142 - NEUROPYCHOMOR STIMULATION FOR CANCER HOSPITALIZED CHILDERN THROUGH THE "HAPPINESS THERAPY"

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Introduction

Cancer is the third disease death cause in Brazil in children from one to fourteen years old and, in São Paulo State, in Brazil, is the first death cause in children from five to fourteen years, when not include external causes. (Rodrigues; Camargo 2003). Steuber e Nesbit (1997), affirm that infant cancer incidence rises 1% at year. This rise is proportionally inverse the death index and it's estimated that the global cure index is around 85%. It's estimated, thatr in 2010, one in 250 adults will be a survive from pediatric cancer, by this, nowadays, the treatment focus change, it is, beyond survive, the focus is also the quality of life it have after treatment.

In a research carry in 2002, Wünsch Filho and Moncau detect a great heterogeneity in cancer deaths in Brazil. In general, it is comment a straight decrease in cancer deaths in Brazil, but the Southeast, with 42,6% Brazilian population, exert a heavy influence in the deaths tendency. The cancer death risk was more accentuated in the south and southeast regions, but this death indexes were decrescent in this what are the more developed. In the others regions, with minus development, the death index was lower, but with ascendant tendency. This vision shows similar tendencies that the observed in the world, with a increase in the death indexes in the countries in development, however there are higher in the developed countries.

With the scientific advances, the perform of action groups with several professionals and cooperative groups, in the last years have been showed an increase in survive for all kind cancer. Cancer alter the child life in several aspects, Some effects are directly linked in psychological aspects in the disease course, or from treatment, however the effects etiology continue unclear. Worse in the psychological function can be secondary to treatment toxicity, or related to desmotivation by losing of energy. The psychological damage, like decrease in school or social practice, can result in neuropsychological deficit, attributed to chemotherapy toxicities or to the isolate what the patient suffer because the disease or its treatment. Researches describe neuropsychological injuries in several aspects according the diagnostic, treatment or child's age.(Lopes; Camargo; Bianchi, 2000).

In our culture the word cancer yet cause several impacts. The conventional hospital management can enhance feeling as fear, anguish, anxiety boot in the patient as family and caregivers. In accord Eiser (1992), an hospitalized child can find difficulties and obstacles in her life, like social and school life restriction, enhancing in this context the need in adapt a new daily routine, confide in unknown people, receive injections and other drugs, stay hospital room enclosure, be privated to enjoy oneself, new situations that wouln't know by this child and what characterize a hospitalization.

Data from the United States Cancer Institute, show that 72% to 95% from the patients in treatment present a increase in lose of energy what result in a decrease in the functional capacity, conducting to a great lose in Quality of Life. The combinations of metabolic alterations, psychological depression and appetite lose, guide the patients in a vicious cycle of muscle mass lose, decrease in physical activities, causing daily difficulties like walk upon in steps, go to school, go for long walks, and so on. The physical activities cause metabolic and morphological adaptations that turn the exercises in an important choose in the treatment or cancer patients. (BATTAGLINI et all, 2004).

The essence is remember that this patients go on the physical and emotional development in the period post therapy. We must use several clinical and laboratorial parameters to accompany aspects linked to organic systems, but also use instruments who investigate functions linked in emotional and social aspects. One time that the patient have got the cure, the great challenge is integrate them in the society.

Among the possible strategies we can use to face stressing conditions, Motta e Enumo (2004) describe the playing as a resource used boot by the child as by the caregivers to face the adversities from the hospitalization. The importance for the play in hospital receive social relevance mainly since the works from doctor Patch Adams(1999), in the United States of America, when his history was popularized in a film. Researching the literature above playing in hospital, was found that this question occupy a relevant space in infant hospitalization, bringing questions above the importance of the hospital humanization process. The toy is used as a resource able to proportionate to the children stimulant and enjoyable activities, but also bring calm and security.

Researches carry though Brazil, such as "happiness doctors" and "laugh company" change the hospital environment, converting it more enjoy fullness. The ludic activities in the conception of Saggese e Maciel (1996) must be considered as a therapeutic instrument and no merely an occupation to the lazybones time.

In front to this relates and researches and our practice observation, we percept a great need in minimize the deleterious effects coming from the disease and it's treatment in children hospitalized with cancer, to ameliorate its conditions to continue the neuropsychomotor development, building boot preventive and rehabilitation, integrating the family, hospital and the school in this process.

Methods

After some converses in informal meetings, we perceive that the promotion of ludic activities could represent an efficient environment to improve the life condition from this children. Since this moment, we formalize a proposal to the Service of oncology to the Joana de Gusmão Pediatric Hospital in Florianóplis/Brazil to introduce a project we call **"***Amigos do Grupo de Intervenção Terapia da Alegria no Hospital AGITA no Hospital -*" (Friends of the Group of Intervention Happiness Therapy in Hospital), with aim centered in the realization of interventions of ludic activities to stimulate the neuropsychomotor development. This project was submitted to the Ethics Committee from this hospital and only after the approve we begin the interventions.

