61 - THE THERAPEUTIC ITINERARY OF WOMEN WITH FIBROMYALGIA SYNDROME ATTENDING ASSISTANCE PROGRAM INTERDISCIPLINARY UNIVALI / ITAJAI

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INTRODUCTION

The Fibromyalgia Syndrome (FMS) is a rheumatic disease difficult to interpret, and the clinical diagnosis is supported by the data of history and the presence of the patient's pain (1). Since the first symptoms to diagnosis exact people seek various alternatives that advocate a reduction of pain and improvement in quality of life, this way most of the time is very broad, diverse and confusing.

The Model Health System proposed by Kleinman (2) defines the way how a person perceives the disease, how you respond to it, the person's knowledge, treatment and social institutions involved. Social factors such as religion, education, work, class, ethnicity and social network influence the decision to use certain features of health care in one location, resulting in different realities within a health system. According to this author the health care system contains three subsystems: Family, Work and People (3).

Therefore, this research aims to answer the following question: what is the Therapeutic Itinerary of patients with Fibromyalgia Syndrome attending Assistance Program Interdisciplinary UNIVALI / Itajai?

In this sense it is hoped that the research demonstrated here, may help in understanding how people construct their own ways, they deal with the disease and how to seek healing from it.

It is necessary to study the therapeutic itinerary, for analyzing this way we can approach them with more knowledge, understanding them as a whole, so we can improve our techniques and treatment interventions. Thus verifying the means they use and travel, and whether it influences therapy.

METHODOLOGY

This research is based on a qualitative perspective, exploratory which aims to evaluate the therapeutic itinerary of patients linked to the interdisciplinary program of SFM Physiotherapy Clinic UNIVALI / ITAJAÍ. It was approved on the date of 27.08.2010, by the Ethics Committee of the Universidade do Vale do Itajai (No 206/10).

The sample consisted of 10 women with a clinical diagnosis of FMS, who attend the program of assistance Interdisciplinary Univali, the calls are in the School of Physiotherapy Clinic, the Univali. These women are accompanied by nutritionists, psychologists and physiotherapists.

Inclusion criteria for this study were women with a clinical diagnosis of the disease and who attend the interdisciplinary program in question. Exclusion criteria are women who are not part of the program and who refused to participate.

For this research we used an open interview, with questions before pre-designated, ie, semi-structured, developed by the researchers based on the theoretical framework that guided our research.

Participants who agreed to participate signed a consent form, the interview was conducted in the homes of participants, reports were filed on a recorder NOKIA X6 model, the data were transcribed for later analysis suffer.

In all, 10 interviews were conducted, where data saturation occurred. When passed, around 06 interviews, researchers have noticed that the responses of the participants were similar, showing a common path for them.

For data analysis, we used the technique of content analysis of Bardin (7).

A content analysis was performed from the interviews used.

Within the categories made a crossing of the data based on the theoretical framework proposed by Kleinman and its subsystems. Professional Subsystem, Subsystem and Subsystem Popular Family. And the results of these crosses are presented, it is worth noting that each subsystem categories were included in the study that were similar and in the end we found that there is a movement a movement of a subsystem on the other, making us believe that there is no insulation and actions reactions between them. Then the following results:

RESULTS AND DISCUSSION

Here we report the subsystems proposed by the theoretical framework of our study and the respective category to which the subsystem housed within the scan results:

Subsystem Family: We understand that this subsystem is that tactics are adopted early, as it refers to the events of everyday life. This subsystem refers to common sense, popular knowledge, and networks of support that the individual uses (2).

Since FMS is a condition that domain females not in fact cause the weirdness of this subsystem to be strong within the therapeutic itinerary of a woman who is mother is mother, the daughter, is coined, is sister's wife's girlfriend within a family context. Knowing that the woman has a fundamental role within the family some questions arise, how the different roles that the same woman has within a family? And look for positioning these different roles of a woman who has / is suffering with FMS. How would? What is the relationship and the role of the family in the process of health illness this woman with their different roles and functions in its nest. Through these questions arises category then try to elucidate some situations:

"Understanding the role of the family in the health / disease who have FMS" ·

In this category, we see how the family influences the SFM, both in discovery and after the diagnosis. According to Oliveira (8) family regardless of color, race or social distinction, comes first, she being the "safe haven" of each person who

composes, thus the recurrence of any problem, being related or not an illness, seek help in this area.

