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INTEGRATIVE REVIEW ARTICLE

NURSING CARE IN THE PERSON WITH LEPROSY: INTEGRATIVE REVIEW

ASSISTÊNCIA DE ENFERMAGEM À PESSOA COM HANSENÍASE: REVISÃO INTEGRATIVA

ASISTENCIA DE ENFERMERÍA A LA PERSONA CON LEPRA: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: to analyze the scientific production of nursing care to people with leprosy. ***Method***: an integrative review aimed to answer the main question: << What is the scientific evidence on the nursing care provided to people with leprosy? >> The search in LILACS and BDENF bases with the keywords leprosy and nursing were used. There were 12 articles between 2003 and 2013 selected. ***Results***: evaluation of cases and contacts and the factors influencing this care, the great demand for services and the incipient training of professionals were highlighted in the nursing care. ***Conclusion***: nursing care focuses on neurological dermatology ratings is not always satisfactory and reliable, few studies have reported care directed to wounds, vaccines and self-care. ***Descriptors***: Leprosy; Nursing care; Nursing.

RESUMO

***Objetivo*:** analisar a produção científica sobre a assistência de enfermagem à pessoa com hanseníase. ***Método*:** revisão integrativa com vistas a responder à questão norteadora: <<Quais as evidências científicas sobre a assistência de enfermagem prestada à pessoa com hanseníase? >>. Realizou-se uma busca nas bases LILACS e BDENF com os descritores hanseníase e enfermagem. Selecionou-se 12 artigos no período entre 2003 e 2013. ***Resultados*:** destacou-se no cuidado de enfermagem a avaliação de casos e contatos, e os fatores que influenciam esse cuidado, a grande demanda dos serviços e a capacitação incipiente dos profissionais. ***Conclusão*:** a assistência de enfermagem concentra-se em avaliações dermatoneurológicas nem sempre satisfatórias e fidedignas, poucos estudos relatam cuidados direcionados às feridas, às vacinas e ao autocuidado. ***Descritores*:** Hanseníase; Cuidados de Enfermagem; Enfermagem.

RESUMEN

***Objetivo*:** analizar la producción científica sobre la asistencia de enfermería a la persona con lepra. ***Método*:** revisión integrativa para responder a la pregunta guiadora: << ¿Cuáles son las evidencias científicas sobre la asistencia de enfermería prestada a la persona con lepra? >> La búsqueda en las bases LILACS y BDENF, con los descriptores lepra y enfermería. Se seleccionaron 12 artículos en el período entre 2003 y 2013. ***Resultados*:** se destacó en el cuidado de enfermería, la evaluación de casos y contactos, y los factores que influyen ese cuidado, la grande demanda de los servicios y la capacitación incipiente de los profesionales. ***Conclusión*:** la asistencia de enfermería se concentra en evaluaciones dermatologica neurológicas ni siempre satisfactorias y fidedignas, pocos estudios relatan cuidados dirigidos a las heridas, vacunas y auto-cuidado. ***Descriptores*:** Lepra; Atención de Enfermería; Enfermería.

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INTRODUCTION

In 2011, the Ministry of Health was committed to elimination or reduction of some diseases, presented as a public health problem. Among them, there is leprosy, which in 2010 had a detection rate of 18.2/100,000 population and the prevalence of 1.56 cases per 10,000 inhabitants.[1]

Among the strategies for the elimination of leprosy, there are increased early detection, cure of diagnosed cases and the intensification and strengthening surveillance. Primary care is of fundamental importance in achieving these strategies[1], since it is one of the main ways of entry, as well as being the ordering of attention networks of the Unified Health System (SUS) and characterized by a set of actions at the individual and collective, covering health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation and maintenance of health.[2]

The nursing staff performs several activities in primary care, participating in all actions related to leprosy control, with emphasis on promotion and prevention. Among the charitable functions of nurses, there are performing nursing consultation, request additional tests and prescribe medications as protocols or other technical regulations; assessing and recording the level of disability; assessing household contacts; performing or requiring the completion of dressing; observing the taking of supervised dose; developing educational activities about the importance of self-examination, the leprosy control and to combat stigma; conducting guidelines on the treatment, adverse effects of drugs, prevention of disabilities, self-care techniques, among others.[3]

The treatment of leprosy is made with multidrug therapy, which is a combination of effective drug treatment and aims to Bacillus drug resistance. The type of drug and treatment time vary depending on the classification of the disease.[4] Treatment also includes monitoring the case and the prevention of disability and these steps must take place simultaneously to the drug treatment.[5]

Aiming to the prevention and/or treatment of disabilities, at the first consultation when the diagnosis is made, the professional must be careful to carry out a full assessment of the patient, neurological evaaaluation and classification of the level of disability.[6] The research question for the preparation of the study is: what is the scientific evidence on the nursing care provided to people with leprosy?

