90 - ASSESSMENT OF THE CARE PROVIDED TO PATIENTS WITH VENOUS ULCERS TREATED BY THE FAMILY HEALTH PROGRAM IN NATAL, BRAZIL

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INTRODUCTION
Venous ulcers (VU) of the lower limbs are the result of inadequate venous blood return in the feet or legs. This worldwide problem is responsible for significant morbidity and mortality, in addition to having considerable economic impact and causing social and psychological damage in patients and families. VUs are chronic occurrences corresponding to 80% to 90% of lower limb lesions (LONGO JÚNIOR et al, 2002, FALANGA et al, 1997). The prevalence of VUs has increased along with the increased elderly population; international studies have shown prevalences between 0.06% and 3.6% in the adult population and 3.6% in individuals older than 65 years of age (MARGOLIS, 2002, DOUGLAS, SIMPSON, 1995).

Improperly treated VUs have a high recurrence index. Vu treatment is long and complex, requiring specialized knowledge, technical skill, interdisciplinary action, cooperation among the health care complexity levels and the active participation of patients and their families, within a holistic perspective (BORGES, 2005; TUYAMA, 2004; PIEPER; CALIRI; CARDozo, 2004; TENÓRIO; BRAZ, 2004; LONGO JÚNIOR et al, 2002).

According to Figueiredo (2006b), when improperly cared for, VUs may remain unhealed for years, compromising the patient socially and emotionally. In innumerable cases, individuals are unable to work, aggravating an already precarious socioeconomic condition. Borges (2005), Nunes et al, (2006b) and Torres (2006) state that the quality of care provided to VU patients by the health services is related to a systematized care that must consider aspects inherent to the diagnosis, planning, implementation and assessment of treatment and prevention actions and behaviors.

Thus, we have observed in basic health care practice that the occurrence of chronic VUs and their complications have increased in the last decade as a result of the inadequate care given to patients with these lesions. This poses a great problem for public health (BORGES, 2005). Accordingly, our purpose was to assess the care provided to VU patients treated by the family health units (FHU) in Natal, Brazil.

METHODOLOGY
This is a descriptive study, using a quantitative approach, of 74 VU patients treated by Family Health Program (FHP) teams at the 31 FHUs. After receiving authorization from the Municipal Health Secretariat of Natal and approval by the Research Ethics Committee of the Universidade Federal do Rio Grande do Norte (UFRN) (Protocol no. 55/05), we scheduled a series of visits to the FHUs and patients’ homes in conjunction with the nurses of each unit. The purpose of these visits was to interview the patients, observe dressing changes and perform a clinical assessment of the VUs.

Home visits were accompanied by members of the FHP team (Community health agents, nursing technicians and nurses). A total of 86 patients with lower limb ulcers, 74 (86.4%) of whom had VU, 6 (6.8%) arterial ulcers, 4 (4.9%) diabetic ulcers and 2 (2.3%) ulcers from other causes.

Data collection was performed from Dec/2005 to Apr/2006 at the FHUs and at the patients’ homes at previously established times (morning and afternoon).

To assess the quality of care provided to VU patients, we selected 10 variables (vu diagnosis, training, dressing changes, dressing kit, topical therapy, follow-up in the previous 30 days and treatment continuity), based on the guidelines proposed by Aguiar et al. (2005) and Borges (2005).

The data were analyzed using descriptive (absolute and relative frequency) and inferential statistics (Binomial test with \( p < 0.05 \)) in SPSS software, version 14.0.

RESULTS
We studied a total of 74 VU patients, predominantly women (74.5%), elderly, over the age of 65 years (67.6%), with elementary schooling (74.3%), family monthly income up to US$350.00 (68.9%), retired (90.5%), standing position (23.0%), insufficient sleep (59.5%), chronic venous insufficiency (100.0%), hypertension (44.6%) and diabetes (25.7%).

With respect to the care provided to VU patients, Figure 1 shows an absence of: compress therapy (100.0%), proper compress therapy use (1.4%), dressing kit (70.3%), caregiver training (67.6%), consultation with angiologist (63.5%), laboratory examinations (55.4%), FHP team follow-up (51.4%), VU diagnosis (47.3%), pain treatment (29.7%) and treatment continuity (24.3%).

Figure 1 shows that 90.5% of the VU patients had improper care, based on the analysis of ten variables selected as parameters of the quality of care provided.
According to Reis et al. (2003), a large number of VU patients suffer from recurring ulcers for long periods of their lives, undergoing different treatments with no practical results.

Maffei (2002) emphasizes that healing is a physiological process and the role of those caring for patients with ulcers is to provide efficient means for healing. Among the treatment methods are compress therapy (Unna boot, elastic stockings and bandages), which helps reduce or revert changes caused by chronic venous hypertension produced in the skin and vascular network, such as hyperpigmentation, lipodermatosclerosis, ulcers and varicose veins (BORGES, 2005).

Furthermore, we must identify the presence of pain and treat it, since, according to Bersusa and Lages (2004), the pain is not a result of the amount of tissue damage, but rather, is caused by a group of interacting factors that must be analyzed. Venous pain has, therefore, an important characteristic for its differential diagnosis, namely, that it increases when individuals are standing and even when they are sitting with their legs dangling, and improves when the legs are raised (MAFFEI, 2002).

