58 - THE DESIGN OF HEALTH OF PERSONS WITH KNEE OSTEOARTHROSIS (GONARTHROSIS) AND ITS CORRELATION WITH THE PRINCIPAL RISK FACTORS

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INTRODUCTION

It is estimated that by 2025 , life expectancy is seventy -four, thus increasing elderly population , above eighty years. [1] This aging population brings new challenges associated with this period of the human life cycle . Thus , the health demands are modified and show a greater burden of chronic diseases , especially articular pathologies . [2]

The World Health Organization estimates that 10 % of the population over age 60, suffer from osteoarthritis (OA) of the knee also called gonarthrosis , with 80 % of this population have restraint and 25% had functional limitations to performance daily activities . [3]

However , there are few published studies that evaluate the concept of health that patients with osteoarthritis of the knee (gonarthrosis) have . This showed the need for further scientific knowledge about it, so that further action could be taken with these people .

Drew up the general objective : To know the concept of health for people with knee osteoarthritis (KOA) (gonarthrosis) , attending the consultation rheumatology clinic of the University of Vale do Itajaí (UNIVALI) . And specific goals : Know the main risk factors of people diagnosed with OAJ (gonarthrosis) , attending the rheumatology clinic consultation UNIVALI ; Relating risk factors to symptoms and propose a program of health education for this population , based on convergent analysis (PCA) ;

MATERIALS AND METHODS

The research was characterized as a qualitative research with semi-structured interviews , open questions and methodological framework built from the theory of Convergent Care Research (PCA) proposed by Trentini and Paim4 (2004) .

After submission and approval of the research project by the Ethics Committee (CEP) of the University of Vale do Itajaí (UNIVALI) , the patients were invited to participate in an interview individual.Antes starting the interview, participants were informed about the knowing the research objectives and methodology of the same . After agreeing to and signing the Informed Consent Form (ICF) , the interviews took place and participants were asked about , his knowledge of knee osteoarthritis . Inclusion criteria : people who were diagnosed with OAJ (gonoartrose) unilateral or bilateral ; patients attending a rheumatology clinic consultation , people who agreed and signed the consent form .

The interviews were recorded using a Philips digital recorder and transcribed to a file . The data were coded and categorized from the Content Analysis, proposed by Bardin5 (2010) . After categorizing and analyzing the results , we performed the second step of this research : health education group (Healthy Conversation) . In this dynamic Themes like origin of knee osteoarthritis and risk factors of this disease , such as smoking, obesity and physical inactivity , which are described in the literature as being largely responsible for the clinical manifestations of feedback .

PRESENTATION AND DISCUSSION OF RESULTS

During the study that follows , we interviewed ten female patients diagnosed with OAJ attended at the School of Physiotherapy Clinic UNIVALI the period 24 October 2011 to 23 April 2012 , with an average duration of 40 minutes.

The age found in the participants was 65.5 years on average . Even though the aging process is not necessarily linked to illnesses and disabilities , chronic degenerative diseases are often found among this population . So , now the trend is to have a growing number of seniors who , despite living longer , have a larger number of conditions crônicas.6

With a body weight of participants , the mean weight was 79.04 kg , and the Body Mass Index (BMI) was 33.38 (obesity grade I) . Some studies show that BMI may affect the symptoms of OAJ , being obese with a higher risk of pain and functional disability compared with individuals with normal weight .

As for tobacco use , 4 reported never smoking , 4 stopped smoking more than 10 years and 2 still smoke . When considering the work activity , it was observed that 7 are retired for disability due to OAJ , one is getting away and sickness , one has always been a housewife and one is a pensioner .

In making categorization of results according to Bardin (2010) , were listed three main categories common in the discourse of participants that will be discussed below .

Concerning the time and form of manifestation of the initial symptoms

All the people who participated in the study were diagnosed with OA , through a physician , and time for this consultation was over a year after a first symptom , which was not considered . The participants did not receive the diagnosis of OA initially and consequently did not undergo proper treatment after the first medical visit they made to such.

