54 - EPIDEMIOLOGIC PROFILE OF ADULTS WITH CANCER: A STUDY IN SOUSA-PB

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INTRODUCTION

Cancer is the name given to a set of more than 100 diseases that have in common the uncontrolled growth of cells that invade the tissues and organs or distant neighbors can spread to other body regions. In developed countries, one person dies every five due to the injury, which has enabled the tumors that occupy the plateau leading cause of death of the population.

According to the National Cancer Institute (BRASIL, 2008, p. 22), statistics attest to this reality. For the body, "cancer is responsible for over 13% of all causes of death in the world, more than 7 million people die annually from the disease. In Brazil, estimates [...] pointed out the occurrence of 489 270 new cases " in 2011.

The most insidious types, with the exception of skin cancer nonmelanoma type, are the prostate and lung cancer among men and breast and cervical cancer in women (BRASIL, 2009). The explanation for the increased prevalence of cancer in the population, Brazilian or not, due to the exposure of individuals to risk factors for cancer. Redefining the standards of living, from the uniformity of working conditions, nutrition and consumption triggered by the global process of industrialization, have important effects on the epidemiological profile of the population.

Faced with the evidence, Amador et al. (2011) points out that the setting of cancer care presents related challenges, particularly with regard to dealing with the problem in a comprehensive manner, as the development of strategies for cancer control depend on numerous elements and the evolution of treatments against the disease is not enough to placate his image, which refers to mutilation, loss of self-esteem and death.

Before mentioned aspects and considering the particularities of the regional hinterland Paraiba, whether for housing, food and lifestyle habits that are embedded neoplasms, is relevant to draw an epidemiological profile of these subjects. Therefore, the study aims to answer the following question: what is the epidemiological profile of individuals with cancer living in the city of Sousa-PB? This research problem is of relevance, because the results may serve as a source of study for the area of Oncology Nursing, whose specificity lies in the absence of scientific research, becoming reference source for academics and professionals act in service to cancer patients, and enable global reflections on local problems, supporting the development and execution of strategies able to articulate actions to promote health and quality of life.

The study aimed to identify the epidemiological profile of adults with cancer living in the city of Sousa-PB.

METHOD

Epidemiological research, descriptive and field, developed neoplasms both in the urban and rural areas of the municipality of Sousa-PB, located within the state.

The sample included 60 individuals (26% of total research), which was established using the following inclusion criteria: having a diagnosis of any cancer, reside in that municipality, have joined the Family Health Strategy site to be higher of age and wish to participate voluntarily in the study by signing the Instrument of Consent.

The data collection instrument was a questionnaire previously validated through pilot testing, containing social, demographic, clinical and epidemiological. His application was only effective upon approval by the Ethics Committee in Research, CAEE 03961612.8.0000.5180. Therefore, the data collection occurred in 2012, made from home visit, whose addresses provided by the Municipal Health Secretary.

RESULTS AND DISCUSSION

SOCIAL AND DEMOGRAPHIC DATA

Considering the social and demographic data of the study sample, it found that 68.3% were female. The highest incidence among women related to national estimates (RODRIGUES; FERREIRA, 2010). The data, once, raise a question of paramount importance and still unanswered: if women care more than men, because they are more affected by cancer?

Among the study participants, there was a range of ages, fluctuating between 30 and 80 years, however, 27% were older than 50 years and were between 70-80 years each, 22% between 60-69 years 13% 40-49 years 11% 30-39 years. The result confirms the statement of the authors that establish age as a risk factor for the development of malignancies (WUNSCH; MONCAU, 2002).

Another raised reflected the color of skin. It found that 58% reported having white skin and 42% non-white. Popim et al. (2008) point out that fair-skinned people who live in locations with high incidence of sunlight, are at greatest risk of developing skin cancer. Thus, the data is important to the development of certain cancers.

Regarding marital status, 68% were married. Having a companion and their support can be a deciding factor to cope with the disease. Subject in much more stable support health treatments.

Still, the highest rate of cancer among subjects by Sousa is among those with low education - 94% (incomplete primary - 43%; illiterate - 33%, and complete basic - 18%). The education level can influence the design and understanding of the disease. The difficulty of preventing relates to several factors such as lack of information of the population, which retains some outdated and negative beliefs about cancer and its prognosis (LEFORT; ALMEIDA 2004).

Considering the exercise of gainful employment, 65% of respondents claim to own it and 35% do not. The data is worrisome, since a significant portion does not have a paid job and this can compromise therapy, while recognizing, as the National Oncological Care, which sees patients lacking features all their rights protected, as well as considering the Federal Constitution of Brazil, which ensures universal access to health, since health is everyone's right and duty of the State (BRASIL, 2005).

