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INTEGRATIVE REVIEW ARTICLE

INFLUENCE OF VENOUS ULCER IN PATIENTS' QUALITY OF LIFE: AN INTEGRATIVE REVIEW

INFLUÊNCIA DA ÚLCERA VENOSA NA QUALIDADE DE VIDA DOS PACIENTES: REVISÃO INTEGRATIVA.

INFLUENCIA DE LA ÚLCERA VENOSA EN LA CALIDAD DE VIDA DE LOS PACIENTES: UNA REVISIÓN INTEGRADORA

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ABSTRACT

Objective: identifying in the literature the influence of venous ulcers on quality of life of patients. **Method:** an integrative review in order to answer the question << *What knowledge are produced about the influence of venous ulcers on quality of life of patients?* >>. Data collection was performed between March and April 2014, the descriptors used were "varicose ulcer" and "quality of life" and selected articles in Portuguese, English and Spanish, in LILACS, PUBMED, BDENF, COCHRANE and IBICS in the period between January/2009 and December/2013. **Results:** the factors found to influence the quality of life of a person with venous ulcers that cause poor quality of life were: pain, limitation/restrictions in activities of daily living and quality of care/assistance provided. **Conclusion:** you can improve the quality of life of these patients through assistance, use of evidence-based treatments such as the use of compression therapy and investing in new research that allow more knowledge about the difficulties faced by patients. **Descriptors:** Varicose Ulcer; Quality of Life; Nursing Care; Integrative Review.

RESUMO

Objetivo: identificar na literatura a influência da úlcera venosa na qualidade de vida dos pacientes. **Método:** revisão integrativa com vistas a responder a questão << *Quais os conhecimentos produzidos sobre a influência da úlcera venosa na qualidade de vida dos pacientes?* >>. A coleta de dados foi realizada entre os meses de março e abril de 2014. Foram utilizados os descritores "úlcera varicosa" e "qualidade de vida" e selecionados artigos na língua portuguesa, inglesa e espanhola, nas bases de dados LILACS, PUBMED, BDENF, COCHRANE e IBICS no período entre jan/2009 e dez/2013. **Resultados:** os fatores encontrados que influenciam na qualidade de vida de uma pessoa com úlcera venosa, e que causam baixa qualidade de vida foram: dor, limitação/restrições nas atividades de vida diária e a qualidade do tratamento/assistência prestada. **Conclusão:** é possível melhorar a qualidade de vida desses pacientes pela assistência, utilização de tratamentos comprovadamente eficazes como a utilização de terapia compressiva e investindo em novas pesquisas que possibilitem maiores conhecimentos a cerca das dificuldades enfrentadas pelos pacientes. **Descritores:** Úlcera Varicosa; Qualidade de Vida; Cuidados de Enfermagem; Revisão Integrativa.

RESUMEN

Objetivo: identificar en la literatura la influencia de las úlceras venosas en la calidad de vida de los pacientes. **Método:** es una revisión integradora con el fin de responder a la pregunta << *¿Qué conocimiento ha sido producido acerca de la influencia de las úlceras venosas en la calidad de vida de los pacientes?* >>. La recolección de datos se realizó entre marzo y abril de 2014, los descriptores se utilizaron "úlcera varicosa" y "calidad de vida", y artículos en Portugués, Inglés y Español, seleccionados en LILACS, PubMed, BDENF, Cochrane y IBICS, en el período entre enero/2009 y diciembre/2013. **Resultados:** los factores encontrados para influir en la calidad de vida de una persona con úlceras venosas, y que causan una mala calidad de vida fueron: dolor, limitación/ restricciones en actividades de la vida y la calidad de la atención/assistencia prestada a diario. **Conclusión:** se puede mejorar la calidad de vida de estos pacientes para la atención, el uso de tratamientos basados en la evidencia, tales como el uso de la terapia de compresión y la inversión en nuevas investigaciones que permitan un mayor conocimiento sobre las dificultades que enfrentan los pacientes. **Descriptores:** Úlceras Varicosas; Calidad de Vida; Cuidados de Enfermera; Revisión Integradora.

