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DIABETES MELLITUS: CHARACTERISTICS OF NURSING CARE AND ASSISTANCE TO THE ELDERLY

DIABETES MELLITUS: CARACTERÍSTICAS DA ASSISTÊNCIA DE ENFERMAGEM E DO CUIDADO AO IDOSO

DIABETES MELLITUS: CARACTERÍSTICAS DE LA ATENCIÓN DE ENFERMERÍA Y EL CUIDADO AL IDOSO

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ABSTRACT

Objective: investigating the characteristics of nursing care provided to diabetic elderly. ***Method:*** a descriptive, exploratory study with a quantitative approach, performed in a Basic Family Unit in Santa Rita/Paraiba with 30 diabetic elderly. Data collection was performed with a form, the data analyzed in Excel, often condensed into tables and percentage, discussed in the literature. The research was approved by the Research Ethics Committee, CAAE No. 01543512.0.0000.5179. ***Results:*** the procedures effected more often by nurses during nursing consultations were: glucose, weighing, guidelines regarding the application, handling, dosing and care with insulin. Respondents assured themselves satisfied with the nursing care. ***Conclusion:*** frailty in nursing care, limited to mechanical and routine procedures. ***Descriptors:*** Elderly people; Diabetes Mellitus; Nursing.

RESUMO

***Objetivo*:** averiguar as características da assistência de enfermagem prestada aos idosos diabéticos. ***Método*:** estudo descritivo e exploratório, com abordagem quantitativa, realizado em uma Unidade Básica da Família em Santa Rita/PB com 30 idosos diabéticos. A coleta foi realizada com um formulário, os dados analisados no programa Excel, condensados em tabelas com frequência e percentual, discutidos com a literatura. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE n°01543512.0.0000.5179. ***Resultados*:** os procedimentos efetivados com maior frequência pelo enfermeiro durante a consulta de enfermagem foram: teste de glicemia, pesagem, orientações quanto à aplicação, manejo, dosagem e cuidados com a insulina. Os entrevistados afirmaram estar satisfeitos com a assistência de enfermagem. ***Conclusão*:** fragilidade na assistência de enfermagem, limitada a procedimentos mecânicos e rotineiros. ***Descritores*:** Idoso; Diabetes Mellitus; Cuidados de Enfermagem.

RESUMEN

Objetivo: investigar las características de los cuidados de enfermería prestados a los diabéticos de edad avanzada. ***Método:*** estudio descriptivo, exploratorio, con enfoque cuantitativo, realizado en una Unidad Básica de la Familia en Santa Rita/Paraíba con 30 diabéticos de edad avanzada. La recolección de datos se realizó con un formulario, siendo analizados en Excel, a menudo condensados en tablas y porcentaje, discutidos en la literatura. La investigación fue aprobada por el Comité de Ética de la Investigación, CAAE Nº proyecto 01543512.0.0000.5179. ***Resultados:*** los procedimientos contratados con más frecuencia por las enfermeras durante las consultas de enfermería fueron: glucosa, de peso, directrices sobre la aplicación, manipulación, dosificación y de la insulina. Los encuestados dijeron que estaban satisfechos con la atención de enfermería. ***Conclusión:*** la fragilidad en los cuidados de enfermería, limitado a procedimientos mecánicos y rutinarios. ***Descriptores:*** Las Personas de Edad Avanzada; Diabetes Mellitus; Enfermería.

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INTRODUCTION

Aging is a dynamic and ongoing process in which occur several morphological, functional, biochemical and psychological changes that limit loss of adaptability of the individual to the environment, causing increased vulnerability and increased incidence of pathological processes.[1,2] At this stage of life some risk factors are evident, such as heredity, sedentary lifestyle, poor dietary habits, and social behavioral changes, resulting in chronic diseases such as diabetes mellitus,[2] which, due to its high prevalence, maintains a close relationship with demographic, obesity factors and style life.[3,4]

Diabetes mellitus refers to an spectrum of syndromes of metabolic disorder, having as the main clinical form the genetic origin, classified as type 1 and 2, of high prevalence in the elderly, with varying levels of disability and resistance to insulin action.[1] Regarding estimation of incidence and prevalence of diabetes the Diabetes American Academy infers a shift in the worldwide prevalence in all age groups, asserting that the percentage of disease stood at around 2.8% in 2000, expected to increase to 4.4% in 2030.[5,6]

