92 - VENOUS ULCERS PATIENTS ATTENDED IN NATAL / RN: SOCIODEMOGRAPHIC AND ASSISTANCE CHARACTERIZATION

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INTRODUCTION

The venous ulcer (UV) is characterized by destruction of skin structures, such as epidermis and dermis, and may also affect deeper tissues (CARMO et al., 2007). It affects the ends of the lower limbs and its etiology is usually associated with chronic venous insufficiency - IRC (BORGES, 2005).

The morbidity by IRC is quite significant, especially in its most severe complication, the UV, setting a serious problem and considerable socioeconomic impact (FRADE et al., 2005).

The UV`s are more common in the elderly, causing social and economic impacts due to recurrence and the long time of healing (ABBADE; LASTÓRIA, 2006). Studies say that the UV represent 80% of ulcers of legs, with a prevalence of 0.06% to 3.6% in adults and 3.6% in people over 65 years (MARGOLIS et al., 2002; LOPEZ; ARAVITES; LOPES , 2005).

The high number of relapses (66%) is one of the more serious problems in assistance to people with venous insufficiency, requiring up to systematization of actions to restore the patient (LOPEZ; ARAVITES; LOPES, 2005).

Despite the care to patients from UV to be part of routine health services, in Brazil, the studies are scarce (FRADE et al., 2005). Due to the epidemiological transition that is happening in the world, with its aging population, thus comes the risk of emergence of the skin lesions, since the skin of the elderly becomes thin and fragile (DUARTE; DIOGO, 2000). Allied to this, the rise of the chronic diseases contributes to weakening the body in old age. Polls say that the inadequacy of the venous system is often more than 4% among people over 65 years (ABBADE; LASTÓRIA, 2006).

Given that this issue has been poorly researched in Brazil and especially in the Northeast, emphasize the importance of knowing the social demographic characteristics and care of patients with venous ulcers seen in the primary and tertiary levels of care of SUS in the city of Natal / RN.

METHODOLOGY

And integrative descriptive study, with quantitative approach, with retrospective data of patients with venous ulcers of two dissertations defended in the Postgraduate Program in Nursing / UFRN and a search report of the CNPq. The studies were conducted in 31 units of Family Health - USF (Opinion No 55/05) and in the clinic of University Hospital Onofre Lopes (opinions No 54/05 and No 196/06).

Data collection was performed with the holders of venous ulcers who agreed to participate in the research or had their participation authorized by the head, with signature of the Term of Free and Informed Consent (FICT).

Data were collected through a structured form, observation and physical examination, after approval of the institutions and the Research Ethics Committee of the Federal University of Rio Grande do Norte.

For the collection, use and characterization of variables: sociodemographic data (gender, education and family income), health (existing diseases, clinical signs of pain and IRC) and assistance (level of complexity, consultation with arms, use of compression therapy last year, monitoring specialist in the last 3 months and laboratory tests).

The data collected were transferred to Excel 2000 and analyzed in the Statistical Package for Social Science (SPSS) version 14.0 Windows. The results were tabulated and presented in the form of charts, tables and figures.

RESULTS

Of the 158 patients in the study, 44.3% had up to 59 years and 55.7% were above 60 years of age. Regarding gender, 67.1% are female, while 29.1% up to 59 years and 38.0% over 60 years, and 32.9% males, and 15.2% up to 59 years and 17 , 7% over 60 years.

These results corroborate with a study (BAPTISTA; Castilho, 2006) who found the first predominantly ulcer between 60 and 80 years (72.0%), 22% before the age of 40 and 13% before 30 years. Other studies (FONDO et al., 2008; MARTINS; SOUZA, 2007) found similar results which claim that venous ulcers are more common in women than men and that its incidence increases with age.

With regard to marital status, education and family income, those surveyed were divided according to the chart below:

Table 1. Distribution of those surveyed according to age group and social characterization. Natal / RN.

Social characterization	AGE GROUPS				Total	
	Until 59 years		> 60 years			
	N	%	N	%	N	%
Marital status						
Single/widowed/separated	31	19,6	49	31,0	80	50,6
Married	39	24,7	39	24,7	78	49,4
Schooling						
Not literate	8	5,1	16	10,1	24	15,2
Literate	62	39,2	72	45,6	134	84,8
Family income						
Until 2 minimum wages	53	33,5	61	38,6	114	72,1
Over 2 minimum wages	17	10,8	27	17,1	44	27,9
Total	**70**	**44,3**	**88**	**55,7**	**158**	**100**

In relation to chronic diseases, the heart, were absent in 94.9% of those surveyed. Of those who had some heart disease, 3.2% were above 60 years. As for pressure, 48.1% of those surveyed had hypertension, and 29.1% aged above 60

years and 19.0% with less than 59 years. The diabetes was present in 19.6% of those surveyed, of those, 12.0% were over 60 years. The venous insufficiency was present in 100% of those surveyed.

