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INTEGRATIVE REVIEW ARTICLE

SOCIO-DEMOGRAPHIC AND CLINIC CHARACTERISTICS AND QUALITY OF LIFE OF PEOPLE WITH WOUNDS: AN INTEGRATIVE REVIEW

CARACTERÍSTICAS SOCIODEMOGRÁFICAS E CLÍNICAS E A QUALIDADE DE VIDA DE PESSOAS COM FERIDAS: REVISÃO INTEGRATIVA

CARACTERÍSTICAS SOCIODEMOGRÁFICAS, CLÍNICAS Y CALIDAD DE VIDA DE PERSONAS CON HERIDAS: REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: to describe the socio-demographic and clinical variables that influence the quality of life of people with chronic wounds. ***Method:*** integrative review, aiming to answer the guiding question << ***What are the variables that affect the quality of life of adults with chronic wounds*** >>. A search was conducted in the Lilacs, Medline, Pubmed and Cinahl databases, between 2003 and 2014. An instrument was used for gathering data. Article analysis was based on comparing figures and charts to literature. ***Results:*** of the 15 original articles, 11 (73.3%) were cross-sectional studies, 13 (86.7%) were published in international journals, and the SF-36 was the most commonly used instrument to evaluate quality of life. The variables that most affected quality of life were pain, wound duration, gender and age, respectively. ***Conclusion:*** an important source of knowledge for nursing care was revealed, with the objective of applying comprehensiveness into practice. ***Descriptors*:** Quality of life; Ulcer; Leg ulcer; Chronic Disease.

RESUMO

Objective: descrever as variáveis sociodemográficas e clínicas que influenciam a qualidade de vida de pessoas com feridas crônicas. ***Método***: Revisão integrativa, a fim de responder à questão norteadora << ***Quais as variáveis que afetam a qualidade de vida de pessoas adultas com feridas crônicas*** >>. Foi realizada a busca nas bases de dados Lilacs, Medline, Pubmed e Cinahl no período de 2003 a 2014. Para a coleta de dados, foi utilizado um instrumento. A análise dos artigos foi feita a partir de figuras e tabela, em confronto com a literatura. ***Resultados:*** dos 15 artigos originais, 11 (73,3%) são estudos transversais, 13 (86,7%) publicados em periódicos internacionais, sendo o SF-36 o instrumento mais utilizado na avaliação da qualidade de vida. As variáveis que mais afetaram a qualidade de vida foram dor, tempo de lesão, gênero e idade, respectivamente. ***Conclusão:*** desvelou-se uma importante fonte de conhecimento para uma assistência de enfermagem, com vistas ao exercício da integralidade na prática. ***Descritores*:** Qualidade de Vida; Úlcera; Úlcera da Perna; Doença Crônica.

RESUMEN

Objetivo: describir variables sociodemográficas y clínicas que influyen en la calidad de vida de portadores de heridas crónicas. ***Método***: Revisión integrativa objetivando responder la pregunta orientadora "¿Qué variables afectan la calidad de vida de adultos portadores de heridas crónicas?". Búsqueda realizada en bases Lilacs, Medline, Pubmed y Cinahl entre 2003 y 2014. Datos recolectados mediante instrumento. Artículos analizados a partir de figuras y tablas, comparadas con la literatura. ***Resultados***: De los 15 artículos originales, 11 (73,3%) son estudios transversales, 13 (86,7%) publicados en periódicos internacionales, resultando el instrumento de mayor uso en la evaluación de calidad de vida el SF-36. Las variables que afectaron más la calidad de vida fueron dolor, tiempo de lesión, género y edad, respectivamente. ***Conclusión***: se develó una importante fuente de conocimientos para una atención de enfermería orientada al ejercicio de la integralidad en la práctica. ***Descriptores***: Calidad de Vida; Úlcera; Úlcera de la Pierna: Enfermedad Crónica.

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INTRODUCTION

Article extracted from part of the Master's dissertation << *Impacto das feridas na qualidade de vida de pessoas atendidas na rede primária de saúde* >>, which is being developed in the Master's Program in Nursing, at the Federal University of Mato Grosso, Campo Grande, Mato Grosso do Sul, Brazil. 2014.

