89 - VENOUS ULCERS IN PATIENTS TREATED AT FAMILY HEALTH UNITS IN NATAL, BRAZIL: PREVALENCE AND SOCIODEMOGRAPHIC AND HEALTH CHARACTERIZATION

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INTRODUCTION

Chronic sores, regardless of etiology, are serious lesions of the skin and subjacent tissues that cause immense problems, such as permanent pain, incapacity, suffering, loss of self-esteem, social isolation, financial expense, work loss, and psychosocial alterations in patients and their families. Chronic venous ulcers have become an important health problem, due mainly to the aging population (MAGGEY, 2002).

Among the various etiologies, peripheral vascular disease and mainly chronic venous insufficiency (CVI) is predominant in leg ulcers (70%-80%), followed by arterial insufficiency (8%), diabetes (3%), trauma (2%), and other causes (14%) (GAMBA, YAMADA, 2003; MAFFEY, 2002).

Although mortality is practically nil, CVI morbidity is quite significant, mainly in its most severe form, the venous ulcer (VU), a serious worldwide problem of considerable socioeconomic impact (FRADE et al. 2005).

VU is almost exclusively associated with CVI. It is related to prolonged venous hypertension caused by valve incompetence but also may occur as a result of deep venous thrombosis or dysfunction of the calf muscle pump. It is recurring and generally causes suffering to both patients and their families. It leads to dependence on health services, and in-home caretakers and is currently an important health problem (MAFFEY, 2002).

The prevalence of VU has increased with the growth in the elderly population and is therefore an important aspect to consider. International studies have shown prevalences between 0.06% and 3.6% in the adult population, and 3.6% in individuals over 65 years of age (MARGOLIS, 2002; VALENCIA, 2001).

It is a serious health issue in Brazil, but studies in this area are rare. Little is known about its distribution among the population, let alone by region. (FRADE et. al, 2005; MAFFEY, 2002).

Although VU is a common condition faced by health services, there are no studies that describe the dimension of this problem, specifically in the city of Natal. This represents a large knowledge gap and a challenge to the health services that take care of patients with this type of ulcer. Accordingly, the purpose of this study was to identify the prevalence as well as the sociodemographic and health characteristics of patients with VU treated at Family Health Units (FHUs) in Natal, Brazil.

METHODOLOGY

This is a descriptive study, using a quantitative approach, of 74 VU patients treated by Family Health Program (FHP) teams in 31 FHUs. The study was approved by the Ethics Committee of the Universidade Federal do Rio Grande do Norte (protocol no. 55/05).

After authorization was obtained by the Municipal Health Secretariat (MHS), we scheduled a series of visits to the FHUs and residences, in conjunction with the nurses from each unit. The purpose was to interview the patients, observe dressing changes, and clinically assess the VU.

Home visits were made by members of the FHP team (community health agents, nursing technicians, and nurses). A total of 86 patients with lower limb ulcers were interviewed, 74 (86.4%) of which had VU, 6 (6.8%) arterial ulcers, 4 (4.9%) were diabetic, and 2 (2.3%) had other causes.

Data collection was performed between December 2005 and April 2006 in the FHPs and patients' homes at previously established times (morning and afternoon).

The prevalence of VU in the population enrolled in the FHP was determined by the number of VU patients treated by the FHU teams in Natal during the data collection period divided by the number of individuals enrolled in these FHUs during the same period, based on data obtained from the Basic Care Information System in 2005.

The data were organized in an Excel column chart and transferred to SPSS software version 14.0, for descriptive analysis using 2x2 contingency and inferential statistics. (Chi-square-$\div^2$, Pearson's correlation and P-value <0.05).

RESULTS

Figure 1 shows the correlations between VU prevalence of the FHP population and target populations divided by age group and sex.