Related diseases such as diabetes, hypertension and cardiovascular diseases, among others, have a negative impact on the healing of the lesions, especially in angiogenesis (BAPTISTA; Castilho, 2006).

The vast majority of patients (80.0%) reported pain, which is a parameter that should be described, registered and evaluated, since it directly influences the quality of their lives.

Table 2. Characterization of assistance by level of care (primary / tertiary) and age. Natal / RN.

Characterization of assistance	Primary (%)		Tertiary (%)	
	Until 59 years	> 60 years	Until 59 years	> 60 years
Angiologist consulting	14,3	19,3	45,7	20,5
Healing kit	11,4	15,9	27,1	12,5
Use of compression therapy	14,3	13,6	65,7	43,2
Expert monitoring	17,1	27,3	24,3	15,9
Interruption in treatment	8,6	13,6	17,1	13,6
Laboratory tests performed	31,4	53,4	15,7	11,4

As the level of complexity of the health care, 46.8% of those surveyed were seen at the primary level of attention to health (PSF) and 43.2% in the tertiary level (HUOL). Of those who were seen at the primary level, 31.6% were above 60 years (p = 0005) and those who were seen at tertiary level, 29.1% had up to 59 years. Angiologist consultation was present in 60.0% of patients with up to 59 years of which 45.7% were held in the tertiary level (p = 0024). Of the patients older than 60 years, 39.8% had access to consultation with angiologists with a balance between the level of primary care (19.3%) and tertiary (20.5%).

The exchange of consultations, where the customer is served either in hospital or in the clinic, highlighting a need for rapprochement between the professionals, generating scientific meetings, and discussions on the treatment of wounds, techniques and products used in healing. Even with talk of the authors of this work in Basic Units in the hospital, and visits of technical professionals in the core network of outpatient hospital (MARTINS; SOUZA, 2007).

The healing home showed himself to be appropriate in 38.6% of patients with up to 59 years, of which 27.1% were in the tertiary level. Of the patients aged over 60 years, 71.6% were quite unsuitable for curative and 40.9% with attendance at primary level and 30.7% in the tertiary level and 28.4% had quite appropriate, being 15.9% at primary level and 12.5% in the tertiary level.

The use of compression therapy in the last year was present in 80.0% of those surveyed aged up to 59 years, and 65.7% seen at tertiary level (p = 0000). In patients aged over 60 years, the use of compression therapy was present in 56.8% of the cases, and 43.2% of attendees at the tertiary level (p = 0000), and observed higher frequency of use of compression therapy in tertiary level of health care.

Fondo et al. (2007), argue that the use of compression therapy accelerates the healing of ulcers when compared to non-use of such therapy. So when the treatment is good, well led and followed by the patient, the ulcer heals. However, without support measures such as the use of elastic half, in many cases, the relapse occurs early (FIGUEIREDO, 2000).

The specialized monitoring by the health team in the last 3 months was observed in 41.4% of those surveyed with up to 59 years of which 24.3% were in tertiary care. Of the patients aged over 60 years, monitoring expert was present in 43.2% and 27.3% at primary level and 15.9% in the tertiary level. Thus, it was observed that most patients aged over 60 had no monitoring at the tertiary level denoting, difficult access to specialized vascular and monitoring specialist, thus impairing the assistance of those individuals with VU.

Patients with venous ulcers need of care by a multidisciplinary team - vascular surgeons, dermatologists, nurses, physiotherapists, nutritionists, among others, which should assist in joint and integrated, aiming to improve the approach and promote the cost-effectiveness (ABBADE; LASTÓRIA, 2006).

As for the conduct of clinical laboratory tests, 52.9% of patients with age until 59 years did not perform the tests with the majority (50.0%) of those seen at tertiary level, of who carried out (47.1%), 31 , 4% were in primary-care health (p = 0000). As for the surveyed aged over 60 years, 64.8% underwent laboratory tests being 53.4% at primary level (p = 0000). These results point to an ease of access to laboratory tests and clinical trials at the primary level of health care.

Of the patients aged up to 59 years, 25.7% left the treatment being 17.1% seen at tertiary level; of patients aged over 60 years, 27.3% left the treatment being the primary and secondary level with the same level of noncompliance (13.6%).

