SINGLE THERAPEUTIC PROJECT FOR A PATIENT WITH MORBID OBESITY IN HOSPITAL CARE: REPORT CASE

PROYECTO TERAPÉUTICO SINGULAR PARA UN PACIENTE CON OBESIDAD MÓRBIDA EN ATENCIÓN HOSPITALARIA: ESTUDIO DE CASO

ABSTRACT

Objective: to report the case of a female patient with morbid obesity, class III, using as a tool the single therapeutic project. Method: this is a descriptive research, with a case study design, conducted in a teaching hospital in João Pessoa, Paraíba, Brazil. The study was approved by the Research Ethics Committee, under the Protocol 83,691/2012. Results: the interventions were planned through the difficulties affecting the patient’s clinical conditions, such as excessive weight, hypertension, impaired physical mobility, pressure ulcer, which were divided among the members of the multidisciplinary team. Conclusion: the single therapeutic project proved to be effective in dealing with the clinical conditions concerned through effective involvement of professionals practicing nursing, nutrition, physical therapy, and the various health care specialties, providing a comprehensive health care. Descriptors: Morbid Obesity; Patient Care Team; Hospital Care.

RESUMO

Objetivo: relatar o caso de uma paciente com obesidade mórbida, grau III, utilizando como ferramenta o projeto terapêutico singular. Método: trata-se de pesquisa descritiva, do tipo estudo de caso, realizada em um hospital de ensino em João Pessoa-PB. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, sob o Protocolo n. 83.691/2012. Resultados: as intervenções foram planejadas a partir das dificuldades que afetavam o quadro clínico da paciente, como peso excessivo, hipertensão arterial, mobilidade física prejudicada, úlcera por pressão, que foram divididas entre os integrantes da equipe multiprofissional. Conclusão: o projeto terapêutico singular mostrou-se eficaz para lidar com o quadro clínico em questão a partir do envolvimento efetivo dos profissionais de enfermagem, nutrição, fisioterapia e das diversas especialidades da saúde, proporcionando um cuidado integral à saúde. Descritores: Obesidade Mórbida; Equipe de Assistência ao Paciente; Assistência Hospitalar.

RESUMEN

Objetivo: relatar el caso de una paciente con obesidad mórbida, grado III, utilizando como herramienta el proyecto terapéutico singular. M étodo: esta es una investigación descriptiva, del tipo estudio de caso, realizada en un hospital de enseñanza en João Pessoa, Paraíba, Brasil. El estudio fue aprobado por el Comité de Ética en Investigación, bajo el Protocolo 83.691/2012. Resultados: las intervenciones fueron planeadas desde las dificultades que afectaban al cuadro clínico del paciente, como exceso de peso, hipertensión, problemas de movilidad física, úlcera por presión, que se dividieron entre los miembros del equipo multiprofesional. Conclusión: el proyecto terapéutico singular se mostró eficaz para lidiar con el cuadro clínico en cuestión desde el involucramiento efectivo de los profesionales de enfermería, nutrición, fisioterapia y de las diversas especialidades de la salud, proporcionando una atención integral a la salud. Descriptores: Obesidad Mórbida; Grupo de Atención al Paciente; Atención Hospitalaria.

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INTRODUCTION

Obesity is a chronic, inflammatory, endocrine-metabolic, heterogeneous, and multifactorial disease characterized by excessive body fat. The prevalence of obesity has increased in recent decades. According to the World Health Organization, about 400 million adults are obese, having a body mass index (BMI) > 30 kg/m². Morbid obesity is defined when the BMI is > 40 kg/m² and it has great impact on public health, deserving immediate attention because it represents an important risk factor for cardiovascular morbidity and mortality.1,2

Obesity leads to the onset of chronic diseases, such as: diabetes mellitus, type II, hypertension, dyslipidemia, coronary artery disease, among others. Its increase in population over the years can become endemic and it has social and psychological consequences, being regarded as a major public health problem which affects all age and socioeconomic groups.3

In Brazil, according to the Household Budget Survey, 40.6% of the adult population is overweight (BMI ≥ 25 kg/m²) and 10.9% are obese (BMI ≥ 30 kg/m²). This problem affects more urban than rural areas. The survey also revealed that the prevalence of obesity increases with age, reaching maximum values for men aged from 45 to 54 years (12.4%) and for women aged from 55 to 64 years (21.8%).

Projections based on national surveys conducted in recent decades estimate that obesity reaches, by 2025, 20% of the Brazilian population. Excessive weight in adult men jumped to 50.1% and exceeded, in 2009, that among women, which reached 48%.3

According to the Brazilian Society for Bariatric and Metabolic Surgery, there are several factors contributing to excessive weight; among them, stand out: a) excessive food intake: increased consumption of high-calorie foods, with poor nutritional quality; b) lack of physical activity: sedentary lifestyle is a fact directly associated to obesity; c) the modern daily routine aggravates this situation, due to habits related to facilities, such as using car, television remote control, elevators etc.; d) genetic predisposition: the relationship between genetics and obesity has been demonstrated, since children with one obese parent have a 50% chance of having excessive weight, if both parents are obese, chances increase to 80%; and e) hormonal changes: they are usually related to changes in glands, such as thyroid, adrenals, and those at the hypothalamic region, which have metabolic actions on the body.