The constant lack of dressing materials, the application of dressing by untrained patients and caregivers, added to treatment discontinuity and lack of follow-up, are negative factors in the FHP routine that may be contributing to lesion chronically. The protocols developed by the Municipal Secretariats of Ribeirão Preto (2004) and Belo Horizonte (2003) underscore the importance of systematized care, interdisciplinarity and the involvement of administrators, mainly in relation to supplying materials and qualifying professionals to treat VUs.

In agreement, Aguier et al. (2005) affirm that the care provided to VU patients must be guided by the following diagnostic, treatment and prevention policies: assessing patients and their wounds; documenting the clinical findings; treating the ulcer and the surrounding skin; selecting the dressing; antibiotic use; improving venous return; referring the patients; and qualifying the professional.

CONCLUSIONS

Based on an assessment of aspects related to the quality of care provided, we found the following: VU patients were poorly diagnosed, did not undergo laboratory examinations, had restricted access to angiologists, inadequate topical therapy, lack of compress therapy, pain, were applied dressing by unqualified technicians and caregivers, suffered from a lack of materials, absence of caregiver training, characterizing inadequate care with little problem solving ability, and lack of follow-up by the FHP team, a reference and counter reference to other complexity levels of caregiving.

Accordingly, we conclude that the care provided by the FHP team to VU patients is unsystematic, without planning or assessment and with poor problem solving skills, a situation we deem to be inadequate, and which has been interfering negatively in the care provided at the FHUs studied.

BIBLIOGRAPHICAL REFERENCES


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Investigación descriptiva con el objetivo de evaluar la asistencia a los portadores de UV recibida en las USFs (Unidades de Salud de la Familia) en el Programa de Salud de la Familia del municipio de Natal/RN. La población cible es formada por 74 portadores de UV, atendidos por los equipos del PSF (Programa de Salud de la Familia) en las 31 USFs. La evaluación de la asistencia se realizó con los siguientes indicadores: diagnóstico de UV, consulta en angiología, uso de compresión, consulta y tratamiento adecuado, kit de cuidados, entrenamiento de personal, acompañamiento del equipo de salud de la familia, continuidad del tratamiento. Los datos fueron recopilados en la casa de los pacientes y en las USFs, a través de entrevistas estructuradas. Los datos recopilados fueron organizados en un Excel column chart y transferidos al software SPSS para análisis descriptivo e inferencial (prueba Binomial con p < 0.05). La asistencia se caracterizó como inadecuada (90.5%), determinada por la ausencia de: compresión (100.0%), consulta y tratamiento adecuado (98.6%), kit de cuidados (98.6%), entrenamiento de personal (98.6%), consulta en angiología (98.6%), exámenes en laboratorio (55.4%), acompañamiento del equipo de salud de la familia (55.4%), y continuidad del tratamiento (24.3%). Los resultados muestran que la asistencia en las USFs estudiadas es insuficiente, con poca intervención y control, y que se requieren acciones para mejorar la calidad de la asistencia a los portadores de UV.
Palabras clave: ulcera venosa, PSF, evaluación de la asistencia.

AVALIÇÃO DA ASSISTÊNCIA AOS PORTADORES DE ÚLCERAS VENOSAS ATENDIDOS NO PROGRAMA SAÚDE DA FAMÍLIA DO MUNICÍPIO DE NATAL/RN

RESUMO

Pesquisa descritiva que objetivou avaliar como são assistidos os portadores de UV atendidos nas USF. A população alvo foi composta por 74 portadores de UV atendidos pelas equipes de PSF nas 31 USFs. O estudo obteve parecer favorável do Comitê de Ética da Universidade Federal do Rio Grande do Norte (Protocolo n.55/05). A coleta de dados foi realizada domiciliarmente e nas USFs, por meio de entrevista estruturada. A avaliação da assistência foi realizada por meio das variáveis: diagnóstico da UV, consulta angiologista, uso de terapia compressiva, terapia tópica adequada, quite de curativos, treinamento dos cuidadores, acompanhamento da equipe de PSF, tratamento da dor, realização de exames e continuidade do tratamento. Os dados foram organizados em planilha eletrônica Excel e transportados para o Programa SPSS 14.0, para análises descritiva e inferencial (Teste Binomial com \( \alpha < 0,05 \)). A avaliação da assistência foi caracterizada como inadequada (90,5%), determinada por ausência de: terapia compressiva (100,0%), terapia tópica adequada (98,6%, \( \alpha=0,000 \)), quite de curativos (70,3%, \( \alpha=0,001 \)), treinamento de cuidadores (67,6%, \( \alpha=0,003 \)), consulta com angiologista (63,5%, \( \alpha=0,027 \)), exames laboratoriais (55,4%), acompanhamento equipe PSF (51,4%), diagnóstico da UV (47,3%), tratamento da dor (29,7%, \( \alpha=0,001 \)) e continuidade no tratamento (24,3%, \( \alpha=0,000 \)). Os resultados denotam que a assistência prestada nas USF pesquisadas foi assistemática, com pouca resolutividade, sendo qualificada como inadequada.

Palavras-chave: úlceras venosas, PSF, avaliação da assistência.