> " Then I looked for a doctor , and they found that it was any pain . They treated about a year without giving much importance . Until I started to complain too much ... and then told me to make a first ... I did an ultrasound , given that there was a cyst ... cyst Becker . There have treatment , but continued . Then I did an MRI and gave this whole problem of osteoarthritis . " (Sunflower)

The delay in seeking medical attention and to have a diagnosis of osteoarthritis is closed crucial factor for good or not evolution and treatment of disease. If we consider that all participants fit into various risk factors as women , obese , sedentary , mean age 65.5 years and complains located in the knee joint , osteoarthritis should be considered as a possible diagnosis from the first consultation the doctor .

Another important finding reported by patients in this study was the delay in performing imaging exams , and the first patient was treated using painkillers , which no effect , led to several other visits to the doctor .

The average years of diagnosis is 15 years , all of which were already in stage II and III of osteoarthritis , when this had closed.

It is known that it is a chronic and progressive degeneration , however the delay in diagnosis is delimiting factor for how intense the course of the disease . The sooner it is diagnosed and treated , the structural changes resulting from osteoarthritis can be controlled and less action in the functional disabilities of their bearers .

I**mplicit knowledge of who has / suffers from osteoarthritis and understanding about their risk factors**

Regarding the knowledge of patients about their condition , it was pretty clear that there is a major flaw with regard to clarifying the diagnosis. Of all the 10 interviewed three knew what was osteoarthritis, even in a fairly simple.

> " The doctors explained to me that ... my bones are full of caves , the bones that has wear ... and it is no longer how to fix .... I can have some relief if you put a prosthesis . I also went online and researched and understood a little more about " (Girasol) .

Among the ten women interviewed , seven did not know what it was doing even osteoarthritis treatment for many years . These data are very important , because we understand that from the process of knowing your illness is that the person may have ways to counter it .

Nogueira et al (2008) 7 , considers coping , all cognitive and behavioral efforts to constantly change , to administer specific requirements , internal or external , evaluated as overloading or exceeding the resources of the individual , such efforts are based on the experiences of each person . Such experiments can be considered as positive or negative. Since the basis for these experiences to happen is the ability of the person to know and understand what she is , what she feels and what she suffers .

> " No doctor I went to see that my knee pains the difficulties this caused me no tell me which meant that I had to look the way they treat . A doctor told me I had to do physical therapy ... and gave me medicine to take . The intern here is who is explaining to me that has a liquid , and that's when the liquid ends articulation has difficulty to move around and it hurts " (Rose) .

During the interviews , all patients showed an interest in understanding its pathology , and his disapproval of the attitude during his medical treatment , reporting not bond with this professional .

The meaning of being healthy for anyone who has / is suffering from Osteoarthritis

Backes et al (2008) 8 , which refer to the World Health Organization (WHO) , health is a complete physical wellbeing , mental and social , and not merely the absence of disease. This concept is not feasible evolved because being healthy is a result of the conditions of food, housing , education, environment , employment and income , transportation, leisure , freedom, and especially access to health services .

According SCLIAR (2007) 9 the concept of health reflects the social, economic, political and cultural . Ie : health does not have the same representation for all individuals . This will change according to time, place , social class . This concept will change as individual values and depend on scientific conceptions , religious, philosophical , and can be so variable as to what we consider disease.

Four participants in this study to be related to health , with the fact of not feeling pain. Showing a rather interconnected between health and disease .

> " Being healthy is not for me to be in pain . " (Tulipa)
> " Being healthy is not feeling pain . Waking up well , wonderful ... is no pain . " And it's hard the day we did not have pain ... ie , has no health " (Orchid) .

For Budo et al (2006) 10 pain consists in a private and subjective experience , it is not only a result of characteristics of tissue injury , but also includes emotional and cultural factors of each individual.

According to Sarti (1999) 11 pain as social reality is symbolized also by the different social positions of individuals . Within a society , individuals are carriers of different social conditions . There may be higher or lower pain tolerance , as what is expected of the individual , according to their social place .

In contrast, for six patients participating in this study , health is related in order to carry out their daily activities without restrictions , just as they did before having artrose.Diante of research findings as diagnostic delay , lack of knowledge about the pathology , lack of understanding of the existing techniques to treat it , functional limitations , etc. , it was found the real need to take this time to the participants to appropriate some knowledge about their disease and its implications . Was then instituted a program of health education.

