56 - ASSISTANCE PROGRAM INTERDISCIPLINAR A WOMEN WITH FIBROMYALGIA SYNDROME

ANA CAROLINA ZANCHET CAVALLI
CLÁUDIA BARRETO RIBEIRO
MAYANE DOS SANTOS AMORIM
TALINE VAVASSORI
ANA LÍGIA OLIVEIRA
UNIVERSIDADE DO VALE DO ITAJAÍ, ITAJAÍ, SANTA CATARINA, BRASIL
anaczanchet@hotmail.com

INTRODUCTION

Since the year 2003 the University of Vale of Itajaí - UNIVALI , with the Center for Health Sciences - CCS, Department of Physical Therapy, has been engaging in the cause of care for people with pain chronic. That increased demand was increasing and our deficits as health professionals who provided care for this population increased in the same proportion. We came from a simplistic model of attention based on the cause and effect, we had a series of equipment within the service to control the inflammatory process, reduction of pain, analgesia modulated via electrical currents, heat generating devices to deep tissue pain, and other person many techniques. But even with all this technology, we unconvincing results when applied to people diagnosed with chronic pain, specifically with Fibromyalgia Syndrome (FMS), a painful syndrome that accompanies many women in our current reality.

In 1990, the American College of Rheumatology has established an official definition for fibromyalgia, which is the following: 1) A history of widespread pain for at least three months; 2) Pain (with the patient complaining of pain and not just sensation) 11 of 18 tender points when subjected to finger pressure involving approximately 4 kg of pressure. Throughout the evolution of studies on chronic pain, there was a consensus that fibromyalgia is a rheumatic condition not deforming old, now defined as a syndrome. In addition to the physical symptoms, there are patterns associated emotional and can include: depression, anxiety (leading to binge eating), chronic fatigue and sleep disturbances. The cause is not unique and the cure for your symptoms is as comprehensive instrument restlessness and search for many health professionals who treat chronic pain. The vulnerability to the development of FMS appears to be influenced by genetic, environmental and hormonal changes causing the receptor level neurohormonal (Roizenblatt et al . , 2002).

Some literature establish an intimate relationship between emotional patterns and physical manifestations of people who suffer from FMS. Factors such as anxiety and depression, and increased exposure to stressors can influence directly in the presentation of fibromyalgia, evolution, treatment adherence, and impact on quality of life (MARTINEZ ; Panossian ; GAVIOLO , 2006).

This literature, we could propose and experience a way of taking care of women with FMS , for a period of five consecutive years successfully experienced , who came to base and sustain the health care model of women presented here.

This experience left half of the assistance since 2005, with attendance of approximately 50 women with FMS. Important to note that until the second half of 2012 there were over 10,000 attendances in this form of assistance.

This program currently entitled "Interdisciplinary Program of Assistance to Women with Fibromyalgia Syndrome ", is recognized in regional and state level, as a reference in the treatment/care of women with FMS, and today integrates Courses Physiotherapy, Psychology and Nutrition Center of Health Sciences/CCS University of Vale do Itajaí. These patients are referred by professionals in the field of medicine to the Clinic of Physiotherapy.

The insertion of the psychologist in the program was needed to meet the current design of the health- disease treatment/care for women with chronic pain and self development in recent decades.

Vanderbergue (2005) suggests that chronic disease can change a person's behavior, and also influences the behavior of another, causing functional impairment. However, even though there is no absolute cure, SFM can certainly be treated, allowing these people acquire a life and functional despite this condition.

In addition to meeting women, the program also provides assistance to the families of women living with FMS. According to Chaitow (2002) guide and educate families about the person with FMS, enables the development of sensitivity to the consequences resulting from this syndrome, helping them to understand and learn to offer support, help and encouragement to the patient.

We construct a method of assistance based on implicit behavior and explicit of FMS patients, as well as their attitudes towards the condition of being someone who lives with the SFM. Listening and observing beyond what is said verbally, trying to interrelate inseparably what the person thinks about what she feels (reason and imagination) may allow health professionals to establish a more precise diagnosis of the situation experienced by the patient with FMS, and propose and implement it with a form of assistance appropriate and satisfactory.

