75 - PREDISPOSING CONDITIONS, RISK FACTORS INTRINSIC AND EXTRINSIC PRESENTS IN OCCURRENCE OF PRESSURE ULCERS (PU) IN THE ELDERLY IN A UNIVERSITY HOSPITAL, NATAL/RN

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INTRODUCTION

The Brazilian population is in a new phase of demographic transition where there is the growing elderly population to the detriment of young people. So Brazil has leaving to be a young country, going to be characterized as a country in the process of aging. The elderly, who in 1980 make up 8 million people already are about 14 million -Census 2000 (SAMPAIO; REIS; OLIVEIRA, 2007).

However, not always have positive significance, after all able to live longer is not synonymous with better living. Unlike, in most cases, old age is related to more years of suffering, with increased physical dependence, functional decline, social isolation, depression, poorness, among other things (VILELA; CARVALHO; ARAÚJO, 2006).

The fragility of aging, associated with comorbidities such as changes in mental and neurological status, presence of chronic diseases, nutritional status and impaired mobility and the changes in the skin, which becomes more fragile, leaves this population prone to the formation, recurrence and complications pressure ulcer (PU).

The PUs are considered chronic wounds caused by cell death, that develop when soft tissue is compressed between a bony prominence and a hard surface for a long time (NPUAP).

These prolong hospitalization, hampering the recovery of the patient and increase the risk for the development of further complications. Representing an increase in physical and emotional suffering of these patients, efforts should be made by a multidisciplinary team to prevent the emergence or promote the treatment of PU (BLANES;DUARTE;CALIL, 2004).

Some risk factors have been confirmed as predictive for the development of PU, a condition that implies physical, emotional and social support to patients and family influences and to impaired quality of life and increased costs for health services, the measure that results in longer hospital stays and higher morbidity and mortality (SOUZA; SANTOS, 2007).

Some studies indicate the importance of identifying the extrinsic and intrinsic factors in the onset of this injury and highlight the association of these factors with the occurrence of PU (FERNANDES, 2005). These factors and predisposing conditions are composed of variables, which increase the understanding of the multiple appearance of the PU and will help in understanding the assessment of the patient (GIARETTA; POSSO, 2005).

This study aims to identify the predisposing conditions, risk factors intrinsic and extrinsic factors present in the occurrence of PU in elderly patients hospitalized in a University Hospital in Natal / RN.

METHODOLOGY

Descriptive study with a longitudinal and quantitative approach, with patients admitted to the intensive care unit (ICU), wards of medical clinic, surgery and neurology at the University Hospital Onofre Lopes (UHOL).

The target population consisted of 30 bedridden patients of both sexes, hospitalized for at least 7 days in the selected sectors for the study, which did not have PU the time of admission to the study and consented to take part or had their participation authorized by the legal guardian with signing the consent form (ICF). The research project was approved (opinion No. 135/07) by the Ethics Committee in Research of HUOL/UFRN.

Data collection was performed, 13/12/2007 to 20/01/2008, from patients' medical records and a structured form of risk assessment for PU, adapted from Fernandes (2005). The form was composed of patient demographic information, predisposing conditions, intrinsic and extrinsic factors, diagnosis of PU. The data collected were transferred to Excel 2007 and analyzed using Statistical Package for Social Science (SPSS) version 15.0 Windows.

RESULTS AND DISCUSSION

Of the 30 patients studied, 46.7% developed PU, of whom 64.3% are elderly, considering the definition for elderly of bylaws of the elderly as those age equal or over than 60 years (IBGE, 2006).

Some studies show similar findings to ours, in which a higher incidence of PU occurs in the age group over 60 years. However, the same studies found no significant difference between age and the emergence of PU (CARDOSO; CALIRI; HASS, 2004; FERNANDES, 2005).

Other researchers consider age a risk factor for the occurrence of PU, justifying this fact due to changes in the skin due to aging (JORGE; DANTAS, 2003). These physiological body changes make the skin drier due to decreased sweat and sebaceous glands, and change the thickness of the epidermis, dermal collagen, leading to muscle atrophy that cause bony structures become more prominent (FERNANDES; TORRES, 2008).

Of the patients who developed PU, 57.1% were female, being 35.7% elderly and 42.9% of males, being 28.6% elderly, showing no significance ($p = 0.872$). Similar to our study, other authors found no statistically significant difference in the formation of PU in relation to sex (FIFE et al; 2001).

