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ORIGINAL ARTICLE

DIABETES MELLITUS IN THE VIEW OF ADULTS ATTENDED BY THE BASIC HEALTH NETWORK

DIABETES MELLITUS NA ÓPTICA DE ADULTOS ATENDIDOS PELA REDE BÁSICA DE SAÚDE DIABETES MELLITUS EN LA VISTA DE ADULTOS ASISTIDOS EN LA RED BÁSICA DE SALUD

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ABSTRACT

Objective: recognizing the meaning of diabetes mellitus in the perspective of adults attended by the primary health care network. **Method:** a descriptive and exploratory study of a qualitative nature conducted with 84 informants adults with diabetes treated between 2003 and 2005 in Jequié - BA. There were used semi-structured interviews with application of Content Analysis technique, under thematic modality. The research project was approved by the Research Ethics Committee, CAAE: 0011.0.053.00-05. **Results:** diabetes mellitus means a disease that requires changes in lifestyle (dietary restriction, physical activity, use of medication, stress prevention, body care); caused by excess of sugar in the blood; diagnosed by laboratory and/or capillary blood glucose; hereditary; caused by dysfunction of the pancreas; subject to control; developing chronic complications; dangerous/silent; incurable, which may lead to death, in addition to the lack of knowledge. **Conclusion:** many are the meanings of diabetes mellitus for the informants, evidencing the need for greater emphasis on the educational process. **Descriptors:** Comprehensive Health Care; Diabetes Mellitus; Health Education.

RESUMO

Objetivo: conhecer o significado do diabetes mellitus na óptica de adultos atendidos pela rede básica de saúde. **Método:** estudo descritivo e exploratório de natureza qualitativa conduzido com 84 adultos informantes com diabetes atendidos no período de 2003 a 2005 em Jequié-BA. Utilizou-se a entrevista semiestruturada com aplicação da técnica de Análise de Conteúdo, na modalidade Temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: 0011.0.053.00-05. **Resultados:** o diabetes mellitus significa uma doença que requer mudanças nos hábitos de vida (restrição alimentar, realização de atividade física, uso dos medicamentos, prevenção do estresse, cuidados com o corpo); causada por excesso de açúcar no sangue; diagnosticada pela glicemia laboratorial e/ou capilar; hereditária; causada por disfunção do pâncreas; passível de controle; que desenvolve complicações crônicas; perigosa/silenciosa; incurável, que pode levar a morte, além do desconhecimento. **Conclusão:** diversos são os significados do diabetes mellitus para os informantes, ficando evidente a necessidade de maior ênfase no processo educativo. **Descritores:** Assistência Integral à Saúde; Diabetes Mellitus; Educação em Saúde.

RESUMEN

Objetivo: conocer el significado de la diabetes mellitus en la óptica de adultos que asisten a la red de atención primaria de la salud. **Método:** es un estudio descriptivo y exploratorio con naturaleza cualitativa conducido con 84 informantes adultos con diabetes tratados entre 2003-2005 en Jequié- BA. Utilizamos entrevistas semi-estructuradas con aplicación de la Técnica de Análisis de Contenido, modalidad Temática. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, CAAE: 0011.0.053.00-05. **Resultados:** la diabetes mellitus significa una enfermedad que requiere cambios en el estilo de vida (la restricción dietética, actividad física, uso de medicamentos, prevención del estrés, el cuidado del cuerpo); causado por el exceso de azúcar en la sangre; diagnosticados por laboratorio y/o glucosa en la sangre; hereditaria; causada por la disfunción del páncreas; sujetos a control; desarrollando complicaciones crónicas; peligrosa/ silenciosa; incurable, que puede conducir a la muerte, además con la falta de conocimiento. **Conclusión:** muchos son los significados de la diabetes mellitus de los informantes, que evidencian la necesidad de un mayor énfasis en el proceso educativo. **Descriptor:** Atención Integral a la Salud; Diabetes Mellitus; Educación para la Salud.