The objective of the study is to analyze the scientific literature on the nursing care provided to people with leprosy.

METHOD

Article elaborated from the completion work course of Nursing care to the person with leprosy presented to the undergraduate course in Nursing and Health Sciences Center, Federal University of Piauí/UFPI. Teresina (PI), Brazil.

Integrative review characterized by the use of explicit methods and systematic search, analysis and synthesis of selected information about a particular topic[7], to answer the following question: which is the scientific evidence on nursing care to the person with leprosy?

The search was conducted by two reviewers, ensuring rigor in the selection process of the articles in the databases of Latin American and Caribbean Health Sciences (LILACS) and the Nursing Database (BDENF) in the first half of 2013, with standardized and available descriptors in the Descriptors in Health Sciences (DeCS): “leprosy” [and] “nursing”.

The integrative review was carried out in February and March 2013 with the following inclusion criteria: articles published between 2003 and 2013, presenting relationship with the subject of research and published in Portuguese, English or Spanish. Exclusion criteria were articles in duplicate, experience reports, reviews, and articles that did not present data on nursing care to people with leprosy.

Those who have not been published within the desired time interval, theses, dissertations, monographs and articles that after reading the summary, did not converge with the proposed subject of study, and publications that are repeated in the databases, Literature reviews, experience reports or articles published in Portuguese, English or Spanish were excluded. After reading the titles and abstracts, selected studies were analyzed with the aid of an instrument.

Analyzing Information concerning the identification of the original article, methodological characteristics of the study, assessment of the methodological rigor of measured interventions and the results found in the articles to the journal, author, study and the level of evidence[8]: 1 - systematic reviews and relevant meta-analysis clinical trials; 2 - evidence of at least one clinical trial randomized controlled well defined; 3 - well-

designed clinical trials without randomization; 4 - cohort studies and well-designed case-control; 5 - systematic review of descriptive and qualitative studies; 6 - evidence derived from a single descriptive or qualitative study; 7 - Opinion authorities or expert committees including interpretations of information not based on research[9]. By thematic or category content analysis type of content analysis technique[10], the text was separated in units (categories), according to systematic analog regroupings.

RESULTS

From BDENF, nine articles were selected to compose the search database, and three articles from LILACS database were selected totaling 12 articles dealing with the nursing care provided to people with leprosy. As the following flowchart:

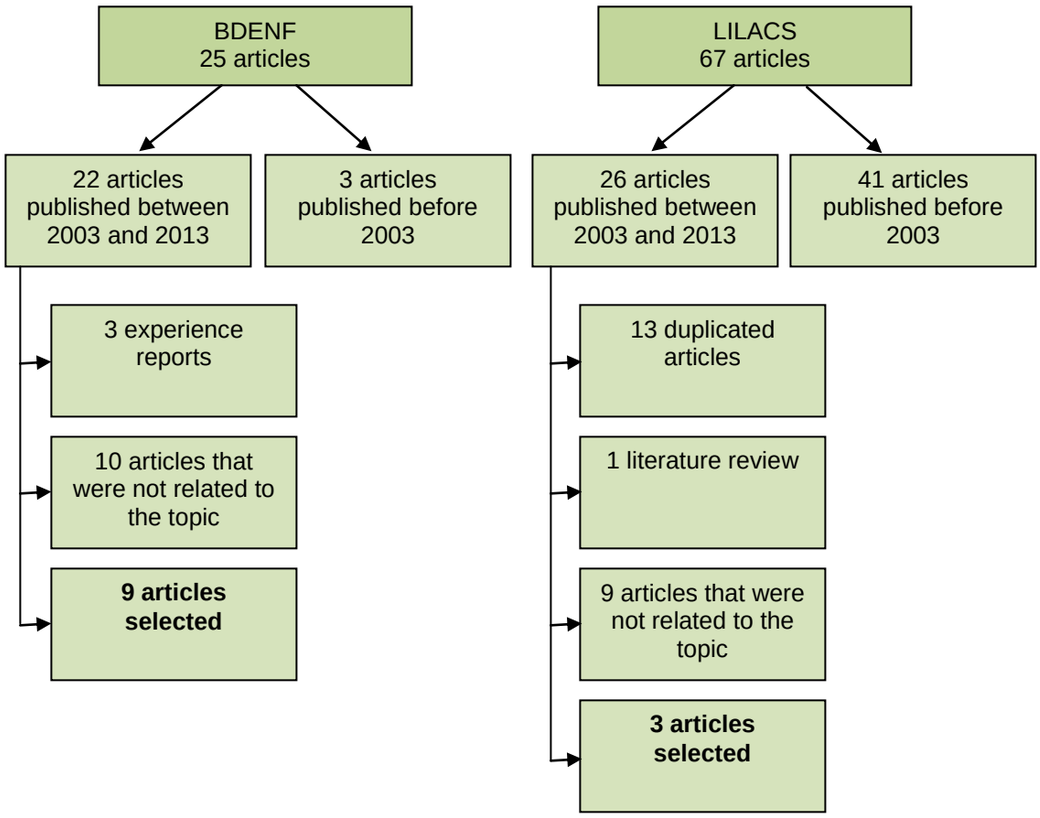

Figure 1. Articles selected to compose the research database.

It was observed that the most searched on nursing care were the orientation and evaluation of contacts, and these issues were not always considered positive in the research conducted. The identification of nursing diagnoses and more frequent problems to patients, referrals, the performance of procedures, physical examination, the dermatology examination, assessment of the level of disability and nursing records were also themes worked in the selected research.

As for the factors that influence nursing care, there were identified: the great demand for services, the inadequacy of the physical area, centralization of care/monitoring in referral centers, the weak interaction of the health team, the nascent professional training and the unstable relationship of trust between professionals and patients, as shown in Figure 2:

Authors, year/ journal/ participants	Method	Nursing care and factors that influence it
Soares; Helene, 2004/ Hansen. Int./ 56 profissionais de enfermagem	Descriptive study developed in 27 Health Units (USS) 18 municipalities of the Regional Health Directorate XXIV of Taubaté - SP. The data collection instrument form of semi-structured questions and the collection took place between November 2001 and February 2002.	Procedures; training; record.
Vieira *et al.*, 2004/ Arq. Ciênc. Saúde/ 1 paciente	Case study for 4 nursing consultations in the period from February to May 2003. A form to collect data was used based on OREM nursing theory and Risner's reasoning for the identification of nursing diagnoses (NANDA). A nursing care plan was created which determined the goals, objectives, and nursing prescriptions.	Dermatology neurological examination; Nursing Diagnoses; Guidance.
Silva Sobrinho et al., 2007/ Rev. Latino - Am. Enfermagem/ 99 pacientes	Study to assess the level of disability of patients in treatment and discharge of 11 municipalities of the 14th Regional of Health of Paraná and promoted discussion and training of local staff nurses. The level of disability was analyzed according to gender, age and registration status in the program.	Level of disability evaluation; Centralized Care; Training.
Bassoli *et al.*, 2007/ Hansen. Int./ 51 patients	Exploratory, descriptive, retrospective study, based on secondary data records. It was held at the Lauro de Souza Lima Institute, located in Bauru-SP. The sample consisted of printed minimum standards of nursing care developed between 09/01/01 to 08/31/03, regarding the medical records of 51 patients admitted to the Male Medical Clinics Department affected by leprosy.	Nursing diagnosis; Guidance; Referral; Supervision.
Dessunti *et al.*, 2008/ Rev. Bras. Enfermagem/ 3394 contatos	An inter-relational retrospective study conducted with the Connecting control records of treated leprosy patients from January 1996 to December 2005 in the reference service in the city of Londrina. Data collection occurred from July 2006 to July 2007.	Contact Rating (dermatology examination and BCG).
Vieira *et al.*, 2008/ Rev. Bras. Enfermagem/ 36 contatos	Descriptive, an exploratory study conducted at the Regional Clinic of Taubaté city's specialty - SP, with the contacts of patients enrolled in the Leprosy Control Program from January 2003 to July 2004. It was developed in two stages: a documentary research, and the other through home visits and nursing consultation, to identify suspicious signs of leprosy and referral to correct diagnosis.	Contact Rating (dermatology examination and BCG).
Silva Junior *et al.*, 2008/ Rev. Bras. Enfermagem/ 1 paciente	Case study developed in April 2008 in Mafrense Health Center in Teresina-PI. The study aimed to report the nursing care provided to a patient with leprosy, focusing on the care of transcultural nursing diagnoses and nursing interventions according to NANDA. It was conducted a semi-structured clinical interview, the historical fulfillment and participant observation, which allowed data collection.	Dermatology neurological examination; Nursing diagnosis.
Pereira *et al.*, 2008/ Rev. Bras. Enfermagem/ 10 profissionais	Descriptive and exploratory study in Bauru-SP, in 4 basic health units (UBS). Data collection was carried out during the first half of 2007 and occurred through three research instruments consisted of open and closed questions and applied through semi-structured interviews. In a second stage of the research, through another instrument, epidemiological indicators of leprosy in Bauru were recorded and analyzed, in the period 2001-2006.	Contacts evaluation; Guidance; referrals; procedures; training; dermatology examination and evaluation of the level of disability; Centralized Care; Physical structure; Demand service.
Helene *et al.*, 2008/ Rev. Bras. Enfermagem/ 59 profissionais assistenciais e 17 interlocutores	Retrospective longitudinal study conducted in São Paulo State municipalities. The data were collected through interviews, and a survey was made of epidemiological data from 2001 - 2005 and operational data of the Leprosy Control Program.	Contacts evaluation; Guidance; referrals; procedures; training; the level of disability evaluation; Centralized Care; Team interaction; Physical structure.
Freitas *et al.*,	Qualitative research of exploratory and descriptive	Contacts evaluation;