Regarding the follow-up period, 50.0% were accompanied by 7 to 18 days, being 28.6% elderly, and 50.0% from 19 to 30 days, being 35.7% elderly.

Regarding the number of PUs developed, 10 patients developed until 2 PU, being 53.8% elderly, and 3 patients developed 3 to 5 PU, being 15.4% elderly.

The main regions of PU were sacral (85.7%) with 57.1% in the elderly and trochanter (28.6%) with 14.3% in the elderly.

Table 1 – Predisposing conditions in hospitalized patients who developed PU in a university hospital, Natal / RN.

PREDISPOSING CONDITIONS	AGE				Total	
	Up to 50 years		From 60 years			
	N	%	N	%	N	%
Use of analgesics	5	35,7	9	64,3	14	100
Hematologic	5	35,7	8	57,1	13	92,9
Cardiorespiratory	5	35,7	6	42,9	11	78,6
Metabolic	3	21,4	6	42,9	9	64,3
Psychogenic	1	7,1	8	57,1	9	64,3
Use of anxiolytics	2	14,3	6	42,9	8	57,1
Nutrition	1	7,1	6	42,9	7	50,0
Neurologic	1	7,1	4	28,6	5	35,7
Circulatoty	1	7,1	1	7,1	2	14,3
Chronic degenerative	0	0,0	2	14,3	2	14,3

Predisposing conditions (Table 1), we observed that the majority was present in the elderly: use of analgesics (64.3%), hematological (57.1%), psychogenic (57.1%) which is significant (p = 0.023) ; cardiorespiratory (42.9%), metabolic (42.9%), use of anxiolytics (42.9%) and nutrition (42.9%).

Similar data were found in other study that identified the hematologic conditions, circulatory, nutritional and use of analgesics and anxiolytics, such as more frequent in elderly patients who developed PU (PAIVA et al., 2008).

During aging, hemodynamic changes occur, neurological, sensory, endocrine, metabolic, circulatory, respiratory, vascular and skin. In the elderly there is a reduction of tissue perfusion and a weakening of all organic structures. There is also an increase of cardiovascular diseases that cause circulatory changes and the level of consciousness (FERNANDES, 2005).

Corroborating the above findings, a study about PU in 24 critically ill patients in hospital, found that the neurological, cardiac, respiratory and neoplastic diseases account for more 85.0% of admission diagnoses, which end up bringing hemodynamic instability and limited mobility , causing the individual to remain on bed rest in his bed and increasing the possibility of PU (FERNANDES; CALIRI, 2000).

Table 2 – Intrinsic factors in patients admitted to a university hospital who developed PU, Natal/RN.

INTRINSIC FACTORS	AGE				TOTAL	
	Up to 59 years		From 60 years			
	N	%	N	%	N	%
Impaired physical mobility partial	5	35,7	8	57,1	13	92,9
Change in skin texture (smooth, rough, thin, delicate)	3	21,4	9	64,3	12	85,7
Change in body temperature (hypo/hyperthermia)	3	21,4	8	57,1	11	78,6
Edema (mild, moderate, intense, anasarca)	4	28,6	7	50,0	11	78,6
Amendment of turgor and elasticity of the skin	1	7,1	8	57,1	9	64,3
Demonstrated bony prominence (iliac crest, scapula, sacrum, coccyx, heel)	2	14,3	7	50,0	9	64,3
Change of moisture from the skin (dry, diaphoresis)	2	14,3	7	50,0	9	64,3
Impaired physical mobility total	2	14,3	3	21,4	5	55,7
Sensitivity superficial amended (tactile, thermal, painful)	0	0,0	2	14,3	2	14,3

Intrinsic factors (Table 2) were mostly evident in the elderly, being the main: changes in skin texture (64.3%) with statistical significance (p = 0.040), impaired physical mobility partial (57.1%) , change in body temperature (57.1%), turgor and elasticity of the skin (57.1%), edema (50.0%), bony prominence evident (50.0%) and change in moisture from the skin (50, 0%).

Some researchers highlighted in their studies the occurrence of a change in texture, turgor and elasticity of the skin, activity and mobility of the patient, as well as edema and bony prominence (BLANES et al., 2004; FERNANDES; TORRES, 2008; PAIVA et al., 2008).

Statistically significant results related to sensory perception, activity and mobility committed, edema, patients who were on controlled breathing and length of stay were found in another study (COSTA, 2003).

