31,3% não realizavam o tratamento regularmente; 68,8% tinham o acompanhamento clínico especializado inadequado; o tratamento sistêmico era inadequado em 56,3%; 31,3% não apresentavam terapia compressiva, e em 59,4% era inadequada; quite curativo domiciliar era adequado em 53,1%; o acompanhamento do profissional de saúde USB/domicílio era inadequado em 81,3%; em 81,3% estava presente o treinamento para a realização de curativo; avaliação da qualidade da assistência foi considerada inadequada em 71,9%. A assistência aos portadores de UV geralmente é complexa, longa e exige atuação interdisciplinar, conhecimento específico, habilidade técnica, articulação entre os níveis de complexidade de assistência e também participação ativa do portador e seus familiares, dentro de uma perspectiva holística. Os resultados mostram que quando esses fatores são adequados, influenciam satisfatoriamente para a cicatrização da lesão.

Palavras-Chaves: Úlceras Vasculares; Caracterização da Assistência; Idosos.