106 - QUALITY OF LIFE AND PHYSICAL ACTIVITY LEVEL OF AMPUTEES

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Introduction

In Brazil, one of the most alarming causes of amputation is the accidents in the traffic, especially those involving motorbikes (BOCCOLINI, 2000). According to Boccolini (2000), 70% of the amputations caused by a trauma are provoked by motorbike accidents. Still according to the author, the other 30% are caused by accidents at work, with trains, elevators, and many other factors.

However, it's possible to affirm there are many other causes such as congenital defect and some diseases such as diabetes mellitus and others (HEBERT e XAVIER, 1992; SHEPHERD, 1996; CAMARGO, 2001) Chen (2002) says that the very high level of accidents involving amputation is alarming as the victims are mainly people in their youth varying from between 18 and 30 years old in a productive age. According to Gallangher e MacLachlan (2004), in their studies developed in Ireland, 48% of the patients that suffered amputations of lower or upper limbs can identify something positive that happened as a result of the amputation. According to the authors, among the benefits mentioned by the amputees it should be mentioned the raise on the physical capacity and on the level of health, the reduction of the restrictions for the physical activity and of the physical limitation itself. These are factors that contribute to a better quality of life. However, an acquired physical deficiency, in this case the amputation, can challenge many of the fundamental principles of anybody, as it confronts new situation. Radically different where the interruption of the conventional route of the social, professional, and familiar activities managing this way to contribute for the reduction of the physical activity level (LIBERMAN e LIBERMAN, 1993).

This way, this research had as its main objective characterize and analyze the quality of life and the physical activity level of amputees. For this, it was investigated the general characteristics and of the life style of the amputees, the level of physical activity of the amputees according to the work, the house duties, transportation, leisure/sport/recreation and of time sitting down, and also the quality of life of amputees according to the physical domain, psychological domain, of the social relations and of the environment.

Method

The research was characterized as a descriptive and diagnostic field research (RÚDIO, 1986; CERVO e BERVIAN, 1996; RAUEN, 2002).

The sample was characterized as intentional and non probabilistic, (RÚDIO, 1986) and composed by men and women that suffered amputation of lower and/or upper limb, that had the intention of participating in the study and that released the data for scientific use, totalizing 10 participants.

The identity of the participants and the collection of the data were carried out at the headquarters of an orthopedic rehabilitation clinic of Santa Catarina, on the cities of: Blumenau, Joinville and Florianópolis. The collection of the data was developed by the application of the International Physical Activity Questionnaire - IPAQ that obtains information about the physical activities, and the application of the World Health Organization Quality of Life - 36 - WHOQOL - 36 that rescues the information about quality of life. Both questionnaires were developed by the World's Health Organization, and have been adapted for the Brazilian reality (BULLINGER, HARPER e POWER, 1999; CELAFISCS, 2006).

Having in vision an orientation more precise of the research, both for the collections and for the systematization and the analyses of the data, it was opted for the elaboration, with base on the studies of Silva (2006), an indicator chart defined *a priori* as categories of this research, as it can be observed:

Chart 1 - Chart of Indicators of the research

CATEGORY	SUBCATEGORY	THEMS/FACETS
Amputees	Characteristics	General characteristics
	Life Style	Health; chronic-degenerative illnesses;
Quality of Life	Physical Domain	Physical pain; energy; sleep; locomotion; everyday life activity; medical treatment; work
	Phycological Domain	Positive feelings; concentration; self-steam; self-image; negative feelings; beliefs
	Social Relations Domain	Social relations; social support; social activities
	Environmental Domain	Physical security; housing; financial resources; health services; access to information; leisure; physical environment and transportation
Level of Physical Activity	Physical Activity	Occupational; schooling; of transportation; of house duties; of leisure; sportive; of time sitting

Nota: Quadro adaptado de Silva (2006)

The data of the questionnaires (IPAQ and WHOQOL) were analyzed through the descriptive statistics, using simple and percentage frequencies, standard deviation (DP) and arithmetical average (X) (BARBETA, 1999). The results of the IPAQ were classified according to parameters of the World's Heath Organization, as sedentary, insufficiently active, active and very active (CELAFISCS, 2006).

