# 90 - ASSESSMENT OF THE CARE PROVIDED TO PATIENTS WITH VENOUS ULCERS TREATED BY THE FAMILY HEALTH PROGRAM IN NATAL, BRAZIL

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## INTRODUCTION

Venous ulcers (VU) of the lower limbs are the result of inadequate venous blood return in the feet or legs. This worldwide problem is responsible for significant morbidity and mortality, in addition to having considerable economic impact and causing social and psychological damage in patients and families. VUs are chronic occurrences corresponding to 80% to 90% of lower limb lesions (LONGO JÚNIOR et al, 2002, FALANGA et al, 1997). The prevalence of VUs has increased along with the increased elderly population; international studies have shown prevalences between 0.06% and 3.6% in the adult population and 3.6% in individuals older than 65 years of age (MARGOLIS, 2002, DOUGLAS, SIMPSON, 1995).

Improperly treated VUs have a high recurrence index. Vu treatment is long and complex, requiring specialized knowledge, technical skill, interdisciplinary action, cooperation among the health care complexity levels and the active participation of patients and their families, within a holistic perspective (BORGES, 2005; TUYAMA, 2004; PIEPER; CALIRI; CARDOZO, 2004; TENÓRIO; BRAZ, 2004; LONGO JÚNIOR et al, 2002).

According to Figueiredo (2006b), when improperly cared for, VUs may remain unhealed for years, compromising the patient socially and emotionally. In innumerable cases, individuals are unable to work, aggravating an already precarious socioeconomic condition. Borges (2005), Nunes et al, (2006b) and Torres (2006) state that the quality of care provided to VU patients by the health services is related to a systematized care that must consider aspects inherent to the diagnosis, planning, implementation and assessment of treatment and prevention actions and behaviors.

Thus, we have observed in basic health care practice that the occurrence of chronic VUs and their complications have increased in the last decade as a result of the inadequate care given to patients with these lesions. This poses a great problem for public health (BORGES, 2005). Accordingly, our purpose was to assess the care provided to VU patients treated by the family health units (FHU) in Natal, Brazil.

## METHODOLY

This is a descriptive study, using a quantitative approach, of 74 VU patients treated by Family Health Program (FHP) teams at the 31 FHUs. After receiving authorization from the Municipal Health Secretariat of Natal and approval by the Research Ethics Committee of the Universidade Federal do Rio Grande do Norte (UFRN) (Protocol no. 55/05), we scheduled a series of visits to the FHUs and patients' homes in conjunction with the nurses of each unit. The purpose of these visits was to interview the patients, observe dressing changes and perform a clinical assessment of the VUs.

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

Data collection was performed from Dec/2005 to Apr/2006 at the FHUs and at the patients' homes at previously established times (morning and afternoon).

To assess the quality of care provided to VU patients, we selected 10 variables (vu diagnosis, training, dressing changes, dressing kit, topical therapy, follow-up in the previous 30 days and treatment continuity), based on the guidelines proposed by Aguiar et al. (2005) and Borges (2005).

The data were analyzed using descriptive (absolute and relative frequency) and inferential statistics (Binomial test with $p < 0.05$) in SPSS software, version 14.0.

## RESULTS

We studied a total of 74 VU patients, predominantly women (74.5%), elderly, over the age of 65 years (67.6%), with elementary schooling (74.3%), family monthly income up to US$350.00 (68.9%), retired (90.5%), standing position (23.0%), insufficient sleep (59.5%), chronic venous insufficiency (100.0%), hypertension (44.6%) and diabetes (25.7%) .

With respect to the care provided to VU patients, Figure 1 shows an absence of: compress therapy (100.0%), proper topical therapy (98.6%), dressing kit (70.3%), caregiver training (67.6%), consultation with angiologist (63.5%), laboratory examinations (55.4%), FHP team follow-up (51.4%), VU diagnosis (47.3%), pain treatment (29.7%) and treatment continuity (24.3%).