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INTRODUCTION

Diabetes mellitus (DM) corresponds to a different etiologies syndrome caused by lack and/or inability of insulin to exercise its action causing chronic hyperglycemia associated with carbohydrate metabolism disorders, lipids and proteins. This is because the glucose, the main energy source of food, is circulating in the bloodstream without being absorbed by human tissue.¹

Set up today as a major public health problems is considered a major challenge for health systems around the world² due to the high morbidity associated with its presence, the high costs for the control and treatment of complications, to disabilities and the number of years of life lost due to premature death.³⁻⁴

The number of people affected by DM is increasing in all countries, and currently there are over 371 million, which corresponds to 8,3% of the world population. In 2012, about 4,8 million people died from this disease, and half were younger than 60 years old. It is believed that by 2030 the number of people affected by DM throughout the world will be of 552 million.⁵

The DM is classified into four types, which are: Type 1, Type 2, Gestational and other specific types, there are two categories entitled as impaired glucose tolerance and impaired fasting glucose, considered as pre-diabetes, which although fall in an intermediate state between normoglycemia and DM, there are considered risk factors for development of cardiovascular diseases.^{2,6-9}

In many cases the disease presents asymptotically, being diagnosed from the manifestation of chronic complications or risk factors evident, such as: age over 45 years old, obesity, sedentary lifestyle, family history of diabetes, women who had babies weighing greater than or equal to 4 kg, dyslipidemia, hypertension, and people with impaired fasting glucose or impaired glucose tolerance.^{2,7,10}

Studies have shown that there is a considerable number of Brazilians with DM at risk of developing complications, whether vascular, renal, cardiac, ophthalmic, neurological and infectious as there are people who do not know the diagnosis or even do not know how to do treatment or do not achieve adequate glycemic control.³

This study is considered important by showing the various meanings that adults have about diabetes can enable managers and health professionals to reflect on their practices and the need for greater investment

in health education as a strategy for prevention and control of disease. It is believed that from an inadequate understanding of the disease is that the individual is likely to have a greater concern with their quality of life and, consequently, follow the instructions received by health professionals. From this perspective, this study aims to:

- Recognizing the meaning of diabetes mellitus in optical adults attending the primary health care network.

METHOD

This is a descriptive and exploratory study of qualitative nature, against the backdrop of 16 basic health units, four Health Centers (CS) and 12 Family Health Units (FHU), attached in the urban area of the municipality of Jequié - Bahia.

The selection of informants gave up from the nominal list of registered adult users in diabetes program attended between 2003 and 2005, corresponding to 84 users, 30 from FHUs and 54 from CS, ie 10% of the population. The following inclusion criteria were used: adults living in the city and customers with the ability to understand and respond to questions.

It was used as data collection technique the semi-structured interview. The moment that the participants agreed to voluntarily participate in the study proceeded to the signing of the Informed Consent Form (ICF). The interviews were recorded and held at the residence of informants, and made clear that the data would be used only for research purposes.

The research originated from the Effects of Diabetes Mellitus entitled project across population groups assisted by the basic health of the municipality of Jequié - Bahia, submitted to the Research Ethics Committee of the Bahia State Health Secretariat - CEP/SESAB approved under the CAAE: 0011.0.053.00-05 and opinion 034/2005 and in compliance with Resolution 196/96, which deals with the Guidelines and Regulatory Standards in Human Research, in force at the time of submission.

The information collected were treated as Content Analysis Technique, thematic modality, according to the pre-analysis stage, material exploration, treatment of results, inference and interpretation of data.¹¹

RESULTS

It was observed that there are several meanings of DM from the perspective of adults

served by public health care facilities, which are presented below in the form of categories and subcategories.

♦ Category 1- Disease that requires changes in lifestyle

The acceptance of the disease and living habit changes are crucial for glycemic control and consequently to improve the quality of life of diabetic patients, requiring changes in eating habits, physical exercises, adoption of self-care measures and abandonment of harmful habits health¹², although these changes still constitute a challenge for glycemic control.¹³ This perspective, the following subcategories emerged from this category: "dietary restriction", "physical activity", "use of drugs", "stress prevention" and "body care".