In SFM family support is critical to living with the disease, with the support of great importance and understanding of each person making up this family group, to help overcome and win the days of suffering that accompanies each participant. What can be seen in the statements below:

"It's how I think, because I'm giving work to my family? I complain so much and they think I have nothing. So why did I not die at once not to make more work for them? But just like oh, by reason I complain, they think it's no big deal, because I claim as many years, they think the illness is not serious, otherwise I would have died, (Orchid) ".

In analyzing the interviews we noted that the subsystem family is the first option being sought by women with FMS. The support and understanding of family is not always something easy negotiation, the reports when we realize that family members, especially her husband, do not understand the situation in which the person is mostly a matter of algia intense and constant, leads to the patient a picture of sadness, anxiety and possibly depression, thus making treatment more difficult.

Subsystem popular: It is understood the popular subsystem specialists healing to individuals, not being legally recognized. Called lay still as a subsystem that uses resources like herbs manipulative treatments (2.8)

In FMS, the popular subsystem subsystem is the second most evident in the therapeutic itinerary of the participants, as he shares the information concerns an adjuvant treatment, even though their effectiveness is not always recognized by participants, but their use is always welcome and performed as a form of self-care and subjective demand curing. Emerging from this subsystem the following category:

"Believing in Beliefs as a Form of Treatment for symptoms experienced."

In this category we highlight the issue of how beliefs and religiosity has an impactful relationship with current reality with which they are participants, since the diagnosis before they seek ways more fervent in faith healing, and after the diagnosis that takes a new search format, it's like from women diagnosed with FMS study, know exactly what they should fight the enemy in that case is the SFM and its causes and effects.

To Pietrukowicz (10), the demand for religion happens to provide relief of distress, where the individual seeks a form of comfort, sympathy and support. Both in spiritual centers, evangelical churches, the Catholic church, Umbanda among others, are places where there are different ways to search to alleviate the problems and relieving the disease. Thus, religion is seen as a means to cope with problems of everyday life, because of the support needed to live the faith. As we see in the stories below:

"I'm much in church, Catholic church, I am part of the Legion of Mary, the apostolate of the sacred heart of Jesus, since I was part of the liturgy, but because they can not see out very well [...], so I'm part of meetings that have been, we travels, iii, I went to Aparecida do Norte and asked a lot, so she helped me a little that my pains amenizasse (Orchid) ".

From the interviews, we can see the strong presence of religion fueling hope for cure of FMS. The church plays an important role in popular subsystem, offering cures for diseases, with explanations guided by divine power, faith being the main element.

In the search for a cure, people invest all their faith in a higher power, often changing religion, beliefs, adapting to a new concept of life, practicing until, rituals, sympathies, offerings, campaigns in search of something that brings the expected benefit. While interacting with this subsystem emerged a new category shown below:

"Using methods of treatment available to the reality of who has / FMS suffers."

This category includes the way that the study participants seek pain relief and healing subjective. The way patients apply these methods, are stronger before being diagnosed with the disease, perhaps by a desire for improvement or amelioration of symptoms. Or even not knowing, not knowing that they are dealing with. When patients are faced with the reality that puts the doctor, understand that there is still no "cure" for scientific SFM, seeing that alternative methods are not as effective for your treatment. As we see in the stories below:

"Tea? I made a box of tea, then I have a whole closet. Look, I traveled a lot right? and there you will find many teas and bark, mastic, peel do not know what that is all that is tea, all that stuff is. I took that oil extracted from Andiroba, I think is another name that he has that tree there's northeast, is the Cuiabá all these oils. I took everything to try to cure me, and yet I take (Camellia). ".

Based on the reports of the research, the authors analyzed: Elder, et al (11), the choice of a particular treatment is always seeking what one understands as the most suitable to minimize their distress, that choice is being held as attitudes will be taken and the results being achieved. These authors also state that the social environment is a field of possibilities that are available to everyone and are equally accessible to individuals.

"He took a lot I took diclofenac, paracetamol, has another there, come back, that whole family there until the proprietor what I ever made, all on its own right, (Camellia)."