The program is practical scenario with the direct participation of ten to fifteen academic courses in Physiotherapy, Nutrition and Psychology, as well as providing information and tools for research and study in these courses and other courses of CCS quote: Course and Nutrition Masters in Health

METHODOLOGY

The program Asssitência exposed here temseu working premises UNIVALI next to CCS (Center of Health Sciences) in Physiotherapy Clinic, hydrotherapy sector, Laboratory of Human Development - LDH and Clinical Nutrition. It is prescribed drug treatment and referral to the "Program Fibromyalgia UNIVALI" through the medical professionals. So these women who have the routing, address the secretary of Clinical Physiotherapy and are placed in a queue. In these moments the following activities are planned students University calendar and schedules of courses involved following the following system: For every woman is called an evaluation scheduled with teacher Program Coordinator. No participant may start its activities with the program without having gone through this host prior. This review is based on listening and observing seeking what is said through words and what will be said through nonverbal communication.

The basic aspects of this evaluation, which focused on a sensitive listening, are as follows: - patient identification data; - Personal data of perception and expectations for yourself, your family and your social circle; - State of mind, feelings, trends extracted from the dialogue, but also the assessment tools to be defined by the interdisciplinary team; - nutritional status, appetite, food preferences , water intake, digestion; - physical activity, preferences; - Device genitourinary (mainly related data with menstruation and vaginal secretions) and sexuality; - health practices; - Quality of sleep: wake like? How do you feel?

Reaches relaxation? - Spirituality; - Characteristics of pain, which is when you feel the pain? How does it occur? - Do you see any relation between pain and emotions; - Perception patient about their relational and communication process with the different environments in which it lives and lives: family, work environment, school environment (if any), social environment, - Data observation of the caregiver: - Postural Assessment - Expression body (posture, face) gestures, movement, - Analytical Scale for measuring pain.

It is estimated to occur on average an entry of 25 women per semester, that add to the women who remain in the program from previous semesters, totaling 40 women participating actively in the proposed treatment. All participants are reassessed individually each semester and may prescribe the same shutdown after discussion with staff. The average number of participants off the program each semester ranges from 20 to 30 women. Participants are guided to turn off the program every two months to participate in group experiences-, maintaining a therapeutic process in continuity.

All activities are carried out in a group and planned beforehand. The program works with a workload of 14 hours and 10 hours to 8 hours for Physiotherapy distributed activity hydrotherapy group and time for meeting with the academics involved time for the weekly meeting with the interdisciplinary team and 2 hours for the nutrition course, which will hold its activities with groups of women participating in the program at a frequency of once a month and once a week all meetings of the interdisciplinary team.

Along with the program there is still a monthly meeting with the families of women living with FMS and weekly meetings with women. The theoretical model that subsidizes the activities is based on Cognitive Behavioral Therapy and Group Therapy, as well as concepts of therapeutic models indicated for the treatment of chronic diseases. Through visits with relatives SFM can maximize their therapeutic effects as a result of contact with other people in a similar situation, create reference group able to decrease feelings of isolation and alienation, while sharing issues related to living with women with FMS.

The meetings are monthly in batch mode and coordinated by trainees of the Psychology course, accompanied by trainees of Physiotherapy course and other courses in the area of health (nutrition and medicine). With supervision of their teachers in each area.

In consultations with women with FMS techniques were used to self- directed and active participation of the patient, while providing awareness of the functioning of the body , the habitual patterns of posture, movement , the way it distributes the stresses , the actual alignment and / or axis deviations physical as well as broaden the perception of the patient before the body itself , gradually finding the most suitable tone.

Throughout the care process proposed here is guided by integrity, coupled with the technical and scientific contribution of teachers who make up the staff. The physiotherapy group is constructed from the theory of group work in the water in the form of hydrotherapy and using adapted and ample space that we have available , associated with formation of the teacher in charge , Global Postural Rehabilitation, Pilates and IsoStreching, based on the belief that when the therapist, caregiver, physical therapist, physical therapist treats / cares for each other and this process complements reason and emotion, listening and observing significantly, to the point of knowing that body he touches upon their approach, brings in their guts the story of a person's life that door, inserted within the family, community and society, he is able to help each other find their own healing, awakening in him their commitment to their evolution.

Therefore, any therapeutic method proposed here is focused on understanding the wholeness of the human being, in respect of its uniqueness, the epistemological reference of interdisciplinarity in the act of treating / caring can only contribute to the recovery of the harmony of this human being , and consequently, decrease pain and disease, they will be understood and motivate people to change. In this sense, this proposal seeks assistance for such results.