Intuited to assisting health problems in this age group, the Brazilian Government has invested in the National Policy for the Elderly (PNI), regulated by Law 8.842, of January 4th, 1994, which establishes the Family Health Strategy (FHS) as level preferential access to healthcare[7], as well as the Elderly Statute, law 10.741 of October 1st, 2003, which prescribes guidelines for the care for purposes of prevention and health maintenance, prioritization of prevention, maintenance, recovery of health people in full and continuous.[8]

It becomes important noting that the Family Health Strategy has as bases the development of actions provided by a multidisciplinary and interdisciplinary team that includes promotion, prevention, diagnosis, treatment and rehabilitation, favoring integration and organization of care for the elderly, providing a healthy aging.[9] It is very important that health professionals, especially nurses, assuming new postures towards care for diabetic patients associating collective educational practice to individualized care.[4,6]

It is noted that care is a right of the patient and the family to receiving guidance about the state of health in form to ensuring a successful treatment.[6] Therefore, nursing consultation requires systematic monitoring of nurses, creating linkages and co-responsibilities, and facilitating the identification of the disease, attending to problems and treatment adherence, actions strengthened through dialogue, prompting emancipatory attitudes that seek to contribute to creative decision making, encouraging the autonomy of the elderly.

OBJECTIVE

- Investigating the characteristics of nursing care provided to diabetic elderly.

METHOD

Article compiled from the Monograph <<Nursing Care to the Elderly with Diabetes Mellitus in PSF>> presented in College of Nursing Nova Esperança, João Pessoa, Paraiba, Brazil, in 2012.

This a descriptive study with a quantitative approach performed in a Family Health Unit in the city of Santa Rita-PB. The study population comprised all diabetic elderly enrolled in that FHU and the sample consisted of 30 people. The instrument for data collection was a questionnaire containing objective questions in two parts, the first concerning the socioeconomic status of the participants and the second related to the proposed objectives. Data were collected between the months of April and May 2012 after approval of the research project by the Ethics Committee in Research (CEP) of the College of Nursing and Medicine Nova Esperança (FACENE/FAMENE), under protocol 20/2012 and CAAE: 01543512.0.0000.5179.

Data were analyzed using the Excel program to building a database; and from this, tables. The ethical aspects recommended by the NHC Resolution 466/12, in the article III, which implies in respect to the research participants in their dignity and autonomy, recognizing their vulnerability, ensuring their willingness to contributing and staying or not in the research, through the Instrument of Consent.

RESULTS

Participated in the study 30 elderly diabetics whose demographic characterization is described in table 1. Then are presented in Table 2 data referent to the diagnosis and the care provided to these patients.

Table 1. Demographic characteristics of participants (N = 30)

Variable	n	%
Gender		
Male	10	34
Female	20	66
Age (in years)		
60 to 65	13	44
66 to 70	09	30
71 to 75	04	13
Over 75 years old	04	13
Schooling		
Elementary School	18	60
High School	05	17
Higher Education	01	3
Not literate	06	20

Table 2. Diagnosis and assistance to diabetic elderly

Variable	n	%
Time of diagnosis		
More than 2 years	18	56
One year	05	18
Less than a year	04	16
Did not inform	03	10
Regarding the form of diagnosis		
Routine tests	15	50
Chance	10	33
Sought care for not feeling well	05	17
Assistance at a FHU		
Monthly consultation	18	60
Biweekly query	06	20
When you want to	06	20
Professional who gives assistance		
Nurses	20	66
Physicians	05	17
Nursing technicians	05	17
Use of medicines		
Oral	22	73
Oral and injectable	05	17
Injectable	03	10
Were referred to a specialist doctor		
Yes	18	60
No	12	40

Table 3. Distribution of elderly (n = 30) according to the procedure performed by the nurse during the consultation. Santa Rita, PB, Brazil, 2012.

Variables	n	%
Blood glucose test	22	73
Weighing	22	73
Guides regarding medication	16	53
Food guidance	15	50
Orientation to physical activity	09	30
Supply of medication	09	30

* Questions with multiple answers.

Table 4. Distribution of elderly (n = 08) regarding the guidelines offered in relation to the use, application, application places and dosage of insulin. Santa Rita, PB, Brazil, 2012.

Variables	n	%
Are not targeted	02	25
Guided the implementation, management and care of the syringes	06	75
Oriented in relation to the dosage of medication	06	75

* Questions with multiple answers.

