69 -CHARACTERISTICS OF HEALTH AND CARE OF PATIENTS WITH VENOUS ULCERS

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INTRODUCTION

Due to the impact on mortality, morbidity and the high cost to the health service, the chronic non-communicable diseases become a priority in most countries. In Brazil, despite the official death statistics, data from epidemiological surveillance of chronic diseases and cross-sectional studies that determine the frequency and risk factors for these diseases are still unknown in Brazilian population. These informations are essentials for the development of preventive programs and public policies that reduce the impact of these diseases in the country (BRAZIL, 2009).

Chronic disease presents with a slow and indefinite duration and may recur, resulting in changes in lifestyle of people. Among the chronic diseases that affect humans have the Chronic Venous Insufficiency (CVI), even with mortality virtually non-existent, has high morbidity and is characterized mainly by the occurrence of chronic venous ulcers (CVU) in lower limbs, while in advanced (MARCON et al., 2005, MAFFEI, 2002).

The CVU is presented as the most serious complication of CVI, with high prevalence, chronic and recurrent character, which causes suffering to the patient and his family. Moreover, such involvement leads to dependence of health services constituting an important public health problem, and is of important magnitude in relation to social and economic impact in terms of lost working days and reduction in quality of life (ETUFUGH; PHILLIPS , 2007; MAFFEI, 2002; YAMADA, Santos 2005).

In this context, we aimed to characterize aspects of health and care of patients with venous ulcers treated in the outpatient clinic of a university hospital in Natal / RN.

METHODOLOGY

This is a cross-sectional study, descriptive and quantitative approach that was conducted in University Hospital Onofre Lopes (UHOL), located in specifically in the outpatient of surgical clinic, with care in Angiology and Vascular Surgery.

This research was submitted to the Research Ethics Committee / REC of UHOL/UFRN, respecting the norms of Resolution 196/96 (BRAZIL, 1997), with regard to ethical aspects observed when conducting research involving human subjects, Nº protocol 279/09. Being developed only after the prior consent of the direction of UHOL and nursing management in the period May to July 2009.

The population consisted of patients with CVU, attended by angiologists of Surgical Clinic in UHOL. The selection of patients with CVU consisted of a sample of accessibility, based on inclusion criterions: having CVU, having more than 18 years; be seen at the outpatient of surgical clinic in UHOL the period of data collection and consent to participate research voluntarily. The sample consisted of 50 patients.

To collect data we used a form outlining the sociodemographic, clinical and health care, related to pre-existing treatments of these, number of lesions, time of injury, access to health services and treatments.

The data collected were organized into an electronic database application Microsoft Excel and exported and analyzed using SPSS version 15.0, was coded, tabulated and presented as tables and charts.

RESULTS AND DISCUSSION

As for sociodemographic characterization we found a predominance of female patients (76.0%), with ages less than 59 years (74.0%). As regards to educational, level low schooling predominated (68.0%) with a percentage of 76.0% among women.

Regarding marital status have 62.0% of respondents married or in a stable union, and a percentage of 22.0% of single patients. In the study Catholicism predominated (68.0%).

Regarding the number of children 38.0% of respondents had more than three children, being 42.0% female. This is a percentage rather worrying, given that high favors the development of venous ulcers.

Studies show that there is a predominance of female patients with CVU representing a 3:1 ratio between the sexes (DEODATO, TORRES, 2008, NOBREGA ET AL., 2008, NUNES ET AL., 2008)

According to Araújo et al. (2003) about 22.0% of those who develop venous ulcers, were involved in about 40 years old and 13.0% before 30 years old, which represents a substantial effect on labor productivity.

These results lead us to reflect on the accessibility of these patients to a medium and high complexity of care, as they show a greater number of younger patients seen at these levels of complexity. This is a worrying factor because the elderly population is concentrated only in primary care, knowing that these patients are more susceptible to the emergence of co-morbidities and complications of these.

As family income, 72.0% of respondents have an income of up to 02 minimum wages. In the quota of women 74.0% has until two salaries, considering that is most casual jobs. About housing the majority of respondents live in their own homes (64.0%), and 40.0% live with more than 04 people.