RESULTS AND DISCUSSION

Throughout the course of the program shown here, what we seek to do as a health care team, willing to care for people with fibromyalgia syndrome in an interdisciplinary way. Finally, the whole body perception of women with FMS just permeating the entire period of the program in a very subtle, silent and slowly unfolded it as essential to us in our proposal: change the focus of life of each patient. We can say that we reached the end of the study with good results in this area. Changes were made, both physical and emotionally and allowed a reunion with themselves and the people that surrounded him.

The question that guided the concern of this program with respect to women with FMS was: “Is there any therapeutic method capable of intervening in complaints of people with FMS and promote healing and / or minimize these symptoms? What can you do as a team health to improve this situation of suffering permanent, it interferes not only on the person, but also in the relationship with his family, society and the community?”

Today, after experiencing this process of treatment / care of women with an interdisciplinary and complementary approaches, one comes to the conclusion that yes there are methods to intervene in complaints from women with FMS in order to contribute to the minimization of their suffering from consider the person as a whole, since it allows you to breathe and move properly to maintain the harmony of its completeness.

In the case of software, each complementary method chosen together with conventional positive promoted, although by different routes and in different ways as well. One factor quite evident improvement of the overall conditions of the general state of the patients was, without doubt, the therapist's own stance regarding the congruence between its internal state and their conduct. This finding reinforces the findings of other researchers (Ghiorzi , 2002.2004; KROEGER , 2003): emotional communication happens to be to be and does not need words, it is felt by the vibration energy of their bodies.

Regarding posture, was the adoption of an approach that left the dorsal kyphosis structured with respect to their emotions and experiences to serve for a protrusion of chest forward. Furthermore, also controlled their anxiety, achieving significantly reduce anxiolytic who took daily to not using medication for such purpose. Began to speak more softly, less often, leaving others to express themselves, listening to them carefully, and leaving aside the stereotypes body: look up or down, rub their hands when speaking, to adopt the posture of servitude to the surround (back in curvature) and eyes on the ground.

Is reduced by the participants of the program need to talk about the pain, but increased during the sessions psychology group to talk about their lives , their relationships with their environment, with their family and society which are inserted. .

We conclude the entire team, which each has a right time to respond to proposed treatments and the time it did not arrive. Also, you only need improvement and even cure, one that you like, one that opens to the understanding of himself.

When he was done his family recall, it was observed that there is a strong family component that interferes with the current life of this patient and with the same tools that were provided to her solve these unresolved components and absorbed in a pathological way emotionally, she got it. What justifies the continuity of the activities of group psychology with relatives.

The program has resulted in the patients, a dire need of change , both in the course of their lives and in their understanding of life and the pursuit of healthy livin.

The patients decreased their complaints, the need to take medication, constantly going to the doctor or a healthcare professional for any of them to solve their problems. Recognizing his body, seeking healing within themselves and assumed the responsibilities of your state (sick / healthy) to others and never themselves.

Another relevant piece of this program was the interference of family history in the history of pain and diseases of patients with FMS. All patients in the study brought with them the story of a terrible childhood (a term used by them unanimously) marked by disaffection , physical and / or psychological . In addition , they all had a history generational with the same complaints of pain, and some with the same diagnosis.

It was through the use of genossociograma that patients viewed schematically, each of them, their family history, from a movie of their lives: the deaths, the people lost, the good, the bad, and how these people contributed to its state of current life.

Finally, we highlight here the importance of looking multireferential to account for this simplicity of human being who sometimes translates into complexity. When the therapist, caregiver, physical therapist, physical therapist, researcher, where there is the term that best suits whom research to better treat / care for others complements reason and emotion, listening sensitively, sensibly noting the point of knowing that body he touches at the moment of his approach, brings in her womb the life story of the person that the door into the context family, community and social, he is able to assist the other to find their own healing, awakening him your commitment to your evolution. Evolution does not dissociated from the evolution of the Universe, the movement of all goods, all living.

CONCLUSION

All care method focused on understanding the wholeness of the human being, in respect of its uniqueness, the epistemological reference interdisciplinary care in the act can only contribute to the recovery of the harmony of this human being and, consequently, pain and disease will disappear, because be understood and motivate the people for change. In this sense, this work has met its objectives.