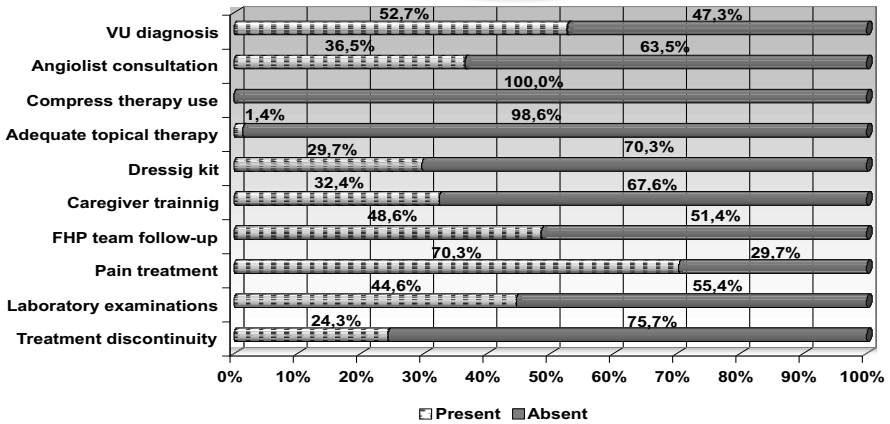



Figure 1. Quality of care provided to VU patients treated at FHUs. Natal/Brazil, 2006.

Figure 1 shows that 90.5% of the VU patients had improper care, based on the analysis of ten variables selected as parameters of the quality of care provided.

Table 1. Quality of care provided to VU patients treated at the FHUs. Natal/Brazil, 2006.

| CARE ASSESSMENT VARIABLES | | INADEQUATE | ADEQUATE | TOTAL | BINOMIAL TEST ñ -value |
|---|---|---|---|---|---|
| **VU diagnosis** | Absent | 45.9% | 1.4% | 47.3% | 0.728 |
| | Present | 44.6% | 8.1% | 52.7% | |
| **Angiologist consultation** | Absent | 63.6% | 0.0% | 63.6% | 0.027 |
| | Present | 27.1% | 9.5% | 36.6% | |
| **Compress therapy use** | Absent | 90.5% | 9.5% | 100.0% | - |
| | Present | 0.0% | 0.0% | 0.0% | |
| **Adequate topical therapy** | Absent | 89.2% | 9.5% | 98.7% | 0.000 |
| | Present | 1.4% | 0.0% | 1.4% | |
| **Dressing kit** | Absent | 67.6% | 2.7% | 70.3% | 0.001 |
| | Present | 23.0% | 6.8% | 29.8% | |
| **Caregiver training** | Absent | 64.9% | 2.7% | 67.6% | 0.003 |
| | Present | 25.7% | 6.8% | 32.5% | |
| **FHP team follow-up** | Absent | 51.3% | 0.0% | 51.3% | 0.908 |
| | Present | 39.2% | 9.5% | 48.7% | |
| **Pain treatment** | Absent | 29.7% | 0.0% | 29.7% | 0.001 |
| | Present | 60.8% | 9.5% | 70.3% | |
| **Laboratory examinations** | Absent | 54.0% | 1.4% | 55.4% | 0.416 |
| | Present | 36.5% | 8.1% | 44.6% | |
| **Treatment discontinuity** | Absent | 67.5% | 8.1% | 75.6% | 0.000 |
| | Present | 23.0% | 1.4% | 24.4% | |
| **TOTAL** | | **90.5%** | **9.5%** | **100.0%** | |

The significant inadequate treatment variables were: angiologist consultation (p = 0.027), inadequate topical therapy (p = 0.000), absence of dressing kit (p = 0.001), lack of caregiver training (p = 0.003), untreated pain (p = 0.001) and treatment discontinuity (p = 0.000). These factors significantly influenced the care provided.

**DISCUSSION**

Our results show that many VU patients were treated without etiological diagnosis of these lesions; therefore, the care provided to these patients was nearly always the same as that adopted for any other type of ulcer, without any concern on the part of professionals in differentiating them. According to a study conducted by the Brazilian Society of Angiology and Vascular Surgery (SBACV) in 2004, there is a large shortage of angiologists and vascular surgeons, even where there are university and specialized hospitals (FORTI et al. 2004).

In Rio Grande do Norte, in 2004, there were 21 angiologists for a population of 2,962,107 inhabitants (1:35,466 in the capital and 1: 2,217,313 in the interior). It should be pointed out that WHO recommends 1 angiologist per 17,000 inhabitants in developed countries and 1 per 35,000 in developing countries (FORTI et al. 2004).

Aguiar et al. (2005), Borges (2005) and Phillips (2001) emphasize that VU diagnosis is eminently clinical and must be based on the patient's complete clinical history, which requires physical examination, lesion assessment, examinations such as complete hemogram, fast glycemia, serum albumin, exudate culture, and measure of the ankle-brachial index.