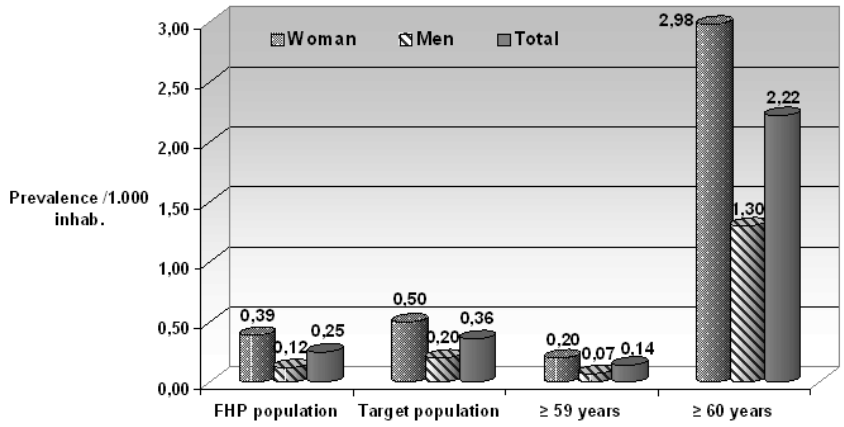

Figure 1. Prevalence of VU according to the FHP population, target population, and = 59 and = 60 -year age groups. Natal, Brazil, 2006.

The prevalence of VU in women was greater than that in men, in both the FHP (0.39/0.12) and target populations (0.5/0.2), showing a strong correlation (0.818) between sex and prevalence.

When we matched the prevalence values by sex (women/men) and age group (= 60 years/= 59 years), we found a significant difference (P-value=0.008) in women = 60 years of age (2.98/1.3), when compared to men = 59 years (0.2/0.07).

Table 1 shows the sociodemographic and health characteristics of the 74 studied subjects. A majority of the individuals were women (74.3%) representing a 3:1 ratio between the sexes. The age of the subjects ranged from 25 to 86 years (mean age = 64.5 years). Maintaining the standing position for more than 6 hours during their daily activities was reported by 55.4% of the women and 21.6% of the men.

Table 1. Distribution of sociodemographic and health variables according to sex of the VU patients. Natal, Brazil, 2006.

SOCIODEMOGRAPHIC AND HEALTH VARIABLES		SEX				TOTAL		p-value
		MALE		FEMALE				
		N	%	N	%	N	%	
Age Group	? 59 years	6	8.1	18	24.3	24	32.4	0.008
	? 60 years	13	17.6	37	50	50	67.6	
Schooling	Illiterate	5	6.8	14	18.9	19	25.7	0.005
	Elementary	14	18.9	41	55.4	55	74.3	
Family Income	? US$350/month	14	18.9	37	50	51	68.9	0.271
	> US$350/month	5	6.8	18	24.3	23	31.1	
Profession	Absent	6	8.1	28	37.8	34	45.9	2.125
	Present	13	17.6	27	36.5	40	54.1	
Current occupation/activity	Retired / Unemployed	18	24.3	49	66.2	67	90.5	0.526
	Currently employed	1	1.4	6	8.1	7	9.5	
Standing position	Absent	3	4.1	14	18.9	17	23	0.745
	Present	16	21.6	41	55.4	57	77	
Sleep	Insufficient sleep with insomnia (< 6 h/day)	9	12.2	35	47.3	44	59.5	1.550
	Sufficient sleep (> 6 h/day)	10	13.5	20	27	30	40.5	
Alcoholism / Tobacco use	Absent	6	8.1	28	37.8	34	45.9	2.125
	Present	13	17.6	27	36.5	40	54.1	
CVI	Present	19	25.7	55	74.3	74	100	-
Hypertension	Absent	12	16.2	29	39.2	41	55.4	0.622
	Present	7	9.5	26	35.1	33	44.6	
Diabetes	Absent	14	18.9	41	55.4	55	74.3	0.005
	Present	5	6.8	14	18.9	19	25.7	
Cardiopathy	Absent	18	24.3	52	70.3	70	94.6	0.001
	Present	1	1.4	3	4.1	4	5.4	
TOTAL		**19**	**25.7**	**55**	**74.3**	**74**	**100.0**	

Table 2 shows that 59.9% of the subjects (47.3% of the women, and 12.2% of the men) had insufficient sleep (<6h per day). We found the presence of current or former tobacco use and/or alcoholism in 36.5% of the women and 17.6% of the men, corresponding to 54.1% of the individuals studied.

