138 - ANALYSIS OF QUALITY OF LIFE IN CAREGIVERS AFTER AQUATIC PHYSIOTERAPY

ANDRESSA CARNIEL[1]
CRISTINA HAMERSKI ROMERO[2]
1 - Acadêmica do Curso de Fisioterapia da Faculdade Assis Gurgacz – FAG.
2 - Orientador – Docente do Curso de Fisioterapia da Faculdade Assis Gurgacz – FAG
Faculdade Assis Gurgacz-FAG, Cascavel-PR, Brasil
andressa_carniel@hotmail.com

INTRODUCTION

The care with the life and similar arises in that it considers important, and this is the mission of the caregiver, because its necessary dedication of time, sacrificies, sense of responsibility, search, involvement with the suffering and believe in success of life. (OLIVEIRA, et al, 2008).

According to Leitão et al (2000) caregiver is who assumes the responsability of take care, support or assist the need of the person cared for, for better health. And care for life, the action is defined as the act of dispensing care to themselves or others.

Due the level of the involvement in the care with the patient, the caregiver isn't paying attention in your own personal needs. Thus, the emotional and physical problems may occur due to the failure of self-care needs. (OLIVEIRA, et al, 2008)

. According to World Health Organization (WHO), quality of life is like the perception of the individual about the position in life in the context of culture and value system in which they live and in relation to their goals, expectations, standards and concerns.

The aquatic phisioterapy stimulates goals of rehabilitation to improve the function and quality of life. (CHAITOW, 2000).

Many beneficial therapeutic effects obtained with the immersion in warm water, such as relaxation, analgesia, reduction the impact and aggression on the joints are associated with the possible effects of getting through the exercises performed when operating on different properties physical of the water. (BIASOLI, et al, 2006)

Considering the needs of specific care and dedication to the patient with neurologica dysfunction, it is necessary to seek knowledge about the caregiver, since the attention of the health professionals should be directed to the patient and who takes care of it directly. Thus, this study proposed to analyze responses regarding to quality of life in caregivers after acquatic phisioterapy.

MATERIALS AND METHODS

The study is qualitative and quantitative, cause-effect. Participated in this study five mothers of neurological patients. The inclusion criteria were considered: time availability to participated in the study, being fit for the practice of hydrotherapy, have signed the term of consent and clarified.

The attendances were held in the hydrotherapy sector, in the Rehabilitation Center from Assis Gurgacz College - FAG, with water heated to 35°, once time for week (Friday), lasting 40 minutes each. In the period from February and July 2010, totaling 20 meetings.

The caregivers were informed about the term of consent and clarified, after approval by the Ethics Committee of Assis Gurgacz College, as the protocol 200/2009, 397/2009 opinion.

To assess the quality of life was used Short-Form (SF -36) translated and validated into Portuguese by Ciconelli et al; The responsible researcher, guided and accompanied the completion of the questionnaire. At the end of the study, all caregivers were reassessed by the same researcher using the same assessment instrument.

After completion of assessments, began the hydroterapy treatment with aquatic exercise based on existing scientific literature in the area, including warm-up exercise, stretching, resisted exercise, recreation activities and overall relaxation. At the end of the study, the caregiver was reassessed, using the SF - 36 questionnaire. The collected data were compared with the initial, order to determine answers related to the treatment.

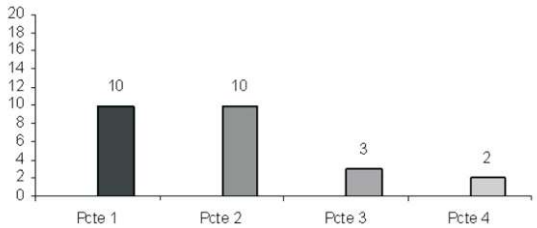
RESULTS

As the proposed of methodology in the study the patients undergoing treatment were assessed and reassessed using the SF - 36 questionnaire of quality of life, which identifies differents things related of quality of life like FC (Functional Capacity), LRP (Limitation by Role-Physical), P (Pain), GH (General Health), VT (Vitality), SF (Social Functioning), LRE (Limitation by Role-Emotional), MH (Mental Health). The score are evaluated measured through values that ranging from 0 (zero) to 100 (one hundred), where, 0 = worst and 100 = best for each item.

