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NURSING DIAGNOSES OF THE DOMAIN HEALTH PROMOTION IN MENOPAUSAL WOMEN WITH OSTEOPOROSIS

DIAGNÓSTICOS DE ENFERMAGEM DO DOMÍNIO PROMOÇÃO DA SAÚDE EM MULHERES CLIMATÉRICAS COM OSTEOPOROSE

DIAGNÓSTICO DE ENFERMERÍA DEL DOMINIO PROMOCIÓN DE LA SALUD EN MUJERES CLIMATÉRICAS COM OSTEOPOROSIS

Maria Luiza Rêgo Bezerra¹, Marcelo Donizetti Chaves², Simony Fabíola Lopes Nunes³, Aline Isabella Saraiva Costa⁴, Yana Thalita Barros de Oliveira Castro⁵

ABSTRACT

Objective: to identify the nursing diagnoses of the domain health promotion in women with osteoporosis during menopause in the light of Orem's concept. **Method:** descriptive, cross-sectional study conducted with 35 women diagnosed with osteoporosis secondary to menopause, aged from 45 to 65 years old, treated at a specialty center in the city of Imperatriz (MA), Brazil. **Results:** the main identified diagnoses were: Readiness for enhanced self-health management (94.2%) and Sedentary lifestyle (83%). **Conclusion:** the findings demonstrated that the identification of care needs favors the implementation of specific interventions, contributing to the quality of nursing care to women with osteoporosis. **Descriptors:** Nursing Diagnosis; Osteoporosis; Menopausal; Self-Care.

RESUMO

Objetivo: identificar os diagnósticos de enfermagem do domínio promoção da saúde em mulheres com osteoporose no climatério à luz do conceitual de Orem. **Método:** estudo descritivo, do tipo transversal, realizado com 35 mulheres com diagnóstico de osteoporose secundária à menopausa, na faixa etária de 45 aos 65 anos, atendidas em um centro de especialidades do município de Imperatriz (MA), Brasil. **Resultados:** os principais diagnósticos identificados foram: Disposição para autocontrole da saúde melhorado (94,2%) e Estilo de vida sedentário (83%). **Conclusão:** os achados demonstraram que a identificação das necessidades de cuidados favorece a implantação de intervenções específicas, contribuindo para a qualidade da assistência de enfermagem às mulheres com osteoporose. **Descritores:** Diagnóstico de Enfermagem; Osteoporose; Climatério; Autocuidado.

RESUMEN

Objetivo: identificar los diagnósticos de enfermería del dominio promoción de la salud en mujeres con osteoporosis en el climaterio con base en el concepto de Orem. **Método:** estudio descriptivo, del tipo transversal, realizado con 35 mujeres con diagnóstico de osteoporosis secundaria a la menopausia, en la edad de 45 a 65 años, atendidas en un centro de especialidades del municipio de Imperatriz (MA), Brasil. **Resultados:** los principales diagnósticos identificados fueron: Disposición para autocontrol de la salud mejorado (94,2%) y Estilo de vida sedentario (83%). **Conclusión:** los hallados demostraron que la identificación de las necesidades de cuidados favorece la implantación de intervenciones específicas, contribuyendo para la calidad de la asistencia de enfermería a las mujeres con osteoporosis. **Descriptor:** Diagnóstico de Enfermería; Osteoporosis; Climaterio; Autocuidado.