Using a proposed health education to people diagnosed with knee osteoarthritis with bases in Convergent Care Research (PCA)

The strategy used by the researchers was the creation of a group of health education for people with OAJ . It was at this time that the research was the devolution of the data found throughout the collection process and analysis of results.

The exchange of experience between those people walking or who have gone through similar situations was quite valuable because they understand more effectively the complaints and doubts between them . The whole group already showed a very close relationship and attended at all times and reporting experiences regarding their pathology.

This dynamic group was very interesting , especially the exchange between patients and professionals that were being served . It was observed that patients did not want this activity was closed and everyone was very pleased to learn about the disease they have.

FINAL CONSIDERATIONS

When you reach the end of this paper some notes are important : struck by the lack of population about their disease and its implications . Furthermore , the non-communication of health professionals who deal with this population . When we started there was still very difficult for the researcher to make an appointment and subsequent attendance of invited participants, it seems that what matters to the patient is the only treatment in the conventional manner .

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THE DESIGN OF HEALTH OF PERSONS WITH KNEE OSTEOARTHROSIS (GONARTHROSIS) AND ITS CORRELATION WITH THE PRINCIPAL RISK FACTORS .

ABSTRACT

Currently there is an increase in life expectancy and the aging population , which has been changing the health demands and revealing a greater concern with the chronic degenerative diseases . This research sought to understand the concept of health for people with knee osteoarthritis (KOA) who attended the physiotherapy clinic at the University of Vale do Itajaí , knowing the main risk factors , relating these factors to the symptoms , and proposing a program of Education in Health research used was qualitative , semi -structured interviews with open questions and , based on Convergent Care Research . We interviewed 10 patients with OAJ . The average age was 65.5 years and mean weight 79.04 kg , mean BMI 33.38 . As for smoking habits , never smoked 4 , 4 stopped more than 10 years and 2 still smoke . On the knowledge of the pathology of patients , it was observed that there is a failure in regard to clarify the diagnosis and exchange among healthcare staff and patients. In this study, four participants with health related pain. For six of health related to daily activities without restrictions . Another important fact is that for eight of the participants , the weight gain was considered as a factor in worsening symptoms . All objectives were achieved , it is possible to meet in full the people diagnosed with OAJ , could know and define the risk factors, symptoms , knowledge of the disease and how this interferes with your life .

KEYWORDS : Osteoarthritis Knee , Physiotherapy and Health Education

LA CONCEPTION DE LA SANTE DES PERSONNES ARTHROSE DU GENOU (GONARTHROSE) ET SA CORRÉLATION AVEC LES PRINCIPAUX FACTEURS DE RISQUE.

RÉSUMÉ

Actuellement, il ya une augmentation de l'espérance de vie et le vieillissement de la population , qui a changé les exigences de santé et de révéler une plus grande préoccupation pour les maladies dégénératives chroniques . Cette recherche visait à comprendre le concept de santé pour les personnes souffrant d'arthrose du genou (KOA) qui ont participé à la clinique de physiothérapie à l'Université de Vale do Itajaí , connaître les principaux facteurs de risque , concernant ces facteurs et les symptômes , et de proposer un programme d' éducation la recherche en santé a été utilisé , des entretiens semi- structurés qualitatifs avec des questions ouvertes et , sur la base de la recherche en soins convergente. Nous avons interrogé dix patients diagnostiqués avec OAJ . L'âge moyen était de 65,5 ans, poids 79,04 kg , avec un IMC moyen de 33,38 dire . En ce qui concerne l'usage du tabac , quatre n'avaient jamais fumé , arrêté quatre plus de dix ans , et deux encore de la fumée . Sur la connaissance des patients sur leur pathologie observée qu'il ya une faute par rapport à clarifier le diagnostic et les échanges entre le personnel de santé et les patients . Dans cette étude, quatre participants souffrant de douleurs liées à la santé . Pour six de santé se rapporte à effectuer des activités quotidiennes sans restrictions. Un autre fait important est que pour huit des participants , le gain de poids a été considérée comme un facteur dans l'aggravation des symptômes . Tous les objectifs ont été atteints , il est possible de satisfaire pleinement les personnes diagnostiquées avec OAJ , pourraient connaître et définir les facteurs de risque , les symptômes , la connaissance de la maladie et comment cela affecte leur vie.