Regarding the frequency of caregivers attendance, frequency were 20 attendance, with the greatest frequency of 10 attendance to two caregivers, the others two caregivers were the low frequency due personal reasons.

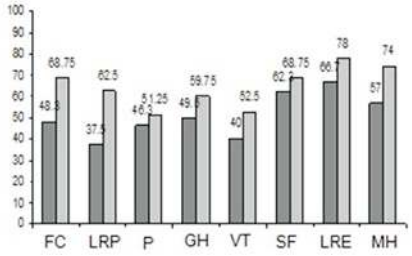
The graph 2 shows the averages related of each domains, in different moments of the search. The item functional capacity had increased by 20.4%, limit of physical aspect 25%, pain 4.95%, 10.25% general health, 12,5% vitality, 6.45% social aspects, 12% limit of emocional aspects, 17% mental health.

GRAPH 1: Frequency of patient in the attendances.



Source: Author, 2010.

GRAPH 2: Average before and after, each item of the SF-36 questionnaire.

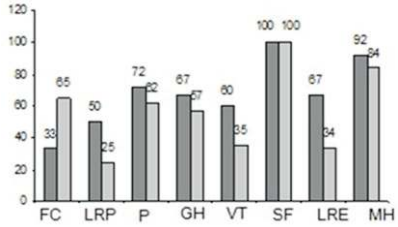


Source:Author,2010.

The graph 3 records, answers related to patient 1, where is possible to say that in the score of functional capacity, had improved of 32%. On the other hand, there was decrease in the dominios, limit in the emotional aspects of 33%, limit of physical aspects 25%, pain 10%, general health 10%, vitality 25%, mental health 8%.

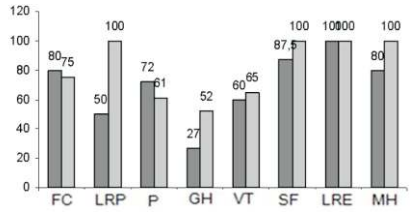
According to graph 4, it was observed that in relation of patient 2, there was increase in almost all dominios evaluated, being that the limits of physical aspects this answer was 50%, in general health 25%, vitality 5%, social aspect 12,5%, mental health 20%. However the item of limit of emotional aspect wasn't changed after the study.

GRAPH 3: Results of assessment and reassessment by SF-36 by patient 1.



Source: Author, 2010.

GRAPH 4: Results of assessment and reassessment by SF-36 by patient 2.

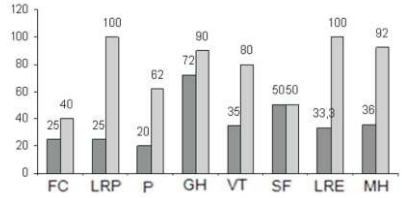


Source: Author, 2010.

As graph 5, related by patient 3, only the social aspect has not changed. In descending order, is possible register the answers after the acquatic intervention: limit physical aspect 75%, limit emotional aspect 66,7%, mental health 56%, vitality 45%, pain 42%, general health 18%, functional capacity 15%.

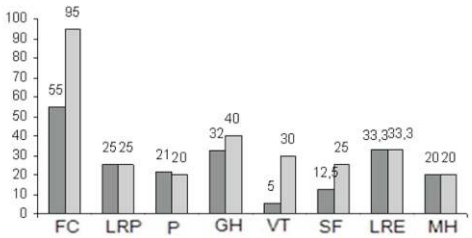
The graph 6 reports the answers obtained with patient 4. There was favorable answer in relation to improvement to functional capacity 40%, general health 8%, vitality 25%, social aspect 12,5%. In this patient the items of limit physical aspect, pain, limit emotional aspect, mental health did not change.