♦ Subcategory 1.1 - Food restriction

Proper nutrition therapy is essential part of the treatment plan for patients with diabetes.² This nutritional control contributes to the reduction of cardiovascular risk factors, ideal supply of calories needed to maintain healthy weight, prevent acute and chronic complications and thus for the promoting better quality of life.¹²

Informants demonstrated through the analysis units to join a nutritional therapy by food restriction:

Eating the right things, cannot eat sweet, have to see what you eat (Ent. 01)

Cannot eat any cake, eat nothing fat [...] have to take sweetener (Ent. 08)

You cannot take sugar [...] there are days when I do not eat beans, rice (Ent. 15)

Having the right system, all I as measured by the measure (Ent. 30)

Cannot eat sweet, take soft-drinks, cannot eat a good food (Ent. 61)

Make the prissy diet [...] if eating a fruit, eat one [...] have a balanced diet (Ent.77)

Despite the informants identify the need of food restriction for glycemic control, this constitutes one of the major challenges that patients with diabetes face in their day-to-day.¹³ In another study, it was shown that although patients identify that the achievement of a balanced diet is necessary for healthy living, some of them follow the diet to blood glucose levels approaching normal levels and then drop out, returning when the symptoms reappear, while others do not follow in its entirety.¹⁴

Therefore, it is clear that for patients with diabetes are likely to get blood glucose levels within the normal range and achieve a better quality of life is necessary to cause changes in their eating habits, are of fundamental importance in the food plan construction is

taken into account their socioeconomic conditions, access to food, in addition to their cultural values and regional traditions.¹⁴

♦ Subcategory 1.2 - Physical activity

The physical activity is another recommendation for the control of blood glucose levels, as it improves circulation, lowers blood glucose by increasing the uptake of post-exercise glucose, enhances the action of insulin and in the case of Type 2 DM, collaborates in weight control, blood pressure, high cholesterol and triglycerides reduction.^{2,12}

You can see through the units of analysis that the participants are aware of the importance of physical activity for the control of blood glucose levels:

Have to make the trek (Ent. 24)

Physical exercises are needed for that sugar be burned (Ent. 55)

If we do not make a [...] activity can even be mutilated, a good physical activity (Ent. 63)

I am currently in a very strong physical activity (Ent. 82)

Doing walk so good, I always walk (Ent.84)

Prevention is the best way to prevent chronic complications and minimize the consequences of diabetes and the realization of physical activity for at least 150 minutes a week or 30 minutes for five days a week significantly reduces the risk of complications.¹⁵

Despite the informants were aware of the importance of conducting physical activities to improve the DM this is still a practice that is not inserted in lifestyle of the population. One study showed that only 50% of the evaluated group, performed some physical activity, and noting the difficulty that diabetic patients have the lifestyle change.¹²

It is necessary for health professionals sensitize patients for prevention of complications through health education process with appropriate information and sensitive listening, demonstrating the relevance in the change in lifestyle, especially with regard to physical activity. However, it is important that professionals are undergoing continuous training in order to perform that care in a qualified manner, thus being able to provide better care for clients with diabetes.^{13, 16}

♦ Subcategory 1.3 - Proper use of hypoglycemic

Another subcategory that emerged as meaning the diabetes was the use of medicines.

Have to take the medicine just right, I take glyburide, two tablets a day (Ent. 29)

Have to take medicine on time (Ent. 45)

Taking medicine was falling [...] today I'm much better taking medicine (Ent. 57)

Be careful to take the tablet [...] take pill at the right time (Ent. 59)

To take your insulin, have to take before breakfast (Ent.62)

Through these units of analysis is clear the importance of the proper use of medications for diabetes control, which was also identified in another study, when found as a result that 100% of diabetic patients referred to the use of medications for the treatment of this pathology.¹²

It is true that for those patients using the medication as a form of DM treatment, this is indispensable; however, its exclusive use is not enough to control the disease. One should therefore, demonstrate to diabetic patients through the association of medication and non-medication to control this pathology will be more effective.¹⁷

◆ Subcategory 1.4 - Stress Prevention

Stress is the new challenge that the urban population faces, and by many scholars considered the third millennium disease. It is believed that one of the methods for dealing with stress is learning to deal with the obstacles of life, whether good or bad, comes as these usually associated with the same.¹⁸

Studies show the importance of stress in the genesis and progression of several diseases, including diabetes.¹⁹ The informants of this research also realize the importance of avoiding stress to minimize the risk of complications, as noted below:

You cannot suffer, spend angry, and be very sad (Ent. 15)

Diabetes cannot take anger (Ent.23)

There cannot also be a shock [...] did not get bored (Ent.46)

It is evident the importance of stress as a factor associated with the possibility of decompensating of patients with diabetes, requiring the inclusion of the control of this treatment, a view to the improvement of blood glucose levels and preventing potential complications from this disease.¹⁹

◆ Subcategory 1.5 - Body Care

The main complications of diabetes are retinopathy, neuropathy, nephropathy and heart disease, but does not incur their development is necessary to conduct body care in general, since preventing microvascular complications to macrovascular.