MOTS-CLÉS: arthrose du genou, la physiothérapie et l'éducation sanitaire.

LA CONCEPCIÓN DE LA SALUD DE LAS PERSONAS CON OSTEOARTROSIS DE RODILLA (GONARTROSIS) Y SU CORRELACIÓN CON LOS PRINCIPALES FACTORES DE RIESGO.

RESUMEN

Actualmente se observa un aumento de la expectativa de vida y de la población anciana. Factores que vienen modificando las demandas de salud y revelando una mayor preocupación con las enfermedades crónico-degenerativas. Esta investigación busca conocer la concepción de salud de persona con osteoartritis de rodilla (OAR) que frecuentaran la clínica de fisioterapia de la Universidad del Vale de Itajaí, para conocer los principales factores de riesgo, relacionando eses factores con los síntomas, e proponiendo un programa de Educación en Salud. La investigación utilizada fue de carácter cualitativo, con entrevistas semis-estructuradas y cuestiones abiertas, basada en la Pesquisa Convergente Asistencial. Fueron entrevistadas diez pacientes con diagnóstico de OAR. La media de edad fue de 65,5 años y el peso 79,04 kg, con IMC medio de 33,38. Lo que se refiere al hábito tabaquista, cuatro nunca fumaron, otras cuatro hace más de diez años que lo dejaron y dos todavía siguen. Acerca del conocimiento de los pacientes sobre su patología, se ha observado que existe una falla en lo que se refiere a la aclaración del diagnostico y en el cambio de informaciones entre el personal de salud y el paciente. En este estudio cuatro participantes relacionaron salud con dolor. Para seis de ellos la salud se relaciona con las actividades diarias sin restricciones. Otro dato importante, es que para ocho de los participantes el aumento de peso fue considerado determinante para el empeoramiento de los síntomas. Todos los objetivos de este estudio fueron alcanzados, siendo posible conocer de manera integral a las personas con diagnóstico de OAR, logrando informar y delimitar factores de riesgo y síntomas sobre la patología y de que manera ésta interfiere en sus vidas.

PALABRAS-LLAVE: Osteoartritis de Rodilla, Fisioterapia y Educación en Salud.

A CONCEPÇÃO DE SAÚDE DAS PESSOAS COM OSTEOARTROSE DE JOELHO (GONARTROSE) E SUA CORRELAÇÃO COM OS PRINCIPAIS FATORES DE RISCO.

RESUMO

Atualmente observa-se um aumento da expectativa de vida e da população idosa, o que vem modificando as demandas de saúde e revelando uma maior preocupação com as doenças crônico-degenerativas. Esta pesquisa buscou conhecer a concepção de saúde de pessoas com osteoartrose de joelho (OAJ) que frequentaram a clínica de fisioterapia da Universidade do Vale do Itajaí, conhecendo os principais fatores de risco, relacionando esses fatores com os sintomas, e propondo um programa de Educação em Saúde. A pesquisa utilizada foi de caráter qualitativo, com entrevistas semi-estruturadas e questões abertas, baseada na Pesquisa Convergente Assistencial. Foram entrevistadas 10 pacientes com diagnóstico de OAJ. A média de idade foi de 65,5 anos e de peso 79,04 kg, com IMC médio 33,38. Quanto ao hábito tabagista, 4 nunca fumaram, 4 pararam a mais de 10 anos e 2 ainda fumam. Sobre o conhecimento das pacientes sobre sua patologia, observou-se que existe uma falha no que se refere ao esclarecimento do diagnóstico, e na troca de conhecimento entre equipe de saúde e pacientes. Neste estudo quatro participantes relacionaram saúde com dor. Para seis delas a saúde relaciona-se realizar atividades diárias sem restrições. Outro dado importante é que para 8 das participantes, o aumento de peso foi considerado como fator de piora dos sintomas. Todos os objetivos deste estudo foram alcançados, sendo possível conhecer de forma integral as pessoas com diagnóstico de OAJ, podendo conhecer e delimitar fatores de risco, sintomas, conhecimento da patologia e de que forma esta interfere em sua vida.

PALAVRAS-CHAVE: Osteoartrose de Joelho, Fisioterapia e Educação em Saúde.