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NURSING CARE FOR LEPROSY PATIENTS ASSISTED BY THE FAMILY HEALTH PROGRAM

A ASSISTÊNCIA DE ENFERMAGEM AOS PORTADORES DE HANSENÍASE ASSISTIDOS PELO PROGRAMA DE SAÚDE DA FAMÍLIA

ATENCIÓN DE ENFERMERÍA A PACIENTES CON LEPRA ATENDIDOS POR EL PROGRAMA DE SALUD FAMILIAR

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RESUMO

Objetivo: analisar a assistência de enfermagem utilizada no atendimento de portadores de hanseníase. ***Método:*** estudo retrospectivo, prospectivo, com abordagem quantitativa, realizada em postos de saúde da família no município de Tamandaré/PE, com 60 prontuários do período de 2010 a 2014 e 14 profissionais de enfermagem. A coleta de dados foi realizada com um questionário e analisados no software SSPS, Excel, apresentados em tabelas. ***Resultados:*** constatou-se que a assistência de enfermagem no combate e controle da hanseníase, onde 93% dos entrevistados mencionaram a consulta de enfermagem sendo a metodologia mais importante realizada nesta unidade de saúde. ***Conclusão:*** o índice de portadores de hanseníase existente no programa de saúde é pouco expressivo segundo o Ministério da Saúde, entretanto merece a devida atenção e rever o papel da promoção e prevenção de enfermagem em relação doença. ***Descritores:*** Enfermagem; Hanseníase; Cuidados de Enfermagem; Atenção Primária a Saúde.

ABSTRACT

Objective: analyze the nursing care used in the care of leprosy patients. ***Method:*** retrospective, prospective study, with a quantitative approach, carried out in family health centers in the municipality of Tamandaré/PE, with 60 records from 2010 to 2014 and 14 nursing professionals. Data collection was performed with a questionnaire and analyzed using SPSS software, Excel, presented in tables. ***Results:*** one found that nursing care to combat and control Hansen's disease, where 93% of respondents mentioned that nursing consultation is the most important method performed in this health unit. ***Conclusion:*** the index of existing leprosy patients in the health program is little expressive according to the Ministry of Health; however, it deserves due attention and review of the role of nursing promotion and prevention in relation to the disease. ***Descriptors:*** Nursing; Hansen's disease; Nursing Care; Primary Health Care.

RESUMEN

Objetivo: analizar los cuidados de enfermería utilizados en el cuidado de los enfermos de lepra. ***Método:*** Estudio retrospectivo, prospectivo, de enfoque cuantitativo, llevado a cabo en los centros de salud de la familia en el municipio de Tamandaré/PE, con 60 registros de 2010 a 2014 y 14 profesionales de enfermería. La recolección de datos se realizó con un cuestionario y fueron analizados utilizando el software SPSS, Excel, y presentados en las tablas. ***Resultados:*** se encontró que los cuidados de enfermería para combatir y control de la lepra, donde el 93% de los entrevistados mencionaron que la consulta de enfermería es el método más importante realizado en esta unidad de salud. ***Conclusión:*** el índice de enfermos de lepra existentes en el programa de salud es poco expresivo de acuerdo con el Ministerio de Salud; sin embargo, merece la debida atención y revisión del papel de promoción y prevención de enfermería en relación a la enfermedad. ***Descriptores:*** Enfermería; La lepra; Cuidado de enfermera; Primeros auxilios.

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INTRODUCTION

Hansen's disease is an infectious air ancient disease, reaching hyperendemic levels in several countries. In Brazil, it is a major public health problem, being considered a chronic infectious process that, despite its infectivity, it is curable, but depends on the degree of endemicity of the environment.[1]

In Brazil, despite all the efforts and progresses undertaken in the integration of leprosy control in health care network, this disease is still considered a public health problem. In this sense, Brazil is considered the second country with the highest number of leprosy cases in 2012, with approximately 93% of cases in the Americas. About this data in the country, there were, in 2011, 2,165 (7.1%) new cases with Disability Grade 2.[2]

Regarding the related concepts in the literature, Hansen's disease is described as a chronic disease, with slow development, caused by *Mycobacterium leprae*, or Hansen bacillus that has affinity with skin cells and cells of the peripheral nerves, especially in the eyes, hands and feet, and that settles in the body of the infected person, being able to multiply. Therefore, this is a disease of compulsory notification throughout the country, and mandatory investigation. Thus, each proven case should be reported according to the epidemiology of the eventual diagnosis, using the notification and investigation form of the System for Information of Notifiable Diseases. Therefore, the notification should be sent, by physical or virtual means, to the superior surveillance body and shall be completed by professionals of the health units where the patient has been diagnosed, leaving a copy in the patient' medical record.[3]

