

**QUALITY OF LIFE IN THE ELDERLY WITH LEG ULCERS: PREVIOUS NOTE****QUALIDADE DE VIDA EM IDOSOS COM ÚLCERAS DE PERNA: NOTA PRÉVIA****CALIDAD DE VIDA EN ANCIANOS CON ÚLCERAS DE PIERNA: NOTA PREVIA***Ana Paula Cardoso Tavares¹, Selma Petra Chaves Sá²***ABSTRACT**

Objective: discussing quality of life in the elderly with leg ulcers. **Method:** exploratory, cross-sectional, mixed-approach research. The research subjects will be elderly patients with leg ulcers, from a wound repair unit of a university hospital and a regional polyclinic in Niterói, Rio de Janeiro, Brazil. Data collection will be conducted by applying a form with sociodemographic and clinical data, the Brazilian version of the Quality of Life Questionnaire (SF-36), and an open-ended question about how the presence of leg ulcer interferes with an elderly's life. For quantitative analysis, data will be analyzed using descriptive statistics. For qualitative analysis, the Content Analysis technique will be used. **Expected results:** providing a better understanding of the quality of life standard in elderly patients with leg ulcers. **Descriptors:** Elderly; Quality of Life; Leg Ulcer; Nursing.

RESUMO

Objetivo: discutir a qualidade de vida em idosos com úlceras de perna. **Método:** pesquisa exploratória, transversal, de abordagem mista. Os sujeitos de pesquisa serão idosos portadores de úlceras de perna, de um ambulatório de reparo de feridas de um hospital universitário e de uma policlínica regional em Niterói (RJ), Brasil. A coleta de dados será realizada pela aplicação de um formulário com dados sociodemográficos e clínicos, da versão brasileira do Questionário de Qualidade de Vida (SF-36) e de uma pergunta aberta sobre como a presença da úlcera de perna interfere na vida do idoso. Para a análise quantitativa, os dados serão analisados por pela estatística descritiva. Para a análise qualitativa, será utilizada a técnica de Análise de Conteúdo. **Resultados esperados:** proporcionar melhor compreensão do padrão de qualidade de vida de idosos portadores de úlceras de perna. **Descritores:** Idoso; Qualidade d Vida; Úlcera de Perna; Enfermagem.

RESUMEN

Objetivo: discutir la calidad de vida en ancianos con úlceras de pierna. **Método:** investigación exploratoria, transversal, de abordaje mixto. Los sujetos de investigación serán pacientes ancianos con úlceras de pierna, de una unidad de reparación de heridas de un hospital universitario y de una policlínica regional en Niterói, Río de Janeiro, Brasil. La recogida de datos se llevará a cabo mediante la aplicación de un formulario con datos sociodemográficos y clínicos, de la versión brasileña del Cuestionario de Calidad de Vida (SF-36) y de una pregunta abierta sobre cómo la presencia de úlcera de pierna interfiere con la vida del anciano. Para el análisis cuantitativo, los datos se analizarán utilizando la estadística descriptiva. Para el análisis cualitativo, se utilizará la técnica de Análisis de Contenido. **Resultados esperados:** proporcionar una mejor comprensión del patrón de calidad de vida de pacientes ancianos con úlceras de pierna. **Descriptores:** Anciano; Calidad de Vida; Úlcera de Pierna; Enfermería.

¹Nurse. Student at the Academic Master's Degree in Health Care Sciences of the Nursing School 'Aurora de Afonso Costa' of the Fluminense Federal University (MACCS/EEAAC/UFF). Niterói (RJ), Brazil. Email: ana.enfuff@gmail.com; ²Nurse. Post-Ph.D. degree in Nursing. Full Professor at the MACCS/EEAAC/UFF. Niterói (RJ), Brazil. Email: spetra@ig.com.br

INTRODUCTION

Chronic ulcers, now called complex wounds, are regarded as a public health issue, they contribute to an increased number of early retirements, leading to loss of active labor force.^{1,2}

It is estimated that leg ulcers affect from 1% to 2% of the world population, being more frequent in individuals over 65 years of age.³ The elderly are the most affected, due to aging-related physiological changes and increase in non-transmissible chronic diseases, which make them more susceptible to develop leg ulcers.⁴

The presence of chronic ulcer causes a series of difficulties to be faced by patients and such changes involve the physical, social, and psychological domains, which may have a negative impact on the quality of life standard in these individuals.^{5,6}