The use of medication is present in all subsystems, from the familiar, popular and professional biomedical, making a resource widely used by patients with chronic diseases

Professional Subsystem: According to Kleinman (2), biomedicine is also pointed to "western medicine", "cosmopolitan medicine", "allopathic" medicine and simply for most biomedical professionals. The term refers to biomedicine institutional structure established for the profession of medicine, which is an area of expertise influential in the West and now around the world, while claiming its epistemological and ontological principles.

"Seeking Diagnosis"

According to Kleinman (2) at the time the patient in consultation with the medical professional is the explanation that offers a professional person, that moment happens divergence between social and symbolic powers. However with regard to medical consultation should be advocating the understanding of their health condition / disease there is a line between them.

This constantly comes up during interviews, breaks out the importance of the subsystem doctor for diagnosis of FMS.

"Well .. it took me to figure out right! Because until you vai the general practitioner, you have pain explains the clinician, the clinician will not know what you have. On examination does not show, oh you make x-ray, electro you do, you do a lot of stuff, and there will a doctor going to the other, eliminating vai. Ah! Then they go pro expert. "The general practitioner, orthopedic went pro, the orthopedist went to a neurologist, the neurologist was pro rheumatologist, ai no rheumatologist is that the diagnosis was, but there was to many, many doctors were you then to get there is pretty complicated (Jasmine").

According Kleinmann (2), the natural understanding between individuals of the therapeutic method has been touted as the greatest cause of the collaboration of people, their assimilation of health care, however there is still negative cultures in dialogue clinical results that show how problems causing difficulty of understanding between professionals and people seeking health services.

In this category, we observe through the report of the participants, a long way, no immediate answers. The move by several physicians makes the path becomes increasingly comprehensive, we note that the interviewees are more depressed because they had no immediate response about your diagnosis. And in this fight, it is observed that the participants sought

assistance in other systems such as Family and People together.

Then we realized that the respondents drew a common path, covering medical services, first being the search for a general practitioner, not being identified your problem they sought other medical specialist, such as an orthopedist, neurologist, and finally a rheumatologist, traced so that your diagnosis. This is also due to the fact the organization of the National Health System in our country, the patient should always go through a doctor linked to the Family Health Program of Basic Health Unit of the district in which he resides.

This category shows the importance of physical therapy as a treatment of choice, with more emphasis on results after the discovery of the disease, it is noteworthy that this path is a long journey where there is the first passage by several doctors when it comes to one last doctor, rheumatologist, which makes the final diagnosis of FMS, it directs women to perform hydrotherapy.

Caromano studies (12) confirm that the water exercise improves symptoms of FMS and it is superior to classic muscle stretching with a view to improvement of depression, anxiety, pain, function and quality of life.

"The hydro helps a lot here in the water has helped me a lot today, I did not even wait to go to, because it seems that burning pain right? "And the water that soothes me (Lily)."

To Ruoti et al (13), the therapeutic effects of exercise in water are: relief of pain and muscle spasm, muscle relaxation, maintaining or increasing range of motion, improves muscle function, improved perception of body image, feeling physical well-being and mental health; increased circulation and improved skin condition, strengthening self-esteem of the patient, giving you confidence to achieve functional independence; increase perceptual and sensory enhancing freedom of movement, body awareness and uptake perceptual relationship between body, mind and environment.

"But it's great that the agent does here in the pool, I go home relieved knows? Two three days, the pain is very little, the water there, helps me a lot, this exercise in water relieves pain me (Daisy) ".

As well as the above reports can realize the importance in therapy as treatment of SFM because it is observed that after the discovery of the disease, the subsystem professional with respect to Physiotherapy becomes stronger, creating a bond, for the participant perceive the result, especially in its algia intense, limiting factor of these women, so the importance of this form of treatment.

During the reports, it is clear that there are many positive aspects in choosing physical therapy because the conviviality weekly (2x week) comes to interaction, socialization problems and difficulties between the patient and therapist and participants together with this comes greater credibility and adherence to treatment proposed

Thus Marques et al (14) adds that physical therapy has great positive influence in the daily life of the patient, not only being a medium where the patient note relief of their pain, but rather a means of achieving their welfare and improvement in their quality of life. For this to occur, the patient should be committed and believe in their treatment.

CONCLUSION

We noticed that during the research the cultural context was something of extreme importance because he excelled in every interview. As much as we are in the XXI century in a globalized world of many scientific discoveries, we still come across very strong cultural loop, practiced by these women with FMS, that in seeking to know what has and heal, using the familiar three subsystems , the popular and professional, without specific order, but simultaneously.