We found CVI was in 100% of the patients, and arterial hypertension in 35.1% of the women and in 9.1% of the men.

A total of 18.9% of the women and 6.8% of the men had diabetes, whereas cardiopathy was found in 4.1% of the women and 1.4% of the men. The statistical significance test showed a statistically significant difference between sex and the presence of diabetes (p value=0.005) and cardiopathy (p value=0.001) in individuals with VU.

DISCUSSION

An international study carried out by Margolis (2002) found a prevalence in the general population similar to that of our study, varying between 0.06% and 1.9%. In the United Kingdom, VU prevalence was estimated between 1.5 and 1.8/1000 inhabitants, increasing to 3/1000 in the 61 to 70-year age group and to 20/1000 in individuals aged 80 years or more (MORRISON et al., 1997). In the United States, it was 0.25% in women and 0.1% in men (MAFFEY, 2002). In Brazil, a study performed in Botucatu, São Paulo found a prevalence of 3.6% of chronic venous insufficiency with active or healed ulcers (MAFFEY, 2000).

The sociodemographic and health characteristics of venous ulcer patients showed a tendency to chronicity. Several studies corroborated our finding with respect to the predominance of women in developing VU (TORRES, 2006; FRADE et al., 2005; BORGES, 2001).

Another study showed the same 3:1 VU ratio between women and elderly men that we found, which, according to the author, is due to the greater longevity of women, since below the age of 40 years the ratio between the sexes is 1:1 (PHILIPS, 2001).

Torres (2006), Frade et al. (2005), Margolis (2002 and Philips (2001) found age group data similar to ours, characterizing VU as a pathology with higher incidence among the elderly. With respect to the schooling of VU patients, Torres (2006), Yamada (2003) and Longo Junior et al. (2002) found similar data to ours, with a predominance of low schooling levels.

The predominance of retired individuals in our study is explained by the fact that a majority were greater or equal to 60 years of age, with monthly income of up to US$350.00. Family income is an important aspect to be considered in health care, given that it is a determinant of the living conditions of this population, often hindering effective actions, resulting in lengthy treatment and chronic lesions (TORRES, 2006; YAMADA, 2003; LONGO JUNIOR et al., 2002).

According to Torres, 2006; Yamada, 2003; and Maffey, 2002, occupations which require the individual to remain standing for long periods of time are considered both an aggravating and risk factor for CVI, in addition to causing pain and discomfort.

The presence of insomnia, tobacco use, alcoholism, and chronic pathologies, such as arterial hypertension and diabetes mellitus, are considered factors that interfere negatively in the healing process, thus prolonging treatment and retarding cure (TORRES, 2006; YAMADA, 2003; MAFFEY, 2002).

CONCLUSION

The VU prevalence identified in our study is in accordance with national and international studies, which point to an increasing tendency in the female population aged 60 years or older.

The sociodemographic and health characteristics of VU patients showed a 3:1 ratio of women to men, predominance

of individuals = 60 years of age, elementary schooling, low family income, retired individuals, the standing position in current occupations, insufficient sleep with insomnia, alcoholism or tobacco use, and chronic diseases such as CVI, arterial hypertension, diabetes mellitus, and cardiopathy.