¹Nurse, Master Student in Nursing, University of Brasília / UNB. Brasília (DF), Brazil. E-mail: marialuizaregobezerra@gmail.com; ²Dentist, Associate Professor, Federal University of São Paulo / UNIFESP. São Paulo (SP), Brazil. E-mail: mdchaves@ufma.br; ³Nurse, Master Student in Nursing, Graduate Nursing Program, Federal University of Santa Catarina / PPGEN-UFSC. Florianópolis (SC), Brazil. E-mail: sflnunes@hotmail.com; ⁴Nurse, Master in Nursing, PhD Student in Clinical Psychology, University of Brasília / UNB. Brasília (DF), Brazil. E-mail: aline.sa.costa@hotmail.com; ⁵Nurse, Federal University of Maranhão/UFMA. São Luis (MA), Brazil. E-mail: ytha@bol.com.br

INTRODUCTION

Osteoporosis is a systemic skeletal metabolic disorder characterized by reduced bone mass and deterioration of bone microarchitecture with a consequent increase in bone fragility and susceptibility to fracture. This disease is related to age, which increases the concern for self-care strategies to analyze projections of increasing prevalence and life expectancy of the elderly population.¹

Its non-modifiable risk factors are: age, female gender, ethnicity (white or Asian), family history, endocrine pathologies, cancer, glomerular and renal diseases, early menopause (including hysterectomy and ovariectomy) and estrogen deficiency caused by menopause, considered one of the main factors risk for osteoporosis in women.^{2,3} Modifiable, or environmental, factors include: dietary inadequacies (high caffeine intake, low calcium intake), smoking, alcohol consumption, physical inactivity and low body weight.²

As a result of more intense estrogen deficiency in post-menopausal, period between 55 and 65 years old, bone density values tend to decrease such that culminate in serious bone and metabolic disorders, such as osteoporosis. Since in Brazil 10% of women live a third or more of total years of life after menopause, attention should be paid to preventive measures for diseases such as osteoporosis.^{2,3}

As the most common metabolic disease and major cause of fractures due to bone fragility,¹ osteoporosis is as a major public health problem, prompting the development of strategies to promote the health of women with osteoporosis in order to prevent individual and social repercussions.

Regarding the nursing interventions in the care for treatment and prevention of osteoporosis in menopausal women, the Nursing Diagnoses (ND), updated every two years, are defined in the taxonomy II of the North American Nursing Diagnosis Association - International (NANDA- I), as clinical trials on human responses according to the functional patterns of health and life experiences, used to decide the focus of care, as well as the planning, implementation and evaluation of nursing. The ND are related to the second phase of the Nursing Process (NP), which is, in turn, a methodological and systematic instrument of care and is inserted into the conceptual and practical universe of Systematization of Nursing Assistance (SNA), deferred from the NP to present itself as the organization of nursing work and includes the

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method, theory or conceptual model of nursing, the personnel and the instruments to be used in nursing care.^{4,5,7}

The development of nursing diagnoses is guided by the categorization thereof, as follows: Real, Health Promotion, Risk and well-being.⁴ The use of diagnostic statements has the objective of improving the nursing care provided to patients by portraying their real needs, contributes to spread the practice, concepts and nursing assistance, adapting a specific language of the field to nurses, facilitating the development of future research, influencing the nursing education.^{4,6}

The Orem's Self-Care Theory qualifies the nurse as an individual who has skills and knowledge to identify disabilities to which human beings are subject⁷. According to NANDA-I, the nursing diagnoses scientifically interpret these disabilities and are used to guide nursing planning, implementation and evaluation of care provided.^{4,7}

Thus, there is highlight to the composition of Orem's General Theory by three interrelated theories: Self-care, Self-care deficit and Nursing systems. In the Dorothea Orem's vision, self-care is defined as the practice of activities that can be performed by the individual on their behalf so that well-being and life are kept. Customer skills are of great importance for the self-care practices whose basic human functions are crucial to this practice, and their assessment will show whether a person has the ability to be independent in self-care or whether they need help to do it.^{8,9,10}

Therefore, it is appropriate to carry out this study since the identification of the main nursing diagnoses can support an assistance plan that promotes self-care for menopausal women with osteoporosis, thus reducing the possible complications of the disease. Therefore, the objective of this study is:

- To identify the nursing diagnoses of the domain health promotion and the defining characteristics in menopausal women with osteoporosis the light of Orem's theoretical framework.