The Ministry of Health prioritizes the epidemiological and operational indicators for the proper monitoring of programs for controlling the Hansen's disease, and, among them, the abandonment of the treatment, which can lead to relapse, was inserted into the Basic Care Pact, signed between the Federal, State and municipalities, preventing misconduct during the treatment, which is characterized when the patient does not complete the number of drug dosages to the Paucibacillary infection (six doses up to nine months) and Multibacillary infection (12 doses, up to 18 months). Thus, cases of recurrent leprosy are rare in patients treated regularly, occurring in a period exceeding five years (after cure), and has the inadequate treatment as the major cause, developing new signs and symptoms of the disease, which, in those cases, occurs full repetition of the outpatient treatment.[4]

Considering such epidemiological issues, the nursing practice in cases of factors that lead to abandonment of the treatment of the Hansen's disease should be performed by nurses, and other members of the nursing team, systematically, through the management of the regular intake of pharmacological doses used in the treatment, and must be supervised, also promoting the awareness of patients, family and community to the seriousness of the multiplier effect of contamination. Such issue represents a danger of contagion because, when a person leaves the treatment, there will be a recurrence of the disease, and possible communicating infection, which can be minimized by conducting an active search, educational lectures (reinforcing the importance of adhesion), acceptance of disease and nursing history survey, related to the carrier of the disease. Thus, the contribution to the success in obtaining the cure and prevention of communicants needs information and educational activities with a view to put clinical knowledge in the relations of patients with their treatment, in order to obtain adherence to the performed treatment. [5-7]

Leprosy is considered a serious problem of global public health; it requires vigilance to stop the chain of transmission, from effective preventive, promotional and curative actions, and to prevent the abandonment of treatment by the patient. Thus, the role of the nursing team should include actions that lead individuals to change their behavior, bringing more sense of responsibility for their health and the health of the community where they live. Therefore, one expects this discussion to demonstrate the appreciation of the practice of permanent health education, mobilizing people in the guidelines so that leprosy patients do not abandon the provided treatment.[8]

The initiatives of nurses to promote discussions to clarify ways to face the disease, and its difficulties, seeking possible solutions in each case, creating bond and security with the client, is extremely important. Given the difficulties of access to places where the carriers of leprosy live in the municipality of Tamandaré/PE, the nursing staff is not taking the necessary actions to provide good service to that public, in order to avoid the abandonment of treatment by patients. Thus, the following question is the research problem: which nursing actions are performed to provide care to people with leprosy in the municipality of Tamandaré/PE? In order to answer it, the drawn objective was to analyze the nursing care used in the care of leprosy patients.

METHOD

Retrospective, prospective study, with a quantitative approach[9], conducted with 14 professionals who are part of the nursing teams from the Family Health Centers (FHC), in the municipality of Tamandaré/PE, as well as records of patients of both genders with clinical and laboratory diagnosis of Hansen's disease, served from 2010 to 2014. Thus, the group of patients studied consisted of retrospective and prospective lines, which were in accordance with the inclusion and exclusion criteria of this project. Thus, the retrospective line used information from patients diagnosed with Hansen's disease in the period from 2010 to 2014, stored in the database of the Secretariat of Health of the Municipality of Tamandaré/PE, records and logbook in Family Health Centers (FHC). The prospective analysis of the work used information from patients diagnosed with leprosy, obtained by the convenience of care in the FHC of the city of Tamandaré/PE, in 2014.

The data collection instrument was a structured questionnaire with closed questions answered in order to clarify the research problem, and applied to health professionals, on the actions taken by them, in the monitoring of leprosy patients in the municipality of Tamandaré/PE.

The inclusion criterion was medical records of patients with confirmed clinical diagnosis of leprosy, or off treatment, or also those who were on an outpatient regimen, and in monitoring by nurses of the FHC, of each responsible area in the municipality of Tamandaré/PE.

Those who were part of the nursing teams and worked in the sectors of care and treatment of Hansen's disease of the city of Tamandaré/PE, and agreed to participate voluntarily in the study, signed the Informed Consent Form (ICF), after authorization of the institution and appreciation of the Research Ethics Committee of the University Salgado de Oliveira (UNIVERSO), which was approved according to CAAE No.: 32293914.6.0000.5289.

The considered exclusion criteria were medical records of patients with clinical diagnosis different from leprosy; those who were not part of the nursing team; those who worked in sectors different from those who performed the care and treatment of leprosy in the municipality of Tamandaré/PE, and who did not agree to participate voluntarily in the study, not signing the ICF.