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INTRODUCTION

Chronic ulcers have become one of the most challenging issues as the care and treatment can be difficult, generating a loss in the patient's well-being, to cause untold suffering due to pain in different levels, causing stasis and persistent edema of the lower limbs that worsen the end of the day, affect mobility and the constant recurrence.¹⁻³

Leg ulcers are recognized wounds for years and currently still are frequent causes of chronic lesions⁴, they appear below the knee, and do not heal within a period of six weeks. Knowledge about these diseases is extremely important for the correct diagnosis and for specific therapeutic measures taken to promote the wound healing.⁵

The etiologies of leg ulcers are most variable being the most prevalent: venous ulcer, arterial ulcer, or a combination of the two, called mixed ulcer. Ulcers also affect both sexes until the age of 40 years old and aged 65-74 predominantly affects women.¹

The relationship with the elderly population is of concern since recent data show that one in ten people has 60 years of age or older and for 2050 it is estimated that the ratio will be one to five in the world. By the next 20 years, the elderly population of Brazil may surpass 30 million people and will become nearly 13% of the population at the end of this period.^{1,6}

Public health recognizes that the global increase in the elderly population creates great challenges, since the current trend is to have a growing number of elderly who, despite living more, and have more chronic conditions. The increase in the number of chronic diseases is directly related to greater functional disability, which may compromise the independence and autonomy, as well as impair of the quality of life of patients.^{7,8}

According to the World Health Organization (WHO) quality of life is defined as the perception of the individual and their position in life, in a cultural context and value systems in which they live, related to their goals, expectations, standards and concerns.⁹

Aging favors the reduction of functional activities, and it is at this stage of life that the elderly show changes in skin physiology and become susceptible to injury, especially when they have weakness and mobilization difficulties.^{10,11}

The chronic venous ulcers requires close monitoring of patients with this lesion to the Institution of Health involving multidisciplinary team, requiring frequent

dressings, and evaluation of ulcer conditions and reassessments established therapy.¹²

Nursing is extremely important in holistic patient care, and wound care nurses are the professionals who follow the evolution of the injury, directs and performs the dressing and has greater control of the performance of the technique, because contain in their training components curriculum toward this practice.¹³

It is important to research the influence of venous ulcers on quality of life of patients in order to generating knowledge and promoting new research, allowing, from the ownership of the data, the Nursing and other professionals to plan and implement their actions based on the synthesis of the articles found in the literature and thus contribute not only to improve the quality of life of patients, but with the Public Health System.

OBJECTIVE

- Identifying in the literature the influence of venous ulcers on quality of life of patients.

METHOD

This is an integrative review, research analysis method used to enable the synthesis of knowledge in a particular subject and include studies with different methodological approaches in addition to show gaps in knowledge that need to be filled with the new studies. Through this method it is possible to enhance the practice of nurses, for building the evidence-based knowledge, thereby improving the quality of nursing care and facilitates decision making.¹⁴

The integrative review method consists of six steps (1) issue identification and the development of guiding question; (2) establishment of criteria for inclusion and exclusion of studies; (3) definition of the information to be extracted from selected studies; (4) evaluation of the studies included in the integrative review; (5) interpretation of results and (6) presentation of the review/synthesis of knowledge.¹⁴

The first step is the theme of identifying and formulating the research question, which was: "What is the knowledge produced about the influence of venous ulcers on quality of life of patients?"

The second step was the establishment of criteria of articles, which for this proposed study were: studies published from 2009 to 2013; texts in Portuguese, Spanish and English; scientific articles dealing with venous ulcer and quality of life, and the exclusion criteria were: studies published under the dissertation format, thesis, book chapter,

book, publishing, review, comment or criticism; free resumes, systematic or integrative review articles and articles which do not related to the theme investigated.

Also in this step it was carried out search for evidences¹⁴ in electronic databases through the **PICO** strategy, which is an acronym for **P**atient/**p**roblem, **I**ntervention, **C**omparison and "**O**utcomes".¹⁵ The vocabularies of controlled descriptors were Descriptors Health Sciences (MeSH), used in the Virtual Health Library (VHL), and the

Medical Subject Headings (MeSH), used in Medline/Pubmed.¹⁶ Were initially used the MeSH and MeSH = **P**- "varicose ulcer", **I** - "nursing care" and **O** - "quality of life", but at the end of the process we obtained a number (4) reduced items with this combination, we decided then to withdraw the descriptor **I** - "nursing care" and keep the other descriptors that were entered in the database according to the use of the PICO strategy, as shown in **Figure 1**.

	MeSH	DeCS
P	"varicose ulcer"	"varicose ulcer"
And I	-	-
And C	-	-
And O	"quality of life"	"quality of life"

Figure 1. Search strategy in databases.