Table 5. Distribution of elderly (n = 30) according to satisfaction on the quality of nursing care received. Santa Rita, PB, Brazil, 2012.

Variables	*n*	*%*
Good	18	58
Very good	09	33
Excellent	01	03
Regular	01	03

Table 6. Distribution of elderly (n = 30) about the care they would receive by nurse during treatment. Santa Rita, PB, Brazil, 2012.

Variables	n	*%*
Need educational activities/leisure	12	33
Higher attention in the consultations	08	27
Do not require more care	10	40

DISCUSSION

The study showed prevalence of diabetes in women with a frequency of 66% (20). These data make clear that the greater longevity of women aging becomes a gender issue, it may be said that old age is potentially "feminine." The feminization of the old age is attributed to male mortality.[10]

It becomes relevant noting that the percentage presented with regard to the number of women with a confirmed diagnosis of diabetes may be associated with the fact that these more often seek health services for men, making diagnosis often early, but also, since they show a greater concern and care of the disease compared to men, they are more informed about the deleterious effects of diabetes on the body.[11]

The highest incidence of this disease in this population may be associated with the protective effect of sex hormones after menopause, obesity, sedentary lifestyle, as well as demographic and clinical conditions of each individual.[12]

When analyzing the education of the studied participants, it was found that the majority had not completed elementary school and some were illiterate, this condition could be related to the reflection of the difficulties of access to schools at the time these seniors were born and raised. In this context, it is understood that an environment that enhances the devaluation of formal education and has as backdrop the socio-economic conditions that may lead the

individual to not investing in their education, not to see prospects for applying this investment due to a lack guidance that is rooted in family-based.[13]

Lack of education also contributes to less understanding and learning of information, making it difficult to understand the disease, the necessary measures for prevention and control of the disease and especially to perform self-care, should the nurse is prepared to know how to care and/ or guide this patient.[14]

Regarding the discovery of the diagnosis, 50% (15) discovered the disease through routine exams and 33% (10) by chance. Often the affected patient is asymptomatic, so it is important to conduct tests periodically in search for an early diagnosis and consequently reduce the chances of complications.[15-6]

Diabetes mellitus is a chronic disease, and requires treatment adherence to have awareness of the disease and knowledge of their dietary and behavioral restrictions.[17] There is the importance and the need for active search of the elderly in the community, to seeking health units, and thus investigate and follow this audience in order to prevent risks to this disease, improving quality of life for these patients.

Regarding monitoring the FHU, 96% (28) reported receiving frequent visits, as recommended by the Ministry of Health[9], resulting in diabetes mellitus monitoring. During the aging process, factors such as low education; houses in disrepair; restriction of access to transportation, social resources and health services, may underestimate the prevalence of chronic diseases such as DM, among the elderly, restrict attention to their health.[18-9] Therefore, it is essential that nurses during the medical interview and physical examination, aim to assist in the treatment of the individual with diabetes, offering a comprehensive and continuous care, in order to clarify the disease, helping to prevent future complications or even death.[20]

Nursing consultation in the context of FHS favors the planning, monitoring and evaluation of actions to be developed, contributing effectively to the prevention of injuries of damage susceptible to this age group, but also influences the decrease in the

rate of hospitalization, thus improving the quality of them, avoiding waste of resources for supplies, equipment and materials.[21]

Most consultations to diabetic elderly was conducted by nursing staff with a representation of 83% (25) of the responses, while doctors performed only 17% (5) of the total. The data indicate a high burden of responsibility on the part of the nursing staff, particularly nurses, who must be properly prepared to meet the needs of the patient, and thus ensure better quality of life through promotion, prevention and rehabilitation.[9,10,16]

According to the Ministry of Health, the nurse facing work with the elderly with diabetes mellitus, should develop educational activities; perform nursing consultation, glucose screening, risk factor approach, guidance change in lifestyle and drug treatment.[2,4,9,15,17]

The literature states that it is of paramount importance that the patient meets at least 80% of the prescribed treatment regimen, however, it is observed that 50% of individuals with diabetes do not achieve treatment and thus do not get improvement in the context of disease.[18] Despite claims listed, this study observed a positive aspect since 90% (27) of the participants performed drug treatment. The possible non-adherence to drug therapy may be related to non-availability of complete pharmaceutical care; aggravating fact in this age group, since the aging an increasing prevalence of chronic diseases and the needs for health care occurs.[16]

It is of fundamental that at all stages of treatment the nurse make use of a simple, clear and objective language in health education activities, fostering understanding about the disease, as well as the need to adapt to the habits, medication use, participation in activities, in order to sustain the elderly with stable diabetes. Although in some research nurses have been characterized as the second professional to guide users about diseases[20,] the present study demonstrated that 60% (20) of the elderly claimed they were targeted by these professionals.