2008/ Rev. Bras. Enfermagem/ 6 enfermeiros e 16 pacientes	type, conducted from April to June 2007, within the FHS Sinhá Sabóia district of Sobral-CE. Data collection was conducted from interviews.	Guidance; dermatology neurological examination; Trust relationship; Demand service; Record.
Silva *et al.*, 2009/ Texto Contexto Enferm	Case study, qualitative approach, conducted from 27 to 30 August 2007 in two FHS units in the municipalities of Diamantino and São José do Rio Claro. Three distinct and complementary procedures were used in the analysis of corpus composition: direct observation of practices, the analysis of official documents of the SUS and the production of "exemplary images."	Guidance; Team interaction; Record.
Duarte; Ayres; Simonetti, 2009/ Texto Contexto Enferm./ 37 pacientes	Descriptive study in the School Health Center (CSE), of the School of Medicine of Botucatu, from December 2003 to December 2006. Data were collected by nursing consulting instruments based on the nursing process proposed by Horta, with adaptations. The nursing consultations were held bimonthly.	Contacts evaluation; the level of disability evaluation; frequent problems; Guidance; referral; Supervision; Procedures.

Figure 1. Characterization of scientific articles included in the survey.

DISCUSSION

♦ Nursing care

As the diagnosis of leprosy is essentially clinical, the first initiative of the nurse to get a person with suspected leprosy is to make an anamnesis and dermatology examination to identify lesions or areas of skin with abnormal sensitivity and/or impairment of peripheral nerves, and in case of confirming the suspicion of the patient, refer him to the doctor to perform diagnostic confirmation and the operational classification of the disease, to start treatment.[3]

Of the studies evaluated, 50% addressed the dermatology neurological evaluation at some point in the study. Of them, only two clearly stated the realization of dermatology neurological evaluation as the service routine.[11-2] Two other studies also underwent dermatology neurological evaluation, but as they were case studies, it cannot be said that this action is a routine service.[13-4]

Two other studies have addressed the completion of dermatology neurological examination in the evaluation of leprosy contacts. Of them, one found the exam in contacts, from records of Notifiable Diseases Information System - SINAN and Communicators Control Sheet, concluding that only 51% of the contacts passed the dermatology neurological evaluation[15]. In another study, 25% of the contacts did not conduct the dermatology neurological examination at any time, and 75% were examined, of which 35.9% were scanned before the survey, through routine assessment of contacts and 39.1% were scanned only for the development of research by their researcher.[16]

It can be observed that dermatology neurological evaluation, has not been carried out with the desired frequency which is a key element in the diagnosis of leprosy in the evaluation of the contacts, which are the most vulnerable to developing leprosy. This contributes to the spread of the disease, not to interrupt the epidemiological chain and the development of physical disabilities, as the later is diagnosed the disease, the more exposed the patient becomes the development of a disability.

