



IMPACT OF ARTERIAL ULCERS IN THE QUALITY OF LIFE THROUGH THE PERCEPTION OF PATIENTS

IMPACTO DAS ÚLCERAS ARTERIAIS NA QUALIDADE DE VIDA SOB A PERCEPÇÃO DOS PACIENTES

IMPACTO DE LAS ÚLCERAS ARTERIALES EN LA CALIDAD DE VIDA POR LA PERCEPCIÓN DE LOS PACIENTES

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ABSTRACT

Objectives: to understand the meaning of quality of life from the perspective of patients and identify the impact of arterial ulcers on quality of life in the patients' perception. **Method:** a descriptive study with a qualitative approach. We interviewed ten patients with arterial ulcers, outpatients specialty in 2011. The data were analyzed using ATLAS.ti version 7.0, guided by Technical Analysis content after approval of the research project by the Ethics in Research Protocol in 1752. **Results:** the population is predominantly male, of low socio-educational aged between 47 and 82 years. The following categories emerged: Pain, Fear, Self Concept and Limitations. **Conclusion:** it was evidenced that live with arterial ulcers brings significant changes impacting negatively on the quality of life of these people. **Descriptors:** Leg Ulcer; Quality of Life; Nursing.

RESUMO

Objetivos: compreender o significado de qualidade de vida na ótica dos pacientes e identificar o impacto das úlceras arteriais na qualidade de vida sob a percepção dos pacientes. **Método:** estudo descritivo, com abordagem qualitativa. Foram entrevistados dez pacientes com úlcera arterial, atendidos em um ambulatório de especialidades em 2011. Os dados foram analisados pelo Software ATLAS.ti versão 7.0, norteada pela Técnica de Análise de conteúdo, depois da aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo n° 1752. **Resultados:** a população é predominantemente do sexo masculino, de baixo nível sócio-educacional com idade entre 47 e 82 anos. Emergiram as categorias: Dor; Medo; Autoimagem e Limitações. **Conclusão:** evidenciou-se que conviver com úlcera arterial traz modificações significativas repercutindo de forma negativa sobre a qualidade de vida dessas pessoas. **Descritores:** Úlcera de Perna; Qualidade de Vida; Enfermagem.

RESUMEN

Objetivos: comprender el significado de calidad de vida desde la perspectiva de los pacientes e identificar el impacto de las úlceras arteriales en la calidad de vida en la percepción de los pacientes. **Método:** se realizó un estudio descriptivo con abordaje cualitativo. Hemos entrevistado a diez pacientes con úlceras arteriales, los pacientes ambulatorios de especialidad en 2011. Los datos fueron analizados utilizando el software ATLAS.ti versión 7.0, guiada por el contenido de Análisis Técnico después de la aprobación del proyecto de investigación por el Comité de Ética en Investigación del Protocolo en 1752. **Resultados:** la población es predominantemente masculina, de bajo nivel socio-educativa con edades comprendidas entre 47 y 82 años. Las siguientes categorías emergieron: dolor, miedo, Autoconcepto y limitaciones. **Conclusión:** se evidenció que vivir con úlceras arteriales trae cambios significativos que impactan negativamente en la calidad de vida de estas personas. **Descriptores:** Úlcera de Pierna; La Calidad de Vida; Enfermería.

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INTRODUCTION

The increased incidence of chronic ulcers in the population is alarming and this issue has become increasingly important due to the fact its morbidity be very significant, since it can interfere with many aspects of the patient's life, in the economic, social, emotional, family and productive working.¹

Arterial ulcers result from inadequate tissue perfusion in the feet and legs due to partial or complete blocking of the arterial supply.² Are found mainly on the feet and toes, presenting peculiar features as variable depth (usually involving deep muscles and tendons), surrounded by skin red or cyanotic, with minimal amount of exudate with seropurulent secretion, swelling small, pale-looking necrotic, cold skin, atrophic and foul odor. They have small dimensions, rounded difficult to heal and very painful, and atherosclerosis, the underlying disease in most cases.^{3,4}

Given the above, chronic wounds exert negative impact on the quality of life of patients with specific characteristics such as pain at different levels, interference in mobility and the fact of presenting recurrent character.^{5,6}

Thus, concern for quality of life consists in valuing subjective parameters, contemplating physical functioning, psychological and social, related to individual beliefs and how they can affect the daily life, according to the essence of the senses that people infer it.^{7,8} The quality of life is related to self-esteem and personal well-being and covers a number of aspects such as functional ability, socioeconomic status, emotional state, social interaction, intellectual activity, self-care, family support, their own health cultural values / ethical / religious style of life, job satisfaction and daily activities and the environment in which we live.⁹

In this light, highlights the relevance of the theme by the need to focus on the meaning of living with arterial ulcers and impact on quality of life of these individuals. The study aimed to understand the meaning of quality of life from the perspective of patients and identify the impact of arterial ulcers on quality of life in the patients' perception.