Despite being notorious the great responsibility of nurses in patient education for self-management of diabetes, there are few studies about interventions. The nursing care of diabetic patient consists of a set of guidelines for health, aiming to raise awareness and change of behavior towards their problems, with the purpose of investing in developing the capacity and skills of the patient to asthma self-management, actively helping him to take a more independent life.[21]

If the elderly cannot adapt themselves to the new routine, the family needs to be prepared to provide proper care. In this sense, include the family in care of the elderly diabetic enables greater adherence to treatment, as well as actions in the context of the patient's life, as the family knows the habits of life of the elderly. Family support is the foundation for understanding the changes related to the disease, as well as changes needed for patient recovery and improved health habits, being fundamental to achieving the goals of treatment.[4]

Among the guidelines that respondents said they had access, all are in agreement with the Brazilian Diabetes Society, which states that the basic treatment and control of disease consist primarily of using a specific diet based on restricting carbohydrate foods , proteins and fats, regular physical activity and proper use of medication.[22]

Regarding data related to care application and the dosage of insulin 75% (6) said they were guided by the nurses at query time. Given this fact, one should take into consideration that this is a moment in which the patient often will be receiving first information about the use of insulin, which can be a limiting factor in understanding the guidelines, both in the aspect of amount of information as the emotional aspect, given that many patients believe that when they have to use insulin is because they are in "terminal phase" of life, which encourages the maintenance of a taboo related to this medication.[23]

The self-monitoring of blood glucose, helps achieve the goals of glycemic control, contributing to the recognition of hyper and hypoglycemia, and a reduction in episodes of acute complications, preventing the development of chronic complications or reducing its incidence.[21] Although most research referred to the relevance of care with the ends of diabetes patients in this study we observed the absence of this care. Disturbing fact, since one of the main interventions of nurses for the elderly with diabetes proper approach is to care for the diabetic foot, for both the exam and regular foot inspection, identification of older adults with foot at risk is necessary, education of patients, families, caregivers and health professionals aiming to the desired and necessary reduction in amputations and ulcerations and therefore a better quality of life to this audience.[24]

In Table 5 we observed that 58% (18) of the elderly responded that satisfaction on quality of nursing care received was good, followed

by 33% (09) great satisfaction which shows the service they received, these data also found in another study.[20] Importantly, it is not always easy to define or measure the user's perception of the care received, and comprehensive, also involves the strengthening of bonds between caregiver and user and services provided shall not be depreciated or ignored.[20]

Although 40% (10) of seniors were satisfied with the activities received, in Table 4, it is seen that 33% (12) would like to participate in educational/recreational activities and 27% (08) would like to have more attention in queries.

During senior care, the nurse should be concerned with all aspects of the health-disease he lived, trying to serve you in your spiritual, emotional and social, in that order, educational lectures physical needs, beyond the information favor the socialization of the elderly, establishing emotional ties with the healthcare team and between the elderly themselves,[3] so that in this way their basic needs are met, and it can be said that the elderly are being treated in his fullness.

CONCLUSION

In this study it was found that diabetic elderly affirmed that nursing care was satisfactory, showing the presence of active nurse within the FHU, where care offered to coping with the disease was not restricted only to consultations and examinations, it was guided on the incentive the search for changes in your lifestyle, encouraging - them to perform specific care such as physical and recreational activities, nutritional education, conduct periodic examinations, which reflected in an improvement in their quality of life.

Although some participants claimed not needing further increases in assistance, this cannot be limited to mechanical and routine procedures, before this another large portion of the elderly showed that would like more attention in the consultations and educational and / or recreational activity.

Diabetes Mellitus is a disease that, regardless age and etiology, causes a negative impact on the biopsychosocial life of patients, requiring that nurses assist looking widely for the physical, psychological, emotional and social welfare, and can also create and stimulate actions to develop self-care.

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