The socioeconomic condition can lead to these informal labor activities or dependence on family, which causes wear on family relationships, especially if the financial condition is linked to a large number of residents.

Table 1 describes some variables of health such as sleep in that 50.0% of patients have inadequate sleep less than 6 hours and / or insomnia during the night. Regarding chronic diseases such as Diabetes Mellitus (DM), Systemic Arterial Hypertension (SAH) and Chronic Venous Insufficiency (CVI) had a percentage 12.0%, 58.0% and 100.0%, respectively.

Table 1. Clinical evaluation of the health of patients with CVU treated in the outpatient of surgical clinic in UHOL, according to the time of injury current. UHOL, 2009.

CLINICAL CHARACTERIZATION OF HEALTH	TIME OF INJURY CURRENT					
	Until 05 years		From 05 years		Total	
	N	%	N	%	N	%
CVI	28	58,0	21	42,0	**50**	**100,0**
Systemic Arterial Hypertension	20	40,0	9	18,0	**29**	**58,0**
Insomnia / Inadequate sleep (< 6 hours)	10	20,0	15	30,0	**25**	**50,0**
Diabetes Melittus	5	10,0	1	2,0	**6**	**12,0**
Heart diseases	3	6,0	3	6,0	**6**	**12,0**
Anemia	2	4,0	4	8,0	**6**	**12,0**
Smoking	3	6,0	2	4,0	**5**	**10,0**
Depression	1	2,0	2	4,0	**3**	**6,0**
alcoholism	1	2,0	0	0,0	**1**	**2,0**
Lymphedema	1	2,0	0	0,0	**1**	**2,0**

Source: Own research

The results show that patients with more than 05 years of injury has a greater tendency to have impaired sleep, which was an important influential factor on the healing of the lesions, these tend to become chronic.

Several studies agree that a healthy lifestyle such as not smoking, sleep at least six hours, having a balanced diet, do not drink alcohol and take control of underlying diseases, contribute positively in the process of healing of venous ulcers (DEODATO 2008; NUNES, 2008; YAMADA, SANTOS, 2005; MAFFEI, 2002).

In table 2 we have the characterization of CVUs in relation to the time of injury current, where 64.0% of respondents had only one injury, and 40.0% with a time of injury current of up to 05 years. Regarding the recurrence of ulcers 60.0% were recurrent.

Table 2. Clinical characterization of lesion of patients with CVU, according to the time of injury current. UHOL, 2009.

CLINICAL CHARACTERIZATION OF INJURY	TIME OF INJURY CURRENT					
	Until 05 years		Over 05 years		Total	
	N	%	N	%	N	%
Number of injuries						
01 injury	20	40,0	12	24,0	**32**	**64,0**
02 or more	9	18,0	9	18,0	**18**	**36,0**
recurrence	17	34,0	13	16,0	**30**	**60,0**
Rest	22	44,0	19	38,0	**41**	**82,0**
How is the rest						
Raises the lower limbs	16	32,0	13	26,0	**29**	**58,0**
Doesn't raise the lower limbs	6	12,0	6	12,0	**12**	**24,0**
Pain						
Light	2	2,0	2	2,0	**4**	**8,0**
Moderate	6	12,0	3	6,0	**9**	**18,0**
Intense	18	36,0	13	26,0	**31**	**62,0**
Absent	3	6,0	3	6,0	**6**	**12,0**
Edema	22	44,0	19	38,0	**41**	**82,0**
Infection / Contamination						
Infected	5	10,0	7	14,0	**12**	**24,0**
Colonized	24	48,0	14	28,0	**38**	**76,0**

Source: Own research

About the rest, 60.0% said that rest was during the day and 42.0% were not rested or the inadequate rest, predominantly those who had lesions of up to five years, a negative indicator in this population, as they will have a tendency to chronicity with this bad attitude in relation to rest, since it is a crucial activity in the healing and prevention of new ulcers.

Now with regard to pain, 88.0% of respondents complained of pain, of these 62.0% were intense and is a feature present both in patients with lesions on up to five years and in more than five years.