METHOD

This is a descriptive, cross-sectional study conducted in a Specialty Center of Women's Health Program in the city of Imperatriz, Maranhão state, in the period from March to April 2011.

A total of 35 women with osteoporosis, treated at that specialty center, were interviewed by convenience sample.

Inclusion criteria for this study were women in menopause and post-menopause, between 45 and 65 years old, with a diagnosis of osteoporosis and presenting physical and emotional conditions favorable to answer the questions. Women diagnosed with osteoporosis without association with menopause were excluded.

The semi-structured interview script consisted of factors that associate self-care with the socioeconomic variables (age, ethnicity, marital status and educational level), leisure and recreation activities, history and current situation of the disease, gynecological and obstetric data and symptomatology linked to peri and post-menopausal.

The data were analyzed using descriptive statistics. The organization of nursing diagnoses listed is in line with the domains and classes of multiaxial structure of the Taxonomy II of NANDA - I version 2012-2014. They are allocated in the domain 1 - Health Promotion and class 1: Perception of health and class 2: Health control.⁴

The analysis covered the validity of diagnostic inferences and components related to them (defining characteristics, related factors and risk factors) to all identified ND, based on the Taxonomy II of NANDA-I, by three nursing professors experts in nursing diagnosis and medical clinics.

The development of the study complied with the national ethical principles in research involving human subjects and received approval from the Ethics Committee of the Federal University of Maranhão (UFMA), under Opinion No 004 550 / 2010-80, in accordance with Resolution 466/2012 of the National Health Council.

RESULTS

With regard to the characterization of study participants, there was prevalence of married women (57%), aged from 55 to 65, white (75%) and with incomplete primary education (71%). These results are described in Table 1.

Table 1. Distribution of sociodemographic variables of menopausal women diagnosed with osteoporosis. Imperatriz - MA, 2011.

Variable	n	%
Age		
45 -I 55	12	34
55 - I 65	23	66
Ethnicity		
White	20	57
Yellow	8	23
Black	7	20
Marital status		
Married	20	57
Single	7	20
Widow	6	17
Divorced	3	8
Level of education		
Incomplete Primary Education	25	71
Complete Primary Education	1	3
Complete High School	1	3
Complete Higher Education	8	23

The nursing diagnosis "Readiness for enhanced self-health management" (94.2%) was evidenced by the defining characteristics: calcium-rich diet, appropriate use of medications and care to prevent fractures. The defining characteristics daily routine without exercise, overweight and deficient recreation activities evidenced the ND "Sedentary lifestyle" (83%).

After the identification of the nursing diagnoses and their evident defining characteristics, some nursing interventions were suggested.

For "Readiness for enhanced self-health management", the defining characteristics that culminated in compliance with the responsibility and concern of the volunteers with the daily therapeutic process related to osteoporosis during menopause were evidenced. Therefore, the nursing intervention suggestions for this diagnosis have been prepared in order to preserve or intensify the good therapeutic practices (Table 2).

Table 2. Defining characteristics identified from the provision of nursing diagnosis “Readiness for enhanced self-health management” and related nursing interventions. Imperatriz - MA, 2011.

Defining characteristics	Nursing interventions
Calcium-Rich Diet (91%)	<ul style="list-style-type: none">- Evaluate and address the potential changes in a person's life that can be obstacles to adaptation and maintenance of the recommended diet;- Trace alternative measures to maintain a calcium-rich diet, according to the socio-economic situation of the individual, and other factors that influence this intervention;- Develop nutritional plan with monthly goals of calcium intake to be achieved;- Provide advice on the importance of eating every three hours with light foods, rich in calcium and derivatives.
Proper Use of Medications (83%)	<ul style="list-style-type: none">- Create a board of messages in a strategic location of the home, containing schedules, dosages and purposes of medications, consequences and damages of non-administration;- Identify and solve problems that can minimize liability with medications;- Strengthen guidance on the care of drug interactions and adverse reactions that might occur.
Care for Reducing Risk of Fractures (86%)	<ul style="list-style-type: none">- Strengthen guidance on diet, regular physical exercise and supervision of limitations in internal and external environments;- Gather and guide the family so they can be aware of the care they must take, firming the importance of this interaction in the therapeutic process.