According to Alves; Bahia; Barroso (2009) the Constitution of 1988 represented a major breakthrough regarding the recognition of health as a fundamental right of Brazilians. In establishing the Unified Health System (SUS) were established, among other principles, the universality of coverage and care, as well as equal access to health services.

Therefore, to Martins et al. (2009) patients with a paid job also present several problems, since their physical limitations increases the percentage of work absences due to additional tests and continuity of care.

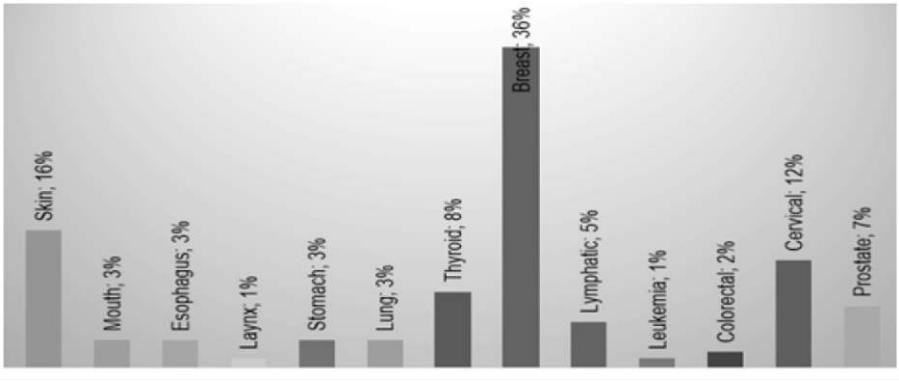
However, remaining in work helps recovery treatment, increasing self-esteem, emotional control, distraction and anxiety reduction, resulting in greater appreciation of life, acceptance and commitment therapy, positively influencing the healing process. Thus hospital costs associated with high absenteeism at work, from the recovery and treatment, determine reduction of personal productivity and generate a large social impact.

Regarding family income, 73% of respondents have income below the poverty level (SM), 23% 2-4, 4% SM and five or more SM. This result indicates that the vast majority of cancer patients questioned in this research belong to low-income families. Thus, the data from this research seems critical because people undergoing cancer treatment have significant financial burdens, such as the need to purchase medications, to afford the diagnostic or therapeutic procedures, hospitalization, among others (SONOBE; BUETTO; ZAGO, 2011).

CLINICAL DATA AND EPIDEMIOLOGIC

Figure 1 shows the percentage of cancers existing in the study.

Figure 1- Cancers



Note that the most common cancers were breast (36%), skin (16%), cervical (12%) and prostate cancer (7%).

According Guerra; Gallo; Mendonça (2005) there was an increase in the number of cancer cases worldwide, which sets nowadays one of the most important public health problems. However, variable is the distribution of different types of cancer, due to the characteristics of each region, which justifies the need to study the geographical variations in the patterns of this disease, for adequate monitoring and control.

Nevertheless, according to Brasil (2009, 2008), the primary cancer to affect Brazilian population remains the non melanotic skin cancer, followed by breast cancer and female lung.

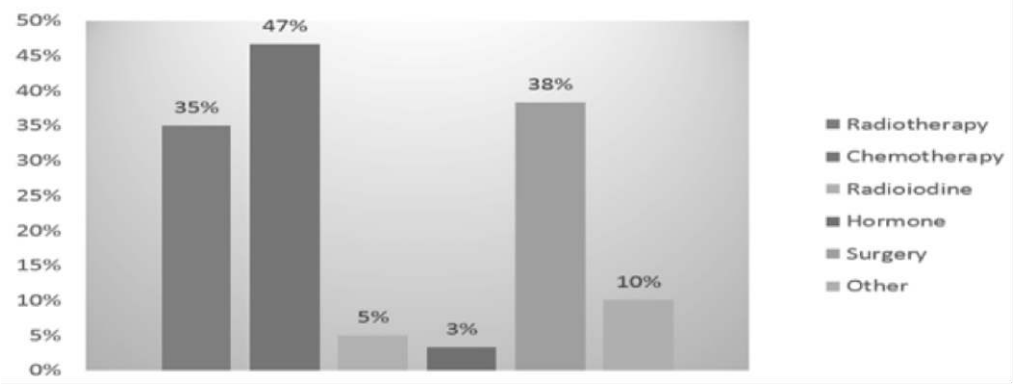
Considering the time of cancer diagnosis, 75% of people were diagnosed in the last three years, 17% were diagnosed with 4-6yrs, 3% for 7-9 years and 55% were diagnosed with the disease for more than 10 years.