Data collection occurred in March and April 2013, through the Virtual Health Library (VHL), we sought in databases: Latin American and Caribbean Health Sciences (**LILACS**), Basic Data in Nursing (**BDEFN**), Cochrane Library (**Cochrane Library**), Spanish Bibliographic Index of Health Sciences (**IBECS**) and through the Medical Publications (PubMed) we sought in the database Medical Literature Analysis and Retrieval System Online (**MEDLINE**). The articles collected through this combination and the path traveled are shown below in **Figure 2** by lifting the flowchart of references in the database. The third step was to define the information to be extracted from the selected studies. At this stage the aim was to organize and summarize the information in a concise way, forming an easily accessible and management database. The information covered the studies: Figure 1 - Selected articles (newspapers, year of publication, database where the article was published, language, title of the article, type of study, level of evidence and profession of the authors) and Figure 2 - Summary Articles of integrative review.

In the fourth step it is performed the assessment of the studies included in the integrative review and critical analysis, correlating them.

The Evidence-Based Practice focusing characterized evidence rating systems hierarchically, depending on the

methodological approach adopted. For help in choosing the best possible evidence, we propose a hierarchy of evidence, according to the study design, which is one of the items to be analyzed at this stage,¹⁷ but because the criteria for inclusion and exclusion at level 1 will be considered only randomized clinical trial and level 6 is not included in this study.

Level 2: evidence from individual studies with experimental design;

Level 3: evidence of quasi-experimental studies;

Level 4: evidence from descriptive studies (non-experimental) or qualitative approach;

Level 5: evidence from case reports or experience;

Level 6: evidence based on expert opinion

In the fifth step we performed the interpretation and discussion of results, highlighting evidence of the influence of venous ulcers on quality of life of patients.

The sixth and final step there was presented the review and synthesis of knowledge produced about venous ulcer and quality of life of patients.