Conducted study showed that patients with DM (72,7%) were unable to name what are the

complications of the disease, which can be inferred that the lack of knowledge may contribute to the difficulty of adherence to treatment. If you do not know the risks therefore does not prevent.¹²

This subcategory was clear through the analysis units concerned that people with diabetes have regarding the prevention of peripheral neuropathies, as they emphasize foot care.

Dry your feet to not hurt [...] care and nail feet (Ent. 11)

I cannot take cut or pierce thing to not ignite [...] be careful with your hands do not stick (Ent. 19)

Walk barefoot not to cut [...] have that very dry washcloth will put your fingers (Ent. 27)

If hurt anything, just go pro station (Ent. 34)

Do not take stub [...] always stay with footwear shoe [...] use of sandals (Ent. 45)

We have to do hygiene straight (Ent. 48)

Have to be careful to not get hurt [...] have to be careful with everything (Ent.57)

It is observed that the informants reported as meaning DM factors of local risks, especially with the feet, which becomes evident that they do not bother to develop ulcerative lesions, thus avoiding the "walk-diabetic".

About 80% to 90% of feet ulcers are caused by external trauma and the use of inappropriate shoes; however despite the care that still has estimated that over 10% of patients with DM, especially after ten years of diagnosis, develop ulcers of the lower limbs at some point in their life.²⁰

Thus, it is extremely important to carry out the evaluation of injury to the feet of patients with diabetes by health professionals, as can be minimized the risk of emergence of infectious processes and consequently the gangrene, causing it to prevent, as best as possible this injury and bring a better quality of life thereof.

◆ Category 2 - Disease characterized by excess blood sugar

Excess of blood sugar or hyperglycemia results from insulin deficiency and/or resistance of tissues to this hormone, preventing them from adequately perform its function, characterized that way by excess blood sugar.¹²

The informants were able to identify this metabolic change, as shown in units of analysis as follows:

It is the blood sugar [...] know it is blood disorder (Ent. 07)

Increases blood sugar [...] is something that gives blood (Ent. 14)

Sugar is too high at 200 [...] due to the body is not accepting more sugar (Ent. 26)

It's something that gives blood .../... the blood is sweet (Ent. 27)

The blood is more sugar must is sweet (Ent. 55)

It can be seen through a simple language, that the informants recognize the intrinsic relationship between the accumulation of sugar in the bloodstream and the disease, even if unaware of the causes of this problem that results, as aforesaid, defects in insulin action or secretion of this hormone or both.⁸

Thus it is necessary to monitor the sugar levels in the blood to prevent future complications caused by this disease, and recommended conducting fasting glucose, oral glucose tolerance test and random blood glucose.²

♦ Category 3 - Disease diagnosed by laboratory blood glucose and/or capillary

The requirements for individual diabetes diagnosis differ from those of population studies. This should not be based on a single determination of blood glucose and confirmation can be done through the presence of symptoms or new blood/plasma determination.

Currently there are three accepted criteria for the diagnosis of DM: the presentation of symptoms polyuria, polydipsia and weight loss plus random blood glucose levels above 200 mg/dl; fasting glucose less than 126 mg/dl glucose two hours after 75g of glucose above 200 mg/dl.⁸

In the analysis units arranged then it appears that the diagnosis of DM was performed by examining the laboratory and/or blood glucose.

I went for a blood test al got there touched surprise were 356 sugar (Ent. 32)

He asked the examination and said that I was diabetic (Ent. 41)

Making the blood test and the glucose (Ent. 49)

Collecting blood and then they will see that the person has diabetes problem (Ent. 54)

Boot the finger will put a machine see standing with diabetes (Ent. 75)

I take blood to make a perineum al found (Ent. 81)

It is noteworthy that after the confirmation of the diagnosis by blood glucose is necessary monitoring of blood glucose levels is extremely important to follow the treatment and prevention of complications of DM, but with the spread of glucometers to measure the blood glucose by itself patient at home, there has been many questions about the

differences in the results found by the patient and those determined by the laboratory.²¹

♦ Category 4 - Hereditary disease

The informants understand that DM may have a hereditary, since they indicate the presence of disease in people of the same family.

