62 - PROFILE OF PATIENTS WITH KIDNEY DISEASE IN MAKING ONLINE HEMODIALYSIS FOUNDATION PRO-RIM, BALNEÁRIO CAMBORIÚ UNIT - SANTA CATARINA

ALINE CRISTINY DE SOUZA
LILIANE DE CONTO DE ASSIS
EDILAINE KERKOSKI
FABÍOLA HERMES CHESANI
UNIVERSIDADE DO VALE DE ITAJAÍ
ITAJAÍ- SC- BRASIL

INTRODUCTION

According to the Brazilian Society of Nephrology (SBN) (2008), the Chronic Kidney Disease (CKD) is the loss slowly progressive and irreversible renal functions. Kovelis et al (2008) further states that patients with chronic kidney disease (CKD) also exhibit a complex syndrome with multiple effects on the cardio ¬ vascular, nervous, musculoskeletal, immune, endocrine and metabolic, respiratory latter specifically affected both the disease and the treatment.

The main causes of chronic kidney disease seconds Peres et al (2009) are: hypertension (AH), chronic glomerulonephritis (CGN) and diabetes mellitus (DM). Since in recent years the DM has become the leading cause of chronic kidney disease terminal, mainly by the increase in the incidence of type 2 DM.

In 2008 the National Survey by Household Sampling - PNAD - conducted by the Brazilian Institute of Geography and Statistics (IBGE), the estimated prevalence of CKD in the North, from 2.8 cases per 100,000 inhabitants, and Northeast, 3, 9 cases per 100,000, as opposed to 10.7 / 100,000 in the Midwest Region, 11.7 / 100,000 inhabitants in the Southeast and 13.3 cases per 100,000 population in the South (Moura et al, 2008).

According Jatobá et al (2008) even with the advances in renal replacement therapy such as hemodialysis, the negative impact of Chronic Kidney Disease and treatment affects patients' perception regarding their health-related quality of life, causing physical changes and emotional. Nascimento Silva and Coutinho (2012) argue that studies have shown that patients with CRF undergoing HD have muscle weakness, depression, metabolic and respiratory diseases, among other disorders leading to progressive reduction in functionality and in conditioning, in addition to interfere negative quality of life of these patients.

The signs and symptoms as mild anemia, high blood pressure, swelling of feet and eyes, change in urination habits and appearance of urine, begin to appear only when your kidney function is compromised about 50% (BRAZILIAN SOCIETY OF NEPHROLOGY, 2009) .

Santos et al (2008) commented that physiotherapy directly contributes to a significant improvement of symptoms, assessing these patients through testing and applying techniques, providing an improvement in general well-being of this population.

From these data, the aim of this study was to investigate socio-cultural profile of patients with renal disease on hemodialysis who perform pro-kidney foundation, Unit Balneario Camboriu - Santa Catarina.

METHODOLOGY

The study was a descriptive, quantitative approach with the participation of 26 individuals with CKD who used this service in the Fundación Pro Rim, unit Camboriú.

The data collection period was June-July 2011. The search began after the approval of the Ethics Committee of the opinion Univali with 16/11 and Fundación Pro Rim.

The sample consisted of patients who were selected through the criteria for inclusion and exclusion, regardless of ethnicity, gender, education and marital status, and after acceptance and signing the consent form (ICF). Inclusion criteria adopted in the study were adult patients with chronic kidney disease, hemodialysis time with higher than 5 months; 18 years of age, of both sexes, without respiratory diseases. Exclusion criteria were those who did not fit the inclusion criteria and are changed with the cognitive, unable to respond to the questionnaire did not sign the informed consent form.

For data collection, the instruments used were the evaluation form and a questionnaire socio cultural.

On the evaluation form were recorded physical examination data, such as weight, height, body mass index (BMI), blood pressure, is presented cough / phlegm, dyspnea scale by the British Medical Research Council Modified (MRC), observation of ends to confirm the presence of cyanosis and edema. To calculate BMI (dividing weight in kilograms by the square of height in meters) containing open and closed questions about their routine and background. The questionnaire socio cultural addressed the following topics: schooling, leisure activities, physical activities, associated diseases, among others.

RESULTS AND DISCUSSION

The study sample consisted of 26 subjects, 17 (65.38%) were male and 9 (34.62%) were female (Table 1). The mean age of the sample was 50.

	Gênder Sample	
	Male	Female
N	17	9
%	65.38	34.62

Table 1. Data concerning the gender of the sample.