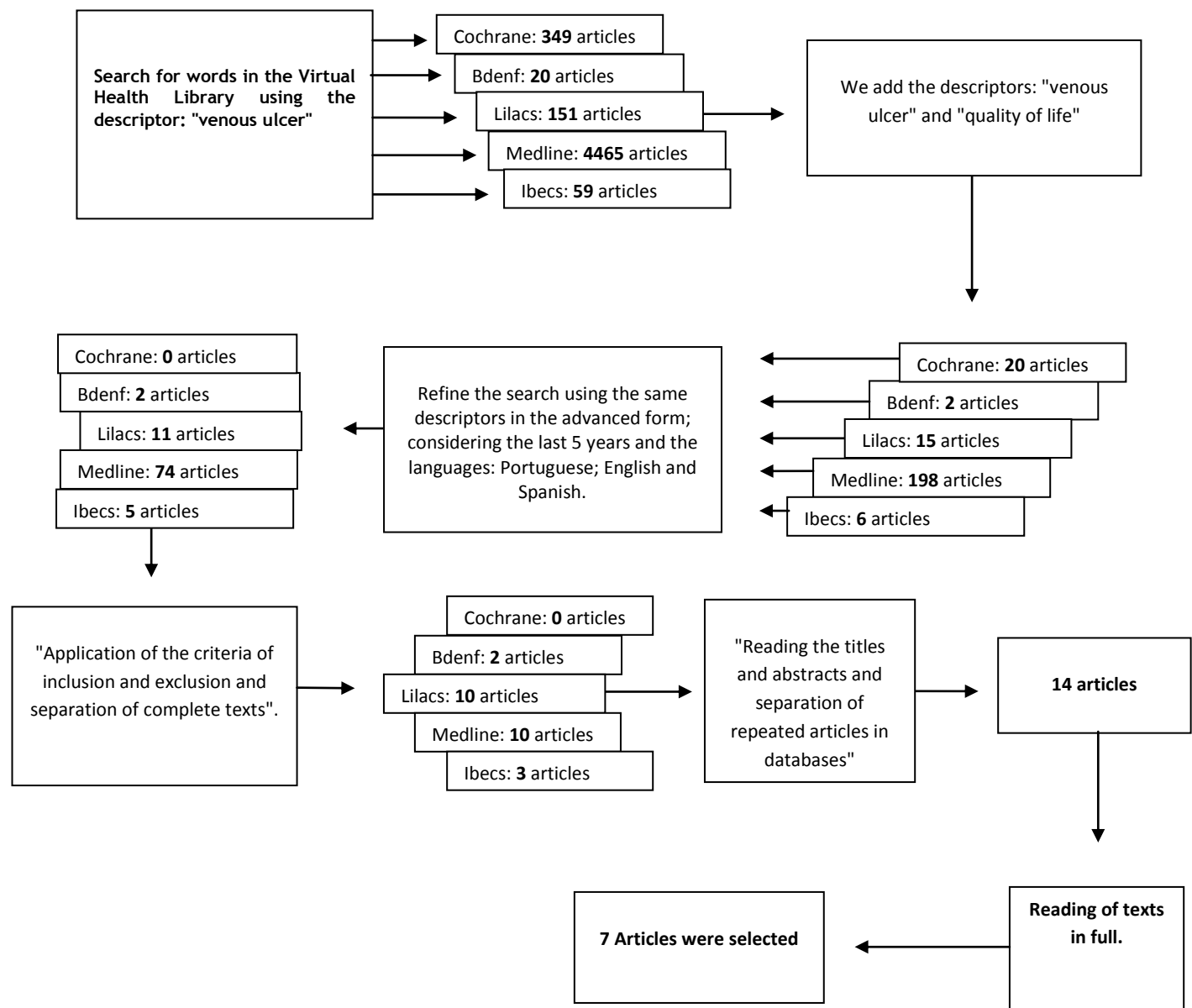


Figure 2. Flowchart of the lifting of the references in databases.

RESULTS

In the tables presented below, you can see the main features of the articles selected for this study and the data synthesized by the reviewers.

In Figure 3, we see the distribution of articles with regular, year of publication, database where the article was published, language, article title, type of study, level of evidence.

	Journal	Year	Database	Language	Title	Type of Study	Level of Evidence
1	USP Nursing Magazine	2010	Lilacs Bdenf	Portuguese	Effects of decongestive physical therapy on healing of venous ulcers	Intervention study, quasi-experimental	3
2	Online Brazilian Journal of Nursing	2013	Lilacs	Portuguese	Quality of life for patients with venous ulcer: a comparative study in Brazil/Portugal	Analytical study, comparative, and cross-section, with a quantitative approach	2
3	Brazilian Vascular Journal	2013	Lilacs	Portuguese	Assessment of the limitations of venous ulcers in lower limbs	Clinical prospective study, case-control study	2
4	Brazilian Magazine of Plastic Surgery	2012	Lilacs	Portuguese	Quality of life in patients with venous ulcers in compression therapy by Unna	Clinical study, descriptive and analytical	2
5	Acta Paulista of Nursing	2013	Lilacs	Portuguese	Influence of assistance and clinical characteristics on quality of life of patients with venous ulcers	Cross-sectional study	4
6	Gaucha Nursing Magazine	2013	Lilacs	Portuguese	The daily life of the man who lives with chronic venous ulcer: a phenomenological study	Phenomenological qualitative study	4
7	Brazilian Magazine of Plastic Surgery	2012	Lilacs	Portuguese	Assessment of depressive symptoms in people with venous ulcer	Exploratory study, descriptive, analytical and cross-sectional	4

Figure 3. Distribution of selected articles.