A tendency to VU chronicity was associated with women, the > 59-year age group, poor socioeconomic conditions, the standing position, and the presence of chronic diseases. Knowing these characteristics is a fundamental step for care planning, both for basic care and for other complexity levels, since VU cannot be assessed separately from the patients and the context in which they find themselves.

We conclude that it is essential to identify the prevalence and the sociodemographic and health profile of VU patients. Only then, can we think of systematized care quality using a holistic approach.

BIBLIOGRAPHIC REFERENCES

BORGES, E.L. **Tratamento tópico de ulceras venosa**: proposta de uma diretriz baseada em evidências. Tese (Doutorado) - Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, São Paulo, 2005.

FRADE, M.A.C. et al. Úlcera de perna: um estudo de caso em Juiz de Fora-MG (Brasil) e região. **An. Bras. De Dermatol**, v.80, n.1, p. 41-46, jan/fev. 2005.

GAMBA, M.A; YAMADA, B.F.A. Úlceras vasculogênicas. In: JORGE, S.A; DANTAS, S.R.P.E. **Abordagem multiprofissional do tratamento de feridas**. São Paulo: Atheneu, 2003. Cap. 16: 239-240.

LONGO JÚNIOR et al. Qualidade de vida em pacientes com lesões ulceradas crônicas na Insuficiência Venosa de Membros Inferiores. **Cir Vasc Angiol**, n.17, p. 15-20, 2002.

MAFFEI, F.H.A. Insuficiência venosa crônica: conceito, prevalência etiopagênia e fisiopatologia. In MAFFEI, F.H.A. et al. **Doenças vasculares periféricas**. 3 ed. V. 2. Rio de janeiro: Medsi; 2002. Cap. 8: 1581-1590.

MARGOLIS, D.J et al. Venous leg ulcer:incidence and prevalence in the elderly. **J Am Acad Dermatol**, v.46, n. 3, p. 381-6. 2002.

MORINSON, M.J et al. **Nursing management of chronic wounds**. 2 ed, Barcelona: Mosby, 1997. Cap. 10: p.177-218.

PHILLIPS, T.J. Current approaches to venous ulcers and compression. **Dermatol Surg.**, v. 27, p. 611-621, 2001.

SIBBALD et al., Venous leg ulcers. In : KRASNER, D. L., SIBBLAD, R. G. **Chronic wound care**: a clinical source book for healthcare professionias. 3. ed. Suite: HMP Communications, 2001. Chapter 48: 483-93.

TORRES, G. V. et al. Assistência aos portadores de úlceras venosas nas unidades de saúde da família do município de Natal/RN. **Revista Olho Mágico**, Londrina, v. 13, n. 2, p. 700-700, 2006.

VALENCIA, J.C; FALABELLA, R.S; EAGLSTEIN, W.H. Chronic venous insufficie ulceration. **J Am Acad Dermatol**, v. 44, n.3, p. 401-402, 2001.

YAMADA B.F. A. Úlceras venosas. In: JORGE, S.A; DANTAS, S.R.P.E. **Abordagem multiprofissional do tratamento de feridas**. São Paulo: Atheneu, 2003. Cap. 16: 247-259.

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VENOUS ULCERS IN PATIENTS TREATED AT FAMILY HEALTH UNITS IN NATAL, BRAZIL: PREVALENCE AND SOCIODEMOGRAPHIC AND HEALTH CHARACTERIZATION