According to Reis et al. (2003), a large number of VU patients suffer from recurring ulcers for long periods of their lives, undergoing different treatments with no practical results.

Maffei (2002) emphasizes that healing is a physiological process and the role of those caring for patients with ulcers is to provide efficient means for healing. Among the treatment methods are compress therapy (Unna boot, elastic stockings and bandages), which helps reduce or revert changes caused by chronic venous hypertension produced in the skin and vascular network, such as hyperpigmentation, lipodermatosclerosis, ulcers and varicose veins (BORGES, 2005).

Furthermore, we must identify the presence of pain and treat it, since, according to Bersusa and Lages (2004), the pain is not a result of the amount of tissue damage, but rather, is caused by a group of interacting factors that must be analyzed. Venous pain has, therefore, an important characteristic for its differential diagnosis, namely, that it increases when individuals are standing and even when they are sitting with their legs dangling, and improves when the legs are raised (MAFFEI, 2002).

The constant lack of dressing materials, the application of dressing by untrained patients and caregivers, added to treatment discontinuity and lack of follow-up, are negative factors in the FHP routine that may be contributing to lesion chronicity. The protocols developed by the Municipal Secretariats of Ribeirão Preto (2004) and Belo Horizonte (2003) underscore the importance of systematized care, interdisciplinarity and the involvement of administrators, mainly in relation to supplying materials and qualifying professionals to treat VUs.

In agreement, Aguiar et al. (2005) affirm that the care provided to VU patients must be guided by the following diagnostic, treatment and prevention policies: assessing patients and their wounds; documenting the clinical findings; treating the ulcer and the surrounding skin; selecting the dressing; antibiotic use; improving venous return; referring the patients; and qualifying the professional.

**CONCLUSIONS**

Based on an assessment of aspects related to the quality of care provided, we found the following: VU patients were poorly diagnosed, did not undergo laboratory examinations, had restricted access to angiologists, inadequate topical therapy, lack of compress therapy, pain, were applied dressing by unqualified technicians and caregivers, suffered from a lack of materials, absence of caregiver training, characterizing inadequate care with little problem solving ability, and lack of follow-up by the FHP team, a reference and counter reference to other complexity levels of caregiving.

Accordingly, we conclude that the care provided by the FHP team to VU patients is unsystematic, without planning or assessment and with poor problem solving skills, a situation we deem to be inadequate, and which has been interfering negatively in the care provided at the FHUs studied.

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**ASSESSMENT OF THE CARE PROVIDED TO PATIENTS WITH VENOUS ULCERS TREATED BY THE FAMILY HEALTH PROGRAM IN NATAL, BRAZIL**

**ABSTRACT**

This is a descriptive study aimed at assessing the care provided to patients with venous ulcers (VU) treated at Family Health Units (FHU). The target population was composed of 74 VU patients treated by Family Health Program teams at 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, by means of a structured interview, was performed at the patients' home and at the FHUs. The following variables were analyzed to assess the care provided: VU diagnosis, angiologist consultation, use of compress therapy, adequate topical therapy, dressing kit, caregiver training, FHP team follow-up, pain treatment, laboratory examinations and treatment continuity. The data were organized on an Excel column chart and transferred to SPSS software, version 14.0 for descriptive and inferential analyses (Binomial test with $p < 0.05$). Care was characterized as inadequate (90.5%), determined by the absence of: compress therapy (100.0%), adequate topical therapy (98.6%, $p = 0.000$), dressing kit (70.3%, $p = 0.001$), caregiver training (67.6%, $p = 0.003$), angiologist consultation (63.5%, $p = 0.027$), laboratory examinations (55.4%), FHP team follow-up (51.4%), VU diagnosis (47.3%), pain treatment (29.7%, $p = 0.001$) and treatment continuity (24.3%, $p = 0.000$). The results show that the care provided at the FHUs studied was unsystematic, with little problem solving, and judged to be inadequate.

KEYWORDS: venous ulcers, FHP, care assessment.

