



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

SOCIO-ECONOMIC PROFILE OF PEOPLE WITH VENOUS ULCER: RELEVANT ISSUES FOR NURSING

PERFIL SOCIOECONÔMICO DE PESSOAS COM ÚLCERA VENOSA: ASPECTOS RELEVANTES PARA A ENFERMAGEM

PERFIL SOCIOECONÓMICO DE LAS PERSONAS CON ÚLCERA VENOSA: CUESTIONES RELEVANTES PARA ENFERMERÍA

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ABSTRACT

Objective: to draw the socioeconomic profile of patients with venous ulcers. **Method:** a cross-sectional and descriptive study conducted with 50 people in the outpatient surgical clinic of the University Hospital Onofre Lopes / HUOL located in Natal / Rio Grande do Norte / northeastern Brazil, using an interview guide. The collected data were tabulated and stored in Excel spreadsheet software and analyzed by descriptive statistics. The study was approved by the Ethics Committee in Research, CAAE 0038.0.294.000-11. **Results:** mean age 59.72 years old, 66% were female, 60% had a partner, the average of studies was 4.98 (\pm 3.36) years and family income 2.3 minimum wages. It was found therefore the profile of persons with venous ulcers similar to that shown in literature. **Conclusion:** It is essential to know the characteristics of these clients to develop strategies aimed at improving their health. **Descriptors:** Venous Ulcer; Nursing; Socioeconomic Factors.

RESUMO

Objetivo: traçar o perfil socioeconômico dos pacientes com úlcera venosa. **Método:** estudo quantitativo, transversal e descritivo, realizado com 50 pessoas no ambulatório de clínica cirúrgica do Hospital Universitário Onofre Lopes/HUOL, localizado no município de Natal/RN/Nordeste do Brasil, utilizando-se um roteiro de entrevista. Os dados coletados foram tabulados e armazenados numa planilha do software Excel e analisadas pela estatística descritiva. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 0038.0.294.000-11. **Resultados:** idade média de 59,72 anos, 66% pertenciam ao sexo feminino, 60% possuíam companheiro, a média de estudos foi de 4,98 (\pm 3,36) anos e a renda familiar 2,3 salários mínimos. Encontrou-se, portanto, o perfil de pessoas com úlcera venosa semelhante ao evidenciado na literatura. **Conclusão:** é imprescindível conhecer as características dessa clientela para desenvolver estratégias visando à melhoria de suas condições de saúde. **Descritores:** Úlcera Venosa; Enfermagem; Fatores Socioeconômicos.

RESUMEN

Objetivo: elaborar el perfil socioeconómico de los pacientes con úlcera venosa. **Método:** Estudio transversal y descriptivo, realizado con 50 personas en la clínica de cirugía ambulatoria del Hospital Universitario Onofre Lopes/HUOL ubicados en Natal/Rio Grande do Norte/noreste de Brasil, utilizando una guía de entrevista. Los datos obtenidos fueron tabulados y se almacenan en una hoja de cálculo Excel y se analizaron mediante estadística descriptiva. El estudio fue aprobado por el Comité de Ética en Investigación, CAAE 0038.0.294.000-11. **Resultados:** la edad media de 59,72 años, 66% eran mujeres, 60% tenía un socio, la media de los estudios fue 4,98 (\pm 3,36) años y el ingreso familiar 2.3 salarios mínimos. Se encontró por lo tanto, el perfil de las personas con úlceras venosas similares al que se muestra en la literatura. **Conclusión:** es imprescindible conocer las características de estos clientes para desarrollar estrategias dirigidas a mejorar su salud. **Descriptores:** Úlcera Venosa; Enfermería; Factores Socioeconómicos.

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INTRODUCTION

The leg ulcer affects the lower extremities, and the cause usually is related to arterial or venous vascular system. Venous ulcers (UV) represent 70-90% of all lower limb ulcers and are considered the most serious complication of chronic venous insufficiency, which may result from the existence of varicose veins, thrombosis sequel of deep venous valvular abnormalities or other causes capable of interfering with the venous blood return.¹

The venous system of the lower limbs is formed by deep and superficial veins that communicate by means of perforating vessels. The calf muscle acts as a pump to facilitate the venous return in the cephalad direction opposed to gravity and the check valves in the system to prevent backflow of venous blood.² During the contraction of the calf muscle, when performing physical exercise or during ambulation to the pressure in the deep venous system decreases, causing the blood to flow from the superficial system to the deep veins through the communicating veins. In subjects with venous insufficiency this mechanism does not occur effectively, promoting hypertension and consequent venous stasis. It is known that venous ulceration results from venous hypertension, however, the precise mechanism is still unclear.²