As the route is being built along the way, women will look for ways to adapt to what is facing, changing your routine often in support of a cure, even without knowing what it is.

Of this we note that the family subsystem appeared strongly in interviews especially in relation to the support they need, we note that those women where family support necessary understanding of the disease that these women have, the way they deal with the disease becomes very easier.

Thus, when families are not the solution, these women refer to the subsystem popular him as they seek alternative healers, natural remedies, self-medication and also leaving aside spiritual being that they find strength in faith to continue this journey, during Path notice feelings that take account of women that include fear, depression, anxiety and difficult to understand what they are experiencing.

The passage through professional subsystem starts with the care of a general practitioner and therefore being passed by several experts until they reach the rheumatologist who gives a diagnosis, are then referred for physiotherapy.

In the physiotherapy patients acquire an understanding of the disease and learn to deal with pain, or face physical therapy as the only form of treatment that actually is effective, but always using the other subsystems simultaneously. In our case the professional subsystem is due to the strong form of care / treatment that participants receive in the program who attend.

Knowing the therapeutic itinerary of women with FMS features that this is built by several paths where there is a principle that defines what to do, but we note that this family subsystem strongly inserted at the beginning and end of the therapeutic path. In our study it was possible to evaluate the individual in a comprehensive way and that proved extremely important for us as future professionals the importance of physiotherapy in the treatment both in understanding the disease.

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THE PATH OF THERAPEUTIC WOMEN WITH FIBROMYALGIA SYNDROME WHO ATTEND ASSISTANCE PROGRAM OF INTERDISCIPLINARY UNIVALI/ITAJAI

ABSTRACT

BACKGROUND: Fibromyalgia syndrome (FMS) is a rheumatic disease difficult to interpret, which affects women, characterized by a framework of intense pain, psychiatric disorders, and sleep disorders. Because it is a syndrome unwieldy people traverse different paths in search of a specific diagnosis and to try to reduce the pain. OBJECTIVE: This study met the therapeutic itinerary of patients who attend the program of interdisciplinary care of SFM, identifying paths, difficulties in journey as much as the networks of care. METHODOLOGY: This was a descriptive qualitative study, conducted from semi-structured interview, with the target population women who attend the program of interdisciplinary UNIVALI who were willing to participate. The research methodology was based on the responses of the interviewees, the design of therapeutic measures and based on the model of Arthur Kleinman. RESULTS: We know that the therapeutic itinerary of FMS patients attending the Interdisciplinary assistance program, identifying that path traced by them. CONCLUSION: By knowing the therapeutic realize that each individual must be understood individually, because each presents a cultural context very striking. Thus knowing the patient's itinerary health professionals know as a whole and not just one aspect health / disease.

KEYWORDS: Culture; Fibromyalgia; Therapeutic Itinerary.

EL CAMINO DE LA MUJER COM SINDROME DE FIBROMIALGIA TERAPÉUTICAS QUE ASISTEN PROGRAMA DE ASISTENCIA DE INTERDISCIPLINARIO UNIVALI/ITAJAI

RESUMEN

ANTECEDENTES: El síndrome de fibromialgia (FMS) es una enfermedad reumática difícil de interpretar, lo que afecta a las mujeres, que se caracteriza por un marco de intenso dolor, los trastornos psiquiátricos y trastornos del sueño. Debido a que es un síndrome poco manejables personas recorren diferentes caminos en busca de un diagnóstico específico y tratar de reducir el dolor. OBJETIVO: Este estudio cumplió con el itinerario terapéutico de los pacientes que asisten al programa de atención interdisciplinaria de la ordenación forestal sostenible, la identificación de caminos, dificultades en viaje tanto como las redes de atención. METODOLOGÍA: Se realizó un estudio descriptivo cualitativo, realizado a partir de entrevistas semi-estructuradas, con las mujeres de la población objetivo que asisten al programa de UNIVALI interdisciplinario que estaban dispuestos a participar. La metodología de investigación se basó en las respuestas de los entrevistados, el diseño de las medidas terapéuticas y basado en el modelo de Arthur Kleinman. Resultados: Se sabe que el itinerario terapéutico de los pacientes con FM que asisten al programa de asistencia interdisciplinaria, identificando este camino trazado por ellos. CONCLUSIÓN: El conocimiento de la terapéutica darse cuenta de que cada individuo debe entenderse de forma individual, ya que cada uno presenta un contexto cultural muy llamativo. Así, conociendo los profesionales de la salud del paciente itinerario conocer en su conjunto y no sólo un aspecto de la salud / enfermedad.