This project is characterized how an action research clinical study, with transversal cohort and qualitative analyses of data. In accord Turato(2003), in the action research clinic model the study ambient is modified with the interventions, in the qualitative analyses, is implicit the epistemiologic character related to a global world, e.g., the researcher choose a subjective human experience, by data rich in personal descriptions, situations, attacks and experiences.

Participate in this study all the hospitalized children in the Onology Service from the hospital. This service attend the more complexes infant cancer cases by the "Unique Health System" from Brazil. In all there are attended nearby five hundred children in treatment stage and more four hundred with controlled disease. There are seven beds to hospitalization, who accompanies physicians, nurses, nutritionist, pedagogy and psychological.

There were realized twenty-one interventions, all the Mondays, Wednesdays, and Fridays, with the duration of two hours, by physiotherapists, occupational therapy, physical education and special education professionals integrating with

physicians nurses and pedagogies from the hospital. During the interventions was realized plays with ludic-pedagogic like paints, cuts, buildings with logical blocs, play music, play with balloons, every in groups to stimulate the physical, motor, cognitive and social development from the infants.

For acquire the data we consult the medical registries and we used a camp diary where was registered in a observational matrix, as suggested by Sánches(2003). The activities were realized with the children and registered the relates and comments of the infants, the families and health professionals. .

Discussion

The data were analyzed, interpreted and discussed according as Trivinos (1987), who suggest a trigonal analyses of the data observed in the reality and that who are in the literature and the research perception.

In some times the first contact was market with some difficulties possibly caused by the traumas from hospital routines. The fear from the conducts, sometimes painful, is heavy associate with the white clothes, generating initial aversion from the healthy professional who use it.

"No daughter, haven't fear. This aunts are only coming to play whit you. They don't nothing" (a mother from a child, while the child was crying)

With the use of colored toys and games, amusing and what stimule group activities, the neuropychomotor intervention based in ludic activities, becomes accepted, and until required by the children:

"In the next time you can arrive here at two and stay until eight o'clock, no? (child at the end of a therapy session))

The great participation of the children in the activities have made that the parents and caregivers also perceive the expectation generated in the children. We observe also, during the intervention, the admiration and until the wonder of some parents seeing their children smiling, and some giving a laughter.

"… the children yet were waiting for you anxiously!" (mother at the moment we arriving)

The project's receptivity by the professionals who work with the children, in the began, was a little aggressive, but knowing the work and them aims, they turn themselves great contributors and encouragers of the intervention in the children.

"It's very good you are doing this more attractive activities that the children stimuli yourself to go out the bed, because we know that more time they stay in there, more debilited they come" (Nurse about the project))

"We are just needing something of this kind to the children" (doctor in the presentation of the project).

Motta and Eumo (2004) describe the play as a resource used booth, by the child and by the caregivers, to manage the hospitalization adversities. Accord the authors, the toy is used as a resource able to proportionate stimulant and amusing activities to the children, but bring calmness and security. To the authors , at the point of view from the child, the interest and the use of the joke is related mainly at the immediate effect that it have in enjoy and in abstract. The child make use of there when and because the hospital offer resources to there. Playing in the hospital, the child change the her circle, approaching it to her lifestyle, and it can have a positive effect in relation to the hospitalization. So, the ludic activity, free and indifference, her a therapeutic role, when we consider therapeutic all that help in the welfare of the child. In the other hand, the play can have a technical application in opposite to therapeutic. Specific data about the play in hospital show that to the children hospitalized with cancer, the play is considered a positive strategy to face of the hospitalization. This children yet play while are hospitalized, and the fact that they want go on in the play shows the positive effect that it bring.

The ludic activity, for Saggese and Maciel (1996), must be considered an therapeutic instrument to the clinical intervention and not only an occupation for lazybones time. In the point of view of Motta and Enumo (2004), even fine it be, it already got welfare and quality of life, across all the advantages to her development.

In our practice we perceive that simple gags as paint, build an house with blocks, blowing a balloon , play music, awake great interest in realize this activity, stimulating movement coordination, balance, the language, the cognitive, the corporal circulation and the cardio-respiratory function.

Final Considerations

At the end of this period of intervention by the "happiness therapy" with the hospitalized children we perceive that we can transform the hospital ambient while we stay there. The children were motivated the realize the activities in substitution of a crying or sadness face, they present smiles, laughter, the happiness was all.