METHOD

Article compiled from Labor Course Completion Nursing << **Quality of life perception in patients with arterial ulcers** >> presented to the Undergraduate Nursing, Federal University of Triangulo Mineiro / UFTM. Uberaba-MG, Brazil, 2011.

This is a descriptive study with a qualitative approach. The inclusion criteria of the study population were: age greater than or equal to 18 years, presenting medical diagnosis of chronic arterial insufficiency recorded in medical records; ulcer etiology has only blood, no time limit ulceration and accept voluntarily participate in the study. Initially exclusion criteria were determined: patients who refused to participate in the study, or who had mental and intellectual disability to understand and communicate. However none of the situations occurred. Data were collected from patients in the clinic's specialty Hospital of a municipality in Minas Gerais in 2011.

This study was submitted to the Ethics Committee in Research of UFTM, receiving assent to the protocol n° 1752. The participants were informed about the objectives of the study and agreed to participate by signing the Instrument of Consent, according to Resolution 196/96, are guaranteed complete anonymity and complete freedom of the same volunteer to give up the search at any time, ensuring precepts ethical.

To collect the data was requested from the Department of Systems and Methods (*DSIM*), a list of the addresses of the patients who had been diagnosed with arterial ulcers. Armed with this list were scheduled by telephone, home visits as availability of the same. It is noteworthy that one of the patients was approached during hospitalization due to complications of arterial injury.

In the interviews we used an instrument that consists of two parts. The first part related to sociodemographic data (name, age, sex, marital status, number of children, religion, education, current occupation, monthly family income, number of people contributing to income, number of people who rely on the income, professional activity exercised for longer before having ulcer) and clinical data of the ulcer (time to first occurrence of ulcers, number of episodes of ulceration, number of ulcers, where members are located). The second part of the instrument consisted of semistructured instrument guiding questions that addressed the issue of the meaning of quality of life from the perspective of patients and the impact of arterial ulcers on quality of life in their perception.

It was administered by the same researcher who has received previous training to perform the activity, following technical criteria for interviews. The responses were recorded on a tape recorder and transcribed for later analysis. Each respondent received fictitious

identification (Ex: E1, E2, E3 ...) according to the order in which they were interviewed.

The data obtained in the research through the instrument of data collection were analyzed in ATLAS.ti Software version 7.0, which is a tool methodological approach for qualitative data analysis, guided by the technique of content analysis proposed by Bardin (2010) covering three stages: pre-analysis, material exploration and processing of results.¹⁰

The software is included in the category of software known as CAQDAS (Computer Assisted Qualitative Data Analysis Software). The program ATLAS.ti, in particular, allows the handling of graphics data, textual and animated, such as audio and video, from the use of a hermeneutic unit, which integrates information from which to extract a set of conceptual relations that serve as guides for the acquisition of an overview of the research object. Thus, systematizes data analysis, minimizing personal inferences, ensuring the reliability and accuracy of information.¹¹⁻²

However, it is noteworthy that the analysis program does not relieve the skills and knowledge of the qualitative researcher, allowing identification of the intrinsic meanings, through the effective participation of the researcher in conducting the reasoning guided by the principles of content analysis, and has been widely used in field of *qualitative* research.¹³

RESULTS AND DISCUSSION

The demographic data obtained from the interviews showed that six patients are in the range of 30 to 60 years and four in the range 61-81 years, six males and four females. With regard to marital status, three people are single, four are married, two widows and a divorced person. All have three to four children. The predominant religion is Catholicism (eight people), evangelical (one) and a person claims to have no religion.

A person is illiterate and the rest attended between third and seventh grade education. Inherent in their profession reported: homemaker, seamstress, tinker, mechanic, welder, and gardener, street vender of farm, mason and some said they have no profession. The monthly income of these families is between one and two minimum wages, and families are composed of up to five people. The data show a group with low social and educational characteristics, conditions that act as an aggravating factor for coping with the disease.