The search for health services is directly related to the acceptability of the user in relation to the care provided by health units. The observation of how the treatments are abandoned and received in the health service, is an important activity to assess the quality of care (JUNQUEIRA; AUGE, 1996).

CONCLUSIONS

Regarding the social demographic characteristics, predominant carriers of VU are female, elderly, single, literacy, family income of up to 2 minimum wages, heart failure, vein and pain.

As for the characterization of assistance by level of complexity, at the primary level, there was a higher number of patients over 60 years and in patients with tertiary predominated until 59 years. Access to arms was more frequent in patients seen at tertiary level, being more present in patients under the age of 60 years. The square of curative home proved to be inadequate in the vast majority of the elderly. The use of compression therapy was less common among the elderly, and was significant at the tertiary level of health care. The majority of those surveyed had no specialized monitoring and patients aged over 60 years had no monitoring at tertiary level denoting, difficult access to specialized vascular and monitoring specialist. The completion of laboratory tests were more frequent in elderly and the level of primary health care for this amount being significant. With regard to the abandonment of treatment, this was more frequent in elderly, however, not statistically significant.

About the variables analysis, assistance to individuals with VU was characterized as inadequate and with little level of resolution.

There is an imbalance as to assist patients with venous ulcers between the level of primary and tertiary care, observing a higher quality of care at the tertiary level, which may be due to the fact that it was a clinic specializing in treatment of wounds, where the holder of UV is accompanied by a team committed to successful treatment of injuries. However, in the realization of basic care exams was more accessible, perhaps as a result of the intervention of nurses and health workers in the marking and management of these examinations. This table shows the need for the integration of multidisciplinary teams of

different levels of attention in order to improve the approach to care and encourage cost effectiveness, optimizing the care and treatment of patients with VU.

From the knowledge of customers and how it provides assistance at different levels of complexity, the results of this study brings us to reflect upon the basic principles of SUS that provides a hierarchy and complementarity between the levels of health care as well as the entire and the resolution of the assistance. In that sense, go for a reorganization of thought and care services investigated with a view to offering a quality health services to individuals with VU and their families.

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ULCER VENOUS SUFFERER ATTENDED IN NATAL/RN: SOCIODEMOGRAPHIC CHARACTERIZATION AND ASSISTANCE

ABSTRACT

Descriptive study, with quantitative approach that aimed to characterize the socio-demographic and care of patients with venous ulcers (UV) attended the outpatient clinic of University Hospital Onofre Lopes (HUOL) and Health Units in the family (USFs), Natal / RN. The target population was behaving by 158 elderly. The study was approved at the Committee of Ethics in research / UFRN. Data were collected through a form of structured interviews, observation and physical examination of the elderly. The data were organized in Excel spreadsheet and processed in SPSS 14.0. Of the 158 patients in the study, 44.3% had up to 59 years and 55.7% were above 60 years of age, 67.1% are female, 50.6% single / widowed, 84.8% literate, 72.1% up to 2 minimum wages, 100% had chronic venous insufficiency, 48.1% were hypertensive. As the level of complexity of care, 46.8% were seen at the primary level of attention to health (PSF) and 43.2% in the tertiary level (HUOL). There is an imbalance as to assist patients with venous ulcers between the level of primary and tertiary care, observing a higher quality of care at the tertiary level. Based on the results, go to a reorganization of thought and care services searched in order to offer a quality health services to individuals with UV and their families and promoting the full resolution of the assistance.

Palavras -chave: varicose ulcer , assistance, health service.

PERSONNES A L'ULCUS CRURIS VENOSUM AYANT DANS LE NATAL/ RN: LA SOCIODEMOGRAPHIQUES CARACTERISATION ET L'ASSISTANCE

RESUMÉ

Étude descriptive, avec approche quantitative visant à caractériser la situation socio-démographique et des soins des patients atteints d'ulcères veineux (UV) ont assisté à la clinique ambulatoire de l'hôpital universitaire Onofre Lopes (HUOL) et unités de santé au sein de la famille (USF), Natal / RN. La population cible se comportait de 158 personnes âgées. L'étude a été approuvée par le Comité de l'éthique dans la recherche / UFRN. Les données ont été recueillies par le biais d'une forme d'entrevues, l'observation et l'examen physique des personnes âgées. Les données ont été organisés dans la feuille de calcul Excel et traitées dans SPSS 14.0. Sur les 158 patients dans l'étude, 44,3% avaient jusqu'à 59 ans et 55,7% ont été de plus de 60 ans, 67,1% sont des femmes, 50,6% simple / veuves, 84,8% alphabétisées, 72,1% de moins de 2 salaires minimums, 100% a l'insuffisance veineuse chronique, 48,1% étaient hypertendus. Comme le niveau de complexité des soins, 46,8% ont été observés au niveau primaire d'attention à la santé (PSF) et 43,2% dans l'enseignement supérieur (HUOL). Il ya un déséquilibre à aider les patients atteints d'ulcères veineux entre le niveau de l'enseignement primaire et de soins tertiaires, en observant une meilleure qualité de soins au niveau de l'enseignement supérieur. Sur la base des résultats, rendez-vous à une réorganisation de la pensée et de services de soins recherchées afin d'offrir un services de santé de qualité à des personnes avec UV et de leurs familles et la promotion de la pleine résolution de l'aide.