The cancer diagnosis generates the patients and their families some psychological reactions such as fear and sadness, those that, if not addressed, could hamper the adjustment of the patient to the situation of illness and, consequently, which contributes to a worsening of the frame (SILVA; AQUINO; SANTOS, 2008).

Regarding treatment, 67% were under treatment and 33% did not. The data is troubling, because cancer is a serious disease and impacting on the quality of life of patients and is essential for therapy as early as possible. In most, is a function of municipalities, from the National Health Policy and the National Policy Oncology provide therapy to all who need it (BRASIL, 2005). Therefore, we look into: the reasons that lead to non-adoption of treatment by 100% of cancer patients sousenses?

Among individuals in therapy, you can see in Figure 2 the differences between them.

Figure 2: Treatment



Regarding the type of treatment used, 47% used/used chemotherapy, 38% surgery, 35% radiotherapy, 5% iodine therapy, hormone 3% and 10% reported using other types of therapy, but did not specify. Emphasizes that many of the respondents held more than one therapy.

There is no entirely satisfactory treatment to combat cancer often becomes necessary combination of more than one type of treatment for the disease, it is possible to provide a better quality of life for the patient (SILVA; AQUINO; SANTOS, 2008).

Regarding the percentage of patients who had adverse reactions to treatment, considering the fact that they were treated, 50% and 50% showed no reaction. The cancer treatment is not simple and its success depends on painful and invasive procedures that cause discomfort and distress, reactions such as fatigue, depression, changes in mood and behavior, vomiting

and malaise in post-chemotherapy, mucositis, among other (COSTA; LIMA, 2002).

On the use of drugs in the home, 45% reported use of these 52% were using analgesic and 48% of antineoplastic medication.

To Benseñor (2012) the use of opioid analgesics still faces many challenges, especially the issue of prejudice, which is very structured and rooted in our society; you cannot separate the legal use and illegal use of these drugs, leaving aside aspects scientific. Since the dawn of medicine with Hippocrates, sedating pain is one of the foundations effected and present in the medical oath. However, it seems that it has no longer taken into account today. These drugs can sold with prescription yellow, which is only present in some hospitals, making your purchase. These are very important for the control of pain especially in terminals patients.

The advantages of oral treatment are clear: the patient does not need to move to major centers in order to accomplish the therapeutic drug can use the comfort of home, avoiding unnecessary public displays, among others. Before the improvements, over 60% of the patients, when they have the option, choose treated with oral chemotherapy and not to the vein (EQUIPE ONCOGUIA, 2012).

Another question referred exposures to risk factors (carcinogens), 47% reported smoking, 43% exposure to solar radiation, 13% of contact with chemicals, 1% exposure to ionizing radiation, 47% to the consumption of foods rich in red meat and fat, 53% genetics, 23% alcohol and 5% did not emphasize any specific exposure. Therefore, emphasis on genetics, diet and smoking habits.

Heredity is a relevant factor, Mohallem; Suzuki; Pereira (2007) say that many studies show that the origin of tumors can be triggered by genetic factors as well as the lifestyle, because the power has an important role in the initiation stage, promotion and spread of cancer, accounting for 35% of cases, followed by tobacco (30%) and other like conditions and type of work, alcohol, pollution and food additives, which contribute less than 5% (GAROFOLO et al., 2004).

CONCLUSION

The study made it possible to reach the goal initially proposed, since identified the epidemiological profile of the individuals affected by cancer in the municipality of Sousa, in the state of Paraíba. It was found that women are the main victims, with superior aged 50, married and with a low educational level. Among the most common malignancies, breast cancer and cervical cancer were the most frequently mentioned.

The carcinogenic factors highlights were hereditary, smoking and eating unbalanced. And they had been diagnosed with the disease at least 0-3 years and which had undergone multiple treatments, although a significant portion had not made any therapy.

Thus, it becomes essential to create strategies to facilitate patient access to health services for effective therapy, since early diagnosis associated with therapy provides a cure and improving the quality of life of patients neoplastic.

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EPIDEMIOLOGIC PROFILE OF ADULTS WITH CANCER: A STUDY IN SOUSA-PB

ABSTRACT

Objective: To identify the epidemiologic profile of adults with cancer living in the city of Sousa-PB. Method: Epidemiological, descriptive and field as a backdrop to the urban and rural municipality cited which data collection was carried out in the year 2102, 60 patients from a questionnaire previously validated. Results: The sample consisted mostly of women (68%), aged 30-80 years (100%), married (68%), low education (94%), non-white skin (42%) and income of a minimum wage (73%). Regarding the type of cancer, the most frequently reported were breast cancer (36%) and skin (16%). Still, the diagnosis was made in the last three years (75%), therapeutic regimens chemotherapy (47%), half showed adverse reaction (50%) and the main risk factor is heredity (53%). Conclusion: It is fundamental to creation of strategies to facilitate patient access to health services for effective therapy, since early diagnosis associated with therapy provides a cure and improving the quality of life of patients neoplastic.