We can see that the 21 patients with lesions on more than five years 85.0% reported pain, and in 62.0% of severe patients, 90.0% had edema and 33.3% had infected ulcers, which shows the strong relation to pain and swelling of the infection, with a strong tendency in patients with chronic injuries.

A percentage of 82.0% of patients had edema in the affected limb, especially those who had more than five years of actual time of injury, these 90.0% had edema, in which they had up to five years of injury on approximately 75.0% had this feature.

Regarding the contamination of ulcers, we have 76.0% of lesions were colonized and 24.0% infected. Lesions of up to five years 83.0% were colonized and those who had more than five years 33.0% were infected.

Studies conducted by Nunes (2006) of 74 patients with venous ulcers, 67.6% had a single lesion and 32.4% had multiple lesions, with 54.1% of recurrent ulcers.

Several authors emphasize that the high number of relapses in venous ulcers is one of the most important problems in patient care, as slow and complete healing by providing the chronicity of these. It affects the quality of life and work productivity of those affected, and includes high costs of long-term treatment, which makes venous ulcers a major health problem in developed countries (LOPEZ; ARAVITES; LOPES, 2005, ARAÚJO ET AL ., 2003).

In Table 3 we have the variables characterizing assistance:

Tabela 3. Characterization of assistance offered to patients with CVU in the outpatient of surgical clinic in UHOL, according to the time of injury current. UHOL/2009

CHARACTERIZATION OF ASSISTANCE	TIME OF INJURY CURRENT					
	Until 05 years		Over 05 years		Total	
	N	%	N	%	N	%
Start of treatment after appearance of the injury						
Until 04 months	24	48,0	16	32,0	**40**	**80,0**
Over 04 months	5	10,0	5	10,0	**10**	**20,0**
Health service						
Basic Health Unit / Program of Family Health	16	32,0	14	28,0	**30**	**60,0**
Hospital / Angiologist	13	26,0	7	14,0	**20**	**40,0**
Acess to angiologist (Single Health System)						
Free demand / indication/ routing	11	22,0	8	16,0	**19**	**38,0**
Reference card	18	36,0	13	26,0	**31**	**62,0**
Displacement to service						
Public transportation	18	36,0	16	32,0	**34**	**69,0**
Car	9	18,0	5	10,0	**14**	**28,0**
Walking	2	4,0	0	0,0	**2**	**4,0**
Total	**29**	**58,0**	**21**	**42,0**	**50**	**100,0**

Source: Own research

Torres et al. (2009) points out in his study that there was a low level (39.8%) access to consulting the angiologist and 20.5% at the tertiary level and 19.3% in the primary.

We emphasize that the World Health Organization (WHO) recommends 1 angiologist to 17,000 inhabitants in developed countries and 1 angiologist to 35,000 in developing countries (FORTI et al., 2004).

As regards the displacement to the health service, 69.0% of patients who traveled by public transportation. What denotes a physical effort made by these individuals because they have to under go the often long trips in the same position, standing or sitting (standing position), there is the risk of harm or injury to suffer falls off the carriage. Moreover, the financial expenses with passages is also taken into account, since most patients in the study are not elderly, and therefore not entitled to gratuity.

In the following table, we have the characterization of health-related systemic treatment:

Table 4. Characterization of care of patients with CVU treated in the outpatient of surgical clinic in UHOL, second time of injury current. UHOL, 2009

SYSTEMIC TREATMENT	TIME OF INJURY CURRENT					
	Until 05 years		Over 05 years		Total	
	N	%	N	%	N	%
Clinical medication*	21	42,0	10	20,0	**31**	**62.0**
Antibiotics	9	18,0	4	8,0	**13**	**26.0**
Anti-inflammatory	7	14,0	1	2,0	**8**	**16.0**
Vasoactive drugs	5	10,0	2	4,0	**7**	**14.0**
Total	**29**	**58.0**	**21**	**42.0**	**50**	**100.0**

* Medication for SAH, DM, heart diseases, anemia, depression and lymphedema
Source: Own research

Among the types of systemic treatments used by patients, 16.0% of patients were taking anti-inflammatory, antibiotics 26.0%, 62.0% of medication for clinical treatment, especially those who have an injury-time current up to five years, since 72.0% were using these medications and only 47.0% of patients with a lesion on more than two years held such treatment. Considering that the group of patients with a current of up to five years has a greater number of individuals with systemic diseases compared to patients with a lesion on over five years.