Palavras -chave: L'ulcère variqueux, aide, les services de santé.

LAS PERSONAS CON ULCERA CRURAL VENOSA TENIENDO EN NATAL / RN: CARACTERIZACIÓN SOCIODEMOGRÁFICA Y LA ASISTENCIA

RESUMEN

Estudio descriptivo, con enfoque cuantitativo que tenía como objetivo caracterizar el socio-demográfico y el cuidado de los pacientes con úlceras venosas (UV) asistieron a la clínica ambulatoria del Hospital Universitario Onofre Lopes (HUOL) y unidades de salud en la familia (USFS), Natal / RN. La población objetivo se comportan por 158 ancianos. El estudio fue aprobado en el Comité de Ética en la investigación y UFRN. Los datos fueron recolectados a través de un formulario de

entrevistas estructuradas, observación y examen físico de las personas de edad avanzada. Los datos fueron organizados en la hoja de cálculo Excel y procesados en SPSS 14.0. De los 158 pacientes en el estudio, 44,3% tenían hasta 59 años y el 55,7% fueron superiores a los 60 años de edad, el 67,1% son mujeres, el 50,6% solteros / viudos, 84,8% de alfabetización, 72,1% hasta 2 salarios mínimos, el 100% de insuficiencia venosa crónica, el 48,1% eran hipertensos. Como el nivel de complejidad de la atención, el 46,8% se observó en el nivel primario de atención a la salud (PSF) y 43,2% en el nivel terciario (HUOL). Hay un desequilibrio de ayudar a los pacientes con úlceras venosas entre el nivel de la enseñanza primaria y la atención terciaria, observando una mayor calidad de la atención en el nivel terciario. Basándose en los resultados, ir a una reorganización del pensamiento y de los servicios de atención de búsquedas con el fin de ofrecer una calidad de los servicios de salud a las personas con UV y de sus familias y promover la plena resolución de la ayuda.

Palavras -chave: úlcera varicosa , asistencia, servicios de salud.

PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS EM NATAL/RN: CARACTERIZAÇÃO SOCIODEMOGRÁFICA E DA ASSISTÊNCIA

RESUMO

Estudo descritivo, com abordagem quantitativa que objetivou caracterizar aspectos sócio-demográficos e da assistência dos portadores de úlcera venosa (UV) atendidos no ambulatório do Hospital Universitário Onofre Lopes (HUOL) e em Unidades de Saúde da família (USFs), Natal/RN. A população alvo foi comporta por 158 idosos. O estudo foi aprovado no Comitê de Ética em pesquisa/UFRN. Os dados foram coletados por meio de formulário estruturado de entrevista, observação e exame físico dos idosos. Os dados foram organizados em planilha eletrônica Excel e tratados no programa SPSS 14.0. Dos 158 pacientes do estudo, 44,3% tinham até 59 anos e 55,7% tinham acima de 60 anos de idade, 67,1% são do sexo feminino, 50,6% solteiros/viúvos, 84,8% alfabetizados, 72,1% até 2 salários mínimo, 100% apresentavam insuficiência venosa crônica , 48,1% eram hipertensos. Quanto ao nível de complexidade de assistência, 46,8% foram atendidos no nível primário de atenção a saúde (PSF) e 43,2% no nível terciário (HUOL). Há um desequilíbrio quanto à assistência aos portadores de úlcera venosa entre o nível primário de atenção e o terciário, observando-se uma maior qualidade da assistência no nível terciário. Com base nos resultados, apontamos para uma reflexão e reorganização da assistência dos serviços pesquisados com vista a oferecermos um serviço de saúde de qualidade aos portadores de UV e seus familiares promovendo a integralidade e resolutividade da assistência.

Palavras-chave: úlcera varicosa, assistência, serviços de saúde.