As it is a chronic multifactorial disease, there is a need that treatment for obesity is conducted by a multidisciplinary team, providing integral care and meeting the individual’s demands as a whole.7 Each professional of the multidisciplinary team becomes responsible for a part of the treatment, making the care procedures more intensive and the results are faster.8

The single therapeutic project (STP) is included as a strategy into the multidisciplinary context for treating diseases. The STP, as a humanization strategy of the Unified Health System (SUS), is a set of connected therapeutic behaviors for a subject or group, resulting from the collective discussion of a multidisciplinary team, with matrix support, when needed. It is usually focused on more complex conditions. Therefore, it is a meeting of the entire team where all opinions are important to help understanding the subject with some demand for health care and, as a consequence, to define proposals for action. The designation single therapeutic project instead of individual therapeutic project, as it is also known, is more appropriate because it highlights that the project may be designed for groups or families, and not only for individuals, besides, it stresses that the project seeks singularity (the difference) as a central element of connection.9

In document issued by the Ministry of Health, the STP consists of four moments: diagnosis; setting of goals; sharing of responsibilities; and revaluation.9

Given the need for a multidisciplinary approach in the treatment of obesity and since the STP is a tool which aims at the integral care, this article aims to:

- Report the case of a patient with morbid obesity, class III, using as a tool the single therapeutic project.

METHOD

This is a descriptive study, with a case study design, which is a study kind allowing investigation to preserve the holistic and meaningful characteristics of real-life episodes, such as individual life cycles and organizational and administrative processes. It addressed the case of a female patient who was admitted to the surgical clinic of the University Hospital Lauro Wanderley (UHLW), in João Pessoa, Paraíba, Brazil.

The study was conducted during the patient’s hospital stay after approval by the Research Ethics Committee of UHLW, of Universidade Federal da Paraíba (UFPB), under the Protocol 83,691/2012, within the period

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from June to October 2012. The study was conducted by multiprofessional residents in health care, with an emphasis on the adult cardiovascular care. It is worth highlighting that the survey of data related to the clinical condition was carried out through the data contained in the medical record and patient’s specific examinations.

The study as a whole complied with the guidelines and rules for research involving human subjects of Resolution 196/96, from the National Health Council.

**CASE REPORT**

The female patient M.I.M., 57 years old, born in João Pessoa, living in a rented house with 7 people, including children and grandchildren, with an income of 1 minimum wage and also receiving a benefit from the government program “Bolsa Família”, amounting to R$ 150.00. For 4 years she has been followed up in the outpatient bariatric unit of the UHLW of UFPB. She arrived at the surgical clinic of this institution with a diagnosed morbid obesity, class III, in order to undergo bariatric surgery. As complications due to illness, she had hypertension and varicose ulcer on the right lower limb. Within a period of 4 months, the patient underwent ileojejunal gastric bypass surgery and vertical gastroplasty using the Sleeve technique. The patient reported that her husband’s death was a contributing factor to the onset of obesity. Besides, she showed a fragile emotional status because her children are drug addicts and, thus, it is not possible to earn the benefits to increase her monthly income. In food history, she reported drinking 4 L of soda a day and eating an average of 20 French-style bread in her breakfast.

♦ **Physical examination presentation**

The main features observed on physical examination were: good general status, colored, hydrated, anicteric, acyanotic, afebrile. The patient was admitted weighing 231.45 kg, with a BMI of 92.58 kg/m², blood pressure (BP) of 140 x 90 mmHg; respiratory rate (RR) of 12 breaths per minute; heart rate (HR) of 120 bpm, and cardiac auscultation with normal rhythmic heart sounds (NRHS) 2t without murmur. Eupneic, with spontaneous breathing at room air, preserved expandability and lung symmetry, O₂ saturation (98%), the patient was conscious, oriented with regard to time, place, and person, with preserved appetite and active excretory functions. The patient was bedridden, totally dependent on others to perform her daily activities. In addition to the compromised nutritional status due to inability of feeding, she faced difficulty to walk and hypoproteinaemia.

♦ **Preparation of the single therapeutic project**

The STP was designed by the professionals practicing nursing, physical therapy, and nutrition, who cared for the patient on a daily basis. It is worth highlighting that the patient was cared for by professionals from other areas, namely: cardiology, endocrinology, psychiatry, psychology, social work etc. The preparation of the STP had distinct steps (Figure 1).
The case choice took place after discussion with the multiprofessional residents, through reports that the patient needed special care, and the case showed many details, making it complex and demanding more specific and lengthened assistance. Case identification was conducted through secondary data (medical record), where it was possible to obtain a brief knowledge of the patient’s clinical condition and socioeconomic context. Then, there was the division of responsibilities among the members of the multiprofessional residence team.