The follow-up of contacts is not restricted to dermatology neurological evaluation, but guidelines should also be carried out, and considered harmless contact, there should be verification of the presence of BCG scar (BCG). The Ministry of Health (MOH) recommends that contacts without BCG scar or a BCG scar should take one dose of vaccine, and the contact already with two scars or children under one year already vaccinated, no need of another dose application of the BCG.[17]

Studies have shown that the evaluation of contacts is still precarious as the verification of the vaccine scar and vaccination of contacts. In one study, only 58.7% of leprosy contacts had two doses of the BCG vaccine [16]. In another, it was found that 46.9% of the contacts had not even been evaluated for the presence of vaccine scar[12]. In a third study analyzed, it was found that only 27% of the contacts were summoned to carry out the consultation in the health unit.[18]

Despite the evaluation of contacts is part of routinely surveyed services, exactly the extent to which this evaluation is performed is not known.[11,19] The only research that has shown satisfactory results in the assessment of the contacts was Pereira et al. in basic health

units of Bauru, SP, where the percentage of evaluated contacts was 90% in 2006.[12]

Among the factors cited by the contacts of leprosy or observed by the researchers for not performing the communicant consultation, it can be mentioned the change of residence or municipality, not be found in the residence, refuse to the assessment, forgetfulness, lack of time or resources financial, shame and ignorance of the importance of return.[16] Many of these observed impediments could be solved through information, guidance and health education of these contacts.

Studies have found the level of disability of leprosy patients, revealing that a significant portion, which ranged from 7.1% to 79.8% of patients showed some level of physical disability, indicating a failure in the early diagnosis, which can be made mainly with health education for the entire population and active search for leprosy contacts.[11,18-20]

The evaluation of the level of disability should be performed at diagnosis, discharge and every six months of multibacillary treatment. Such evaluation is crucial for the planning of disability prevention actions and obtaining epidemiological indicators that allow analyzing the effectiveness of early detection of cases of actions, and the quality of care during treatment.[3]

As for the problems identified in leprosy patients, the most common are lack of knowledge about the disease, physical problems arising from the development of disease and disability in self-care, such as dryness of the skin, eye involvement, maceration and/or inter-digital fissure, calluses on the hands and/or feet, traumatic and plant ulcers, as well as symptoms suggestive of leprosy reactions.[18]

The problems, needs and risk of patients can also be described in the nursing diagnoses (ND), and more frequent ND on leprosy patients, hospitalized in a Reference Center, were Risk of impaired skin integrity, integrity impaired skin, risk for trauma, infection risk, acute pain, impaired physical mobility, risk of disuse syndrome, deficit for self-care, ineffective protection, impaired tissue integrity, risk for loneliness, social isolation, risk for altered constipation and nutrition less than body needs.[21]

The ND found in a case study were: Risk for neural trauma, the risk for skin and mucous trauma, disturbed tactile sensory perception, acute pain, anxiety, impaired physical mobility and sexual dysfunction.[14] In another case study, focusing on transcultural nursing care, ND were: provision for enhanced spiritual well-being related to a sacred source and volume of poor liquid related to the lack of regulatory mechanisms and evidenced by decreased skin turgor, skin/dry mucosa, insufficient oral fluid intake.[13]

Once identified the needs of patients, the next step is the procedure, which may take many forms. One is the direction that has a great importance in leprosy, as it will contribute to the promotion of health, the reduction of prejudice, adherence to treatment and care of the body, to preventing disabilities.[11]

The guidance provided to patients and families varied in different studies, but between this information, there were those related to general aspects of the disease and treatment, so the use of medications, infection prevention, skin care, hands, feet, eyes and nose, importance of treatment adherence and attendance of communicating to health services, guidance on the return of the patient to the health center on the characteristic signs and symptoms of reactive states and adverse reactions to medications, as well as guidance on the importance maintaining healthy eating habits.[11,14,18,21-2]

In some studies, the guidelines were disabled, contributing to the maintenance of low health education and consequently poor adherence to treatment, communicating tracking difficulty and prejudices maintenance.[12,19]

One of guidance strategies for patients and families, proposed by MOH, is the formation of the self-care group, which is formed by a group of people with similar needs and interests to exchange experiences and seek knowledge to take care of their problems.[23] The self-care groups were not found in any of the studies analyzed.