ABSTRACT

This is a descriptive study aimed at identifying the prevalence of venous ulcers (VU), and the sociodemographic and health characteristics of VU patients treated in the Family Health Units (FHUs). The target population was composed of 74 VU patients treated by Family Health Program (FHP) teams in the 31 FHUs. The study was approved by the Ethics Committee of the Universidade Federal do Rio Grande do Norte (protocol no. 55/05). Data collection, using a structured interview, was performed in the patients' residence and in the FHUs. The data were organized in an Excel column chart and transferred to SPSS software, version 14.0 for descriptive analysis using 2x2 contingency tables and inferential statistics (Chi-square-$\div^2$, Pearson's correlation and p-value <0.05). The prevalence of VU in the target population (0.36/1000) was greater than that of the population enrolled in the FHP (0.25/1000). We detected a higher prevalence (2.22/1000) in the = 60-year age group (2.98/1000 in women, and 1.3/1000 in men, p-value=0.008). The sociodemographic and health characteristics of the VU patients showed a predominance of women (74.5%), individuals = 60 years of age (67.6%), elementary schooling (74.3%), family income = US$350.00 (68.9%), retired individuals (90.5%), the standing position (23.0%), insufficient sleep (59.5%), the presence of CVI (100.0%), hypertension (44.6%), and diabetes (25.7%). We conclude that the prevalence found is in accordance with national and international studies and that a majority of VU patients are women, elderly, have low socioeconomic conditions, and suffer from associated chronic diseases.

KEYWORDS: Venus ulcers, Family Health Program, prevalence, characterization.

ULCERE VENEUX CHEZ LES PATIENTS RECUS DANS LES UNITES SANTE DE LA FAMILLE DE NATAL-RIO GRANDE DO NORTE : PREDOMINANCE ET CARACTERISATION SOCIODEMOGRAPHIQUE ET DE SANTE.

RESUME

Recherche descriptive ayant pour but d'identifier la prédominance d'ulcères véneux (UV), les caractéristiques sociodémographiques et de santé des porteurs d'UV reçus dans les Unités Santé de la Famille (USFs) de la commune de Natal-RN. La population cible est composée de 74 porteurs d'UV, reçus par les équipes du PSF (Programme de Santé de la Famille) dans les 31 USFs. L'étude a obtenu l'avis favorable du Comité d'Ethique de l'Université Fédérale du Rio Grande do Norte (protocole n° 55/05). La collecte de données a été réalisée aux domiciles des patients et dans les USFs, à travers d'entretiens structurés. Les données ont été organisées avec le tableur électronique Excel et transférées au programme SPSS 14.0, pour des analyses descriptives dans des tableaux de contigences 2x2 et d'inférences (Qui-Carré-?2, corrélation de Spearman et p-valeur < 0,05). La prédominance d'UV chez la population cible (0,36/1000) a été plus grande que chez la population enregistrée au PSF (0,25/1000). Nous détectons une prédominance plus grande chez les personnes de plus de 60 ans (2,22/1000) : 2,98/1000 pour le sexe féminin et 1,3/1000 pour le sexe masculin (p-valeur = 0,008). Les caractéristiques sociodémographiques et de santé des porteurs d'UV révélent la prédominance du sexe féminin (74,5%), des personnes âgées de plus de 60 ans (67,6%), de l'enseignement primaire (74,3%), de la rente familiale jusqu'à deux salaires mninimaux (68,9%), des retaités (90,5%), de la position orthostatique (23,0%), sommeil inadéquat (59,5%), la présence d'AVC (100,0%), l'hypertension (44,6%) et les diabètes (25,7%). Nous concluons que la prédominance identifiée va dans le même sens que les études nationales et internationales et

que les porteurs d'UV sont en majorité de sexe féminin, âgés, de bas niveau socio-économique et ont des maladies chroniques associées.

MOTS-CLES : Ulcères Vasculaires ; Programme de Santé de la Famille ; prédominance ; caractérisation.

ÚLCERA VENOSA EN USUARIOS ATENDIDOS EN LAS UNIDADES SALUD DE LA FAMILIA DE NATAL/RN: PREVALENCIA Y CARACTERIZACIÓN SOCIODEMOGRÁFICA Y DE SALUD.