GRAPH 5: Results of assessment and reassessment by SF-36 by patient 3



Source: Author, 2010.

GRAPH 6: Results of assessment and reassessment by SF-36 by patient 4.



Source: Author, 2010.

DISCUSSION

Observing the data obtained in this study, can see from the average improvement of 8 domains of the SF-36. These data resemble with findings of Becker (1997) and Campion (1999), who argue that hydrotherapy is highlighted by ally the physical properties of water, such as buoyancy, the absorption and heat, helping the patient to reduce pain, joint swelling, increase muscle strength and range of motion and gain of functional capacity is also a comfortable environment for relaxation.

Using the SF - 36 questionnaire of quality of life before and after treatment has showed a significant improvement in quality of life of caregivers, especially in the items of functional capacity, limits physical aspect and mental health. Enter in the water is a unique experience that gives everyone an opportunity to expand physically, mental and psychologically their knowledge and skills. The ability to be independent in the water to achieve the skills can be impossible and it can be transferred to internal life (JACINTHO,et al, 2008).

The Jacinthos et al (2008) study, noted that when performed the treatment with aquatic physioterapy, there is significant improvement in pain afforded by warm water. Adding to this benefit, the resource provides an improvement on the emotional aspects, physical aspects and general malaise. In the study can be noted that there was as improvement in pain 4.95%, emocional aspects 11.3%, physical limits 25%.

Often caregivers are in crisis, manifesting symptoms such as tension, constrangimento, fatigue, stress, depression, altered self-esteem, as well as participate less of social activities, have more problems at work and engage more frequently in family disputes. This overload or tension can be cause physical problems, psychological, emotional, social and financial to the quality of life (OLIVEIRA et al, 2008).

The exercise performed in groups, encourage the social interaction and brings support and motivation to patientes. In the proposed study was possible observe an improvement in all domains assessed. (JACINTHO, et al, 2008).

Bocchi (2004) reports in his study that physical overload is related to patiente more dependent, especially with regard to transportation and walking, and that care consuming time and lead the caregivers to complain that they can't care of itself health. The data from this study also show an increase of 10% after aquatic physioterapy in general health.

According to Koury (2000), the hydrotherapy can provide the variety and some fun in te rehabilitation program, the marjority of people are pleasure with the water movement and experiences the deep feeling of relaxation in the aquatic environment. The contribution of physical activity for health is unquestionable. Among the benefits of exercise are increased of physical resistance, greater willingness, increased self-esteem, anxiety control, among others.

CONCLUSION

Physioterapy has radius of therapeutic action that covers the improvement in the pain and functional capacity, in the limitation due physical aspects, general health, vitality, social and emocional aspect and mental health.

Indeed, is necessary programs to support of the caregivers, such as preventive and therapeutic action, within institutions, to provide an incentive to improve the quality of life.

REFERENCES

BECKER,B,E.;COLE,A,J.Comprehensive aquatic therapy.**Butterworth Heinemann**,Boston,n.1, p.16-28,oct.1997.

BIASOLI,M, C.;MACHADO,C, M, C, M. Hidroterapia:aplicabilidades clínicas.**Rev.Bras.Med**,v.63,n.5,maio.2006.

CAMPION,MR.**Hidroterapia**: princípio e prática.São Paulo:Manole,1999.

CHAITOW,L. **Um guia para o tratamento**:Síndrome de Fibromialgia. São Paulo:Manole, 2000.

CICONELLI,R,M.Tradução para a língua portuguesa e validação do questionário genérico de avaliação de qualidade de vida SF-36(Brasil SF-36).**Revista Brasileira de Reumatologia,**São Paulo,v.39,n.3,p.143-150, maio-jun,1999.

KOURY,J,M. **Programa de fisioterapia aquática:**Um guia de reabilitação ortopédica.1.ed.;São Paulo:Manole,2000.