Today, we can confidently say: 1) conventional methods do not produce favorable results, why not have a look multireferential about people who have FMS, about their potential health and, therefore, is not an articulator of interdisciplinarity; 2) symptoms and physical suffering is perpetuated when people are treated conventionally, because they do not understand what they are, which led them to forget the happiness, pleasure, desire to live, in short, which led them to become ill, and 3) emotional distress is arguably the generator of physical suffering and further exacerbates the physical symptoms.

Are now new assumptions, new questions and challenges to continue the study from this point of arrival. Does it have the same results with people with FMS from different cultures? Does a longer therapy could lead to a cure of the syndrome? We are ready to extend our treatment / care of people directly linked to women with FMS by ties cosanguíneos? Are the courses in the area of health, prepared to focus their curricula on health and not on the disease in humans and not in your symptom in the disease?

REFERENCES

CHAITOW, L. (org.) Síndrome de Fibromialgia: Um guia para o tratamento. Barueri: Manole, 2002.

MARTINEZ, José Eduardo; PANOSSIAN, Claudia; GAVIOLI, Fernanda. Estudo comparativo das características clínicas e abordagem de pacientes com fibromialgia atendidos em serviço público de reumatologia e em consultório particular. Rev. Bras. Reumatol. São Paulo, v.46, n.1, jan./fev. 2006.

ROIZEMBLATT, S. et al. Características do Sono Alfa na Fibromialgia. Revista Brasileira de Reumatologia. v.4, p. 15-24, 2002.

VANDENBERGHE, L. ; FERRO, C. L. B. Terapia de grupo embasada em psicoterapia analítica funcional como abordagem terapêutica para dor crônica: possibilidades e perspectivas. Psicologia teoria e prática. v.7, n.1, p.137-151, 2005.

VERONESE, M.A. As representações sociais do cuidar para os familiares de usuyários atendidos pelas clínicas-escolas da Universidade Católica Dom Bosco.81f. Dissertação (Mestrado em Piscologia) – Psicologia da Saúde, Universidade Católica Dom Bosco, 2007.

Ana Carolina Zanchet Cavalli
Endereço: Rua 247, nº 85, Itapema - SC
CEP: 88220000
e-mail: anaczanchet@hotmail.com

ASSISTANCE PROGRAM INTERDISCIPLINAR A WOMEN WITH FIBROMYALGIA SYNDROME

ABSTRACT

Introduction: The following proposal is a report of an interdisciplinary therapeutic method that sought to contribute to improving the health and interfere with the complaints and sufferings of women with fibromyalgia syndrome (FMS). Methodology: The methodology had the precepts of multiple references and interdisciplinary. These women were divided into groups of care. All treatment groups had a combination of medication, hydrotherapy, monitoring group with psychology and nutrition guidelines. The results were expressed both by qualitative analyzes as per quantitative. Conclusion: Women who received interdisciplinary and complementary therapy had significant improvements in both subjective and objectively his complaints of pain, gain energy, the reunion with themselves and their relationships, especially family. During the implementation of the program in the form of extension project , it could be said: 1) conventional physiotherapy does not produce favorable results, why not have a look multireferential about people who have FMS, about their potential health and thus, it is not articulating interdisciplinary; 2) symptoms and physical suffering is perpetuated when people are treated conventionally , because they do not understand what they are, which led them to forget the happiness, pleasure, desire to live, in short, which led them to become ill, and third. Emotional distress is arguably the generator of physical suffering and further exacerbates the physical symptoms.

KEYWORDS: Fibromyalgia, Interdisciplinary, hydrotherapy.

L'IMPORTANCE DE L'ÉDUCATION DE SANTÉ À RÉHABILITATION VESTIBULAIRE - RAPPORT D'EXPÉRIENCE

RÉSUMÉ

Introduction: Le maintien de l'équilibre postural dépend de l'intégration entre le visuel, vestibulaire, somato-sensoriel et auditif. Le désaccord entre ces systèmes peut entraîner divers troubles, comme dans les cas de dysfonctionnement labyrinthique et vestibulaire, provoquant des symptômes tels que des étourdissements, des vertiges, des acouphènes, des nausées et des déséquilibres posturaux. Matériel et méthodes: Cette étude a été élaborée à la clinique de physiothérapie à