**EVALUATION DE L'ASSISTENCE AUX PORTEURS D'ULCERES VENEUX REÇUE DANS LE PROGRAMME SANTE DE LA FAMILLE DE LA COMUNE DE NATAL-RN**

**RESUME**

Recherche descriptive ayant pour but d'évaluer l'assistence aux porteurs d'UV reçue dans les USF (Unités de Santé de la Famille). 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 USF. 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. L'évaluation de l'assistence a été réalisée avec les variables suivantes : diagnostique de l'UV, consultation en angiologie, utilisation de thérapie compressive, thérapie topique adéquate, kit de soins, entraînement des soigneurs, accompagnement de l'équipe de PSF, traitement de la douleur, réalisation d'examens et continuité du traitement. Les données ont été organisées avec le tableur électronique Excel et transférées au programme SPSS 14.0, pour une analyse descriptive et inférencielle (Test Binomal avec $p<0,05$). L'évaluation de l'assistence a été caractérisée comme inadéquate (90,5%), déterminée par l'absence de : thérapie compressive (100,00%), thérapie topique adéquate (98,6%, p=0,000), kit de soins (70,3%, p=0,001), entraînement des soigneurs (67,6%, p=0,003), consultation en angiologie (63,5%, p=0,027), examens en laboratoires (55,4%), accompagnement de l'équipe PSF (51,4%), diagnostique d'UV (47,3%), traitement de la douleur (29,7%, p=0,001) et continuité du traitement (24,3%, p=0,000). Les résultats ont montré que l'assistence portée dans les USF étudiées n'a pas été systématique, a eu peu de résultats, et peut donc être qualifiée d'inadéquate.

MOTS-CLES: ulcères véneux, PSF, évaluation de l'assistence

**EVALUACIÓN DE LA ASISTENCIA A LOS PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS EN EL PROGRAMA SALUD DE LA FAMILIA DEL MUNICIPIO DE NATAL/RN**

**RESUMEN**

Investigación descriptiva con el objetivo de evaluar la asistencia a los portadores de UV atendidos en las USF. LA población muestreada se compuso por 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. La evaluación de la asistencia fue realizada usando las

siguientes variables: diagnóstico de la UV, consulta angiólogo, uso de terapia compresiva, terapia tópica adecuada, fin de curas, formación de los cuidadores, supervisión del equipo de PSF, tratamiento del dolor, realización de exámenes y continuidad del tratamiento. Los datos han sido organizados en hoja de cálculo Excel y llevados después para el Programa SPSS 14.0, para análisis descriptiva y inferencial (Test Binomial con ? < 0,05). La evaluación de la asistencia fue caracterizada como inadecuada (90,5%), determinada por ausencia de: terapia compresiva (100,0%), terapia tópica adecuada (98,6%, ?=0,000), fin de curas (70,3%, ?=0,001), formación de cuidadores (67,6%, ?=0,003), consulta con angiólogo (63,5%, ?=0,027), analíticas en laboratorio (55,4%), supervisión al equipo PSF (51,4%), diagnóstico de la UV (47,3%), tratamiento del dolor (29,7%, ?=0,001) y continuidad en el tratamiento (24,3%, ?=0,000). Los resultados denotan que la asistencia prestada en las USF investigadas careció de sistemática, con poca capacidad de resolución, siendo calificada como inadecuada.

PALABRAS CLAVE: úlceras venosas, PSF, evaluación de la asistencia.

**AVALIAÇÃO DA ASSISTÊNCIA AOS PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS NO PROGRAMA SAÚDE DA FAMÍLIA DO MUNICÍPIO DE NATAL/RN**

**RESUMO**

Pesquisa descritiva que objetivou avaliar como são assistidos os portadores de UV atendidos nas USF. 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. A avaliação da assistência foi realizada por meio das variáveis: diagnóstico da UV, consulta angiologista, uso de terapia compressiva, terapia tópica adequada, quite de curativos, treinamento dos cuidadores, acompanhamento da equipe de PSF, tratamento da dor, realização de exames e continuidade do tratamento. Os dados foram organizados em planilha eletrônica Excel e transportados para o Programa SPSS 14.0, para análises descritiva e inferencial (Teste Binomial com ñ < 0,05). A avaliação da assistência foi caracterizada como inadequada (90,5%), determinada por ausência de: terapia compressiva (100,0%), terapia tópica adequada (98,6%, ñ=0,000), quite curativo (70,3%, ñ=0,001), treinamento cuidadores (67,6%, ñ=0,003), consulta com angiologista (63,5%, ñ=0,027), exames laboratoriais (55,4%), acompanhamento equipe PSF (51,4%), diagnóstico da UV (47,3%), tratamento da dor (29,7%, ñ=0,001) e continuidade no tratamento (24,3%, ñ=0,000). Os resultados denotam que a assistência prestada nas USF pesquisadas foi assistemática, com pouca resolutividade, sendo qualificada como inadequada.

PALAVRAS-CHAVE: úlceras venosas, PSF, avaliação da assistência.