Another intervention that may occur is referring patients to other professionals, depending on the individual need presented. Referrals observed in the studies ranged from physical therapist, occupational therapist, dietician, dentist, social worker, ophthalmologist, otolaryngologist, psychiatrist, clinical, and other medical specialties.[12,18-9,21]

The nursing team also acts in the supervision of signs and symptoms suggestive of reactive states and adverse reactions to medications, and monitor the emotional state of patients, taking care to pay a holistic attention.[18] In hospitalization, the team must supervise, of according to the need, acceptance of food, applying creams to keep the skin moisturized, the position change, among others.[21]

The implementation of procedures is also part of nursing interventions to people with leprosy. The procedures performed may include: removal of calluses, applying splints, making simple insoles[18], dressings[18,24] and collecting material for bacilloscopy.[12,18]

As for the execution of dressing, two studies showed the lack of physical structure and material to carry out this procedure, requiring that the patient moves to a reference unit for treatment of lesions.[12,19]

The last point to be worked, as nursing care to people with leprosy, is the record of care, which takes place usually in the record, but can also occur in specific forms, especially in the case of the enforcement procedure, as dressings. The record of care often still appears weak and limited to biological service, it does not address the treatment of psychosocial aspects. There are also cases that the record appears difficult to interpret, hindering the segment of care.[11,22,24]

♦ Factors that influence the nursing care

The factors that influence the provided nursing care are diverse. However, among the articles analyzed, health services were found as high demand influence factor, which was cited by professionals and patients as a factor that undermines the quality consultation nursing because often professionals cannot devote enough time to make a call seeking biopsychosocial aspects. This contributes to some patients manifest dissatisfied with care.[11-2]

In part of the studies that showed a great demand in the health service, this demand was related to the centralization of care in health centers specialized in leprosy. The patient came to the basic unit with suspected leprosy was sent to reference centers to be carried out the diagnosis, treatment and follow-up.[11,19,20] The situation presented is in disagreement with the fundamentals and guidelines of basic care because the primary care professionals should be able to diagnose and treat leprosy under the technical supervision of the intermediate level specialists. The patient should be referred only in cases of difficult diagnosis or complications of the disease, and after the complication resolved or clarified the diagnosis the patient should return for routine follow-up in the primary unit.[4]

The physical structure is another point that has great influence on the quality of care. In some studies evaluated the physical structure of units, it had to be inadequate, with few rooms to carry out the service of various professionals, as well as to carry out educational activities, dressings and other actions.[11,19]

Another factor influencing the provision of quality care is the good relationship between teamwork because the dialogue between professionals and their different modes of perception extend the possibilities of understanding the health needs of a patient and get better solvability the problem presented. This interaction was observed in another study and found benefits for health assistance.[22]

In another study, the health team interaction was observed, resulting in a fragmented care and difficulty in controlling the disease, especially in the prevention, control, treatment, recovery and reabilitação.19

The achievement of a relationship of trust between patients and professionals is also very important to achieve a successful treatment because the patient feels more comfortable to talk about their problems, and the professional will be able to help more appropriately. Nurses of the ESF who were interviewed reported giving great importance to the establishment of a trust relationship between them and the patients.[11]

The training of professionals who provide care to patients with leprosy is a factor of great influence on the quality of care, and the results expected from the National Plan for Elimination of Leprosy.[25] Two studies showed the concern of professionals about training; that was being prioritized and intensified.[11,19]

Another study found that professionals who had undergone training in the area of wounds or about leprosy, knew better assess the wounds, apply roofing and protection products best suited to the situation of the injury and also made a complete record of the proceeding, and a greater user satisfaction accompanied by these more prepared professionals.[24]

Another study concluded that the professionals ignored the evaluation technique and classification of the level of disability and its importance as a prevention strategy. As a result, research has shown that most of the patients had disability grade I or II and were in the production phase of life.[20] This shows the result of unpreparedness of professionals who could not assess the level of disability, and take action to prevent or treat these disabilities, compromising the quality of life of patients and disabling a portion of society that is in the production phase.

CONCLUSION

Assistance to the patient is poor. Care centers, such as evaluation of contacts, evaluation of the level of disability, prevention of disabilities, conducting healing and guidance, which are essential for successful treatment, were presented insufficient in some studies, thus showing, among other problems, the lack of comprehensive care. Few studies have reported care directed to wounds, vaccines and self-care.

In studies were also identified other points, although not part of the direct care to patients, influencing the same. Among them are the great demand for health services, centralization of care in centers and inadequate and/or insufficient physical structure, which contribute to a low accessibility to health services; and points to the lack of team interaction and professional training, resulting in a fragmented and of poor quality care.

Nursing care still needs to change and a greater commitment of professionals and managers.

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