PALABRAS CLAVE: Cultura, fibromialgia; itinerario terapéutico.

LE CHEMIN DES FEMMES THÉRAPEUTIQUE AVEC SYNDROME DE FIBROMYALGIE QUI FRÉQUENTENT PROGRAMME D'AIDE DE INTERDISCIPLINAIR UNIVALI/ITAJAI

RÉSUMÉ

CONTEXTE: Le syndrome de fibromyalgie (FMS) est une maladie rhumatismale difficiles à interpréter, ce qui affecte les femmes, caractérisées par un cadre de la douleur intense, des troubles psychiatriques et des troubles du sommeil. Parce que c'est un syndrome de personnes lourdes traverser des chemins différents à la recherche d'un diagnostic précis et d'essayer de réduire la douleur. Objectif: Cette étude a atteint l'itinéraire thérapeutique des patients qui participent au programme de soins interdisciplinaire de l'AFD, en identifiant les chemins, les difficultés de voyage autant que les réseaux de soins. MÉTHODOLOGIE: Il s'agit d'une étude descriptive qualitative, réalisée à partir entrevue semi-structurée, avec les femmes de la population cible qui participent au programme de UNIVALI interdisciplinaire qui étaient disposés à participer. La méthodologie de recherche a été basée sur les réponses des personnes interrogées, la conception des mesures thérapeutiques et basé sur le modèle de Arthur Kleinman. RÉSULTATS: Nous savons que l'itinéraire thérapeutique des patients fibromyalgiques qui participent au programme d'assistance interdisciplinaire, en identifiant cette voie tracée par eux. Conclusion: La connaissance de la thérapeutique se rendre compte que chaque individu doit être compris séparément, car chacun présente un contexte culturel très frappante. Ainsi, connaissant les professionnels de santé du patient itinéraire savoir dans son ensemble et pas seulement un aspect de la santé / maladie.

MOTS-CLÉS: culture; Fibromyalgie; itinéraires thérapeutiques.

O ITINERÁRIO TERAPÊUTICO DE MULHERES COM SÍNDROME DE FIBROMIALGIA QUE FREQÜENTAM O PROGRAMA DE ASSISTÊNCIA INTERDISCIPLINAR DA UNIVALI/ITAJAÍ

RESUMO

INTRODUÇÃO: A síndrome de fibromialgia (SMF) é uma patologia reumática de difícil interpretação, que acomete as mulheres, caracterizada por um quadro intenso de dor, alterações psiquiátricas, além de alterações no sono. Por se tratar de uma síndrome de difícil manejo as pessoas percorrem diversos caminhos na procura de um diagnóstico especifico e na tentativa de diminuir o quadro álgico. OBJETIVO: O presente estudo conheceu o itinerário terapêutico das pacientes que frequentam o programa de assistência interdisciplinar de SFM, identificando os caminhos, as dificuldades no percurso, tanto quanto as redes de cuidado. METODOLOGIA: Trata-se de um estudo descritivo de caráter qualitativo, realizado a partir de entrevista semiestruturada, tendo como população alvo as mulheres que frequentam o programa de assistência interdisciplinar da UNIVALI que se dispuseram a participar. A metodologia da pesquisa baseou-se nas respostas das entrevistadas, pela concepção de itinerário terapêutico e com base no modelo de Arthur Kleinman. RESULTADOS: Conhecemos que o itinerário terapêutico das pacientes com SFM que frequentam o programa de assistência Interdisciplinar, identificando esse caminho por elas traçados. CONCLUSAO: Ao conhecer o itinerário terapêutico percebemos que cada individuo deve ser compreendido de forma individual, pois cada um apresenta um contexto cultural muito marcante. Dessa forma conhecendo o itinerário do paciente o profissional da saúde o conhece como um todo e não somente num aspecto saúde/doença.

PALAVRAS-CHAVE: Cultura; Fibromialgia; Itinerário Terapêutico.