The results of the WHOQOL-36 were also analyzed according to the criteria of the World's Health Organization, being the values of the questions 3, 4 and 26 inverted in due to the content of the questions (FLECK *et al.*, 1999, SILVA, 2006).All instruments and procedures were appreciated and approved by the Ethics Committee in Research in Human Beings of the University of the State of Santa Catarina - CEPSH/UDESC, being regularly with the National Ethics Research in Human Beings Council, for the guarantee of the secrecy and the ethics cares necessary for a scientific research.

Results

Considering the number of amputees (n=10), it was it was noticed that most of the participants (P=90%) were male and 10% (P) were female. The level of physical activity was investigated according to the following facets: walk and pedal (locomotion and leisure), occupational activities, vigorous physical activity and sedentary activities. In relationship to the fast walk, it was noticed that the average number of days per week is 4,8 days (X) with the average time of time spent of 115 min (X). The average of days per week of walks for leisure is 1 day (X), with average time spent of 27,5 min (X). In relationship to pedaling, the average days per week is 1 day (X), with average time of 10 min (X).

In relationship to the occupational activities, it was verified that the average number of days of work in a week is 3,3 (X), being the average of time spent without dislocation is 256,7 min (X), the average of time walking fast at work is 104,3 min (X), the average of time in activities of moderate effort at work is 141,4 min (X) and the average of time in vigorous activities at work is 51,4 min (X).

In relationship to the vigorous physical activities carried out at home, it was noticed that the average number of days in a week that the participants carry out these activities in the garden is 4 days (X), with an average time of 102 min. The average of days per week of the moderate physical activities carried out in the garden is 3,3 days (X) with average of time spent of 141,4 min (X), and the average of days per week that this activity is carried out inside the house is 3,7 days (X), with average of time spent of 79,3 min (X).

In relationship to the vigorous activities carried out for leisure, it was noticed that the average number of days per week that the participants carry out this activity for leisure is 4,2 days (X), with an average of time spent of 134,2 min (X). The average of days per week of moderate physical activity carried out for leisure is 3,6 days (X), with an average of time spent of 77 min (X), however it was identified an standard deviation of 39,9 (DP).

In relationship to the sedentary activities, the average of days per week that the participants use motor vehicles is 5,8 days (X), with average of time spent of 106,7 min (X) The average of time spent sitting or lying at home is 264 min (X). The average of time per day in the weekend spent sitting or lying is 384 min.

Considering the facets investigated about the level of physical activity, according to the directions of the World's Health Organization, it was verified that most of the amputees are classified as "very active" (P=60%).

The quality of life was investigated according to the four domains: physical, psychological, social relations, environment. According to the physical domain, it was verified that most of the participants have a "good" perception about their state of health (P=50%), "a lot" of energy enough for their day-by-day, (P=70%), "very good" capacity of locomotion (P=50%), "a lot of" impediments caused by the physical pain (P=30%), are "satisfied" with their sleep (P=50%), "more or less" satisfied with their state oh health (P=50%), "unsatisfied" with the capacity of carrying out the everyday life activity (P=30%), "unsatisfied" with the capacity of work (P=40%), and present "nothing" or "very little" necessity of medical treatments to conduct the everyday life (P=60%).

According to the psychological domain, it was verified that most of the participants consider their life as having "a lot" of sense (P=50%), they present "extreme" capacity of accepting their physical appearance (P=30%), "sometimes" they have negative feelings, such as bad mood, desperations, anxiousness, depression (P=90%), and they are "satisfied" with themselves (P=50%), they have "very little" and "more or less" capacity of concentration (P=60%) and they enjoy life "a lot" (P=40%).

According to the social relations domain of the quality of life, it was verified that most of the participants are "satisfied" with their social relations (P=60%), with their sexual life (P=50%) and with the support that they receive from friends (P=90%¨).

According to the environment domain of the quality of life, it was verified that most of the participants present "a lot" of security on their everyday life (P=60%), "a lot" of access to the information (P=60%), consider "very" healthy their physical atmosphere (P=60%), they are "very satisfied" with the condition of the place that they live (P=40%), "satisfied" with the health services (P=50%), "very satisfied" with the transportation system (P=40%), and they have "more or less" enough money to satisfy their necessities (P=40%), "few" opportunities for leisure (P=80%).