A study on quality of life and socio-demographic data of people with chronic

ulcers showed similar data regarding the characterization of the sample. Was identified predominantly female, low educational level, about three children per person, mostly Catholics, low socioeconomic status and current occupation indefinitely.¹⁴ The literature also shows a profile in people with low socioeconomic chronic injuries, with incomes between one and three wage and low education.¹⁵⁻¹⁷

Clinical data on the wound showed that the time of occurrence of the first ulcer was found between two months to ten years; the majority had only one episode of ulceration and just an ulcer, some reported two episodes of ulceration and has up to three ulcers. Mostly the affected limb is the left lower limb (nine), with only one patient wound in the right leg. Four patients had amputation in affected limbs.

Regarding the meaning of quality of life for the respondents noted that they had difficulties to build a definition. Two people said they are unaware of this term, others reported that quality of life is good nutrition, unable to perform activities of daily life, have preserved their independence, understanding quality of life as the way we live, and what is done to preserve life.

A study that sought to understand the meaning of quality of life of patients with chronic wounds of the lower limbs, face the problems faced showed that respondents associated the meaning of quality of life to be healthy, have good economic conditions and family have always present.¹⁶ Thus, it is emphasized that the quality of life is subjective and is directly related to the beliefs and cultural values, ethical and religious, from the perspective of individual satisfaction and outlook towards life.^{8,9}

In this context, considering the quality of life from the perspective of the respondents, focusing on ability to perform activities, independence and preservation of life, the condition of having an ulcer can result in negative impacts on the lives of these individuals.

Studies show that pain, dissatisfaction with physical appearance, psychosocial adaptation and mobility difficulties impacting daily activities, relationships and leisure. The literature suggests several changes in people's lives and their families when it comes to living with chronic ulcers.^{14,16}

After analyzing the data, having as basis the concepts of quality life^{8,9,18-9} and its meaning from the perspective of patients, it was possible to identify some aspects that affect the quality of life of these individuals:

pain in the affected limb or wound, limiting or loss of movement, difficulty in self care, lack of prospects for improvement or cure, risk of amputation of the affected limb and impaired body image. Thus emerged the following categories: Category I: Pain; Category II: Fear; Category III: Self-image; Category IV: Limitations.

♦ Category I: Pain

It was possible to verify that all patients reported burning pain, assigning ten values on a numeric scale from zero to ten, stating affect the quality of life, as evidenced by the following statements:

The pain is unbearable [...] I even weeping, an old man like me, but I tell you that I cry of pain [...] I feel bad, it harms me, takes my sleep. Pain is one that lets us see the evening hours pass. (E5)

When night falls comes the pain. The pain is of the portals of death. (E4)

I had a pain too strong (before amputation). She was throbbing, it hurt more at night, I could not sleep. I took so much medicine, but not quite an hour of relief. (E1)

Study on the impact of chronic wounds on quality of life showed that pain was the most frequently reported symptom, being classified by most as the worst pain possible. This study concluded that the symptoms cause significant restrictions on people's lives, affecting the quality of life significantly.²⁰

The literature also points out the pain unfavorably influencing the lives of patients with chronic ulcers, preventing coexistence family, resulting in restless nights and difficulty walking. Faced with the problem, one may question the actions for the relief of pain and the inclusion of the psychological approach to deal with issues arising from the disturbing constantly stressful situation experienced by this individuals.²¹⁻²

♦ Category II: Fear

Fear is common report of patients living with arterial ulcers. They feel frightened by the diagnosis and prognosis, which creates uncertainty and gives banks the wrong thinking about the evolution of the lesion. The fear of a possible amputation of the affected limb enhances the tension. It emerges also the fear of social rejection by family and friends. This is evidenced by the following statements of the interviewees:

Scared of losing her leg, having to amputate [...] The thing I'm most afraid of is dying because of this leg and let my little grandson. (E3)

[...] I'm terrified of never heal. (E10)

Fear of bumping and hurt more. Imagine if it increases and has to cut his leg, God forbid. (E5)

I'm very afraid of people turn away from me (due to the stench). (E8)

Scientific evidence shows that amputation is the most fearsome situation associated with Peripheral Arterial Disease. There is also the fear of discrimination, of being rejected by family members, and fear that people inhale the odor given off by the injury.^{20, 23}