KEYWORDS: Epidemiology. Cancer. Diagnosis. Prevention.

PROFIL ÉPIDÉMIOLOGIQUE DES ADULTES ATTEINTS DE CANCER: UNE ÉTUDE EN SOUSA-PB

RÉSUMÉ

Objectif: Déterminer le profil épidémiologique des adultes atteints de cancer qui vivent dans la ville de Sousa-PB. Méthode: Épidémiologique, descriptive et sur le terrain comme toile de fond à la commune urbaine et rurale cité qui collecte des données a été réalisée en l'an 2102, 60 patients à partir d'un questionnaire validé précédemment. Résultats: L'échantillon se composait majoritairement de femmes (68%), âgés de 30-80 ans (100%), mariés (68%), faible niveau de scolarité (94%), de la peau non-blanc (42%) et le résultat d'un salaire minimum (73%). En ce qui concerne le type de cancer, le plus fréquemment signalés étaient le cancer du sein (36%) et la peau (16%). Pourtant, le diagnostic a été fait au cours des trois dernières années (75%), thérapeutique protocoles de chimiothérapie (47%), la moitié a montré des effets indésirables (50%) et le principal facteur de risque est l'hérédité (53%). Conclusion: Il est fondamental pour la création de stratégies visant à faciliter l'accès des patients aux services de santé pour une thérapie efficace, puisque le diagnostic précoce associé à un traitement fournit un remède et d'améliorer la qualité de vie des patients néoplasiques.

MOTS CLÉS: épidémiologie. Cancer. Diagnostic. Prévention.

PERFIL EPIDEMIOLÓGICO DE LOS ADULTOS CON CÁNCER: UN ESTUDIO EN LA CIUDAD DE SOUSA -PB

RESUME

Objetivo: Identificar el perfil epidemiológico de los adultos con cáncer que viven en la ciudad de Sousa -PB. Método: Estudio epidemiológico, descriptivo y de campo como telón de fondo al municipio urbano y rural citado que la recolección de datos se llevó a cabo en el año 2102, 60 pacientes de un cuestionario previamente validado. Resultados: La muestra consistió sobre todo en las mujeres (68%), con edades entre 30-80 años (100%), casadas (68%), la baja educación (94,3%), piel no blanca (42%) y los ingresos de un salario mínimo (73%). En cuanto al tipo de cáncer, la informaron con más frecuencia eran cáncer de mama (36%) y la piel (16%). Sin embargo, el diagnóstico se realizó en los últimos tres años (75%), los regímenes de quimioterapia terapéutica (47%), la mitad mostró una reacción adversa (50%) y el factor de riesgo principal es la herencia genética (53%). Conclusión: Es fundamental para la creación de estrategias para facilitar el acceso del paciente a los servicios de salud para una terapia eficaz, desde el diagnóstico temprano asociado con la terapia ofrece una cura y la mejora de la calidad de vida de los pacientes neoplásicos.

PALABRAS CLAVE: Epidemiología. Cáncer. Diagnóstico. Prevención.

PERFIL EPIDEMIOLÓGICO DE ADULTOS COM CÂNCER: UM ESTUDO EM SOUSA-PB

RESUMO

Objetivo: Identificar o perfil epidemiológico de indivíduos adultos portadores câncer residentes no município de Sousa-PB. Método: Estudo epidemiológico, descritivo e de campo, tendo como cenário a zona urbana e rural do município citado, cuja coleta de dados foi efetivada no ano de 2102, com 60 pacientes a partir da aplicação de questionário previamente validado. Resultados: A amostra foi constituída majoritariamente por mulheres (68%), com idades entre 30-80 anos (100%), casadas (68%), de baixa escolaridade (94%), de pele não branca (42%) e renda de um salário mínimo (73,3%). Quanto ao tipo de câncer, os mais relatados foram o de mama (36%) e o de pele (16%). Ainda, o diagnóstico foi firmado nos últimos três anos (75%), terapêutica instituída a quimioterapia (47%), metade apresentaram reação adversa (50%) e o principal fator de risco foi a hereditariedade (53%). Conclusão: Torna-se fundamental a criação de estratégias que facilitem o acesso dos pacientes aos serviços de saúde, para efetivação da terapêutica, visto que diagnóstico precoce associado com a terapêutica, possibilita a cura e a melhoria da qualidade de vida dos pacientes neoplásicos.

PALAVRAS-CHAVE: Epidemiologia. Câncer. Diagnóstico. Prevenção.