Subsequently, there was the identification of needs, through hospital visits, which made it possible to survey the specific demands, determining the sensitive points of the case. Then, there was the preparation and implementation of interventions: taking into account the problems identified, the singularities, and patient’s complaints, a single care plan was prepared, implemented by means of visits planned on a weekly basis, and data was registered in the medical record. The revaluation and adjustments in interventions were developed through discussions among the multiprofessional residents; and, finally, the transfer of care procedures management for the health care team.

DISCUSSION

The proposal of the STP is to choose users, more severe, whose discussions for preparing and following up constitute an excellent opportunity for the appreciation of the health
team workers. In such cases, the follow-up time depends on the patient and the characteristic of each service. Thus, the STP drives the leading role of the subject involved, developing autonomy with regard to her/his life and dealing with the disease itself. According to data, we detected the patient’s psychobiological needs and, based on the findings of Nóbrega, it was possible to prepare diagnoses and their respective interventions required by the multiprofessional team (Figure 1).

The treatment of obesity is complex and multiprofessional, as it involves changes in lifestyle. It involves a complex interaction between patient, parents, environmental, genetic, and cultural factors. Therefore, the current strategies define that the multidisciplinary approach is key for success and successful interventions in the treatment of this disease.11,2

The work of the multidisciplinary team in the treatment of obesity will contribute to provide the patient and the community with a broader view of the problem, giving them knowledge and motivation to win the challenge and adopt attitudes aimed at lifestyle change and actual adherence to the proposed treatment.

In face of the diagnosis, expected outcomes, and prescribed interventions based on the needs shown by the patient, then, began the process of implementing the care plan along with the residents, the hospital staff, and, especially, with the caregiver help. Among the interventions plan focused on

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pressure ulcer and self-care deficit, the patient received guidance and information concerning her deficits, according to the care planning. She showed up willing to help and engage in performing self-care to overcome the deficits found. She showed improvement with regard to the clinical status, combined to the importance of nutritional intake and the adequate use of medicines.

We observed that the patient faced a certain difficulty in performing some self-care measures. However, she successfully performed other measures, requiring more support, encouragement, and monitoring by nursing, so that she undertook the needed measures to keep her well-being. There was clinical improvement concerning the importance and use of medicines on an appropriate basis, as well as asepsis and general procedures of personal and bed hygiene, in order to avoid recurrence of the pressure ulcer. It is worth highlighting that the exchange of common mattress by the “egg crate” mattress, enabled by the team, provided the patient’s affected limb with greater comfort.

Through the care provided for the diagnosis anxiety, there was a greater acceptance and understanding of the treatment process faced by the patient, caregiver, and relatives, where they were encouraged to verbalize how they feel, resulting in gains in the situational control, making them less anxious about the illness and procedures performed by health professionals.

Regarding the actions taken to improve the fluid-electrolyte imbalance; hypoproteinemia; and micronutrient deficiency, we observed that the plasmatic levels of albumin, total proteins, and serum electrolytes rose to the normal range.

As for impaired physical mobility, physical therapy actions along with actions by the other health professionals and the caregiver fostered patient’s independence in bed through the gain in muscle strength, leading the patient to regain her ability to perform daily life activities. Among the functional capabilities regained, stand out the sitting position on bed, bipedalism, and walking, which were made possible due to the feasibility of constructing a reinforced wooden platform of 2.25 m² and 20 cm high, in order to facilitate foot support and minimize the distance between the ground and the bed, since the patient had not acquired strength enough to use the ladder. After adapting the platform, the gait training was introduced, something which was made possible due to the auxiliary device (walker with four points) and preparation of padded bench for support during walking; with this, it was possible to move the patient to the bariatric scale to monitor the nutritional status.

Through the interventions conducted for excessive weight and hypertension, there was a decrease in the patient’s weight, from 231.45 kg to 191.6 kg and BMI = 74.84 kg/m², as well as the maintenance of normal blood pressure levels. It was observed that the patient showed increased acceptance for the proposed dietary behavior, that is, the new dietary recommendations.

The interventions aimed at the respiratory deficit provided the patient with greater comfort for conducting the proposed treatment, assisting in “weaning” from bed, avoiding the onset and/or aggravation of restrictive diseases, inability of feeding, and constipation, improving the user’s quality of life.

It is worth highlighting that the main advantages of the multiprofessional teamwork are: greater adherence to the proposed treatment, the patient is a replicator of knowledge and attitudes; and the encouragement of research actions, with the additional advantage of professional growth and improved service as a whole.

CONCLUSION

The preparation of the STP was of paramount importance in the management of care for the female patient with morbid obesity, as it provided an integral care systematics in face of the clinical status experienced by the user, which compromised her biopsychosocial status.

We observed self-care deficits, changes in dietary patterns, damage to physical mobility, and other aggravating aspects; through the preparation of a care plan with a multiprofessional approach which met all clinical needs, gains/improvements were achieved in response to the proposed treatment, ensuring actions with an effective character.

We emphasize the importance of multidisciplinary work, which involved the resident health professionals (nursing, nutrition, and physical therapy) and the other professionals at the hospital service, seeking to promote integral care and stimulating the leading role and autonomy of the obese patient, in order to provide a better quality of life. There was greater participation of the team in monitoring treatment, both with regard to the technical actions and the human relationships.
REFERENCES