♦ Category III: Self-image

The presence of lesions directly interferes with how the patient perceives. He faces day to day reality of decay and bodily weakness. In many cases the foul odor emitted from the wound is inevitable, causing discomfort, shame and fear in the patient. Dressings constants, which require the handling of the wound daily, questions from family members and friends, are the factors that affect self-image, and make it difficult coping with the reality of having ulcer. The verbal reports and nonverbal language, gestures and expressions manifested with nausea and aversion to talking wound and of itself, express this reality:

The wound had a very bad smell. I felt disgusted with myself, today I sometimes feel that I'm smelling, I know I have nothing there but I feel only those who pass it. (E3)

We're not even worth anything in this life there. If we let it rot. (E10)

I wonder what others are sick of it too, because everyone can smell it. (E9)

[...] We do not feel good about being in the midst of others, gives constraint, we get half hidden society. (E8)

Conceptualizes up self-image as being a part of the knowledge that the individual has of himself and the description that the person's self. Thus, when an individual does not accept your body as it is, may occur imbalance expanded beyond physical condition whose meaning assigned by subject requires a team of health-oriented individualized care.²⁴

In this light, it becomes clear that ulcers reverberate self-esteem loss can trigger embarrassment, sadness, anger, shame and negative self-image, which act as feelings present in the lives of individuals and affect in social isolation.²³ Added to this the fact that the social environment in which the patient is inserted exerts significant influences on the picture he constructs the disease and about himself, interfering with treatment adherence.²⁵

♦ Category IV: Limitations

Limitations were identified for walking, performing house cleaning, and hanging out with family, work, drive, and cook, run as caretaker. These limitations are identified consequence of pain, fear and self-image

impaired. Sentences exemplify the constraints encountered by patients:

Before I was a caregiver, now I need to be careful, it kills me, I cannot rely on others [...] I've always been that I cleaned the whole house and made food. Today depend on the other for everything [...] I just wanted my life back to normal. But that is impossible. Never again. (E3)

[...] I cannot work anymore. Only walk with a walker. (E8)

It is sad to have to go out and be pushed in a wheelchair. I lost my leg because of this wound. (E6)

Health is considered key determinant of maintaining independence and autonomy of individuals, and is fundamental to the quality of life and to perform some activity. Independence refers to the individual's ability to accomplish something on their own and autonomy, decision-making ability. Thus, a health condition changes can influence the loss of autonomy and / or independence interfering with the quality of life.²⁶⁻⁷

In a systematic review of the impact of leg ulcers on quality of life of patients, it was found that ulcers significantly restrict the ability to work, carry out household tasks and personal care.²⁸

In this context, it is observed that ulcers has been a public health problem for its wide prevalence, be costly for the government, and individuals away from work, aggravating the already precarious socio-economic situations.²⁹

This study showed that the quality of life in the perception of amputees is better than those who still live with the wound. It was observed that live without the member generates constraints and discomforts smaller than those generated by the wound as pain, foul smell, the realization finds dressings, which leads us to further investigations, since the literature is scarce about this subject.

CONCLUSION

In developing this study, patients showed participants how sociodemographic families, predominantly Catholic religion, low education, professions informal, low income, conditions that act as an aggravating factor for coping with the disease.

The understanding of the meaning of quality of life from the viewpoint of patients is in how we live, and what is done to preserve life, have a good diet, unable to perform activities of daily life and have preserved their independence. However when analyzing the reports, it became clear that coexist with arterial ulcers brings significant changes in life have an impact on productive

working spheres, family, social and emotional, that permeate phases of discovery of the diagnosis of arterial insufficiency, the appearance of the wounds, the dressings contained and the image that construct about themselves, reflecting negatively on the quality of life of these people.

Given the above it becomes paramount to patient care with arterial ulcers that health professionals, armed with knowledge, can deal with broader aspects of the health / disease process. Clearly it is increasingly necessary, qualified to deal with this audience, prepared to offer not only care technician, but a broad approach, encouraging patients to verbalize their needs and exercising listen reflectively about what it means to live with ulcer blood and what its repercussions.

It is of paramount importance to consider the perception they have of themselves, and these aspects are intrinsically related to the well-being of individuals, with direct repercussions on their health status, and from this assessment, develop a plan of care based on the peculiarities, providing comprehensive care to generate beneficial effects for the patient.

It is noteworthy that the lack of research focused on this theme appears as a limitation of the study, precluding further theme, restricting the visibility of the problem, proving the need for research in the area.

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