The risks with a questionnaire are normally minimal, such as the psychological risks with eventual constraints for exposing particular points of view, without offering physical risks.

The benefits observed how the nursing teams have been performing their work in the municipality of Tamandaré/PE, as well as local authorities in order to promote actions to bring knowledge to the population exposed to leprosy, creating strategies to clarify on the pathology, in order to avoid abandonment of the treatment and its spread.

Methodologies for data analysis were collected individually from the application of the questionnaire and ICF. Soon after answering the questionnaires, they were sealed in individual envelopes and delivered to the statistician to perform the statistical analysis, using tabs, software such as SPSS, Excel, in order to form graphics/tables for presenting the variables.

The primary outcome promoted the discussion of the problems arising from the abandonment of the treatment of Hansen's disease in the municipality of Tamandaré/PE, by government agencies, as well as the nursing staff, in order to propose action strategies to deal with its occurrence, in the studied city, in addition to the risks caused by abandoning the treatment.

The secondary outcome promoted changes in prevention and health promotion policies, in view of the health education process, so that people become aware of the forms of contamination of leprosy, as well as specific actions to cope with people with the disease and that may leave the treatment in the municipality of Tamandaré/PE.

RESULTS AND DISCUSSION

There was evaluation of 60 patients with leprosy treated in health centers and FHS (Distrito Saué, Duas Bocas, Pontal de Tamandaré, Leopoldo Lins, Estrela do Mar, Areia Branca and Oitizeiro) of the municipality of Tamandaré between 2010-2014, based on information of the SINAN - System for information of notification grievance, of the Secretariat of Health, medical records and logbooks. However, the number of new cases detected worldwide in 2011 was approximately 219.07, leading Brazil to occupy, in 2012, the second position in number of new leprosy cases, with 33,303, corresponding to 15.4% Nevertheless, in Brazil, between 2003 to 2012, there was a reduction of 66.6% of the prevalence rate of leprosy.

In order to evaluate the prognostic factors, the following variables were analyzed: gender, origin, age at diagnosis, disease outcome (Table 1).

Table 1. Characteristics of the Hansen's disease cases. Tamandaré/PE, 2014.

Characteristics	Specification	n=60	%

Proportion of cases of Hansen's disease			
	Male	25	**42**
	Female	35	**58**
Age at diagnosis			
	< 11 years	3	**5**
	12 – 17 years	3	**5**
	18 – 34 years	13	**22**
	35 – 64 years	31	**51**
	65 – 99 years	10	**17**
Disease outcome			
	Treatment	6	**10**
	Out of treatment	50	**83**
	Abandonment	04	**7**
Origin			
	Tamandaré	56	**93**
	Rural Zone	**04**	**7**

Among the evaluated patients, 35 (58%) were women and 25 (42%), men, finding a male:female ratio of 1.4:1. These results show a higher incidence of Hansen's disease in women, diverging from other studies. According to the results found in a study, the distribution of cases by gender showed a significant difference, being 43 (43%) female patients, and 57 (57%) male patients ($p<0.001$). Besides another study, in which men predominated, with 145 (51.4%) individuals in the states of Maranhão, Pará, Tocantins and Piaui.[10-2]

The average age of patients with Hansen's disease was 47 years; the youngest patient was eight years old and the oldest, 95 years old, at diagnosis. The median of the patients' age was 51 years. The most frequent age group in patients was between 35 and 64 years old (51%). This result corroborates the findings in the literature, for example, patients were between 45 and 54 years old (34%).[4]

Among leprosy patients, 50 (83%) are out of treatment, six (10%) patients are being treated and the number of missing patients or those who discontinued the clinical-outpatient monitoring care program to leprosy, from local epidemiological data, was only four (7%) cases, which differs from the results in the literature.

A descriptive study was conducted, which examined 36 files of new cases from January 2003 to July 2004. It identified 92 contacts, with 64.1% defaulters and, among them, 66.7% said they did not attend the evaluation for they forgot it; 11.1% for lack of time, 8.3% reported feeling ashamed to attend the service.[11]

Patients came mainly from the city of Tamandaré, 56 (93%), and only four (07%) were from rural areas.

In order to evaluate the distribution of leprosy cases according to age and gender in the municipality of Tamandaré between 2010 and 2014 (Table 2).

Table 2. Distribution of leprosy cases according to age and gender. Tamandaré/PE, 2014.