The word *Ferida* (wound in Portuguese), has a Latin origin (ferire) and indicates the solution of continuity for any soft tissue, produced by direct traumatism, with or without the loss of substance. *Ferida* comprehends "any lesion leading to the skin's solution of continuity".[1] North American data show a prevalence of wounds of about 14% in the world population. Other studies show higher numbers, reaching 22.8%.[2]

The increase in complex wounds in the Brazilian population is a reality known by health professionals and it has brought about many discussions regarding this subject, since this kind of lesion is frequent throughout the world, in addition to having a relapsing characteristic and presenting significant morbidity.[3] The incidence of wounds is directly associated to patients' quality of life, influencing the wound healing process.[4]

Their prevalence is high and sometimes very different when compared to data supplied by other studies, since many of them did not analyze all of the disease's characteristics, crosschecking variables, risk groups, age, among others.[5]

Regarding quality of life (QoL), patients rated their quality of life as having pain levels from moderate to unbearable, also presenting difficulties to perform daily activities such as taking showers, problems with the time required to treat the wound and sleep problems.[6] The meaning of these changes in these patients' outlook on life point to some aspects that interfere on quality of life, such as: pain in the wound or in the affected limb, restriction or loss of movement, difficulties with self-care, lack of perspective for improvement or healing, risk of amputation of the affected limb, damaged body image and concern with developing another wound in the future.[6]

This article was written in light of the possible repercussions that some variables may have on the quality of life of wounded patients, since this type of analysis is important to find out the state of the information produced regarding the theme and the gaps in this production. It also enables a synthesis of knowledge that facilitates the transference of these evidences to clinical practice.

Therefore, the objective of the present study was to describe the socio-demographic and clinical variables that influence the quality of life of people with chronic wounds.

METHOD

This is an integrative review of scientific literature, whose method allows to analyze and summarize the existing studies.[7]

To reduce the possibility of problems that could negatively influence the quality of the review, it was important to follow some steps, namely: 1) definition of the problem and creation of the guiding question; 2) criteria for sample selection and investigation in relevant literature; 3) gathering of relevant data to be extracted from the selected studies; 4) complete reading and careful analysis of the included studies; 5) explanation of results, reading of data and presentation of the review/synthesis of knowledge. [7-8]

The guiding question to create the integrative review was: "What variables affect the quality of life of adults with chronic wounds?".

The inclusion criteria established to answer the study question were: complete articles available online in Portuguese, English or Spanish; articles that used instruments to perform the evaluation of quality of life of patients with chronic wounds, crosschecking the domains to the socio-demographic and/or clinical variables and studies conducted with adult patients. Exclusion criteria were applied to: repeated articles; literature review articles; case studies; editorials; letters and studies published in the form of abstracts; dissertations; theses; qualitative studies; studies of creation, validation or transcultural adaptation of instruments and intervention studies whose outcomes were only the evaluation of quality of life.

After the establishment of inclusion and exclusion criteria, the following Health Sciences Descriptors (DeCS) in Portuguese were chosen: *úlcera*, *úlcera varicosa*, *úlcera da perna*, *úlcera do pé*, *pé diabético*, *úlcera cutânea*, *úlcera por pressão*, *cicatrização e pele*, *qualidade de vida e questionários*; and the respective words in English, as standardized in MESH (Medical Subject Heading): Ulcer, Varicose ulcer, Leg ulcer, Foot ulcer, Diabetic foot, Skin ulcer, Pressure ulcer, Wound healing and Skin, quality of life and Questionnaires.

Two researchers conducted a literature search in February 2014, through online

searches on national and international scientific production. The timeframe was from January 2003 to January 2014, a period of 10 years. The retrieval of these productions was compiled through the North American Biomedical Literature Citations and Abstracts (PubMed), Latin American and Caribbean Health Sciences Literature - LILACS, Medical Literature Analysis and Retrieval System Online (MedLine) and Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases.

Concurrent crossings were made with the Boolean 'and' plus three descriptors (ulcer and quality of life and questionnaire; varicose ulcer and quality of life and questionnaire; leg ulcer and quality of life and questionnaire; foot ulcer and quality of life and questionnaire; diabetic foot and quality of life and questionnaire; skin ulcer and quality of life and questionnaire; pressure ulcer and quality of life and questionnaire; wound healing and quality of life and questionnaire; skin and quality of life and questionnaire).

In the initial searches, 1,324 articles were found; 4 in the Lilacs database, 165 in MedLine, 604 in PubMed and 551 in CINAHL. After reading their titles and abstracts, duplicated publications and those which did not meet the inclusion criteria were excluded.