We believe that through the realized activities during the interventions we can justify this procedure, that can be base to implementation in other services, plus turn the hospital ambient more humanistic and enhance quality of life for all they involved with the children.

They have a low operational cost, with a great cost-advantage relation, this can permit that this model of therapy be incorporated for public and private institutions. We also suggest that this project go on in the oncology service and be created strategies to the application for all the sectors from this hospital.

REFERÊNCIAS

BATTAGLINI et al. Physical activity and levels of fatigue in cancer patients. **Revista Brasileira de Medicina do Esporte**. vol.10 n. 2. Niterói-RJ. Mar./Apr. 2004.

EISER, C.. Psychological consequences of chronic disease in children. **International Review of Health Psychology,** *1,* 145-165. 1992

LOPES, L.F., CAMARGO, B. , BIANCHI, A. **Os efeitos tardios do tratamento do câncer infantil.** Revista da Associação Médica Brasileira. vol.46 n. 3. São Paulo July/Sept. 2000.

MOTTA, A. B.; ENUMO, S. R. Brincar no hospital: estratégia de enfrentamento da hospitalização infantil. **Psicologia em Estudo**. vol. 9 n. 1. Maringá-PR. Jan./Apr. 2004

ADAMS, P. **Patch Adams: o amor é contagioso.** (F. Colasanti, Trad.). Rio de Janeiro: Sextante. (Trabalho original publicado em 1945).

RODRIGUES, K. E. ; CAMARGO, B. Diagnóstico precoce do câncer infantil: responsabilidade de todos. **Revista da Associação Médica Brasileira**. vol.49 n. 1. São Paulo Jan./Mar. 2003

SAGGESE, E. S. R.; MACIEL M. (1996). O brincar na Enfermaria Pediátrica: recreação ou instrumento terapêutico? **Pediatria Moderna***, 32* (3), 290-292.

SÁNCHES; et al. **A psicomotricidade na educação infantil uma prática preventiva**. 2003

Steuber CP, Nesbit ME Jr. **Clinical assessment and differential diagnosis of the child suspected cancer**. In: Pizzo PA, Poplack DG, editors. Principles and practice of pediatric oncology. 3 ed. Philadelphia: Lippincont-Raven; 1997. p.129-39.

TRIVINOS, A. N. S. **Introdução à Pesquisa em Ciências Sociais:** a pesquisa qualitativa em educação. Augusto Nibaldo Silva - Sao Paulo: Atlas, 1987.

TURATO, E. R. Metodologia da Pesquisa Clínico - Qualitativa. Editora: Voz. 2 ed**.** 2003.

WÜNSCH FILHO, V.; MONCAU, J. E. Mortalidade por Câncer no Brasil 1980-1995: padrões regionais e tendências temporais. **Revista da Associação Médica Brasileira.** vol.48 n. 3. São Paulo July/Sept. 2002

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STIMULATION NEUROPSICOMOTOR IN CHILDREN WITH CANCER HOSPITALIZED THROUGH THE "THERAPY OF THE HAPPINESS "

ABSTRACT: The cancer is the third cause of children's death and adolescents in Brazil. For this reason this study investigated if the neuropsychomotor stimulation can enhance the cancer hospitalized children's quality of life through the "Happiness Therapy ". This project is characterized as a clinical study type research-action, of traverse cohort and qualitative analysis of the results. Participated of the study all children interned during the intervention period in the Oncology Service of the Infantile Hospital Joana de Gusmão from Florianópolis. The interventions were accomplished through neuropsychomotor stimulation with ludic-pedagogic materials, as paintings, collage, construction with logical blocks, to play musical instruments, to fill and to play with balloons, among other, always in group to stimulate the physical, motor, cognitive and social development of the children. For the collection of data, the medical registrations were consulted and we used a field diary, where we registered in an observational matrix the accomplished activities and logged the reports for the children's, families and health professionals involved in the project. We noticed that the therapies woke up the children's interest to accomplish the activities, stimulating the coordination, the balance, the language, the cognitive, the corporal circulation, the cardio-breathing function, the socialization, besides turning the hospital atmosphere more pleasant and less traumatic.

Words key: stimulation neuropsicomotor, children with cancer, therapy of the happiness.