This is right familiar [...] say it is family (Ent. 03)

Passing from father to son [...] like my mother, because my mother had (Ent. 15)

Because a family had others will have [...] is a family problem (Ent. 59)

When parents have, the children also present (Ent. 69)

It may be a hereditary thing too [...] some says is evil Family (Ent. 74)

My I think even that was family, is the father of caught (Ent. 77)

A hereditary disease [...] has the same cousin who has diabetes (Ent. 82)

DM Type 1 (also called juvenile or insulin-dependent) has not quite certain causes and is usually not associated with heredity, since the DM Type 2, which usually appears after age 40, has a strong hereditary component.^{22,23}

Thus, it can be seen that the participants understand that heredity may be one of the factors predisposing the onset of diabetes, also evidenced in another study.²⁴

Considering the hereditary factors, units of analysis reinforce the above on the genetic predisposition to developing the disease, therefore, must exist during the consultation carried out by professional research of risk factors, reinforcing the importance of prevention, in order to early detect the disease and prevent possible complications.^{23, 24}

♦ Category 5 - Disease caused by pancreatic dysfunction

Pancreatic dysfunction has also emerged as another meaning of DM in optical adults served by the primary care network in the city of Jequie-BA, as can be seen below:

Because the pancreas that does not work right (Ent. 19)

It occurs because the pancreas does not provide [...] the pancreas is crashing (Ent. 36)

The pancreas stops working that's when the person gets diabetes (Ent. 40)

It is from a pancreatic gland (Ent. 42)

Whereas the DM corresponds to "a group of metabolic diseases characterized by hyperglycemia resulting from defects in secretion and/or insulin action"²⁵, it is observed that the participants have knowledge even if the claim that this surface

caused by a dysfunction of pancreas, since this body is responsible for the production of this hormone.

The Type 1 DM results from beta cell destruction of the islets with consequent insulin deficiency, which can result from autoimmune process or without a specific cause, such as idiopathic. DM Type 2 "is characterized by defects in insulin secretion and action." Other specific types of DM are caused "genetic defects in beta cell function, genetic defects in insulin action, diseases of the pancreas exocrine, among others," while the DM has cause Gestational DM similar to Type 2⁸, which comes in fact confirm that this disease is sometimes caused by a dysfunction of the pancreas, leading to the hormone-producing cells do not secrete it or pass it in sufficient quantity.

♦ Category 6 - Subject to control disease

The analysis units arranged below allow realize that the informants in this study know that diabetes is a disease subject to control, although it is an incurable disease to be chronic in nature.

If control live years (Ent. 04)

It is a disease that is only one control (Ent. 11)

Have to get used to and control this disease (Ent. 51)

Diabetes is the people who have to control just right [...] taking care lives life (Ent. 74)

Note, therefore, that they are aware that with the control of the disease the person may live for many years, which leads to believe that they are aware that with the lack complications arise, which consequently reduce your time lifetime.

It is known that the control of this disease is only possible from the maintenance of blood glucose at acceptable levels, which prevents or delays the onset of complications⁸. Thus, whatever the type of DM, you can only get the glycemic control from compliance with prescribed treatment, which includes medications, diet, and physical activity, such as changes in lifestyle.

♦ Category 7 - Disease developing chronic complications

The both acute and chronic complications caused by DM are associated with conditioning factors that become carrier of lifestyle itself, that is, as he has control of blood glucose levels through his treatment.

Chronic complications manifest their symptoms years after the development of the disease due to poor glycemic control.¹² Generally, they are classified as microvascular (retinopathy, nephropathy, and peripheral neuropathy), the leading cause of death in

patients with Type 1 DM and macrovascular (disease coronary artery, cerebrovascular disease and peripheral vascular disease), the leading cause of death in patients with DM type 2.²⁶

In the units of analysis presented below has been shown that even without differentiating acute complications of chronic, informants recognize the physical and clinical findings that these complications.