Discussion

The data obtained showed that most of the participants are classified as "very active", it is possible to suggest that the amputees investigated practice physical activity more than the recommended for the general population, as it is shown on the specialized literature (PATE, PRATT and BLAIR, 1995).

According to Silva (2006), the physical activity represents one of the most important factors that compose the life style of the individuals, and this expression can be understood by the collection of attitude and behaviors that lead the individual to certain habits of life (GREEN and ANDERSON, 1986; FORATTINI, 1992; DARREN, CORBIN and CUDDIHY, 1998; SALLIS and OWEN, 1999).

The physical inactivity represents an important cause of debility, of reduced quality of life and premature death on the contemporaneous societies, especially on the industrialized countries (NAHAS, 2001). On the last past years, there has been appearing a large number of evidences that associate the physical inactivity and the lack of physical exercise to the appearance of many chronic-degenerative disturbance that many times are the main cause of limitation and of important limitation that can compromise a better quality of life (PAFFENBARGER *et al*, 1993).

Sichieri, Lolio and Correia (1992) suggest that the morbimortality associated to the chronic illness could be reduced with the prevention, including changes on the style of life, especially on the diet and on the physical activity. Paffenbarger *et al*, (1993), show in a study about mortality and longevity that the regular practice of physical activity reduces the risk of mortality caused by chronic-degenerative illnesses and other causes, increasing the longevity. The physical inactivity has been characterized as any body movement produced by the skeleton musculature, that results in the spent of energy above the levels of rest (MONTEIRO e GONÇALVES, 1994). This way, this behavior includes every activity done daily, at work, while on leisure, and on every other activity such as get fed, get dressed, etc (THOMPSON, BUCHNER, e PIÑA 2003).

Based on the exposed, it is possible to suggest that the physical activity category is seen as a positive aspect between the participants investigated, as they showed that they have a level of physical activity above the recommended for the general population, as recommended by the American Medicine College of Sport and Center of Prevention and Control of Illnesses of North America (PATE, PRATT e BLAIR, 1995).

Considering the relevant data found, that shows that most of the participants see their quality of life as being "good" or "very good", it is possible to suggest that the amputees investigated have overcame the individual and social consequences related to the amputation, the quality of life was defined by the Group of Quality of Life from the World's Health Organization as the individual perception of their position in life, in the context of culture and systems of values in which they life and in relationship to their objectives, expectations, standards and worries (FLECK, 2000).

The data show that the physical domain presents positive and negative scores in its themes. It is possible to suggest that these domains are in agreement with the specialized literature as the physical incapacity can confront a lot with the fundamental principles. The interruption of the normal cycle of life can alter the personalized meaning of the notions of time and space. The amputation is contextualized as individual and social, affecting the psychodynamic balance of the individual in relationship to the environment around him/her. The person in question sees himself/herself in a new situation, radically different, that can limit his/her performance in his/her social obligations, professional obligations and familiar obligations like he/her used to do before (OLIVEIRA, 2000).

In relationship to the psychological domain data, it is possible to analyze that it presents positive and negative scores in its themes. It is possible to suggest that this is found in the investigated literature as according to Gonçalves and Vilarta, (2004), the quality of life and development of the body image are intimately related and to make interventions directed to the improvement of the quality of life, it is necessary to understand how the people deal with their necessity.

In relationship to the data that shows the results of the social relation domain presents only positive scores; it is possible to suggest that these themes have been overcome by the amputees investigated. According to Kennedy, Horner e Newton (1989), the social environment is usually defined as a net of relations in which each person is inserted. This conjunction of inter-relations of the individual with his/her social environment called "social net", and it is composed by the conjunction of the people which they have activities and that bring them support functions.

In relationship to the data that show the environment domain it presents positive and negative aspects in its themes. It is possible to suggest that it still exists environment aspects that make the quality of life of the investigated amputees harder. According to Oliveira (2001), the presence of the functional incapacity determined by an amputation of one or more members implies in

interference about the autonomy and independency. The incapacity composed by the non possibility of doing a determined activity, can have as a cause intrinsic and extrinsic factors, therefore, it can be determined by inerrant factors of the physical state of the patient, in the case of the amputation, or it can also be determined as environmental, economic, cultural and social factors. It can also be mentioned as an example the leisure activity; person with amputation can be unable of doing leisure activities because of the amputation and the few opportunities that the region of the residence offers, and also irregularities in the field, excess of vehicle traffics in the place, or even by the absence of somebody to go with (GALLANGHER e MACLACHLAN, 2000).