ESTIMULATION NEUROPSICOMOTORA EN NIÑOS CON CÁNCER HOSPITALIZÓ ATRAVÉS DEL "LA TERAPIA DE LA FELICIDAD"

RESUMEN: El cáncer es la tercera major causa de la muerte de niños y adolescentes en Brasil. Por esa razón este estudio búsqueda investigar como el estímulo neuropsicomotor puede mejorar la calidad de la vida de niños con cáncer hospitalizados, através de la Terapia de la Felicidad". El proyecto se caracteriza como un estudio clínico del tipo investigación-acción, de corte travesaño y el análisis cualitativo de los resultados. Participaron del estudio ellos los niños que internaron durante el periodo de la intervención en el Servicio de Oncologia del Hospital Infantil Joana de Gusmão de Florianópolis. Las intervenciones eran cumplidas através del estímulo neuropsicomotor con material lúdico-pedagógico, como las pinturas com guache, el collage, la construcción con los bloques lógicos, tocar instrumentos musicales, llenar y juga ballon, entre otro, siempre en grupo para estimular el desarrollo físico, motor, cognoscitivo y social de los niños. Para la colección de datos se consultaron los manuales de los niños y usaron un diario del campo dónde eran registrado en una matriz observacional las actividades cumplidas y anotado los informes y los comentarios de los niños, parientes y profesionales del servicio refiriéndose al proyecto. Nosotros notamos que las terapias despertaron el interés de los niños para lograr las actividades, mientras estimulando la coordinación, el equilibrio, el hable, el cognoscitivo, la circulación corpórea, la función cardio-respiratoria, la socializacion, además de volverse la atmósfera el hospitalar más agradable y menos traumático.

Palabras llave: estimulation neuropsicomotora, niños con cáncer, terapia de la felicidad.

LA STIMULATION NEUROPSYCHOMOTRICE CHEZ L'ENFANT HOSPITALISÉ AVEC CANCER ATRAVÈS LA « THÉRAPIE DU BONHEUR"

RÉSUMÉ: Le cancer est la troisième plus grande cause de mort d'enfants et d'adolescents au Bésil. Cette étude a par bout la recherche des effets de l'utilisation de la thérapie du bonheur comme stimulation neuropsychomotrice. L'objectif est une meilleure qualité de vie pour les enfants hospitalises avec cancer. Cette une recherche clinique du type recherche-action avec coupure transversal et analyse qualitative des résultats. Tous les enfants hospitalisés pendant la période d'intervention, dans le Service d'Oncologie du Hôpital d'Enfant Joana de Gusmão ont participé de la recherche. La thérapie du bonheur a été réalisée par stimulation en utilisant matériel ludique-pédagogique. Par exemple aquarelle, construction avec blocs logiques, jeux d'instruments de musique, gonfler et jouer avec ballon, parmi autres, toujours en groupes à fin de stimuler le développement physique, moteur, cognitif et social des enfants. Pour l'acquisition des données les dossiers de chaque patient ont été consultés aussi bien qu'un cahier de champs où les activités réalisées ont étés enregistrées. Les observations des familiers, des professionnels et des enfants sont également enregistrés dans le cahier de champs. Nous avons remarqué l'envie des enfants en réaliser les activités proposées comme thérapie en stimulant la coordination l'équilibre le langage le cognitif le système circulatoire, le système cardiaque et respiratoire, la socialisation. L'ambiance hospitalier devient moins lourd pour tous. .

Mots clés: stimulation neuropsychomotrice, enfants avec cancer, thérapie du bonheur.

ESTIMULAÇÃO NEUROPSICOMOTORA EM CRIANÇAS COM CÂNCER HOSPITALIZADAS ATRAVÉS DA "TERAPIA DA ALEGRIA"

RESUMO: O câncer é a terceira maior causa de morte de crianças e adolescentes no Brasil. Por esse motivo este estudo busca investigar como a estimulação neuropsicomotora pode mellhorar a qualidade de vida de crianças com câncer hospitalizadas, através da "Terapia da Alegria". O projeto se caracteriza como um estudo clínico do tipo pesquisa-ação, de corte transversal e análise qualitativa dos resultados. Participaram do estudo todas as crianças internadas durante o período de intervenção no Serviço de Oncologia do Hospital Infantil Joana de Gusmão de Florianópolis. As intervenções foram realizadas através de estimulação neuropsicomotora com material lúdico-pedagógico, como pinturas com guache, colagem, construção com blocos lógicos, tocar instrumentos musicais, encher e brincar com balão, entre outras, sempre em grupo para estimular o desenvolvimento físico, motor, cognitivo e social das crianças. Para a coleta de dados foram consultados os prontuários das crianças e utilizado um diário de campo, onde eram registradas em uma matriz observacional as atividades realizadas e anotados os relatos e comentários das crianças, familiares e profissionais do serviço referentes ao projeto. Percebemos que as terapias despertavam o interesse das crianças para realizar as atividades, estimulando a coordenação, o equilíbrio, a linguagem, o cognitivo, a circulação corporal, a função cárdio-respiratória, a socialização, além de tornar o ambiente hospitalar mais agradável e menos traumático.

Palavras chave: estimulação neuropsicomotora, crianças com câncer, terapia da alegria.