After reading the titles and abstracts, the two researchers read the selected studies entirely in order to verify their suitability to the inclusion criteria. After this phase, the sample was composed of 15 studies, which were entirely read and answered the research question.

An instrument, created by the authors, was applied to the included studies. This instrument had the objective of extracting the following information: title, author, year, objectives, methodological characteristics, results, discussion and conclusion. Data extraction was performed descriptively according to what was presented in the studies, in other words, without manipulation by the reviewers.

A rating system based on the level of evidence was used to evaluate the quality of the articles in the sample.[9] Thus, this study used the following ratings of levels of evidence: I – Systematic review or meta-analysis of relevant scientific studies; II – evidences from at least one well outlined randomized controlled study; III – non-randomized well outlined clinical studies; IV – well outlined cohort and case-control studies; V – Systematic review of descriptive and qualitative studies; VI – evidences derived from a single descriptive or qualitative study; VII – the opinion of authorities or specialists' committees, including interpretations of non-research-based information.

Data extracted from the articles were presented descriptively in two synoptic charts, with information regarding the titles of the articles, methodology, level of evidence, database, journal, year of publishing, the instrument that was used to measure quality of life, variables that affected QoL, type of study and what kind of wound was discussed.

Data were presented and discussed descriptively, with the objective of giving the reader a better understanding of the results.

RESULTS

In order to have the best view of the results, the articles found, as well as their respective databases, years, methodologies, levels of evidence, variables that affected quality of life and the instruments of evaluation that were used, were all organized in charts.

No.	Title of the article	Methodology	Level of Evidence	Database	Journal	Year
1	The Prevalence and Occurrence of Diabetic Foot Ulcer Pain and Its Impact on Health-Related Quality of Life	Cross-sectional	VI	PubMed	The Journal of Pain	2006
2	A comparison of the health-related quality of life in patients with diabetic foot ulcers, with a diabetes group and a nondiabetes group from the general population	Cross-sectional	VI	PubMed	Quality of Life Research	2007
3	Pain and quality of life in patients with vascular leg ulcers: an Italian multicentre study.	Multicenter cross-sectional	VI	MedLine	Journal of Wound Care	2007
4	A longitudinal study of patients with diabetes and foot ulcers and their health-related quality	Prospective and observational	VI	PubMed	Journal of Diabetes and Its Complications	2008

	of life: wound healing and quality-of-life changes					
5	Changes in quality of life for patients with chronic venous insufficiency, present or healed leg ulcers	Cross-sectional	VI	MedLine	Journal of the German Society of Dermatology	2009
6	A randomised controlled trial of a community nursing intervention: improved quality of life and healing for clients with chronic leg ulcers	Randomized controlled	II	CINAHL	Journal of Clinical Nursing	2009
7	Symptom burden and quality of life in patients with malignant fungating wounds	Descriptive multicenter cross-sectional	VI	PubMed	Journal of Advanced Nursing	2011
8	Quality of life and satisfaction of patients with leg ulcers – results of a community-based study	Cross-sectional	VI	MedLine	VASA	2011
9	Impact of Diabetic Foot Related Complications on the Health Related Quality of Life (HRQol) of Patients - A Regional Study in Spain	Prospective	VI	MedLine	The International Journal of Lower Extremity Wounds	2011
10	Comparison of demographic and clinical characteristics influencing health-related quality of life in patients with diabetic foot ulcers and those without foot ulcers.	Cross-sectional	VI	PubMed	Diabetes, metabolic syndrome and obesity: targets and therapy	2011
11	Quality of Life of Patients with Chronic Venous Ulcers and Socio-Demographic Factors	Cross-sectional	VI	CINAHL	Wounds	2012
12	Contribuições da Enfermagem para Avaliação da Qualidade de Vida de Pessoas com Úlceras de Perna	Exploratory and quantitative	VI	CINAHL	Estima	2012
13	Influência da assistência e características clínica na qualidade de vida de portadores de úlcera venosa	Cross-sectional	VI	CINAHL	Acta Paulista de Enfermagem	2013
14	Assessing quality of life in patients with hard-to-heal ulcers using the EQ-5D questionnaire.	Cross-sectional	VI	PubMed	Journal of Wound Care	2013
15	Quality of life profile and correlated factors in chronic leg ulcer patients in the mid-west of São Paulo State, Brazil	Cross-sectional	VI	PubMed	Anais Brasileiros de Dermatologia	2014

Chart 1. Description of studies included in the integrative review, according to title, type of study, level of evidence, database, journal and year of publishing. Três Lagoas, state of Mato Grosso do Sul, Brazil, 2014.