Conclusion

About the level of physical activity of amputees, it is possible to conclude that most of the participants are considered according to the classification of the level of physical activity from IPAQ as "very active", respecting the classification obtained by the criteria of the World's Health Organization.

In relationship to the quality of life, it is possible to conclude that the perception of most participants about this category is characterized as "good" or "very good". It was also verified that the physical domain presents positive and negative scores in its themes. According to the psychological domain, it presents positive and negative scores. According to the social relations domain, this represents only positive aspects in its themes. According to the environmental domain, this presents positive and negative aspects in its themes.

This way, it is possible to conclude that the amputees are satisfied with their quality of life and they can be considered as "very active". These findings are evidenced by stablishing the most of the domains that compose the quality of life present positive scores in many aspects, and also the verification of the amputees presenting levels of physical activities above the average recommended by the World's Health Organization, diverging from the specialized literature that shows levels of physical activity a lot lower than the recommended for the population in general.

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QUALITY OF LIFE AND PHYSICAL ACTIVITY LEVEL OF AMPUTEES

Abstract

This research had as an objective characterize and analyze the quality of life and the level of Physical Activity of amputees. The study was classified as a descriptive and diagnostic field research, being developed through quantitative procedures of collection and analysis of the data. The participants were selected according to criteria of the participants own intention, being them amputated of superior and/or lower limb, having the intention of participating on the study and agreeing on publishing the data for scientific purposes, totalizing 10 individuals. The procedures were submitted and approved by the Ethics Committee of Research in Human Beings CEPSH / UDESC, and by the institution involved. The collection of the data was accomplished through the WHOQOL and the IPAQ instruments, between September and October of 2006 and the data were analyzed through the descriptive statistics. The results indicate, in a specific matter, that the amputees are characterized as being "very active" as they present equal or superior physical activity levels of what is suggested by the World's Health Organization especially on the moderate physical activity and on the house duties. Still related to the specific matter, the participants' quality of life is considered as "very good", as it presents positive aspects on the social relationship domain, and positive and negative aspects on the psychological domain, physical domain and environmental domain. The results indicate in a general matter that the amputees are satisfied with their quality of life and that they can be considered as very active as most of the domains that compose the quality of life present positive scores, as well as the fact that they present physical activity levels above the recommended criteria, diverging from the specialized literature that indicates physical activity levels bellow the recommendation for the general population.

Key-words: Amputations, Quality, of Life, Physical Activity Level.

QUALITÉ DE VIE ET NIVEAU d'ACTIVITÉ PHYSIQUE CHEZ LES AMPUTÉS

Résumé

Cette recherche avait pour objectif caractériser et analyser la qualité de vie et le niveau d'Activité Physique des amputés. L'étude a été classée comme une recherche de champ descriptive et diagnostique qui a été développée à travers les procédures quantitatives de réunion et analyse des donnés. Les participants ont été sélectionnés d'après des critères de participation volontaire. On a exigé des amputations de membres inférieurs ou supérieurs et aussi l'intention de participer de l'étude, bien que l'autorisation à publier les donnés pour des buts scientifiques, L'ensemble a totalisé 10 individus. Les procédures ont été soumises et approuvées par le Comité d'Éthique en Recherche Chez les Êtres Humains - CEPSH / UDESC - et par l'institution impliquée. La réunion des donnés a été accomplie à travers les instruments WHOQOL et IPAQ, entre septembre et octobre 2006. Les donnés ont été analysés à travers les statistiques descriptives. Les résultats indiquent, d'une manière spécifique, que les amputés sont caractérisés comme « très actifs », puisqu'ils présentent un niveau d'activité physique égal ou supérieur à celui qui est suggéré par l'Organisation Mondiale de Santé, surtout en ce qui concerne l'activité physique modérée et les tâches domestiques. Encore de façon spécifique, la qualité de vie des participants est considérée comme « très bonne », car il y a des aspects positifs dans le domaine des rapports sociaux, et des aspects positifs et négatifs dans les domaines psychologique, physique et de l'environnement. Les résultats indiquent d'une façon générale que les amputés sont satisfaits avec leur qualité de vie et qu'ils peuvent être aussi considérés comme très actifs, parce que dans la plupart des domaines qui composent la qualité de vie ils présentent des scores positifs. On observe aussi qu'ils présentent un niveau d'activité physique plutôt élévé, ce qui diverge de la littérature spécialisée qui montre chez la population générale un niveau d'activité physique au-dessous du recommandé.