JACINTHO,R, L, M.;GALVÃO,L, L, L, F.; ARAÚJO,A, G,R.;ANDRADE,S, C.Avaliação da qualidade de vida em mulheres com fibromialgia após fisioterapia aquática.**Revista da FARN**,Natal,v.7,n.1,p.13-27,jan/jun.2008.

LEITÃO,G,C,M.;ALMEIDA,D, T.O cuidador e sua qualidade de vida.**Acta Pau**l Enf,Fortaleza, v.13,n.1,p.80-85,2000.

OLIVEIRA,M,F.;SILVA,M,B,M.;PINTO,J,M,S.;FROTA,M,A.;PINHEIRO,L,M,C.;SÁ,FQualidade de vida do cuidador de crianças com paralisia cerebral.**RBPS**, Fortaleza,v.4, n.21, p.275-280, 2008.

Mato Grosso street, 00, subdivision: center.
Pinhal do São Bento - Paraná. CEP 85727-000.
Phone number: (0xx46) 84028780, (0xx46) 84020511.
E-mail: andressa_carniel@hotmail.com

ANALYSIS OF QUALITY OF LIFE IN CAREGIVERS AFTER AQUATIC PHYSIOTERAPY.
ABSTRACT:
The caregiver is who assumes the responsibility of the care, support or assist the need of the person cared for, to better health. The lack of self-care disability affects of the quality of life, for this is necessary to be well and enjoy life. The progress of studies on the therapeutic benefits in an aquatic enviroment has been increasingly developed. The aquatic phisioterapy has its main purpose providing an improvement in function and quality of life. The purpose of the study is analyze responses related of quality of life in caregiver after aquatic phisioterapy. Five mothers of neurological patients participated in the study, for evaluation the quality of life we used the SF-36 questionnaire before and after treatment. The attendances were held in the hydrotherapy sector, in rehabilitation center from Assis Gurgacz college - FAG. In the period from February to July, totaling 20 meetings. The results were presented through graphs and calculation of simple percentages. Using the SF - 36 questionnaire of quality of life before and after treatment has showed the favorable response on quality of life of caregivers, especially in items of functional capacity, limits of physical and mental health. Indeed, they become necessary programs of support aimed to caregivers, such as preventive and therapeutic action, within institutions, to provide an incentive to improve the quality of life.
KEYWORDS: Caregivers, Aquatic phisioterapy, Quality of life.

L'ANALYSE DE QUALITÉ DE VIE AUX SOIGNANTS APRÈS LA PHYSIOTHÉRAPIE AQUATIQUE.
RÉSUMÉ
Le soignant est qui prendre la responsabilité de soigner, donner du soutien ou assister la nécessité de la personne soignée, en visant l'amélioration de la santé. Le manque d'attention répercute dans la déficience de la qualité de vie, puisque c'est nécessaire d'être bien et aimer la vie. Le progrès des études concernant les bénéfices thérapeutiques dans l'environnement aquatique, le développement vient de plus en plus La physiotérapie aquatique a comme principale objective à rendre une amélioration dans la fonction et dans la qualité de vie. L'objectif de l'étude s'est proposé d'analiser réponses concernants à la qualité de vie aux soignants après physiotérapie aquatique.Ont participé de l'étude cinq mères de patients neurologiques, pour l'évaluation de la qualité de vie a été utilisé le questionnaire SF-36 avant et après le traitement. Les consultations ont été réalisées dans les secteurs de hydrothérapie, du centre de réhabilitation de la FAG-Faculté Assis Gurgacz. Dans la période entre février à juillet de 2010, en totalisant 20 rencontres. Les résultats ont été présentés à travers de graphiques et calcule de pourcentage simple. L'utilisation du questionnaire de qualité de vie SF-36 avant et à la fin du traitement proposé a montré une réponse favorable dans la qualité de vie aux soignantes, principalement dans les items de capacité fonctionnelle, de limites d'aspects physique et de santé mentale. En effet, ils se rendent necessaires programmes de soutien en dirigeant pour les soignantes, comme d'action préventive et thérapeutique, dans les institutions, pour fournir l'incitation de l'amélioration de la qualité de vie.
MOTS-CLÉ : Soignants, Physiotérapie aquatique, Qualité de vie.