Table 3 – Extrinsic factors in patients admitted to a university hospital who developed PU, Natal/RN.

Extrinsic factors	AGE				Total	
	Up to 59 years		From 60 years			
	N	%	N	%	N	%
Force of pressure in the body (areas with redness, marks)	5	35,7	9	64,3	14	100,0
Elevation of the head of the bed equal to or greater than 30 degrees	5	35,7	9	64,3	14	100,0
Conditions of bed linen inadequate (folds, urine, feces, sweat)	5	35,7	9	64,3	14	100,0
Type of mattress (foam, egg box, air)	5	35,7	8	57,1	13	92,9
Inadequate mobility (same position more than 2 hours)	4	28,6	9	64,3	13	92,9
Partial restriction of movement	5	35,7	6	42,9	11	78,6
Shear force / friction	3	21,4	6	42,9	9	64,3
Personal Hygiene inadequate (blood, urine, feces, sweat)	3	21,4	5	35,7	8	57,1
Total restriction of movement	1	7,1	3	21,4	4	28,5

Regarding extrinsic factors (Table 3) were highlighted in the elderly: pressure force of the body (64.3%), raising the head of ≥ 30 degrees (64.3%), conditions of bed linen (64.3%), inadequate mobility (64.3%), type of mattress inadequate (57.1%), partial restriction of movement (42.9%) and shear force / friction (42.9%).

Some scholars cite as factors extrinsic to the PU type the mattress inadequate, lack of rigorous change of position (2/2h), under pressure from the body (areas of redness and marks) and shear / friction, movement restrictions and poor hygiene body (BLANES et al., 2004; FERNANDES; TORRES, 2008).

While there are several risk factors involved in the emergence of the PUs, some authors consider as pressure, shear force and friction as extrinsic factors important in the occurrence of PU (JORGE; DANTAS, 2003). Another study about the influence surfaces in the prevention of PU, shows that elevating the head above 30 degrees, for example 45 degrees, significantly increases the pressure on the sacrum, increasing the risks for PU (DECLAIR, 2003).

As the friction force usually occurs because of the "drag" of the patient on the bed rather than lift it, and the shear force due to the sliding of the patient on the bed, we can conclude that by a correct positioning and mobilization of the patient on bed, we

are avoiding the occurrence of these two forces and thus minimizing the risk of emergence of PU.

CONCLUSION

The predisposing conditions, intrinsic and extrinsic factors were more common in the elderly population when compared with age up to 59 years. Among the groups that developed PU, the elderly population reveals major risk factors by the aging process, showing a decline in organ systems associated with chronic degenerative diseases, changing the lifestyle of the elderly, sensory perception, activity, mobility, nutrition and characteristics of the skin, one of the organs most affected by the changes, making the elderly more vulnerable to development of PU.

In this sense, the weaknesses and frailties of the elderly population requiring assistance more effective and focused on the prevention of these injuries and their complications, responsible for increased morbidity and mortality and costs during hospitalization.

Therefore, we consider fundamental the adoption of protocols that take into account the magnitude of the factors and conditions identified, and the combination of these, to improve the quality of care, making it more humane and reducing the complications of these injuries, length of hospital stay, mortality, therapeutic costs and the workload of the team assisting, which, moreover, represents a major advance in reducing the physical and emotional suffering of patients and their families.

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PREDISPOSING CONDITIONS, RISK FACTORS INTRINSIC AND EXTRINSIC PRESENTS IN THE OCCURRENCE OF PRESSURE ULCER (PU) IN THE ELDERLY IN A UNIVERSITY HOSPITAL, NATAL/RN