Age Group	Gender				Total
	Female		Male		
	n	%	n	%	n
0-11	03	100	00	0	**03**
12-17	01	33	02	67	**03**
18-34	08	61	05	39	**13**
35-64	17	55	14	45	**31**
65-99	06	60	04	40	**10**
Total	**35**		**25**		**60**

When analyzing the gender variable according to age, it showed that, in cases with lower age, that is, from zero to 11 years, women prevailed, with 100%, as shown in Table 2. However, this difference between the genders was not statistically significant ($x^2=3.136$; $p=0.5353$). This result differed from the one found in a study[11], in which, in the age groups zero to 11 years and 12 to 17 years, there was predominance of males, with 71.4% and 55.6%, respectively, not being statistically significant ($x^2=2.68$; $p=0.61$).

According to the questionnaires, it was possible to observe the opinion of nurses regarding the importance of nursing care in the fight and control of leprosy in the municipality of Tamandaré, in

which 93% of respondents mentioned the treatment control as the most important, followed by nursing consultation (86%), prevention of disabilities (79%) and clinical control (71%).

Regarding the importance of health education in the fight and control of leprosy, guidance on treatment was the most mentioned among respondents (93%), followed by guidance on the disease (86%), and self-care (79%). This result is consistent with the guidelines of the Ministry of Health, which state that educational processes in activities of leprosy control should have the participation of the patient or his/her representatives, family members and the community, in the decisions that concern them, as well as the active search of cases, early diagnosis, prevention and treatment of physical disabilities, to combat an eventual stigma and maintain the patient in the social environment. This process must take into account the city experiences of social control.[12]

When questioning how nursing care to combat and control leprosy is carried out, 93% of respondents mentioned the nursing consultation as the most important methodology held at that health unit, followed by the collection of material for examinations/tests, general physical examination, as well as direct assistance (86%).

According to the epidemiological surveillance in relation to infection by leprosy, 93% of the respondents mentioned the control of communicant as the methodology applied at that health unit, in addition to home visits (71%), territory mapping (64%) and endemic control (50%).

The mentioned needs of nursing actions in relation to care for leprosy patients were guidance on the disease (86%), nursing consultation and guidance on treatment (71%). This result is supported by another study found in relation to the care plan, in which the nursing action, to guide, extended throughout the studied clientele, followed by performing and forwarding, which reached 84% of the clients.[4]

The main needs of nursing actions in relation to care for leprosy patients in the municipality of Tamandaré/PE were reaching the carriers of leprosy because of the location and misinformation, despite Educational programs conducted by the Secretariat of Health of the municipality of Tamandaré .

Administration of services in relation to the infection is carried out with planning (86%), education focused on the disease and evaluation of performed services (78%), supervision, organization and training of personnel (71%). In a study to implement the systematization of nursing care to leprosy patients attended at an outpatient, nursing prescriptions most often based on actions of support and education, partly confirming the findings of this research.[4,11]

The application of educational interventions related to the control of emotions, helping dealing with death and the dying process, is possible through health education, so people will have physical and psychological conditions to analyze their actual situation, figure out their problems, find solutions and take responsibilities.[12-4]

CONCLUSION

This study could verify that, among the main actions nurses should conduct to people with leprosy, there were planning, education focused on the disease, evaluation of the performed services, supervision, organization and training of staff, where the nurse has important paper for the effectiveness of those actions.

The index of existing leprosy patients in the health program is very expressive according to the Ministry of Health. However, it deserves due attention, and needs, therefore, a review of the role of promotion and prevention of nursing for the disease.

Moreover, the amount of missing patients is well below the margin reported by the Ministry of Health, but it is worth rethinking strategies to further reduce this number, since the actions of promotion and prevention are essential to the nurse part of the family health strategy.

Nursing care held in care for leprosy patients in the municipality of Tamandaré is satisfactory; however, in order to improve the organization and control of leprosy contacts, it is necessary to intensify the active search, improve data recording, through the decentralization of disease control.

One must also establish partnerships between municipal health services, such as units of FHS, or other basic health units, in order to rescue the missing contacts, for the purpose of early diagnosis and treatment of the disease. One suggests, therefore, the promotion and implementation of educational activities on clinical, epidemiological and therapeutic aspects, aiming at the prevention of disabilities, reducing stigma and prejudice, using resources such as the media, health professionals, education and representatives of neighborhood associations, in order to guide the patient, the family and the community in general.

In this sense, the continuity of this work is necessary, seeking to sensitize and train health professionals for diagnosis and referral of suspected cases, in order to identify new outbreaks of

the disease and early treatment, especially by the characteristic of the disease that has a chronic profile with a long incubation period. It is also necessary to implement partnerships with other government agencies at the federal, state and local level, Universities, NGOs or private institutions, seeking the assurance of financial and material resources for the realization of more detailed study of the disease.

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