Quality of life has been widely used for evaluating factors related to health and well-being⁷, it is defined as an individual perception of life status, in the context of culture and in the value system in which the patient is inserted and in relation to her/his goals, expectations, standards, and concerns.⁸

Therefore, quality of life is regarded as a key tool for a patient's subjective analysis regarding the effects of a particular disease or treatment in coping with her/his daily activities and her/his well-being. In view of this, it is necessary to use structured and validated questionnaires to obtain information about the degree to which an individual's quality of life is affected and thus ensure adequate intervention by health professionals.⁹

Given the above, the following research question has been adopted: "What is the quality of life standard shown by elderly patients with chronic leg ulcers?"

OBJECTIVES

- Discussing quality of life in the elderly with leg ulcers;
- Describing the sociodemographic and clinical characteristics of the elderly with leg ulcers;
- Identifying the main domains on the scale 'The 36-item Short Form Healthy Survey Questionnaire' (SF-36) impaired in the elderly with leg ulcers;
- Correlating the elderly's clinical and sociodemographic variables with components on the scale SF-36; and

- Describing the implications of chronic leg ulcers for the quality of life according to the elderly.

METHOD

This is an exploratory, cross-sectional, mixed-approach research whose object is quality of life in elderly patients with leg ulcers. The use of a mixed approach aims, in this study, at evaluating quality of life in the elderly through the analysis of quantitative data provided by the protocol and questionnaire, as well as at analyzing the qualitative data obtained by means of an open-ended interview.

This study will be carried out at the Wound Repair Unit of the University Hospital 'Antônio Pedro' (HUAP) of the Federal Fluminense University (UFF) and the Engenhoca Regional Polyclinic 'Dr. Renato Silva,' in Niterói, Rio de Janeiro, Brazil.

A sequential sample will be selected, with recruitment of elderly patients with leg ulcer provided with care at the study sites, within a 4-month period.

The inclusion criteria to be adopted are individuals of both sexes, aged over 60 years, having one or more leg ulcers; and being provided with care at the Wound Repair Unit or the Engenhoca Regional Polyclinic. The exclusion criterion is the elderly with a medical diagnosis of dementia and/or psychiatric illnesses that make it impossible to understand verbal language.

Data collection will be conducted by means of an interview using the protocol recommended by the Wound Repair Unit for the collection of sociodemographic and clinical data; the Brazilian version of the Quality of Life Questionnaire (SF-36); and an open-ended question about how the presence of chronic leg ulcers interferes with an elderly's life.

Through the collected data, a database will be constructed, which are analyzed using the software *Statistical Package for the Social Sciences (SPSS)*, version 22.0, and the software *Microsoft Excel*, version 2007. For sample characterization and descriptive analysis of the variables' behavior, data will be synthesized through descriptive statistics, graphs, and tables of frequency distributions.

In the inferential analysis of distributions of qualitative variables, the significance of the association between two variables will be investigated using the chi-square test and, if necessary and appropriate, when the chi-square test is inconclusive, by Fisher's exact test.

In the inferential analysis of quantitative variables, the normal distribution hypothesis will be checked using the Kolmogorov-Smirnov and the Shapiro-Wilk tests. If the normality hypothesis is not rejected in the groups, the comparisons of two interest groups will be performed using Student's *t*-test. The equality of variances, needed to execute the Student's *t*-test without correction, will be evaluated by Levene's test.

The comparison of more than two groups will be performed using analysis of variance (ANOVA) with Tukey's post-hoc test. If the normality hypothesis is rejected for any of the groups, the comparison of two groups will be performed by the non-parametric Mann-Whitney's test and the comparison of more than two groups will be performed by the Kruskal-Wallis test, using Student-Newman-Keuls post-hoc test.

Correlations between quantitative variables will be analyzed by visual inspection of dispersion charts, by Pearson's linear correlation coefficient, and Spearman's order correlation coefficient.

Data discussion will be performed considering a 5% maximum significance level: the following decision rule will be adopted in the tests: rejection of the null hypothesis whenever the *p* value associated to the test is lower than 0.05.