In the Census of 2011 conducted by SBN, 57.3% of those who underwent dialysis were male and 42.7% female. This information corroborates our research.

In the study of Padulla et al (2011) observed a higher prevalence of males (66.66%). Earth (2007) suggests that one since it can be mentioned to justify the fact that more men on hemodialysis, is that hypertension is one of the major leading causes of CKD patients requiring renal replacement therapy, since that hypertension in man is almost three times higher than in women.

Birth; Coutinho and Silva (2012) claim that more than 80% of patients with end-stage renal disease are affected by hypertension, and 40% to 50% of hypertensive patients remain even after initiation of dialysis.

Data Brazilian Society of Nephrology show that in Brazil, the age of patients with CKD undergoing treatment hemodilítico 40-59 years, which agrees with the present study, where the average age was of 50 years.

In their study Jatoba (2008) shows that in many studies, patients with CKD on hemodialysis have reduced functional capacity, which may hinder the development of basic activities, and leisure, work and social life, deteriorating the quality of life .

The ratio of sex distribution of patients with CRF was predominant in males approximately 65.38%, corroborating data in the literature that relates to the Census of the Brazilian Society of Nephrology (SBN) 2010, which was observed prevalence of 57% .

Characteristics of the study group are shown in Table 2.

Characteristics of Sample Variables of the Sample (n = 26)	
Age (years)	50
Weight (kg)	68,43
Height (cm)	1,68
	24,37
Blood Pressure (mmHg)	126/65
Time Hemodialysis (years)	4.48

Table 2. Data on the characteristics of the sample..

One of the inclusion criteria of the study was time to treatment, with more than 5 months. Thus 11 (42.30%) people hemodialysis 5 months to 1 year, 9 (34.62%) of 2 to 5 years, third (11.54%) of 6 to 9 years and 3 (11.53 %) over 10 years.

In their study Earth (2007) points out that the longer the time of dialysis, more resignation of the disease is perceived, just as there are fewer reports of significant activities. The less time hemodialysis, emoconais more changes are perceived as irritation, anger, frustration, discomfort and a desire to get used to this therapeutic modality in order to end this anguish and greater number of significant activities are reported.

Related to marital status of individuals, 19 (73.08%) were married, 4 (15.38%) and 3 singles (11.54%) divorced.

Regarding the lifestyle of the sample, 10 (38.46%) subjects were exercising 3 times a week, 1 (3.85%) did exercises every day, and 15 (57.69%) were not fans of exercise physical.

In their study, Cesarino (2004) apud Queiroz and Birth (2006) states that the IRC associated with hemodialysis causes physical changes that are limiting factors in these patients routine activities, such as social isolation, characterized by partial impossibility of locomotion because of overall clinical status, inability to tours and extended trips because of the frequency of hemodialysis sessions. In our study, we could confirm these data, where only 38.46% have exercise 3 times a week and 3.85% every day.

Nascimento Silva and Coutinho (2012) argue that many studies show that patients with CKD on hemodialysis have reduced functional capacity, and exercise capacity can be 50% lower compared with healthy subjects. Several factors are associated with this reduction, including decreased physical activity, muscle weakness, anemia, ventricular dysfunction, metabolic and hormonal controls abnormal was noticed in our study that more than 50% of the sample were not fans of exercise.

Individuals who reported being a smoker does not represent more than half of the sample (73.08%), only 4 (15.38%) were smokers and 3 persons (11.54%) were former smokers.

Kirsztajn and Bastos (2011) claim that smoking is associated with progression-ace lerada of renal disease in patients with diabetic nephropathy and non-diabetic, along with the increased risk of cardiovascular disease. The smoke has vasoconstrictor effects, direct and thromboembolic vascular endothelium and is a risk factor for indepen ¬ dent renal failure in men with kidney disease ¬ dren.

At the time of data collection nurses Kidney Foundation Pro-measured blood pressure (BP) of individuals. The average was 125x75 mmHg, the lowest being mmHg 80x50 and 180x110 mm Hg higher. Anthropometric data were also collected. The mean BMI was 24.37, which is considered normal weight, however the lowest value was 15.8 and the highest 33.75 (Table 3).

	Body Mass Index			
	Underweight	Normal	About weight	Obese
N°	1	14	07	4
%	3,85	53,85	26,92	15,38

Table 3. Data concerning the BMI of the sample.