Title	Study outline	Intervention	Outcome	Implications for practice
1 Effects of decongestive physical therapy on healing of venous ulcers	Participated in the study 20 customers, divided into 2 groups: a control group (n = 10) and the intervention group (n = 10).	Customers of the first group were treated only with conventional dressing and those of the second group, with conventional and curative decongestive physical therapy (Association of techniques: manual lymphatic drainage, compressive bandage, elevation of the lower limbs, miolymphocinetic exercises and skin care). Both groups were treated for six months.	Customers undergoing decongestive physical therapy-TFD showed significant reduction of swelling and pain, in addition to improvement in the healing process. The results verify that decongestive therapy stimulates the process of healing of venous ulcers, improving the quality of life of individuals.	Decongestive physical therapy accelerated the healing process, reduced the pain and edema of affected members. The authors hope that the results of this study will contribute to the advancement of knowledge in the area, expanding the use of physical therapy decongestive in reducing lymphedema and, consequently, in the healing of venous ulcers. The data pointed to the importance of multidisciplinary health care team to customer with venous ulcers, favoring the healing process and contributing to the quality of his life and their families/caregivers.
2 Quality of life for patients with venous ulcer: a comparative study in Brazil/Portugal	100 individuals participated in the study with venous ulcer-VU in Natal/Brazil and 70 in Évora/Portugal.	Two instruments were used in this study for data collection. The first was a structured interview form to deal with socio-demographic characteristics, while the second was an instrument for quality of life in terms of health, the SF-36.	The averages for the areas analyzed by means of the SF-36 were low in Brazil, especially in terms of physical aspects and functional capacity. On the other hand, in Portugal, all the averages for the domains and dimensions were higher, especially the social aspects. Similarly, there were more people with a greater number of positive characteristics of treatment. As the characteristics of the lesion, which affected all areas and dimensions of the quality of life; in Brazil, the areas of functional capacity, pain, general health conditions, resistance, and the social aspects were statistically superior, as well as the physical health and mental health dimensions. In comparison, in Portugal, the functional capacity, physical, emotional issues, and the dimension of physical health were statistically significant.	The results show how the quality of treatment and the injury aspects are important to the quality of life of a person suffering from venous ulcers. Thus, the nurses and any professionals who provide direct treatment should be able to monitor the impact of its interventions through ongoing assessment, since there are dynamic changes in the signs and symptoms that each patient demonstrates. Thus, it is clear that, in order to improve the quality of life of patients with venous ulcers, there should be full and proper treatment, with continuous assistance planning and multi-professional, in addition to the use of instruments that provide global assessments, based on real contexts, to truly improve the quality of life of these patients.
3 Assessment of the limitations of venous ulcers in lower limbs	10 participated in the research, patients with ulcers classed with classification of Chronic Venous Disease (CEAP:	The SF36 questionnaire questionnaires were administered in the waiting room of the Office of Integrated Service Unit Angiology and were carried out with reading by researchers of the areas to be covered. Subsequently, directed patients to the EMG laboratory, where	The results of this study showed that there is significant decrease of soleus muscle activation on both legs, but more on the left than on the right leg. In the non-dominant leg, there was no apparent decrease in the strength and range of motion.	In accordance with the areas exposed in the questionnaire SF-36, find the answers expected for the type of injury and all the disturbances caused by her patients were frustrated by not being able to further perform the same tasks that were some time ago. In addition, could no longer work to support the family, and no longer had the same willingness to leave home, visit friends or participate in communities.

	Clinic, Etiology, Anatomy and Pathophysiology) 6, SF36 questionnaire and analog scale of pain and held the goniometry, muscle strength and electromyogram.	there was the assessment of pain using the analog scale, goniometry of the tibiotarsal joint, muscle strength assessment and anterior tibial muscle electromyography and soleus bilaterally.	However, in dominant that reduction was qualitatively lower, perhaps by being more requested, in order to promote secure support during the march. Patients who have ulcer on the left had a higher reduction in strength and muscle activation and range of motion in relation to three patients who have ulcer on the right side.	In conclusion, the existence of venous ulcer in lower limbs can generate limitations and changes in quality of life of the individuals in question. The psychosocial aspect proved to be dominant under the engine, increasing the restrictions on restricting the activities of daily life (ADL) and leisure.	
4	Quality of life in patients with venous ulcer in compression therapy by Unna	50 patients were selected with venous ulcer. Adopted as inclusion criteria: the presence of ulcers for at least one year, age 18 years old > pressure index ankle/arm of 0.8 to 1.0, coverage as of tissue type and exudate, and treatment with compression therapy by Unna. The data were collected in the period of June 2010 to May 2011. The inclusion of patients in the study was a prospective, obeying the order of service.	The data were collected on the day on which the patient was included in the Protocol, being repeated at 4 months, 8 months and 12 months after its inclusion in the Protocol. For the evaluation of quality of life, there was used the questionnaire-Short Form 36 (SF-36) 8. The SF-36 is a generic instrument. The SF-36 is a generic tool, multidimensional, comprising 36 issues, covering eight domains (functional capacity, physical aspects, pain, General State of health, vitality, social aspects, emotional and health aspects).	In the first data collection, the ulcers measured among 16 cm² and 20 cm²; After 12 months of treatment with compression therapy by Unna, the lesions were healed in 42 (84%) patients. In the first data collection, the average scores of the SF-36 were low, meaning change in quality of life. Four months after the first data collection, the average score of the SF-36 was low, featuring bad quality of life. Eight months after starting treatment with compression therapy by Unna, there was significant improvement in the quality of life. And 12 months after the patients had good quality of life.	According to the authors, the research reinforces the need to redirect attention to the health of patients with ulcer on foot or leg, seeking to identify, in the everyday life of health services, whether in hospitals or clinics, in the family health program and others, the presence of updates to self-esteem, self-image and quality of life. Must be satisfied the primary care needs of patients who live with the wound in your daily life and the caregiver's knowledge is essential to cope with the disability of the patients concerned. The authors add, even though, on the needs that have arisen in recent decades with the rise in the number of patients with chronic diseases that coexist with wounds. It becomes essential to redirect the academic training and the qualification of health professionals, valuing not only the content but also the assistance practice.
5	Influence of assistance and clinical characteristics on quality of	Participants were 100 patients with venous ulcers. In the period June to November 2011,	Socio-demographic variables were investigated and health assistance features and characteristics of venous ulcer. The SF-36 and a multidimensional questionnaire	The average score of the domains of the SF-36, which was low in all fields, especially the hardest hit: physical appearance, functional capacity and social aspects. The characteristics of	Research has found significant association between assistance provided, the functional capacity and pain. This finding suggests that an assistance of quality can have positive impact on the functionality and the perception of pain. It was observed that the areas functional capacity,