The following table is regard the diagnosis "Sedentary lifestyle", which refers to the routine without physical exercises, report of

lack of physical effort and verbalizing preference for activities with little exercise.

Table 3. Defining characteristics identified from the nursing diagnosis “Sedentary lifestyle” and related nursing interventions. Imperatriz - MA, 2011.

Defining characteristics	Nursing interventions
Overweight (77%)	<ul style="list-style-type: none">- Assist in setting realistic goals for reduction of caloric intake / day (eg .: decreased oral intake of 400 calories will result in a loss of 400 to 800 g each week);- Measuring BMI (Body Mass Index) and WHR (waist-to-hip ratio) every 30 days;- Avoid lying down or resting after meals;- Give preference to olive oil (advising on the appropriate volume) or coconut oil.
Routine without Physical Exercises (86%)	<ul style="list-style-type: none">- Encourage daily exercise routine with home objects to lose calories, when possible, and for range of motion;- Guide to walk according to the limitations of the voluntary woman, preferably in the morning or late in the afternoon;- Advise on proper nutrition before physical activities, avoiding fasting;- Advise on the rhythm of steps, starting with 20 min / day and increasing weekly until 60min / day;- Provide advice on stretching at the beginning and end of the physical activity.
Deficient Recreation Activities (89%)	<ul style="list-style-type: none">- Encourage implementation of recreational activities that are most appreciated by the participant, as sewing, embroidery, hiking, participation of groups in the church, dancing, singing, drawing, painting, reading, writing, etc.;- Organize a schedule plan including home activities, leisure and rest time and explain its relevance;- Create a therapeutic group of menopausal women with osteoporosis so that they share experiences, sorrows, fears, perspectives and attitudes of perseverance.

DISCUSSION

As for sociodemographic characteristics, this study identified the prevalence of white women aged between 55 and 65 years old. The white race has also been identified in other studies involving menopausal women with osteoporosis and changes in bone

metabolism and bone mineral density, thus indicating higher risk for low bone mass at menopause for women of this ethnic group.¹¹⁻³

This study raised the main nursing diagnoses in menopausal women with osteoporosis for the domain Health promotion, which is defined as "perception of well-being or operating normally and strategies used to

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keep control of this well-being and normality operation, as well as to improve them".⁴

Among the participants, the most relevant nursing diagnosis was Readiness for enhanced self-health management, defined as "standard for adjustment and integration into the daily life of a therapeutic regimen for the treatment of diseases and their sequelae, that is sufficient to achieve the objectives related to health and that can be strengthened".⁴

Under this ND, the evidenced defining characteristics have been analyzed: calcium-rich diet, correct use of medicines and care to reduce the risk of fractures.

It is recommended, in order to have a calcium-rich diet, that menopausal women over 50 years old consume about 1,200 mg of calcium a day, preferably through diet, primarily through milk or milk derivatives. It is recommended that they receive calcium supplements to have these requirements met. Furthermore, it is recommended that calcium supplementation is made in association with 800-1000 IU of vitamin D per day and there are needs.¹³⁻⁴

It is observed in drug therapy that women in the study have made the appropriate combination of balanced calcium-rich diet with this, emphasizing the calcium carbonate + vitamin D3. Vitamin D is essential for bone metabolism related functions as it is a pre-hormone that acts as a major regulator of calcium homeostasis and bone metabolism.¹⁵⁻⁶

For achieving the health-related goals and for the self-care to be satisfactory, it is necessary to develop social practices of primary care, prioritizing the practice of health education, as this is an important tool in promoting health to osteoporosis and that will contribute to quality of life¹⁵, especially when directed to food, exercise, medications, tests and drug therapy.