With regard to systemic treatment for chronic venous insufficiency, we have only 14.0% of respondents were using vasoactive drugs, a factor very relevant since 100.0% of the patients studied are suffering from CVI. The fact that the large percentage (86.0%) patients received specific treatment for CVI, reveals that these patients are given inappropriate treatment, which may be due to lack of prescription or non-acquisition by patients of the medication prescribed, since most patients have low income.

In Table 5 we have the characterization of topical treatment used by patients in the study according to the time of injury job. Where 66.0% of patients with CVU were using a topical product healing, 15 patients, equivalent to 30.0% of the study population used debriding, only 10.0% used topical antibiotics, and 6% used products home in the wound.

We have the use of debriding is greater in those with lesions up to five years (24.0%) and healing for those with an injury time over five years (36.0%), and the household products were used only in those lesion up to five years.

The use of topical antibiotics is contraindicated in the treatment of wounds colonized, in addition to their use is controversial due to the potential of developing resistance to microorganisms (ABEJON-ARROYO, 2003; CARVALHO; GOMES 2005). As to its use in infected wounds, it is known that its absorption is insufficient because it did not reach adequate levels to combat the infection (CARVALHO; GOMES 2005).

Torres et al. (2009) emphasize that there is no single product that meets the overall needs of all wounds in all stages of tissue repair. The selection of local therapy depends on the systematic and holistic assessment of the individual, therefore, take care of patients with chronic ulcers is a comprehensive process, scientific and interdisciplinary.

Table 5. Characterization of topical treatment used by patients with CVU treated in the outpatient of surgical clinic in UHOL second time of injury current. UHOL, 2009

CHARACTERIZATION OF TOPICAL TREATMENT	TIME OF INJURY CURRENT					
	Until 05 years		Over 05 years		Total	
	N	%	N	%	N	%
Healing	15	30,0	18	36,0	33	66,0
Desbriding	12	24,0	3	6,0	15	30,0
Compression therapy (Ulna's boot, compression stockings)	6	12,0	8	16,0	14	28,0
Antibiotic	3	6,0	2	4,0	5	10,0
Other topics treatment*	3	6,0	0	0,0	3	6,0
Total	29	58,0	21	42,0	50	100,0

Source: Own research

Note: * steroids, povidine®, vaseline

The treatment with compression only 28.0% of respondents used some compression therapy, a high number (72.0%) of patients did not use compression therapy.

These data corroborate the findings of studies by Deodato (2007), which showed a percentage of 77.5% that did not use compression therapy. In search of Nunes (2006), the level of basic care, the compressive treatment was absent in 100.0% of the patients surveyed.

CONCLUSION

We observed a predominance of female patients, aged less than 59 years, with low education, married, Catholic, with more than three children and wage income of up to 2 minimum wages.

The results show that patients with longer lesions are most frequently seen in Basic Health Unit that in specialized hospital, having more insomnia, more injuries and make more use of topical healing.

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CHARACTERISTICS OF HEALTH AND CARE OF PATIENTS WITH VENOUS ULCERS

A cross-sectional descriptive quantitative approach carried out at Universitary Hospital Onofre Lopes (UHOL) aimed at characterizing the factors of health and care of patients with venous ulcers. Was approved by the Research Ethics Committee (279/09). Data collection took place from May to July 2009. The sample consisted of 50 patients. The data were organized in Excel and analyzed in SPSS 15.0. Patients were predominantly female (76.0%), with ages less than 59 years (74.0%), with low education predominated (68.0%), married (62.0%), Catholics (68, 0%), with more than three children (38.0%), with wage income of up to 2 minimum wages (72.0%), with inadequate sleep (50.0%) and IVC (100.0%). The results show that patients with longer lesions are most frequently seen by USF that the specialized hospital having more insomnia, more injuries and make more use of topical healing.