life of patients with venous ulcers	with the use of a structured form and the instrument of health-related quality of life, SF-36.	consisting of 36 items included in eight components: functional capacity, physical aspects, pain, general health, vitality, social aspects, and emotional and mental health aspects. And a matter of comparative evaluation between current health conditions and a year ago. This instrument assesses both the negative aspects (disease), as the positive ones (welfare).	the assistance influenced the functional capacity (p = 0,005) and pain (p = 0,001). Patients who have had 4 to 10 positive characteristics in the assistance presented better functional capacity and lower impact of pain on quality of life. Also examined the influence of clinical characteristics of venous ulcer in patients' quality of life. The characteristics of the lesion affected the functional capacity (p = 0,001), pain (p = 0,001), the general state of health (p = 0,014), vitality (p = 0,001) and social aspects (p = 0,022). Patients with more positive characteristics of UV presented best functional capacity, less pain, better general health, more vitality and lower impact of ulcer in social activities.	pain, general health, vitality and social aspects showed association with the characteristics of the lesion, suggesting that the improvement of the lesion can reflect on these aspects of improved quality of life. The pain showed significant association with the characteristics of the assistance and the injury, suggesting that targeted interventions to improve these characteristics can influence positively the quality of life in this area. The General State of health also showed association with the characteristics of the lesion, what was expected, since the improvement of the lesion usually reflected in improving the general perception of patient health. The vitality showed significant association with the characteristics of the lesion, suggesting a lesion with more positive aspects must have positive impact on perception of vitality of these patients. There was also significant association between social aspects and the characteristics of the ulcer, what was expected, since exudative lesions or with strong odor affect the social conviviality, often causing social isolation. The authors conclude that, to improve the quality of life of patients with venous ulcer, and fundamental to invest in improving the clinical features of the ulcer and offer a quality service with care planning still multiprofessional, capable of meeting and the multiple aspects affected by the presence of the lesion.
6 The daily life of the man who lives with chronic venous ulcer: a phenomenological study	Participated in this study eight affected by chronic venous ulcer, regardless of age and social condition and deleted those that showed no physical and mental conditions to answer the questions of the survey.	The data were collected in June and July 2012, using the recorded interview with the following open issues: tell me about your day to day after the emergence of venous ulcer. Tell me about your expectations for your life, whereas has an ulcer of leg.	Participants coexisted with the wound six to 30 years, presenting a history of at least two cycles of healing and recurrence of the injury. The significant content of the testimonials allowed composing two categories related to the daily life of man with chronic venous ulcer. The category "restrictions in social life" expresses: 1-restrictions on social life: it was evidenced by the pain and odor from the wound, restrictions on their social life, work related to leisure and to his studies and in relation to their sexuality, whose exercise is affected due to the presence of chronic venous ulcers. 2- restoring skin integrity and resuming activities: showed that the	The authors conclude that the coexistence of man with chronic venous ulcer produces social implications under productivity and on sexuality, which leads to restrictions in everyday life, with prejudice to the performance of socially established roles for man. Such a situation causes anxiety to resume activities hindered. Concerning the approaches work and sexuality need to be contemplated by the multidisciplinary team engaged in careful man with Chronic Venous ulcer, given the valuation of these aspects by the subject of this study. The complexity of human life that lives with a chronic wound requires nursing professionals a greater involvement in the therapeutic process, allowing you to access the feelings evoked by the subject and consequently its action spectrum to assist him, considering the biopsychosocial aspects included in the health-disease process.