l'Université de Vale do Itajaí Itajaí en impliquant onze patients atteints vestibulaire ou labyrinthique . Tous les patients ont subi une évaluation initiale et, plus tard assisté à des réunions hebdomadaires de 60 minutes pendant la première moitié de 2013, soit un total de dix rencontres . Au cours des réunions hebdomadaires ont été menées stratégies et des exercices destinés à un dysfonctionnement vestibulaire éducation à la santé . Résultats : Après dix réunions , nous avons observé une diminution des plaintes , principalement en provenance des vertiges , et une amélioration de l'ajustement postural et une plus grande connaissance du dysfonctionnement labyrinthique et vestibulaire. Conclusion : Il est possible de vérifier que les connaissances sur les facteurs qui influencent ou déclencher le dysfonctionnement labyrinthique et vestibulaire associée à des exercices posturaux et équilibrer positivement influencent la vie quotidienne des personnes qui présentent un dysfonctionnement labyrinthique et vestibulaire.

MOTS-CLÉS: dysfonctionnement de labyrinthe / vestibulaire; rééducation vestibulaire; éducation à la santé.

LA IMPORTANCIA DE LA EDUCACIÓN PARA LA SALUD EN REHABILITACIÓN VESTIBULAR - INFORME DE EXPERIENCIA

RESUMEN

Introducción: El mantenimiento del equilibrio postural depende de la integración entre lo visual, vestibular, somatosensorial y auditiva. La falta de armonía entre estos sistemas puede provocar diversos trastornos, como en los casos de disfunción laberíntica y vestibular, provocando síntomas como mareo, vértigo, tinnitus, náuseas y desequilibrios posturales.Material y métodos: El estudio se desarrolló en la clínica de fisioterapia de la Universidad de Vale do Itajaí Itajaí en involucrar a once pacientes con vestibular o laberíntica . Todos los pacientes fueron sometidos a una evaluación inicial y más tarde asistió a reuniones semanales de duración de 60 minutos durante la primera mitad de 2013 , lo que hace un total de diez reuniones. Durante las reuniones semanales se llevaron a cabo las estrategias y ejercicios diseñados para la disfunción vestibular educación para la salud . Resultados : Después de diez reuniones se observó una disminución de las quejas , principalmente de episodios de mareos, y una mejora en el ajuste postural y un mayor conocimiento acerca de la disfunción laberíntica y vestibular. Conclusión : Se pudo comprobar que el conocimiento acerca de los factores que influyen o activar la disfunción laberíntica y vestibular asociada con ejercicios posturales y equilibrar positivamente influyen en la vida cotidiana de las personas que presentan disfunción laberíntica y vestibular.

PALABRAS CLAVE: Disfunción laberinto / vestibular; rehabilitación vestibular; educación en la salud.

A IMPORTÂNCIA DA EDUCAÇÃO EM SAÚDE NA REABILITAÇÃO VESTIBULAR – RELATO DE EXPERIÊNCIA

RESUMO

Introdução: A manutenção do equilíbrio postural é dependente da integração entre os sistemas visual, vestibular, somatossensorial e auditivo. A desarmonia entre estes sistemas pode levar a diversos comprometimentos, como nos casos de disfunções labirínticas e vestibulares, desencadeando sintomas como tontura, vertigem, zumbido, náuseas e desequilíbrios posturais. Materiais e métodos: O presente estudo foi desenvolvido na clínica de fisioterapia da Universidade do Vale do Itajaí no município de Itajaí, envolvendo onze pacientes com diagnóstico de disfunção vestibular ou labiríntica. Todos os pacientes passaram por uma avaliação inicial e posteriormente participaram de encontros semanais com duração de 60 minutos, durante o primeiro semestre de 2013, perfazendo um total de dez encontros. Durante os encontros semanais foram realizadas estratégias de educação em saúde e exercícios direcionados a disfunção vestibular. Resultados: Após dez encontros foi possível verificar uma diminuição das queixas, principalmente das crises de tontura, além de uma melhora no ajuste postural e maior conhecimento a respeito das disfunções labirínticas e vestibulares. Conclusão: Foi possível verificar que o conhecimento a respeito dos fatores que interferem ou desencadeiam as disfunções labirínticas e vestibulares associado a exercícios posturais e de equilíbrio influenciam positivamente o cotidiano das pessoas que apresentam disfunções labirínticas e vestibulares.

PALAVRAS-CHAVE: disfunção labiríntica/vestibular, reabilitação vestibular; educação em saúde.