Of the 15 compiled articles, 73.3% were cross-sectional. The predominant level of evidence was VI, present in 93.3% of the analyzed studies.

Regarding the year of publishing, there was a predominance of studies (26.7%) from the year 2011, followed by 2007, 2009, 2012, 2013 with two (13.3%) studies and 2006, 2008, 2014 with one (6.7%) study. Most studies were published on international journals, totaling 13 (86.7%) studies, and two (13.3%) were published on national journals.

No.	Employed instrument	Variables that affected QoL	Analyzed wound
1	SF-36	• Pain	Diabetic foot ulcer
2	SF-36	• Age • Gender	Diabetic foot ulcer
3	SF-12	• Time	Leg ulcer
4	SF-36	• Time	Diabetic foot ulcer
5	Ferrans & Powers - Quality of Life Index - Wound Version (FPQOLI-WV)	• Time • Income	Leg ulcer
6	Spitzer's Quality of Life Index	• Pain	Leg ulcer
7	McGill Quality of Life Questionnaire (MQOL)	• Age • Pain • Odor	Malignant wounds

		• Wound bleeding • Time required for changing dressings • Dressing comfort • Wound symptoms	
8	Freiburg Life Quality Assessment for Wounds (FLQA wk)	• Etiology • Wound size • Time required for changing dressings • Pain	Leg ulcer
9	SF-36	• Gender • Time	Diabetic foot ulcer
10	SF-36	• Schooling • Obesity • Living alone	Diabetic foot
11	SF-36	• Gender • Marital status • Occupation • Pain	Venous ulcer
12	Ferrans & Powers - Quality of Life Index - Wound Version (FPQOLI-WV)	• Time • Income	Leg ulcer
13	SF-36	• Wound symptoms • Pain	Venous ulcer
14	EQ-5D	• Wound size	Ulcers in general
15	Dermatology Life Quality Index	• Pain • Time • Etiology	Leg ulcer

Chart 2. Description of studies included in the integrative review, according to the employed instruments, variables that affected QoL, and analyzed wound. Três Lagoas, state of Mato Grosso do Sul, Brazil, 2014.

Regarding the methodological framework, 11 (73.3%) were cross-sectional studies, two (13.3%) were prospective observational studies, one (6.7%) was a controlled randomized study and one (6.7%) was an exploratory quantitative study. It is noted that out of the 15 analyzed studies, there was a predominance of the SD-36 (The Medical Outcomes Study 36-item Short-Form Health Survey) survey instrument for quality of life, which was present in seven (46.7%) of the analyzed articles. Regarding the analyzed wounds, there was a prevalence of leg ulcers, with six (40%) studies, which addressed venous ulcers, diabetic foot ulcers, mixed and arterial ulcers; five (33.3%) analyzed only diabetic foot ulcers, two (13.3%) were about venous ulcers, one (6.7%) was about malignant wounds and one (6.7%) was about wounds in general.

The variables that affected QoL are described in table 1, according to how they were presented in the reviews.

Table 1. Number and percentage of variables that affected QoL, according to how they were presented in the studies described in Chart 2. Três Lagoas, state of Mato Grosso do Sul, Brazil, 2014.

Variables that affected QoL* (n=15)	N	%
Pain	7	23.4
Duration of the wound	4	13.4
Gender	3	10.0
Age	3	10.0
Time required for changing dressings	2	6.7
Etiology	2	6.7
Size	2	6.7
Wound symptoms	1	3.3
Wound bleeding	1	3.3
Dressing comfort	1	3.3
Income	1	3.3
Marital status	1	3.3
Occupation	1	3.3
Odor	1	3.3

*Note: each variable may appear in more than one analyzed article

DISCUSSION

Regarding the year of publishing, there is an approximately equal distribution among the researched years, however, a predominance of studies from 2011 (26.7%) was found. A total of 73.3% of the studies were conducted in the last 5 years, but despite being up-to-date, these studies were still incipient in the last 10 years, showing that the theme is not frequently approached and that there are many gaps in its scientific production when the elapsed time is evaluated, notwithstanding the limitations in the selection of databases used in this research.