ANÁLISIS DA LA CUALIDAD DE VIDA DE LOS CUIDADORES DESPUÉS DE LA FISIOTERAPIA ACUÁTICA.
RESUMEN:
El cuidador es el que asume la responsabilidad de cuidar, dar el apoyo o asistir la necesidad de la persona cuidada, buscando una mejoría en la salud. La falta de cuidarse afecta en la imperfección de la calidad de vida, es necesario estar bien y disfrutar de la vida. El progreso de los estudios sobre los beneficios terapéuticos en un ambiente acuático ha sido cada vez más desarrollado. La fisioterapia acuática tiene como principal objetivo el de proporcionar una mejoría en la función y en la calidad de vida. El objetivo del estudio propuso analizar las respuestas respecto a la calidad de vida en los cuidadores después de la fisioterapia acuática. Participaron del estudio cinco madres de pacientes neurológicos para evaluar la calidad de vida, se utilizó el cuestionario SF-36 antes y después del tratamiento. El atendimiento se realizó en el sector de hidrocinesioterapia, del Centro de Rehabilitación de FAG-Faculdade Assis Gurgacz. En el período de febrero a julio de 2010, un total de 20 encuentros. Los resultados fueron presentados a través de gráficos y cálculo de porcentajes simples. Utilizando el cuestionario de calidad de vida SF-36 antes y al término del tratamiento propuesto ha mostrado una respuesta favorable en la calidad de vida de los cuidadores, especialmente en los puntos de capacidad funcional, los límites de aspectos físicos y salud mental. De hecho, se convierten necesarios programas de apoyo dirigidos a los cuidadores, como la acción preventiva y terapéutica, dentro de las instituciones, para proporcionar el incentivo para mejoría de la calidad de vida.
PALABRAS CLAVE: Los cuidadores, Fisioterapia acuática, calidad de vida.

ANÁLISE DA QUALIDADE DE VIDA DE CUIDADORES APÓS FISIOTERAPIA AQUÁTICA.
RESUMO
O cuidador é quem assume a responsabilidade de cuidar, dar suporte ou assistir a necessidade da pessoa cuidada, visando a melhoria da saúde. A falta de auto cuidado repercute na deficiência da qualidade de vida, pois é necessário estar bem e gostar da vida. O avanço de estudos a respeito dos benefícios terapêuticos em ambiente aquático, vem se desenvolvendo cada vez mais. A fisioterapia aquática tem como principal objetivo propiciar uma melhora na função e na qualidade de vida. O objetivo do estudo propôs analisar respostas relacionadas à qualidade de vida em cuidadores após fisioterapia aquática. Participaram do estudo cinco mães de pacientes neurológicos, para avaliação da Qualidade de Vida foi utilizado o questionário SF-36 antes e após o tratamento. Os atendimentos foram realizados no setor de hidrocinesioterapia, do Centro de Reabilitação da FAG-Faculdade Assis Gurgacz. No período entre fevereiro a julho de 2010, totalizando 20 encontros. Os resultados foram apresentados através de gráficos e cálculo de percentual simples. A utilização do questionário de qualidade de vida SF-36 antes e ao término do tratamento proposto mostrou uma resposta favorável na qualidade de vida das cuidadoras, principalmente nos itens de capacidade funcional, limites de aspectos físicos e saúde mental. Com efeito, tornam-se necessários programas de apoio voltados para as cuidadoras, como ação preventiva e terapêutica, dentro das instituições, para proporcionar o incentivo da melhoria da qualidade de vida.
PALAVRAS-CHAVE: Cuidadores, Fisioterapia aquática, qualidade de vida.