		man has as expectation to recover the integrity of his skin, which will make possible the resumption of his activities in the social sphere.	
7	Participated in the research assessment 60 patients with depressive symptoms in people with venous ulcer.	The data were collected through interviews. Inventory Beck Depression Assessment was used, because it is a measuring instrument and depression self-assessment, employee at the clinic, in research and in addition to the assessment of the patient.	<p>Most (91,66%) patients presented some level of depression. There was a higher frequency of symptoms in the mild to moderate level (n = 39; 65 percent). All levels showed statistical difference. The five most symptoms found were: sadness, distortion of body image, self-loathing, decreased libido and social downturn. Symptoms least represented were suicide idea and loss of appetite, being referred to by a patient in every aspect. As for the age, 43 patients had more than 61 years, of which 38 (88,4%) presented depressive symptoms in mild to severe level.</p> <p>The results obtained through the inventory of evaluation of Beck Depression allowed the conclusion that patients with venous ulcers exhibit different levels of depressive symptoms. The results of this research indicate the need to redirect aid to patients with wounds. The search and identification of emotional changes among these patients are recommended in the health services, both in hospitals and clinics and home care. Actions that include factors associated with chronic diseases and mental health certainly will contribute to the well-being and quality of life of individuals with chronic ulcers, mainly of the elderly population.</p>

Figure 4. Synthesis of integrative review articles.

When analyzing the studies about the place of the implementation and fulfilling institutions, gave the following result: a survey was undertaken in partnership Brazil/Portugal and other surveys were conducted in Brazil. About the location of data collection, we see that the research first took place in the school clinic physiotherapy State University of Southwestern Bahia (UESB) in Jequié - BA, research 2 it was held in a renowned university hospital in Natal/RN and in Basic Health Units (CSP) in Évora/Portugal. The 3 research was conducted in a unit of integrated patients (UAI) in Uberlandia, MG, the 4 research in Wound Clinic of the Hospital Complex of Sorocaba, SP. The 5 research at the Ambulatory of Angiology of the University Hospital Onofre Lopes, in Natal, Rio Grande do Norte. The 6 survey was conducted in four Basic Health Units of a city of the Zona da Mata Mineira in Juiz de Fora - MG; and 7 in the Ambulatory of wounds of a hospital set in the countryside of the State of São Paulo.

Regarding the theme of the articles, it can be said that all cover the topic of integrative review as they address somehow venous ulcer and issues that cause influences the quality of life of their patients. According to the types of research findings in this design integrative review, we classified the studies according to the degree of evidence, three articles with evidence level 2, an article with evidence level 3, and three articles with evidence level 4.

DISCUSSION

In this integrative review, we sought to study seven articles meeting the criteria previously established and according to the PICO strategy. The following are relevant data and evidence reported by the authors about the venous ulcers, so it was possible to raise the influence of venous ulcer causes the quality of life of patients.

Information was found on the effectiveness of physical decongestive therapy (PDT) in the healing of venous ulcers. Through the survey data we noticed that there seems to be influence of venous ulcers on quality of life of their patients because it was observed that by reducing swelling, pain and improved healing is possible to have a better quality of life.¹⁸

One of the major impacts on the lives of people with venous ulcer is caused by pain, so it is essential that professionals be aware of verbal and non-verbal during the course of care, since during manipulation of the ulcer patient can feel pain and discomfort. In this case the trader should focus on decreasing pain, as authors point out that during care and

need to focus on factors that affect the patient's quality of life.¹⁹

However, it was found in another reference the importance of comparing the quality of life of patients suffering from venous ulcers in the city of Natal/Brazil and with patients in Évora/ Portugal, brought in as evidence in Portugal for better quality of life in relation to Brazil, and in Brazil the physical aspects and functional capacity were considered low. The survey showed that there is a relationship between the venous ulcer and quality of life, since the quality of treatment and the appearance of the lesion were identified as important factors in the quality of life of a person with venous ulcer.²⁰

In Brazil it is worth considering the fact that the ulcers have represented a serious public health problem and health posts daily serve a large number of patients to perform healing. Thus we have a sad reality, which lack investment of public power for the best treatment.

