INTRODUCTION

The Fibromyalgia Syndrome (FMS) is a rheumatic disease difficult to interpret, and the clinical diagnosis is supported by the data of history and the presence of the patient's pain (1). Since the first symptoms to diagnosis exact people seek various alternatives that advocate a reduction of pain and improvement in quality of life, this way most of the time is very broad, diverse and confusing.

The Model Health System proposed by Kleinman (2) defines the way how a person perceives the disease, how you respond to it, the person's knowledge, treatment and social institutions involved. Social factors such as religion, education, work, class, ethnicity and social network influence the decision to use certain features of health care in one location, resulting in different realities within a health system. According to this author the health care system contains three subsystems: Family, Work and People (3).

Therefore, this research aims to answer the following question: what is the Therapeutic Itinerary of patients with Fibromyalgia Syndrome attending Assistance Program Interdisciplinary UNIVALI / Itajai?

In this sense it is hoped that the research demonstrated here, may help in understanding how people construct their own ways, they deal with the disease and how to seek healing from it.

It is necessary to study the therapeutic itinerary, for analyzing this way we can approach them with more knowledge, understanding them as a whole, so we can improve our techniques and treatment interventions. Thus verifying the means they use and travel, and whether it influences therapy.

METHODOLOGY

This research is based on a qualitative perspective, exploratory which aims to evaluate the therapeutic itinerary of patients linked to the interdisciplinary program of SFM Physiotherapy Clinic UNIVALI / Itajaí. It was approved on the date of 27.08.2010, by the Ethics Committee of the Universidade do Vale do Itajai (No 206/10).

The sample consisted of 10 women with a clinical diagnosis of FMS, who attend the program of assistance Interdisciplinary Univali, the calls are in the School of Physiotherapy Clinic, the Univali. These women are accompanied by nutritionists, psychologists and physiotherapists.

Inclusion criteria for this study were women with a clinical diagnosis of the disease and who attend the interdisciplinary program in question. Exclusion criteria are women who are not part of the program and who refused to participate.

For this research we used an open interview, with questions before pre-designated, ie, semi-structured, developed by the researchers based on the theoretical framework that guided our research.

Participants who agreed to participate signed a consent form, the interview was conducted in the homes of participants, reports were filed on a recorder NOKIA X6 model, the data were transcribed for later analysis suffer.

In all, 10 interviews were conducted, where data saturation occurred. When passed, around 06 interviews, researchers have noticed that the responses of the participants were similar, showing a common path for them.

For data analysis, we used the technique of content analysis of Bardin (7).

RESULTS AND DISCUSSION

Here we report the subsystems proposed by the theoretical framework of our study and the respective category to which the subsystem housed within the scan results:

Subsystem Family: We understand that this subsystem is that tactics are adopted early, as it refers to the events of everyday life. This subsystem refers to common sense, popular knowledge, and networks of support that the individual uses (2).

Since FMS is a condition that domain females not in fact cause the weirdness of this subsystem to be strong within the therapeutic itinerary of a woman who is mother is mother, the daughter, is coined, is sister's wife's girlfriend within a family context. Knowing that the woman has a fundamental role within the family some questions arise, how the different roles that the same woman has within a family? And look for positioning these different roles of a woman who has / is suffering with FMS. How would?

What is the relationship and the role of the family in the process of health illness this woman with their different roles and functions in its nest. Through these questions arises category then try to elucidate some situations:

"Understanding the role of the family in the health / disease who have FMS".

In this category, we see how the family influences the SFM, both in discovery and after the diagnosis. According to Oliveira (8) family regardless of color, race or social distinction, comes first, she being the "safe haven" of each person who
In analyzing the interviews we noted that the subsystem family is the first option being sought by women with FMS. The support and understanding of family is not always something easy negotiation, the reports when we realize that family members, especially her husband, do not understand the situation in which the person is mostly a matter of alga intense and constant, leads to the patient a picture of sadness, anxiety and possibly depression, thus making treatment more difficult.

Subsystem popular: It is understood the popular subsystem is more than just a “cure” for individuals, not being legally recognized. Called lay still as a subsystem that uses resources like herbs manipulative treatments (2.8).

In FMS, the popular subsystem subsystem is the second most evident in the therapeutic itinerary of the participants, as he shares the information concerns an adjuvant treatment, even though their effectiveness is not always recognized by participants, but their use is always welcome and performed as a form of self-care and subjective demand curing. Emerging from this subsystem the following category:

“Believing in Beliefs as a Form of Treatment for symptoms experienced.”

In this category we highlight the issue of how beliefs and religiosity has an impactful relationship with current reality with which they are participants, since the diagnosis before they seek ways more fervent in faith healing, and after the diagnosis that takes a new search format, it’s like from women diagnosed with FMS study, know exactly what they should fight the enemy in that case is the SFM and its causes and effects.

To Pietrukowicz (10), the demand for religion happens to provide relief of distress, where the individual seeks a form of comfort, sympathy and support. Both in spiritual centers, evangelical churches, the Catholic church, Umbanda among others, are places where there are different ways to search to alleviate the problems and relieving the disease. Thus, religion is seen as a means to cope with problems of everyday life, because of the support needed to live the faith. As we see in the stories below:

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assistance in other systems such as Family and People together.

Then we realized that the respondents drew a common path, covering medical services, first being the search for a general practitioner, not being identified your problem they sought other medical specialist, such as an orthopedist, neurologist, and finally a rheumatologist, traced so that your diagnosis. This is also due to the fact the organization of the National Health System in our country, the patient should always go through a doctor linked to the Family Health Program of Basic Health Unit of the district in which he resides.