Numbness in the feet, hands .../... wound in the foot it takes to heal (Ent. 08)

Lose [...] vision can even be mutilated, amputated a leg (Ent. 22)

Affect the body of the people [...] it gives me a lot of pain in the leg, circulation problem (Ent. 34)

Any little thing in the body ignites [...] when not care is on the bed (Ent. 48)

Stroke, loses sexual power (Ent. 56)

The kidneys have to do hemodialysis (Ent. 71)

I feel tingling in the leg; do not touch that hand (Ent. 75)

It will undermine the people gradually ends with the nervous system, heart, sexual part (Ent. 80)

Thus, it appears that the informants recognize that the disease causes severe complications, many of them coming to produce functional disability or even death. Elementary or superficial way, point the circulatory complications as the main chronic complications experienced by them or family members.

Among the complications, which is directly related to lower limb injuries is peripheral neuropathy, as it provides sensory, motor and autonomic changes. This triad is the loss of protective sensation of the feet, weakness of the intrinsic muscles, biomechanical changes and loss of sweating that protects the skin against dryness.¹²

Another complication punctuated by the informants was organ damage, especially kidney disease and stroke. It is known that the complications that appear with higher incidence are chronic, which trigger intense pathological processes such as neuropathies, retinopathy, nephropathy and heart disease, may compromise the health of people with diabetes even more.

It is estimated that 50% of mortality in patients with diabetes are associated with cardiovascular disease, and the incidence of coronary artery and cerebrovascular disease is two to four times higher in these patients than in the general population.²⁷

Also was cited as chronic complication blindness and impotence. Regarding the first,

it is known that diabetic retinopathy is the most common chronic complications, especially when the diagnosis is delayed or treatment adherence does not occur as expected, found after 20 years of the disease in more than 90% of people with Type 1 DM and 60% of people with type 2 DM, although sometimes even asymptomatic form.⁸

Have sexual impotence demonstrates the concern that people with diabetes have about this situation mainly due to prevailing cultural order issues in our country. It is known that chronic disease can have serious impact on the sexual level, which may result in difficulty in getting or maintaining a full erection until the end of intercourse, common sexual problem in diabetics.²⁸ Occasionally, impotence can be one of the first symptoms leading to suspicion that the patient is diabetic. The prevalence of impotence in patients varies between 20 and 50%, increasing with age and duration of diabetes.²⁹

♦ Category 8 - Dangerous/silent disease

Most people with diabetes do not present classic symptoms of the disease may remain undiagnosed for years. Some chronic complications appear only after 20 years, may present only with mild fasting hyperglycemia or postprandial.^{8, 25} Therefore, patients report being a silent disease and dangerous condition due to severe changes it causes in the long body term, which often happen slowly as shown in the following analysis units:

To my knowledge is a dangerous disease (Ent. 28)

It's a horrible disease that causes so many problems, so many problems in the life of people (Ent. 32)

A horrible disease, weird, a very bad disease (Ent. 55)

I know it really is a very serious disease (Ent. 67)

She is silent, does not give demonstration (Ent. 72)

Disease that happens and agent does not know the times (Ent. 79)

In a study conducted in Santa Catarina, it was shown that patients with diabetes had the same conception of this disease, with the silent disease, dangerous, damaged.³⁰

The units of analysis illustrate how each informant realizes the DM in their daily life as the way each person experiences and experiences his disease process is unique and personal³¹, showing that although its chronicity evolve silently produces changes predictable clinical-metabolic and harmful to the individual, the latter to adopt strategies for solving them.

♦ Category 9 - Incurable Disease

English/Portuguese

The informants of this study perceive the DM as a non-curable disease, hence why this category was named.

It is a very uncontrollable disease, a disease that people talk that has no cure (Ent. 07)

I compare the worst diabetes than cancer (Ent. 16)

Diabetes is palliative. But to say so, even healed no cure (Ent. 29)

It is a disease that only has same treatment; it is chronic (Ent. 31)

Some say that is curable, others say you have not (Ent. 47)

It is an incurable disease, it is amazing to me that there is no solution; we have to be life taking medicine (Ent. 72)

It is known that DM corresponds in fact to an incurable disease, being recognized worldwide as a chronic disease that if not controlled cause several complications that largely make the individual unable to perform their daily activities and can decrease self-esteem and consequently affect their quality of life.³²

From this perspective, it is observed that the perception of informants does not differ from what is described in the scientific literature, because after the diagnostic confirmation becomes impossible to obtain the cure, although you can control or delay the onset of complications.