In relation to diseases such as diabetes and hypertension. The prevalence of DM was 6 (23.08%) patients, 20 (76.92%) reported not having this pathology. However, 16 (61.54%) patients had hypertension and 10 (38.46%) did not. The association of diabetes and hypertension was present in 5 (19.23) people, 13 (50%) reported having only one of pathologies and 8 (30.77%) neither.

	DM		HAS	
	Yes	No	Yes	No
N°	06	20	16	10
%	23,08	76,92	61,54	38,46

Table 4. Data on the prevalence of diabetes and hypertension.

In our research, approximately 23.08% of the patients had diabetes mellitus (DM). Regarding data on Hypertension (HTN), the study Godinho et al (2006) the prevalence was 81%, in agreement with the study of Lordsleem et al (2012) the occurrence of risk factors such as hypertension (56.5%) and smoking (54.3%) was high in the sample. While in this study the prevalence was 61.54%.

Regarding family history of CKD, only 2 (7.69%) people responded that their families had renal complications. The remaining 24 (92.31%) reported that the family had no history of the disease.

CONCLUSION

The Chronic Kidney Disease as well as hemodialysis trigger a series of physical, personal, family and social in chronic renal patients

Through the analysis performed, we noticed the predominance of males, mean age 50 who undergo hemodialysis from 5 months to 1 year, normal weight, not smoking, having high blood pressure (HBP) as a disease associated more found, followed by DM, with no family history of kidney disease.

Compared with the national risk factors, this population is consistent because the most obvious risk factors were hypertension and diabetes because the prevalence of smoking and a family history of kidney disease was small.

Measures to promote health, with the goal that the incidence of hypertension and DM decrease or occur so early diagnosis to prevent CKD are paramount, as well as the role of multidisciplinary care to patients with chronic kidney disease, it helps the patient in the various dysfunctions resulting from the disease, thus leading to a favorable outcome to treatment and a better quality of life for those with CKD.

REFERENCES

BASTOS, M.G. et al. Chronic Kidney Disease: Problems and Solutions. Brazilian Journal of Nephrology, v.26, no. 4, p. 202-214, 2004.

Bastos, MG; KIRSZTAJN, GM Chronic kidney disease: importance of early diagnosis, referral-up immediately and structured interdisciplinary approach to improve the outcome in patients not yet undergoing dialysis. Brazilian Journal Nephrology, vol. 33, no. 1, p.93-108, 2011.

GODINHO et al. Profile of Hemodialysis Patient Starts Maintenance in Public Hospital in Salvador, Bahia. Brazilian Journal Nephrology, vol. 28, n.2, p. 96-103, 2006.

JATOBÁ, JPC; AMARO, WF; ANDRADE, APA; CARDOSO, FPF; MONTEIRO, AMH; OLIVEIRA, MAM Evaluation of Pulmonary Function, Respiratory Muscle Strength and Walk Test Six Minutes in Patients with Chronic Kidney Disease on Hemodialysis. Brazilian Journal of Nephrology, v.30, n.4, p. 280-287, 2008.

KOVELIS, D.; PITTA, F.; PROBST, VS; PERES, CPA; DELFINO, VDA; Mocelin, AJ; BRUNETTO, AF Pulmonary function and respiratory muscle strength in patients with chronic kidney disease on hemodialysis. Brazilian Journal of Pulmonology. November 2008. Available at: <http://www.jornaldepneumologia.com.br/PDF/2008_34_11_4_portugues.pdf> Accessed on September 17, 2010.

LORDSLEEM et al. Cardiac evaluation of patients with chronic kidney disease: what are the lessons?. Brazilian Journal of Nephrology, v.34, n.1, p.8-15, 2012.

MOURA, R.M.F. et al. Effects of exercise training during hemodialysis in patients with chronic renal failure: a review. Journal Therapy and Research, p.86-91, 2008.

BIRTH, L.C.A; COUTINHO, É.B; SILVA, K.N.G. Effectiveness of exercise in chronic renal failure. Fisioter. Mov. v. 25, no. 1, p. 231-239, 2012

PADULLA et al. PHYSICAL THERAPY CAN INFLUENCE THE QUALITY OF LIFE OF GUYS IN HEMODIALYSIS '. Cienc CUID Health, vol. 10, n.3, p.564-570, 2011.