Regarding the evaluation of musculoskeletal limitations and changes in quality of life of patients with venous ulcers of the lower limbs, was evident through the study, the venous ulcer generates limitation and change in quality of life, and restrictions on activities of daily living.²¹

Unfortunately many individuals affected by a chronic wound, face the distancing of family members, loss of friends and abandonment of partners, as well as the loss of freedom, autonomy and professional activity.²²

About the assessment of quality of life in patients with venous ulcers being treated with compression therapy by Unna boot there was identified that the venous ulcer patients have a poor quality of life. The authors mention that throughout the study it was reported that treatment with Unna's Boot eight months provided a significant improvement in quality of life and that after 12 months of treatment, patients showed good quality of life.²³

During the clinical treatment offered to patients with venous ulceration, it is necessary, in addition to the compression therapy, a diet which promotes healing, as well as rest and use of compression stockings after wound healing.²⁴

Regarding the influence of care and clinical characteristics in the quality of life of patients with venous ulcer came about that a study found a significant association between assistance, functional capacity and pain. Regarding the influence of lesion characteristics in the quality of life of the patient group was observed that the

functional capacity, pain, general health, vitality and social aspects, were associated with the lesion characteristics, suggesting that the improvement of injury may reflect an improved these aspects of quality of life.²⁵

To care for a patient with wounds you need to understand a great process to observe, interact and deepen scientific knowledge, with holistic approach, where the patient's family is also included.²⁶

Therefore it is up to the nurse, professional responsible for care; establishing therapeutic communication with patients aimed at increasing the complaints and respect for the individuality of each individual.²⁴

Furthermore, it was found that the understanding of man's everyday living with chronic venous ulcer indicates that even directly affects the quality of life of their patients, since there is evidence that the body image changes as a result of the injury, affecting self-image and the perception that the other has about him. Added to this is evidenced the occurrence of pain and odor from the wound. Sexuality has been identified as one of the experienced limitations, the exercise of which is affected due to the presence of venous ulcers.

The presence of venous ulcer is perceived by man as something that could change your daily life, causing interference in their personal, relational and professional life. The perceived limitations in activities of daily life refer to the loss of freedom, which entails restrictions in social life, including non-participation in social events, travel, and the imposition of the use of certain clothing details.²⁷

To improve the quality of life of these patients need support and encouragement, to help them overcoming the environmental problems in society, be it leisure, work, physical, mental and emotional strength.²⁸

However, there is the evaluation of the occurrence of depressive symptoms level presented by patients with venous ulcers. In this case, an important issue that seems to corroborate with other studies on venous ulcer and quality of life, is the fact that patients with ulcers have different levels of depressive symptoms, and the most frequent were: sadness, distorted body image, self-deprecation, decreased libido and social withdrawal.²⁹

In the daily life of people with wounds there is presence of suffering, and you can see that people suffer psychically caused by doubts and fears regarding the treatment and

especially anxiety when see the evolution of the wound to an improvement.³⁰

CONCLUSION

The results obtained by means of the selected studies in this review provide evidence that there is influence of venous ulcers on quality of life of patients and confirmed our hypothesis. We emphasize that most studies (57%) used an instrument for quality of life in terms of health, the SF-36, and that it got low quality living standards and other research (43%) showed interference in the life daily patient, caused by the presence of ulcer and that influenced their quality of life.

It is important that the patient is assisted by a multidisciplinary team, where professionals are able to monitor the impact of their interventions through ongoing assessment, as venous ulcers cause social, sexuality, generating limitations and changes in quality lifetime. Thus it is evident that to better serve the patient with venous ulcers, and give you a better quality of life, it is imperative that the issue be discussed within the academy and there are qualifications of health professionals.

The care planning ensures quality care, which in turn provides improved healing and generates positive impact on functionality and perception of pain, contributing to the well-being and quality of life of individuals with chronic ulcers.

This review has presented the following limitations: low number of selected articles (due to shortage of journals that addressed the issue) and the lack of studies with high level (1) of evidence.

We left as recommendation, the improvement of care, use of evidence-based treatments such as the use of compression therapy and finally, to invest more in research to a better understanding of the decrease in functional mobility, physical and emotional difficulties faced by these patients.

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