♦ Category 10 - Death

Death has also emerged as one of the meanings of the DM to the informants of the study, as can be seen below:

Diabetes kills (Ent. 26)

If the person has a right that regime, suddenly dies (Ent. 35)

It can lead a person to death (Ent. 48)

I know it's killing (Ent. 53)

When taking care, it does not kill so easy; if we do not control it will to death (Ent. 57)

These days a young man died because he did not care (Ent. 63)

If we're not careful the people die, die slight (Ent. 68)

There are in these units of analysis that informants associate the disease to death if not nurture or discontinue treatment, which is much present in the discourse and imaginary.

Thus, clearly observed that this concept is closely related to that they see to be the incurable disease, because usually people tend to relate healing with life and no cure to death, forgetting often that the fact that it is incurable does not necessarily imply stop living, since with the control becomes possible to live and live with quality. In this perspective, to informants death will become a reality sooner if not implement seek care actions to control the disease, which, once

implemented earlier will delay the complications of the disease.

This confirms the need to adopt measures aimed at both the prevention and control of diabetes, which in recent decades has emerged as one of the most important chronic diseases in the morbidity and mortality profile of populations around the world. The diabetic care programs should be emphasized for the entire population as early as age 30, so early detection and control the disease and thus allow greater survival and quality of life.³

♦ **Category 11 - Ignorance**

This category was named from the moment it was revealed that some informants had a complete lack of knowledge about the DM as to say they knew nothing about it or pass on misinformation about it.

- I believe that diabetes is formed on the meal (Ent. 04)*
- The cause so I do not know (Ent. 18)*
- About diabetes I know nothing (Ent. 20)*
- I cannot even answer (Ent. 25)*
- Cannot tell anything from diabetes (Ent. 37)*
- Sara with tea, a disease that is curable (Ent. 54)*
- Very sweet consumes around this problem gives (Ent. 59)*
- I do not know how it came about [...] I think it is anxiety [...] still do not know even the right (Ent. 63)*
- Sometimes we drink a water diabetes already handle (Ent. 07)*

It was quite apparent ignorance of some of them when they try to define the disease or describe its causes and / or forms of treatment did wrong, proving they do not have the minimum knowledge required for the development of a treatment or proper control of it, which shows the need to implement educational activities, so that they can effectively perform appropriate actions of self-care and consequently achieve disease control.

Therefore, this category points to the ineffectiveness of traditional strategies that have been used in most health services which need to incorporate new approaches able to motivate patients with DM about adopting new habits and lifestyle in order to become aware of the risks they face and that it is possible to live a normal and healthy even though have a chronic disease such as diabetes mellitus.¹⁷

CONCLUSION

The categories discussed in this study allowed us to know the meaning of DM in optical adults attending the primary health

care network. So for them the DM is configured in a disease that requires changes in lifestyle, requiring a food restriction, the physical activity, drug use, stress prevention and care of the body, showing that understand the importance of changes in lifestyle that should occur after diagnosis, although this still constitutes a challenge for glycemic control.

They also identified other meanings for DM such as: disease characterized by excess of blood sugar; diagnosed by laboratory and/or capillary blood glucose; hereditary; caused by dysfunction of the pancreas; subject to control; developing chronic complications; dangerous and silent; incurable, and death.

In general, it is perceived that the participants have a proper understanding of the disease, although sometimes superficial, but one cannot forget that the DM is a disease of high morbidity and mortality, which requires constant reflection on the types of actions that has been developed in the prevention, monitoring and treatment of patients and the need for studies that address how social determinants may interfere with their treatment.

This study also presented as meaning of diabetes the ignorance about the disease by some informants, which reinforces the need for actions aimed at health education, since it does not know the disease and its effects, it is understood to be more difficult adherence to treatment and consequently self-care. Thus, the study could provide a better understanding on the subject and awaken the need to emphasize the adoption of preventive measures, in order to promote a better quality of life for patients who have to live with this chronic disease, and promote and ensure adherence to treatment, including providing an assessment of the practices adopted by health professionals and managers.

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