Clinically, the UV characterized by location in the region of the malleolus and the distal third of the leg, slow progression, infiltrated borders background with fibrin, hot end, edema, varices, stabbing pain or continuous presence of secondary infection and changes skin, such as stasis eczema, sclerosis and hyperpigmentation.¹

In Brazil, the UV is a serious public health problem, given that its prevalence parallels the growth of the elderly population and increases with age, with more than 4% in people over 65. 3-4 This fact gets bigger to learn that, with an aging population, a consequence of the demographic transition, the result is the increasing proportions of elderly and with it the increased prevalence of this condition. Because these are chronic wounds, the UV cause various problems, such as permanent pain, disability, distress, social isolation, loss of self-esteem, financial expenses, absenteeism and psychosocial changes of patients and their families.⁴

Given this situation it is not enough nurses to meet the pathophysiology, injury characteristics and appropriate treatment for venous ulcers. These professionals should also consider the context in which the individual belongs, supporting the planning of

interventions, to enable better care to this population. Therefore it becomes important to identify the socioeconomic characteristics of patients with UV so well, the nurse can plan actions and to provide nursing care consistent with local realities and targeted to the real needs of the customer in question. Moreover, there are few studies that address the extent of this injury in Brazil, mainly in Natal, a fact that motivated the research.

OBJECTIVE

- Charting the socioeconomic profile of patients with venous ulcers.

METHOD

Cross-sectional and descriptive study⁵ performed in the outpatient surgical clinic of the University Hospital Onofre Lopes (HUOL) located in Natal/RN/Northeast of Brazil. The sample consisted of 50 individuals, recruited by consecutive sampling, calculated from the application of the formula $n = (z*s/e)^2$, where z is the confidence level, s is the standard deviation of the mean of the NOC and e the sampling error in relation to the average absolute scale NOC. Being considered for the sample in question $z = 95\%$ (1.96), the average of the normal range NOC 3 and an error point of 0.83.⁶

Inclusion criteria were: a venous ulcer attested by the characterization and the value of ankle / brachial index (ABI) greater than 0.8, which is compromised venous; being referenced in consultation at the outpatient surgical clinic of the hospital; take ages above 18 years, being driven and able to be interviewed. The exclusion criteria were: cancer present wound, blood or mixed etiology, because such wounds particular characteristics of typical UV.

For the recruitment of the sample was used the type of sampling for convenience of the type in succession. The choice of the participants, this type of sampling is clear from the listing of all available subjects in the period of time in the study.^{5,7}

To gather data, we used an interview guide. The collection period occurred between the months of February and June 2012. The information collected and stored in Excel spreadsheet software and subsequently tabulated with the aid of statistical software for analysis using descriptive statistics. From these analyzes, categorical variables were presented by absolute and relative frequencies, and quantitative variables were generated measures of central tendency and dispersion.

The study met the Resolution nº 196/96 of the Ministry of Health, with the approval of the project by the Ethics in Research, University Hospital, under no protocol 608/11 CEP/HUOL and Certificate Presentation Assessment Ethics - CCAE: 0038.0. 294000-11. Patients have expressed their acceptance to participate in the signing of the Instrument of Consent. The objectives and risks relating to the survey were reported to the patient, and

they were assured anonymity and straight to privacy.⁸

RESULTS

Data were extracted for the category identification of 50 patients interviewed, addressing data on gender, occupation, marital status, age, and years of education, family income and per capita income. The distribution of socioeconomic characteristics of the sample is presented in Table 1.

Table 1. Socioeconomic characteristics of patients with venous ulcers of the outpatient surgical clinic HUOL due to the absolute and relative frequency. Natal - RN, 2012

Variables	n	%
Sex		
Female	33	66
Male	17	34
Total	50	100
Occupation		
Retired	25	50
Home	8	16
Temporary benefit	3	6
Unemployed	2	4
Autonomous	1	2
Other	11	22
Total	50	100
Marital status		
Married / Consensual	30	60
Widower	13	26
Single	4	8
Separate	3	6
Total	50	100

The data in Table 1 report that 66% of respondents were female and 34% male, so that the ratio between men and women suffering from UV was 1.94: 1.

In analyzing the occupation of patients with venous ulcers, it was found that 25(50%) are retired, 8(16%) are housewives, 3(6%) receive temporary benefit, 2(4%) unemployed,

(12%) standalone and 11(22%) had other occupations. As for marital status, 30(60%) of respondents were married or consensual union maintained, 13 (26%) were widowed, 4 (8%) were single and 3 (6%) separated.