This study aims Identify the predisposing conditions, the risk factors intrinsic and extrinsic in the occurrence of PU in elderly patients hospitalized in a University Hospital of Natal/RN. Descriptive study design with longitudinal and quantitative approach, conducted with 30 patients admitted in various fields of medicine, surgical clinic, neurology and Intensive Care Unit (ICU) of a university hospital in Natal/RN. After approval by the Commission on Ethics in Research of HUOL / UFRN (Opinion No. 135/07) was conducted to collect data from 13/12/2007 to 20/01/2008, using medical records and structured form. The data were analyzed in SPSS 15.0. Of the 30 patients, developed UP 46.7%, 50.0% are elderly, 57.1% female, 50% admitted from 7 to 18 days in ICU and wards (57.1%). The main regions of PU were sacral (85.7%) and trocantérica (28.6%). The PC, IF and EF were more present in the elderly, being the main predisposing conditions: use of analgesics (64.3%), haematological and psicogênicas (57.1%), cardio-respiratory, metabolic, and nutritional use of anxiolytics (42.9%); intrinsic factors: changes in texture (64.3%), temperature, turgor and elasticity of the skin and mobility impaired physical part (57.1%); extrinsic factors: pressure from the body, lifting the head ≥ 30 degrees, conditions of bed linen and mobility inadequate (even decubitus> 2h) (64.3%); type of mattress inadequate (57.1%); partial restriction of movement and strength of shear / friction (42.9%) . The weaknesses and fragility of the elderly population contribute to change the lifestyle of the elderly, compromising the sensory perception, activity,

mobility, nutrition and characteristics of the skin, requiring assistance more effective and focused in preventing the PU and its complications are responsible by increased morbidity and mortality and costs during hospitalization.

KEYWORDS: Pressure Ulcer; Aged; Risk Factors.

CONDITIONS DE PREDISPOSITION, FACTEURS RISQUES INTRINSEQUES ET EXTRINSEQUES CADEAUX EN CAS DE PRESSION ULCERES (UP) CHEZ LES PERSONNES AGEES DANS UN HOPITAL UNIVERSITAIRE, NATAL/RN

RESUMÉ

Cette étude vise à identifier les conditions des facteurs prédisposants, les facteurs de risque intrinsèques et extrinsèques présents dans la survenue de PU chez les patients âgés hospitalisés dans un hôpital universitaire de Natal / RN. Étude descriptive à une approche longitudinale et quantitative, réalisée avec 30 patients hospitalisés dans les domaines de la médecine clinique, clinique chirurgie, neurologie et unités de soins intensifs d'un hôpital universitaire de Natal / RN. Après approbation par le comité d'éthique en recherche HUOL UFRN (avis n ° 135/07) a été menée pour recueillir des données, de 13/12/2007 à 20/01/2008, en utilisant les dossiers médicaux et forme structurée. Les données ont été analysées en utilisant SPSS 15.0. Parmi les 30 patients, 46,7% ont développé des UP, et 50,0% des personnes âgées, 57,1% de femmes, 50% hospitalisés entre 7 à 18 jours aux soins intensifs et des salles (57,1%). Les principales régions de l'UP ont été sacrés (85,7%) et du trochanter (28,6%). Le CP, IF et EF ont été plus présents chez les personnes âgées, les principales conditions prédisposant: les antalgiques (64,3%), hématologiques et psychogène (57,1%), cardio-respiratoires, métaboliques, médicaments contre l'anxiété et de la nutrition (42,9%), les facteurs intrinsèques: un changement de texture (64,3%), la température, la turgescence et de l'élasticité de la peau et partiellement diminution de la mobilité physique (57,1%), des facteurs extrinsèques: la pression du corps, soulever la tête de ≥ 30 degrés, les conditions de linge de lit et systèmes de mobilité (même position> 2h) (64,3%), le type de matelas insuffisante (57,1%), la restriction partielle des mouvements et la force de cisaillement / friction (42,9%) . Les faiblesses et les fragilités des personnes âgées contribuent au changement du mode de vie des personnes âgées, qui affectent la perception sensorielle, l'activité, la mobilité, la nutrition et les caractéristiques de la peau, nécessitant une aide plus efficace et ciblée sur la prévention de PU et ses complications sont responsables de l'augmentation la morbidité et la mortalité et les coûts pendant l'hospitalisation.

MOTS-CLÉS: ulcère de pression, les facteurs de risque âgées;.

CONDICIONES PREDISPONENTES, FACTORES DE RIESGO INTRÍNSECOS Y EXTRÍNSECOS EN LA OCURRENCIA DE ÚLCERAS POR PRESIÓN (UP) EN LOS ANCIANOS EN UN HOSPITAL UNIVERSITARIO, NATAL/RN