KEY WORDS: venous ulcers, nursing

CARACTÉRISTIQUES DE LA SANTÉ ET DES SOINS DE PATIENTS ATTEINTS DE ULCERES VEINEUX

A Cross-sectional descriptive approche quantitative réalisée à l'Hôpital Universitário Onofre Lopes (HUOL) qui visait à identifier les aspects de la santé et aux soins des patients souffrant d'ulcères veineux traités à la clinique externe d'un hôpital universitaire dans le Natal / RN. A été approuvé par le comité d'éthique (279/09). La collecte des données s'est déroulée de Mai à Juillet 2009. L'échantillon se composait de 50 patients. Les données ont été organisées dans Excel et analysées dans SPSS 15.0. Les patients étaient majoritairement des femmes (76,0%), dont l'âge est moins de 59 ans (74,0%), avec l'éducation dominaient faible (68,0%), mariés (62,0%), catholiques (68, 0%), avec plus de trois enfants (38,0%), avec un revenu de salaire pouvant atteindre 2 salaires minimum (72,0%), avec un sommeil insuffisant (50,0%) et IVC (100,0%). Les résultats montrent que les patients avec des lésions plus longues sont les plus fréquemment observées par USF que l'hôpital spécialisé ayant de plus l'insomnie, plus de blessures et faire davantage usage de la guérison actualité.

MOTS CLÉS: ulcères veineux, les soins infirmiers

CARACTERÍSTICAS DE LA SALUD Y CUIDADO DE PACIENTES CON ÚLCERAS VENOSAS

Estudio transversal con enfoque cuantitativo y descriptivo, realizado en el Hospital Universitario Onofre Lopes (HUOL) que tuvo como objetivo identificar los aspectos de la salud y el cuidado de los pacientes con úlceras venosas tratados en la clínica ambulatoria de un hospital universitario en Natal / RN. Fue aprobado por el Comité de Ética (279/09). La recopilación de datos tuvo lugar de mayo a julio de 2009. La muestra consistió en 50 pacientes. Los datos fueron organizados en Excel y analizados en SPSS 15.0. Los pacientes fueron predominantemente mujeres (76,0%), con edades de menos de 59 años (74,0%), con bajo nivel educativo (68,0%), casadas (62,0%), católicos (68,0%), con más de tres hijos (38,0%), con los ingresos salariales de hasta 2 salarios mínimos (72,0%), con el sueño insuficiente (50,0%) y Insuficiencia Venosa Crónica (100,0%). Los resultados muestran que los pacientes con lesiones más largas se ve con mayor frecuencia por USF que el hospital especializado con más insomnio, más lesiones y hacer un mayor uso de la curación local.

PALABRAS CLAVE: úlceras venosas, enfermería

CARACTERÍSTICAS DE SAÚDE E DA ASSISTÊNCIA DOS PORTADORES DE ÚLCERA VENOSA

Estudo transversal, descritivo de abordagem quantitativa realizado no Hospital Universitário Onofre Lopes (HUOL) que objetivou caracterizar os aspectos de saúde e assistenciais dos portadores de úlcera venosa atendidos no ambulatório de um hospital universitário em Natal/RN. Obteve parecer favorável do Comitê de Ética (279/09). A coleta de dados deu-se no período de maio a julho de 2009. A amostra foi composta por 50 pacientes. Os dados foram organizados no Excel e analisados no SPSS 15.0. Predominaram pacientes do sexo feminino (76,0%), de faixa etária menor do que 59 anos (74,0%), com baixa escolaridade predominou (68,0%), casados (62,0%), católicos (68,0%), com mais de três filhos (38,0%), com renda salarial de até 2 salários mínimo (72,0%), com sono inadequado (50,0%) e IVC (100,0%). Os resultados mostram que os pacientes com maior tempo de lesão são mais atendidos pelas USF que pelo hospital especializado, apresentam mais insônia, maior número de lesões e fazem mais uso de terapia tópica cicatrizante.

PALAVRAS-CHAVE: úlcera venosa, enfermagem

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