Table 2. Socioeconomic characteristics of patients with venous ulcers of the outpatient surgical clinic HUOL as measures of central tendency and dispersion. Natal - RN, 2012.

	Average	Median	Standard Deviation	Minimal value	Maximal value
Age	59,72	60,5	12,71	28	88
Years of study	4,98	5	3,36	0	12
Family income	1443,04	1244,00	808,94	622,00	3732,00
Per capita income	425,85	311,00	288,72	69,11	1244,00

With regard to the age of patients with venous ulcers, we found an interval of 28 to 88 years, with a mean age of 59,72 (±12,71) years old and a median of 60.5 years old, presented in Table 2. In this study, 46% of cases of venous ulcers occurred in patients aged up to 59, while 54% of respondents in the age group greater than or equal to 60 years of age.

Concerning the years of study, analysis of the data revealed an average of 4.98 (±3,36) years and a median of 5 years. It was also found that 84% of patients were included in a range of 0 to 8 years. With regard to family income, we obtained an average of R \$ 1,443.04 and a median of 1.244,00, with the

smallest income of R\$ 622,00 and R\$ 3.732,00 greater. The per capita income between R\$ 69,11and R\$ 1.244,00, with an average of R\$ 425,85 and median 311,00. Taking into consideration the value of the minimum wage at the time of the survey, R\$ 622,00, we see an average household income of approximately 2,3 minimum wages.

DISCUSSION

Among study participants find the ratio between men and women with UV 1,94:1, which differs from that found in other studies, in order that the greater part carries a relationship 3:1.^{3,13} However, the higher incidence of UV in females converges with

results from several researches.^{3,12-4} This finding may be explained by factors and hormonal changes from pregnancy, and, moreover, by the fact that 56% of the population over 60 years, which has higher risk to develop this type of ulcer, are women.¹¹

Regarding the occupation, it was observed that among the 24 retirees, four were aged less than 60 years. Adding to the number of unemployed (2) and temporary beneficiaries (3), has a total of nine people, which represent 18% of respondents. These data can make inferences to the impaired ability of the individual to work with UV, which can lead to early retirement, unemployment and high number of medical licenses. This situation could affect the quality of life of these people, cause dependency family, lead to social isolation and negatively influence their self-esteem. Moreover, it is capable of generating significant burden to health systems and welfare of our country.^{10,13}

In agreement with the data related to marital status, other authors reveal that the majority of participants lived with a spouse or partner.¹³⁻⁵ The relevance of these data lies in helping companion or family that can provide the patient with UV in order to collaborate with possible difficulties encountered by them in carrying out their daily activities. However, in addition to encouraging the collaboration of the family is important that health professionals encourage the development of their care independently.

Study participants had a mean age of 59.72 years, with a predominance of the population over 60 years (54%). These results corroborate the data obtained in a similar study, in which we found an age range 28-79 years, mean age of 58.97 ($\pm 13,34$) years old, with 51.7% of respondents were people up 59 years of age.⁹

Some authors have indicated a high prevalence of venous lesions in young adults. Recent data indicate a growing number of people up to 59 years with this type of injury, although the prevalence is traditionally the population over 60 years.¹⁰ However, if we consider that in Brazil the elderly represent 11.3% of total population¹¹, it can be inferred that, proportionally, venous ulcers are more common in people over 60 years of age, despite the apparent homogeneity of this problem among the elderly and non-elderly results in greater cited.⁹ The occurrence of UV in this group population can be explained by the fact that a reduction of metabolic processes with advancing age, reduced collagen production and vascularization more

turbulent, making healing slower in the elderly.¹⁰

Low levels of education and low family income between people with venous ulcers were also observed for several studies.^{9,10,13-16} Several authors have reported evidence that low socioeconomic status has negative interferences in the understanding and assimilation of care necessary for the treatment of injuries and health care in general, and impede access to health services and material resources.^{9,10,13-15} Thus, these factors act as barriers to appropriate treatment of the lesion, favoring its chronicity.

CONCLUSION

People with venous ulcers had studied the profile with an average age of 59.72 years, predominantly female sex, with a partner, mostly with low education level and family income. Knowing the characteristics of their clientele, the nurse will make use of one of the essential tools to be able to plan assistance to the individual affected by UV, given that it cannot do so divorced from the context in which this individual belongs. Therefore, it becomes essential to know that this profile is developed strategies that aim to improve their health, especially because of a worsening of chronic character.

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Submission: 2012/12/24

Accepted: 2013/06/18

Publishing: 2013/08/01

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