PERES, L. AB; ROD, R; HERMANN, M, MATSUO, T.; ANN, HK; CAMARGO M. T. A.; ROHDE, N. R. S.; USCOCOVICH, V.S. M. Epidemiological study of chronic kidney disease in the western terminal of Paraná. An experience of 878 cases seen in 25 years. Londrina, sea. 2009. Available<http://www.scielo.br/scielo.php?pid=S01012800 2010000100010&script=sci_arttext> Accessed on October 12, 2010.

QUEIROZ, L.O; BIRTH, R.G. Repercurssões of Hemodialysis on lung function in patients with chronic renal failure. 91f. Completion of course work - School of Physical Therapy, University of Amazonia, Belém, 2006.

SANTOS, F.R.; FILGUEIRAS, M.S.T.; CHAOUBAH, A.; BASTOS, M.G.; PAULA, R.B. Efeitos da abordagem interdisciplinar na qualidade de vida e em parâmetrosem laboratoriais de pacientes com doença renal crônica. Rev. Psiq. Clín, v.35, n.3, p. 87-95, 2008.

SOCIEDADE BRASILEIRA DE NEFROLOGIA. Censo 2008. Disponível em: <http://www.sbn.org.br/Censo/2008/censoSBN2008.pdf>. Acesso em: 03 dez 2010.

SOCIEDADE BRASILEIRA DE NEFROLOGIA. Censo 2009. Disponível em: < http://www.sbn.org.br/index.php?censos> Acesso em: 12 out 2010.

SOCIEDADE BRASILEIRA DE NEFROLOGIA. Censo 2010. Disponível em: <http:// http://www.sbn.org.br/leigos/index.php?censo>. Acesso em: 28 dez 2011.

BRAZILIAN SOCIETY OF NEPHROLOGY. Census 2011. Available at: <http://www.sbn.org.br/pdf/censo_2011_publico.pdf>. Accessed on: 28 Dec 2011.

EARTH, F. Assessing the quality of life of patients with chronic kidney disease undergoing hemodialysis and its adherence to pharmacological treatment of daily use. 173 f. Working End of Course - Master in Health, UNIFENAS, Alfenas, 2007.

Rua Uruguai 458, Centro, Itajaí – SC
fabiola.chesaniunivali.br

PROFILE OF PATIENTS WITH KIDNEY DISEASE IN MAKING ONLINE HEMODIALYSIS FOUNDATION PRO-RIM, BALNEÁRIO CAMBORIÚ UNIT - SANTA CATARINA.

ABSTRACT

Chronic kidney disease (CKD) has been characterized as a major public health problem, with the consequences, slow progressive and irreversible loss of kidney function, and presenting complex changes in the cardiovascular, nervous, musculoskeletal, immune, endocrine-metabolic and respiratory. The aim of this study was to investigate the socio-cultural context of patients with renal disease on hemodialysis who perform pro-kidney foundation, Unit Balneario Camboriu - Santa catarina.O study was a descriptive and quantitative. We analyzed 26 individuals from June to July 2011 in a Renal Unit. For data collection instruments used were the evaluation form and a questionnaire socio cultural. Conclusion: It was found through the analysis performed, predominantly male, mean age 50, normal weight, not smoking, having high blood pressure (HBP) and associated disease most commonly found, followed by DM, with no history familiar to kidney disease. Through the study concluded that compared to national risk factors, this population is consistent with national data. Aiming to prevent CKD and reduce the impacts caused by treatment measures are needed to promote health and multidisciplinary care, promoting a better quality of life for patients with CKD.

KEYWORDS: chronic renal failure, hemodialysis, epidemiological profile.

PROFIL DES PATIENTES ATTEINTS DE NÉPHROPATHIE DANS LA FABRICATION DE LIGNE HÉMODIALYSE FONDATION PRO-RIM, BALNEARIO CAMBORIU UNIT - SANTA CATARINA.

RÉSUMÉ

L'insuffisance rénale chronique (IRC) a été caractérisé comme un problème majeur de santé publique, avec les conséquences, ralentir la perte progressive et irréversible de la fonction rénale, et la présentation des changements complexes dans les systèmes cardiovasculaire, nerveux, musculo-squelettique, immunitaire, endocrinien-métabolique et respiratoire. Le but de cette étude était d'étudier le contexte socio-culturel des patients atteints de maladie rénale sous hémodialyse qui effectuent pro-rein fondation, Unité Balneario Camboriu - Santa catarina.O s'agissait d'une étude descriptive et quantitative. Nous avons analysé 26 personnes de Juin à Juillet 2011 dans un service de néphrologie. Pour les instruments de collecte de données utilisées étaient le formulaire d'évaluation et un questionnaire socio culturel. Conclusion: Il a été constaté à travers l'analyse effectuée, en majorité des hommes, âge moyen 50 ans, poids normal, ne pas fumer, faire de l'hypertension artérielle (HTA) et la maladie associée le plus souvent trouvés, suivie par DM, sans antécédents familière aux maladies rénales. A travers l'étude a conclu que, par rapport aux facteurs de risque nationales, cette population est en accord avec les données nationales. Visant à prévenir CKD et réduire les impacts causés par les mesures de traitement sont nécessaires pour promouvoir les soins de santé et multidisciplinaire, la promotion d'une meilleure qualité de vie pour les patients atteints de néphropathie chronique.