The combination between hypercalcemic diet and drug therapy validates reducing the risk of fractures (86%), as evidenced by the low frequency of occurrence thereof in our sample. This finding is relevant because the hip fracture risk increases exponentially with age, being relatively common in osteoporosis, affecting 15% of women aged 80 and the distal radius fractures (Colles' fracture), which are more common in women after menopause.¹⁷

Health workers who care for these clients should pay attention to this situation and develop fall prevention strategies and evaluation of the home environment in order to prevent their occurrence, since elderly women with osteoporosis are more vulnerable to fractures.¹⁸

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The second diagnosis of major relevance in the study was Sedentary lifestyle and refers to a "life habit which is characterized by a low level of physical activity".⁴ Other studies have also found small sample size practicing physical activities.¹⁸⁻⁹

In this survey, 83% of participants had a BMI ≥ 25 , a finding consistent with a study of 1,871 women with a mean age of 59.2 years old, affected by osteopenia and osteoporosis, which had shown that a high BMI had not a statistically significant association with osteopenia and osteoporosis.¹⁷

Overweight can be related to the defining characteristic choice of daily routine without exercise, found in 86% of the interviewed women. Physical activity provides bone strengthening, particularly in the early stages of senescence.² However, it is observed that many women, fearing the occurrence of fractures, chose for a sedentary and drug dependent routine.¹⁸

Study aimed to conduct review of the association between physical activity and quality of life of post-menopausal women with osteoporosis found that activities to enhance strength and balance, with increased bone density, are essential to prevent the occurrence falls and thus to reduce the incidence of fractures.²⁰ Associated with these benefits, interventions with physical activity are essential to develop the quality of life of post-menopausal women who suffer from osteoporosis.²⁰

The defining characteristic deficient recreation activities was observed in 98% of women. The symptoms related to menopause may influence the motivation to practice physical, leisure and even occupational activities. Such factors should be considered, since they can result in depression, anxiety and other somatic symptoms.²¹ However, the encouragement to regular physical activity, even during leisure time, provides the best parameters of body composition, functional capacity and elements of physical fitness.²²

To recognize the normal functioning and well-being of women with osteoporosis, health professionals should consider, in planning physical exercise, the sensory losses and possible fears of falls, establishing balance exercises to prevent falls, delaying dependency of the elderly with osteoporosis.¹⁸

The menopausal woman carries cultural, personal and social connotations that must be respected, and therefore it is important that nurses and other professionals of the multidisciplinary team watch out for these issues, thus culminating in holistic care.

This study has potential limitations, such as the fact that the clinical assessment is a subjective process of the evaluators, the amount of interviewed women and because it is a local study with convenience sample. However, it appears that focused guidance from nursing diagnoses have contributed to the control and performance of self-care, providing support for the empowerment of menopausal women with osteoporosis.

CONCLUSION

Complications resulting from osteoporosis secondary to menopause emphasize the occurrence of fractures and, consequently, the costly expenditures for the public service.

With the findings of this study, one can conclude that the identification of nursing diagnoses facilitates the investigative and interventional process, adds technical enhancement, propels the educational role concerning the nursing, and promotes critical reflection on self-care in promoting the health of menopausal women with osteoporosis. It is relevant to the need for further research on the application of SNA in face of numerous thematic, as well as studies on osteoporosis, since it is a disease of serious consequences for the carriers and that tends to an expensive and incident progress.

Moreover, the results have contributed to the optimization of assistance concerning the provision of care, as well as to the enhancement of self-care among the voluntary participants, emphasizing the importance of systematization of nursing care through the nursing process, as a methodology of great contribution to nursing care.

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Corresponding Address

Maria Luiza Rêgo Bezerra
Superquadra Norte, 404
Setor Asa Norte
CEP 70845-080 – Brasília (DF), Brazil