RESUMEN

Investigación descriptiva cuyo objetivo es identificar la prevalencia de úlceras venosas (UV), las características sociodemográficas y de salud de los portadores de UV atendidos en las Unidades Salud de la Familia (USFs) del municipio de Natal/RN. La población muestreada se compuso de 74 portadores de UV, atendidos por los equipos del PSF en las 31 USFs. El estudio obtuvo parecer favorable del Comité de Ética de la Universidad Federal de Río Grande do Norte (Protocolo n.55/05). La toma de datos fue realizada a domicilio y en las USFs, mediante entrevista estructurada. Los datos han sido organizados en hoja de cálculo Excel y llevados al Programa SPSS 14,0, para su análisis descriptivo en tablas de contingencias 2x2 e inferencial (Jue-Cuadrado-c2, Correlación de Spearmam y p-valor < 0,05). La prevalencia de UV en la población investigada (0,36/1000) fue mayor que en la población registrada en el PSF (0,25/1000). Detectamos una prevalencia mayor en la franja de edad a partir de 60 años (2,22/1000), siendo 2,98/1000 en el sexo femenino y 1,3/1000 en el masculino (p-valor= 0,008). Las características sociodemográficas y de salud de los portadores de UV revelaron predominancia del sexo femenino (74,5%), ancianos a partir de 60 años (67,6%), enseñanza fundamental (74,3%), renta familiar hasta 2 SMS (68,9%), jubilados (90,5%), posición ortostática (23,0%), sueño inadecuado (59,5%), presencia de IVC (100,0%), hipertensión (44,6%) y diabetes (25,7%). Concluimos que la prevalencia identificada está en consonancia con los estudios nacional e internacional y que los portadores de UV, en su mayor parte, son del sexo femenino, anciano, bajo nivel socioeconómico y con enfermedades crónicas asociadas.

PALABRAS CLAVE: Úlceras Venosas; Programa Salud de la Familia; Prevalencia; Caracterización.

ÚLCERA VENOSA EM USUÁRIOS ATENDIDOS NAS UNIDADES SAÚDE DA FAMÍLIA DE NATAL/RN: PREVALÊNCIA E CARACTERIZAÇÃO SOCIODEMOGRÁFICA E DE SAÚDE.

RESUMO

Pesquisa descritiva que objetivou identificar a prevalência de úlceras venosas (UV), as características sociodemográficas e de saúde dos portadores de UV atendidos nas Unidades Saúde da Família (USFs) do município de Natal/RN. A população alvo foi composta por 74 portadores de UV, atendidos pelas equipes do PSF nas 31 USFs. O estudo obteve parecer favorável do Comitê de Ética da Universidade Federal do Rio Grande do Norte (Protocolo n.55/05). A coleta de dados foi realizada domiciliarmente e nas USFs, por meio de entrevista estruturada. Os dados foram organizados em planilha eletrônica Excel e transportados para o Programa SPSS 14,0, para análises descritiva em tabelas de contingências 2x2 e inferencial (Qui-Quadrado-2, Correlação de Spearmam e p-valor < 0,05). A prevalência de UV na população alvo pesquisada (0,36/1000) foi maior que na população cadastrada no PSF (0,25/1000). Detectamos uma prevalência maior na faixa etária a partir de 60 anos (2,22/1000), sendo 2,98/1000 no sexo feminino e 1,3/1000 no masculino (p-valor= 0,008). As características sociodemográficas e de saúde dos portadores de UV revelaram predominância do sexo feminino (74,5%), idosos a partir de 60 anos (67,6%), ensino fundamental (74,3%), renda familiar até 2 SMs (68,9%), aposentados (90,5%), posição ortostática (23,0%), sono inadequado (59,5%), presença de IVC (100,0%), hipertensão (44,6%) e diabetes (25,7%). Concluímos que a prevalência identificada está em consonância com os estudos nacional e internacional e que os portadores de UV, em sua maioria, são do sexo feminino, idoso, baixo nível socioeconômico e com doenças crônicas associadas.

PALAVRAS CHAVES: Úlceras Venosas; Programa Saúde da Família; Prevalência; Caracterização.