MOTS-CLÉS: insuffisance rénale chronique, l'hémodialyse, profil épidémiologique.

PERFIL DE PACIENTES CON ENFERMEDAD RENAL EN LA TOMA DE LÍNEA HEMODIÁLISIS FUNDACIÓN PRO-RIM, DE BALNEARIO CAMBORIU UNIT - SANTA CATARINA.

RESUMEN

La enfermedad renal crónica (ERC) se ha caracterizado como un problema de salud pública, con las consecuencias, disminuir la pérdida progresiva e irreversible de la función renal, y la presentación de cambios complejos en los sistemas cardiovascular, nervioso, musculoesquelético, inmunológico, endocrino-metabólica y respiratoria. El objetivo de este estudio fue investigar el contexto socio-cultural de los pacientes con enfermedad renal en hemodiálisis que llevan a cabo pro-Kidney Foundation, Unidad de Balneario Camboriu - Santa catarina.O estudio fue descriptivo y cuantitativo. Se analizaron 26 individuos entre junio y julio de 2011 en una Unidad Renal. Para los instrumentos de recolección de datos utilizados fueron la forma de evaluación y un cuestionario socio-cultural. Conclusión: Se encontró a través de los análisis realizados, en su mayoría varones, edad media 50 años, peso normal, no fumar, tener la presión arterial alta (HBP) y la enfermedad asociada más común, seguido por DM, sin antecedentes familiarizado con la enfermedad renal. A través del estudio concluyeron que en comparación con los factores de riesgo nacionales, esta población es consistente con los datos nacionales. Con el objetivo de prevenir la enfermedad renal crónica y reducir los impactos causados por las medidas de tratamiento son necesarias para promover el cuidado de la salud y multidisciplinario, promoviendo una mejor calidad de vida para los pacientes con IRC.

PALABRAS CLAVE: insuficiencia renal crônica, la hemodiálisis, perfil epidemiológico.

PERFIL DOS PORTADORES DE DOENÇA RENAL QUE REALIZAM TRATAMENTO HEMODIALÍTICO NA FUNDAÇÃO PRÓ-RIM, UNIDADE DE BALNEÁRIO CAMBORIÚ – SANTA CATARINA.

RESUMO

Introdução: A doença renal crônica (DRC) tem se caracterizado como um importante problema de saúde pública, tendo como conseqüências, a perda lenta progressiva e irreversível das funções renais, e apresentando complexas alterações nos sistemas cardiovascular, nervoso, músculo-esquelético, imunológico, endócrino-metabólico e respiratório. O objetivo deste estudo foi investigar o perfil sócio-cultural dos portadores de doença renal que realizam tratamento hemodialítico na fundação pró-rim, unidade de balneário camboriú – Santa catarina.O estudo teve caráter descritivo e quantitativo. Foram analisados 26 indivíduos no período de junho a julho de 2011 de uma Unidade Renal. Para a coleta de dados os instrumentos utilizados foram a ficha de avaliação e um questionário sócio cultural. Conclusão: Percebeu-se através da analise realizada, a predominância do sexo masculino, com média de 50 anos de idade, peso normal, não tabagistas, tendo a hipertensão arterial sistêmica (HAS) como doença associada mais encontrada, seguida pela DM, sem histórico familiar para doenças renais. Concluímos através do estudo que comparando com os fatores de risco nacionais, esta população está coerente com os dados nacionais. Com o objetivo de prevenir a DRC e diminuir os impactos causados pelo tratamento são necessárias medidas de promoção em saúde e atendimento multidisciplinar, promovendo uma melhor qualidade de vida do paciente com DRC.

PALAVRAS-CHAVE: Insuficiência renal crônica. Hemodiálise. Perfil epidemiológico.