For qualitative analysis, the content analysis technique will be used in three stages¹⁰:

1. Pre-analysis stage: determination of the documents that will constitute the corpus to be analyzed (free observations, interviews, questionnaires, and documents such as newspapers and photographs). It consists in a step for the organization of data to be analyzed;
2. Material exploration stage: coding and categorization using the semantic (meaningful) criterion, thus constructing thematic categories appropriate to the type of analysis to be conducted (data transformation, grouping, and categorization); and
3. Result processing stage: phase of reflection, intuition, based on empirical material (data inference and interpretation). At this stage, the comparison between accumulated and acquired knowledge takes place.¹⁰

The integration of quantitative and qualitative results will be performed using the data triangulation method. Triangulation is selected as a template when the researcher uses two different methods in an attempt to

confirm, cross-validate, or corroborate results within a single study. This model generally uses quantitative and qualitative methods separately as a way of compensating the weaknesses inherent to one method with the strengths of another method.¹¹

The research project will be submitted to the Research Ethics Committee of the School of Medicine of the University Hospital 'Antônio Pedro,' in compliance with the principles of Resolution 466/2012 from the Brazilian National Health Council (CNS).

EXPECTED RESULTS

We hope to contribute to a better understanding of the quality of life standard in elderly patients with leg ulcers, making it easier to plan nursing interventions adequate to these individuals.

REFERENCES

1. Brito MCC, Freitas CASL, Mesquita KO, Lima GK. Envelhecimento populacional e os desafios para a saúde pública: análise da produção científica. *Rev Kairós* [serial on the internet]. 2013 [cited 2015 Nov 25];16(3):161-78. Available from: <http://revistas.pucsp.br/index.php/kairos/article/view/18552>
2. Hall J, Buckley HL, Lamb KA, Stubbs N, Saramago P, Dumville JC, et al. Point prevalence of complex wounds in a defined United Kingdom population. *Wound Repair Regen* [serial on the internet]. 2014 [cited 2015 Nov 25];22(6):694-700. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25224463>
3. Taverner T, Closs SJ, Briggs M. Painful leg ulcers: community nurses' knowledge and beliefs, a feasibility study. *Prim Health Care Res Dev* [serial on the internet]. 2011 [cited 2015 Nov 25];12(4):379-92. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21787447>
4. Santos LSF, Camacho ACLF, Renaud BG, Oliveira Baptista, Nogueira GA, Joaquim FL, et al. Influence of venous ulcer in patients' quality of life: an integrative review. *Rev UFPE On Line* [serial on the internet]. 2015 [cited 2015 Nov 25];9(3):7710-22. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/6565>
5. Souza MKB, Matos IAT. Percepção do portador de ferida crônica sobre sua sexualidade. *Rev Enferm UERJ* [serial on the internet]. 2010 [cited 2015 Nov 25];18(1):19-24. Available from: <http://www.facenf.uerj.br/v18n1/v18n1a04.pdf>

6. Diccini S, Camaduro C, Iida LS. Incidência de úlcera por pressão em pacientes neurocirúrgicos de hospital universitário. Acta Paul Enferm [serial on the internet]. 2009 [cited 2015 Nov 25];22(2):205-9. Available from:

http://www.scielo.br/scielo.php?pid=S0103-21002009000200014&script=sci_arttext

7. Motl RW, McAuley E. Physical activity, disability, and quality of life in older adults. Phys Med Rehabil Clin North Am [serial on the internet]. 2010 [cited 2015 Nov 25];21(2):299-308. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/20494278>

8. The World Health Organization. The World Health Organization Quality of Life assessment (WHOQOL): development and general psychometric properties. Soc Sci Med [serial on the internet]. 1998 [cited 2015 Nov 25];46:1569-85. Available from:

<http://www.ncbi.nlm.nih.gov/pubmed/9672396>

9. Aragão LJL, Coriolano-Marinus MWL, Sette GCS, Raposo MCF, Britto MCA, Lima LS. Qualidade de vida na asma brônquica: a concordância das percepções das crianças, adolescentes e seus pais. Rev Paul Pediatr [serial on the internet]. 2012 [cited 2015 Nov 25];30(1):13-20. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-05822012000100003

10. Bardin L. Análise de conteúdo. Lisboa: Ed. 70; 2010.

11. Creswell JW. Projeto de pesquisa: métodos qualitativo, quantitativo e misto. Porto Alegre: Artmed; 2007.

Submission: 2015/12/06

Accepted: 2016/12/26

Publishing: 2017/01/15

Corresponding Address

Ana Paula Cardoso Tavares
Rua Araújo Pena, 16, apto. 202 – Tijuca
CEP: 20260-230 – Rio de Janeiro (RJ), Brazil