Este estudio pretende identificar las condiciones predisponentes, factores de riesgo intrínsecos y extrínsecos presentes en la ocurrencia de UP en pacientes ancianos ingresados en un hospital de la Universidad de Natal / RN. Estudio descriptivo con un enfoque longitudinal y cuantitativo, realizado con 30 pacientes hospitalizados en los campos de la medicina clínica, cirugía clínica, la neurología y la unidad de cuidados intensivos de un hospital universitario en Natal / RN. Después de la aprobación por el Comité de Ética en Investigación HUOL/UFRN (n º 135/07) se realizó la coleta de datos en ele periodo de 13/12/2007 a 20/01/2008, utilizando los registros médicos y de forma estructurada. Los datos fueron analizados mediante el SPSS 15.0. De los 30 pacientes, el 46,7% desarrollaron UP, siendo 50,0% ancianos, 57,1% mujeres, 50% hospitalizado 7 a 18 días en la UCI y 57,1% en enfermerías. Las principales regiones de la UP fueron sacra (85,7%) y el trocánter (28,6%). El CP, FI y FE estaban más presentes en los ancianos, las principales condiciones predisponentes: los analgésicos (64,3%), hematológicas y psicógenas (57,1%), cardio-respiratorias, metabólicas, medicamentos para la ansiedad y la nutrición (42,9%), los factores intrínsecos: cambios en la textura (64,3%), la temperatura, la turgencia y elasticidad de la piel y la parte afectada la movilidad física (57,1%), los factores extrínsecos: la presión del cuerpo, levantando la cabeza de ≥ 30 grados, las condiciones de la ropa de cama y los sistemas de movilidad (misma posición> 2 h) (64,3%), tipo de colchón inadecuada (57,1%), la restricción parcial del movimiento y fuerza de corte de fricción (42,9%). Las debilidades y fragilidades de los ancianos contribuyen a cambiar su estilo de vida, que afectan a la percepción sensorial, la actividad, la movilidad, la nutrición y características de la piel, que requieren una asistencia más eficaz y se centró en la prevención de la PU y sus complicaciones son responsables de aumento la morbilidad y la mortalidad y los costes durante la hospitalización.

PALABRAS CLAVE: Úlceras por presión; ancianos, factores de riesgo.

CONDIÇÕES PREDISPONENTES, FATORES DE RISCO INTRÍNSECOS E EXTRÍNSECOS PRESENTES NA OCORRÊNCIA DE ÚLCERA POR PRESSÃO (UP) EM IDOSOS EM UM HOSPITAL UNIVERSITÁRIO, NATAL/RN

Este estudo objetiva identificar as condições predisponentes, os fatores de risco intrínsecos e extrínsecos presentes na ocorrência de UP em pacientes idosos internados em um Hospital Universitário de Natal/RN. Estudo descritivo com delineamento longitudinal e abordagem quantitativa, realizado com 30 pacientes internados nos setores de clínica médica, clínica cirúrgica, neurologia e UTI de um hospital universitário em Natal/RN. Após aprovação da Comissão de Ética em Pesquisa do HUOL/UFRN (parecer n.º 135/07), foi realizada a coleta de dados de 13/12/2007 a 20/01/2008, utilizando prontuário e formulário estruturado. Os dados foram analisados no programa SPSS 15.0. Do total de 30 pacientes, 46,7% desenvolveram UP, sendo 50,0% idosos, 57,1% do sexo feminino, 50% internados de 7 a 18 dias, em UTI e enfermarias (57,1%). As principais regiões de UP foram sacral (85,7%) e trocantérica (28,6%). As CP, FI e FE estiveram mais presentes nos idosos, sendo as principais condições predisponentes: uso de analgésicos (64,3%), hematológicas e psicogênicas (57,1%), cardio-respiratórias, metabólicas, uso de ansiolíticos e nutricionais (42,9%); fatores intrínsecos: alterações na textura (64,3%), temperatura, turgor e elasticidade da pele e mobilidade física prejudicada parcial (57,1%); fatores extrínsecos: pressão do corpo, elevação da cabeceira ≥ 30 graus, condições de roupa de cama e mobilidade inadequadas (mesmo decúbito > 2h) (64,3%); tipo de colchão inadequado (57,1%); restrição parcial de movimento e força de cisalhamento/fricção (42,9%). As debilidades e fragilidades da população idosa contribuem por alterar o estilo de vida do idoso, comprometendo a percepção sensorial, atividade, mobilidade, nutrição e características da pele, requerendo assistência mais efetiva e focalizada na prevenção das UP e de suas complicações, responsáveis por aumento da morbi-mortalidade e dos custos durante a hospitalização.

PALAVRAS-CHAVES: Úlcera de pressão; Idoso; Fatores de risco.

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