The cross-sectional framework of most analyzed studies generated data about the variables that affected the QoL of the respondents in a specific period. However, longitudinal studies are more pressing in order to understand and compare changes in patterns, consistence and intensity of symptoms and the quality of life of wounded patients.

Generally speaking, in 93.3% of the analyzed articles, the level of evidence was VI, which means that they are results derived from a single descriptive or qualitative study.[9]

Regarding the instrument that was most commonly used to study quality of life, there was a predominance of the generic instrument Short Form Health Survey (SF36), corresponding to 46.7% of all analyzed studies, a fact that was confirmed by another study.[13] The choice to use a generic instrument, such as the SF-36, shows similarities both at national and at international level, currently being one of the most commonly used instruments, as it is applicable to several types of diseases. It was translated and validated to Portuguese in 1997, and it has been broadly used ever since.[10-13] This instrument was also used to measure the QoL found in patients with other chronic conditions, such as arthritis and diabetes, and the results were similar among these diseases.[14]

Regarding the most common wounds, the ones on the lower limbs receive the most attention. Chronic leg wounds are skin lesions that result of confined or irregular skin loss under the knee and take more than six weeks to heal.[15] The quality of life of patients with ulcers may be affected by many aspects, involving physical symptoms caused by the ulcers, disease complications or underlying treatment, changes in functional capability and mobility, social and professional limitations, as well as social and economical impacts.[16] Leg ulcers have a high socio-economic importance because of their frequency and social costs. The disease is usually chronic because of complications of an underlying disease.[17] There are many diverse causes; 57% to 80% are due to chronic venous insufficiency, 4% to 30% are due to an occlusive arterial disease and around 10% are associated to a combination of both etiologies.[16] The remaining 10% are caused by many other diseases.[16,18]

Patients with ulcers of long duration tend to become socially isolated as time passes due to the suffering, in addition to the labor loss, which has negative repercussions on their quality of life.[19] The length of treatment is perceived as stressful, as something that interferes in their daily life. Furthermore, negative experiences associated to the wounds' duration, such as pain and odor, are additional weights associated to therapy.[20] The longer the progression length, the lesser the quality of life.[21] Patients with a wound progression length of approximately 12 months had a significantly worse quality of life than those with a progression length under three months.[22]

A systematic review study showed that pain, rated through a quantitative and qualitative analysis, is the worst sensation according to patients with chronic leg ulcers.[23] Pain is a common symptom among patients with venous ulcers, commonly associated with characteristics of care and of the lesion, which influences the worsening of quality of life, generating mobility limitations. Sleep disorders are described as the factor with the highest impact on quality of life.[24-26]

Many studies show a higher prevalence of the female gender. In a study with the objective of evaluating changes in the quality of life of patients with venous ulcers, conducted with 50 people, women had a prevalence of 76%.[27] Another study on the quality of life of patients with venous ulcers, a comparative study between Brazil and Portugal, with a total of 100 people in Natal, Brazil, and 70 in Évora, Portugal, found a prevalence of 69% in the female gender in Brazil and 62.9% in Portugal, respectively.[28] This predominance of the female gender in the studies that evaluated the quality of life of patients with venous ulcers agrees with a recent study.[25]

Inadequate functioning of the venous system is very frequent in the adult population and very common among people over the age of 65.[29] Studies have shown a predominance of patients in the age group over 60.[25] The increase in life expectancy associated with chronic-degenerative diseases and their complications, such as loss of autonomy and functional independence and consequent ulcerations, are a challenge for healthcare services.[30]

The development of this study had limitations. Due to the inclusion criteria, some studies that analyzed the research theme may not have been identified and/or selected. Although the search process was extremely accurate, with a population of articles selected for the defined research period, the researchers may have missed potentially relevant publications during this process. On the other hand, this study may have implications for healthcare and for healthcare

professionals, as it shows aspects of care that must receive more attention so as to improve the quality of life of patients with wounds.

CONCLUSION

This analysis of scientific production revealed that the variables that most influenced QoL were pain, duration of lesion, gender and age. However, the remaining variables also contributed significantly to the quality of life of people with chronic diseases.

As for the instrument used in the evaluation of quality of life, the use of SF-36 was observed, as it is one of the most well-known instruments worldwide and it is easily applicable, which has a positive effect on its use.

Revealing the variables that affect the quality of life of individuals with chronic diseases is a contribution of this study, providing an important source of knowledge for nursing care, with the aim of applying comprehensiveness into practice.

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