Mots-clés: Amputations, Qualité de Vie, Niveau d'Activité Physique.

CALIDAD DE la VIDA Y el NIVEL de ACTIVIDAD FÍSICA DE AMPUTADOS

Resumen

Esta investigación tenía como objetivo caracterizar y analizar la calidad de la vida y el nivel de Actividad Física de amputado. El estudio fue clasificado como un descriptivo y investigación de campo de diagnóstico, desarrollándose a través de los procedimientos cuantitativos de colección y análisis de los datos. Los participantes se seleccionaron según el criterio de los participantes la propia intención y son ellos amputó de superior y/o el miembro más bajo y tiene la intención de participar en el estudio y estar de acuerdo en publicar los datos para los propósitos científicos, totalizando a 10 individuos. Los procedimientos fueron sometidos y aprobados por el Comité de las Ética de Investigación en Seres Humanos CEPSH / UDESC, y por la institución involucrada. La colección de los datos fue cumplida a través de los instrumentos WHOQOL y el IPAQ, entre septiembre y octubre de 2006 y los datos se analizó a través de las estadísticas descriptivas. De manera específica los resultados indican que amputados están caracterizados como "muy activos" por lo tanto, ellos nivel actual de la actividad física igual o arriba de requerida por la Organización Mundial de La Salud principalmente en las actividades físicas moderadas y las tareas domésticas. Todavía relacionado a la materia específica, la calidad de la vida de los participantes es considerada como "muy bueno", cuando presenta aspectos positivos en el dominio de la relación social, y aspectos positivos y negativos en el dominio psicológico, dominio físico y dominio medioambiental. Los resultados indican en una materia general que los amputados están satisfechos con su calidad de la vida y que ellos pueden ser considerados tan muy activos como la mayoría de los dominios que componen la calidad de la vida las cuentas positivas presentes, así como el hecho que ellos presentan que la actividad física nivela sobre el criterio recomendado y diverge de la literatura especializada que indica actividad física nivela bramido la recomendación para la población general.

Palabras-llave: Amputacion, Calidad de la Vida, Nivel de Actividad Física.

QUALIDADE DE VIDA E NÍVEL DE ATIVIDADE FÍSICA DE AMPUTADOS

Resumo

Esta pesquisa teve como objetivo caracterizar e analisar a qualidade de vida e o nível de atividade física de amputados. O estudo foi classificado como de campo, descritivo e diagnóstico, sendo desenvolvido através de procedimentos quantitativos de coleta e análise dos dados. Os participantes foram selecionados segundo critérios de intencionalidade próprios ao sujeito, exigindo que possuíssem amputações de MMII e/ou MMSS, intecionassem participar da pesquisa e liberassem os dados para uso científico, totalizando 10 indivíduos. Os procedimentos foram aprovados pelo CEPSH/UDESC e pela instituição envolvida. A coleta dos dados foi realizada através dos instrumentos WHOQOL e IPAQ, entre setembro e outubro de 2006. Os dados foram analisados através da estatística descritiva. De maneira específica os resultados indicam que os amputados são caracterizados como "muito ativos", pois, apresentam nível de atividade física igual ou acima do requerido pela Organização Mundial de Saúde principalmente nas atividades físicas moderadas e nas tarefas domésticas. Ainda de maneira específica, a qualidade de vida dos participantes é considerada "muito boa", pois apresenta aspectos positivos no domínio das relações sociais, e aspectos positivos e negativos nos domínios psicológico, físico e do meio ambiente. Os resultados indicam, de maneira geral, que os amputados estão satisfeitos com sua qualidade de vida e que podem ser considerados como muito ativos, pois a maioria dos domínios que compõe a qualidade de vida apresenta escores positivos, assim como apresentam níveis de atividades físicas acima dos critérios recomendados, divergindo da literatura especializada que aponta níveis de atividade física da população em geral abaixo do recomendado.

Palavras-chave: Amputação, Qualidade de vida, Nível de Atividade Física.