This category shows the importance of physical therapy as a treatment of choice, with more emphasis on results after the discovery of the disease, it is noteworthy that this path is a long journey where there is the first passage by several doctors when it comes to one last doctor, rheumatologist, which makes the final diagnosis of FMS, it directs women to perform hydrotherapy.

Caromano studies (12) confirm that the water exercise improves symptoms of FMS and it is superior to classic muscle stretching with a view to improvement of depression, anxiety, pain, function and quality of life.

"The hydro helps a lot here in the water has helped me a lot today, I did not even wait to go to, because it seems that burning pain right? "And the water that soothes me (Lily)."

To Ruoti et al (13), the therapeutic effects of exercise in water are: relief of pain and muscle spasm, muscle relaxation, maintaining or increasing range of motion, improves muscle function, improved perception of body image, feeling physical well-being and mental health; increased circulation and improved skin condition, strengthening self-esteem of the patient, giving you confidence to achieve functional independence; increase perceptual and sensory enhancing freedom of movement, body awareness and main perceptual relationship between body, mind and environment.

"But it's great that the agent does here in the pool, I go home relieved knows? Two three days, the pain is very little, the water there, helps me a lot, this exercise in water relieves pain me (Daisy) ".

As well as the above reports can realize the importance in therapy as treatment of SFM because it is observed that after the discovery of the disease, the subsystem professional with respect to Physiotherapy becomes stronger, creating a bond, for the participant perceive the result, especially in its algia intense, limiting factor of these women, so the importance of this form of treatment.

In our study it was possible to evaluate the individual in a comprehensive way and that proved extremely important for us as future professionals the importance of physiotherapy in the treatment both in understanding the disease.

"And the water that soothes me (Lily)."

During the reports, it is clear that there are many positive aspects in choosing physical therapy because the conviviality weekly (2x week) comes to interaction, socialization problems and difficulties between the patient and therapist and participants together with this comes greater credibility and adherence to treatment proposed.

Thus Marques et al (14) adds that physical therapy has great positive influence in the daily life of the patient, not only being a medium where the patient note relief of their pain, but rather a means of achieving their welfare and improvement in their quality of life. For this to occur, the patient should be committed and believe in their treatment.

CONCLUSION

We noticed that during the research the cultural context was something of extreme importance because he excelled in every interview. As much as we are in the XXI century in a globalized world of many scientific discoveries, we still come across very strong cultural loop, practiced by these women with FMS, that in seeking to know what has and heal, using the familiar three subsystems , the popular and professional, without specific order, but simultaneously.

As the route is being built along the way, women will look for ways to adapt to what is facing, changing your routine often in support of a cure, even without knowing what it is.

Of this we note that the family subsystem appeared strongly in interviews especially in relation to the support they need, we note that those women where family support necessary understanding of the disease that these women have, the way they deal with the disease becomes very easier.

Thus, when families are not the solution, these women refer to the subsystem popular him as they seek alternative healers, natural remedies, self-medication and also leaving aside spiritual being that they find strength in faith to continue this journey, during Path notice feelings that take account of women that include fear, depression, anxiety and difficult to understand what they are experiencing.

The passage through professional subsystem starts with the care of a general practitioner and therefore being passed by several experts until they reach the rheumatologist who gives a diagnosis, are then referred for physiotherapy.

In physiotherapy patients acquire an understanding of the disease and learn to deal with pain, or face physical therapy as the only form of treatment that actually is effective, but always using the other subsystems simultaneously. In our case the professional subsystem is due to the strong form of care / treatment that participants receive in the program who attend.

Knowing the therapeutic itinerary of women with FMS features that this is built by several paths where there is a principle that defines what to do, but we note that this family subsystem strongly inserted at the beginning and end of the therapeutic path. In our study it was possible to evaluate the individual in a comprehensive way and that proved extremely important for us as future professionals the importance of physiotherapy in the treatment both in understanding the disease.

REFERENCES

INTRODUÇÃO: A síndrome de fibromialgia (SMF) é uma patologia reumática de difícil interpretação, que acomete as mulheres, caracterizada por um quadro intenso de dor, alterações psiquiátricas, além de alterações no sono. Por se tratar de uma síndrome de difícil manejo as pessoas louras viajam diferentes caminhos na procura de um diagnóstico específico e na tentativa de reduzir o quadro álgico. OBJETIVO: Este estudo foi feito com o intuito de conhecer o itinerário terapêutico dos pacientes que assistem ao programa de atenção interdisciplinar de SFM, identificando os caminhos, as dificuldades no percurso, tanto quanto as redes de cuidado. METODOLOGIA: Este estudo foi realizado a partir de entrevistas semi-estruturadas, tendo como população alvo as mulheres que frequentam o programa de interdisciplinar UNIVALI que se dispuseram a participar. A metodologia se baseou nas respostas das entrevistadas, a concepção do itinerário terapêutico e com base no modelo de Arthur Kleinman. RESULTADOS: Conhecemos que o itinerário terapêutico das pacientes que frequentam o programa de assistência interdisciplinar da UNIVALI que se dispuseram a participar. A metodologia da pesquisa baseou-se nas respostas das entrevistadas, pela concepção de itinerário terapêutico e com base no modelo de Arthur Kleinman. CONCLUSÃO: Ao conhecer o itinerário terapêutico percebemos que cada indivíduo deve ser compreendido de forma individual, pois cada um apresenta um contexto cultural muito marcante. Dessa forma conhecendo o itinerário do paciente profissional da saúde o conhece como um todo e não somente num aspecto saúde/doença.

PALAVRAS-CHAVE: Cultura; Fibromialgia; Itinerário Terapêutico.