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NURSING CONSULTATION FOR PATIENTS WITH CONTINUOUS CANCER: DESCRIPTION OF THE DIAGNOSIS, INTERVENTIONS AND RESULTS

CONSULTA DE ENFERMAGEM PARA PACIENTES COM CÂNCER EM SEGUIMENTO: DESCRIÇÃO DO DIAGNÓSTICO, INTERVENÇÕES E RESULTADOS

CONSULTA DE ENFERMERÍA PARA PACIENTES CON CÁNCER EN SEGUIMIENTO: DESCRIPCIÓN DEL DIAGNÓSTICO, INTERVENCIONES Y RESULTADOS

Roberta Waterkemper¹, Dayane de Aguiar Cicolella², Keron dos Santos Sanches³, Livia Lírio Campo⁴, Eliane Goldberg Rabin⁵

ABSTRACT

Objective: to identify the prevalence of diagnoses, interventions and results in the follow-up Nursing visit to patients with breast, prostate and colon cancer in the outpatient setting. **Method:** quantitative study, cross-sectional study, carried out using an instrument and electronic medical record of 101 patients. The data were analyzed with simple descriptive statistics and presented in table. **Results:** the most prevalent diagnosis was "Sedentary lifestyle" and the main intervention for this diagnosis was "Exercise promotion" and the result "Participation in leisure". The prevalence of these findings was 14.43%, respectively. **Conclusion:** the data contributed to identify the profile of patients in follow-up, reinforcing the need for intensification of the nurse's role in the planning of interventions in Nursing consultation. **Descriptors:** Nursing Care; Oncology Nursing; Nursing Diagnosis, Nursing Process.

RESUMO

Objetivo: identificar a prevalência dos diagnósticos, intervenções e resultados na consulta de Enfermagem de seguimento a pacientes com câncer de mama, próstata e cólon em ambulatório. **Método:** estudo quantitativo, tipo transversal, realizado a partir de instrumento elaborado e prontuário eletrônico de 101 pacientes. Os dados foram analisados com estatística descritiva simples e apresentados em tabela. **Resultados:** o diagnóstico mais prevalente foi "Estilo de vida sedentário" e a principal intervenção para este diagnóstico foi a "Promoção do exercício" e o resultado "Participação no lazer". A prevalência destes achados foi 14,43%, respectivamente. **Conclusão:** os dados contribuíram para identificar o perfil dos pacientes em seguimento, reforçando a necessidade de intensificação da atuação do enfermeiro no planejamento de intervenções em consulta de Enfermagem. **Descritores:** Cuidados de Enfermagem; Enfermagem Oncológica; Diagnóstico de Enfermagem.

RESUMEN

Objetivo: identificar la prevalencia de los diagnósticos, intervenciones y resultados en la consulta de Enfermería de seguimiento a pacientes con cáncer de mama, próstata y colon en ambulatorio. **Método:** estudio cuantitativo, tipo transversal, realizado a partir de instrumento elaborado y prontuario electrónico de 101 pacientes. Los datos fueron analizados con estadística descriptiva simple y presentados en tabla. **Resultados:** el diagnóstico más prevalente fue "Estilo de vida sedentario" y la principal intervención para este diagnóstico fue la "Promoción del ejercicio" y el resultado "Participación en el ocio". La prevalencia de estos hallazgos fue 14,43%, respectivamente. **Conclusión:** los datos contribuyeron a identificar el perfil de los pacientes en seguimiento, reforzando la necesidad de intensificación de la actuación del enfermero en la planificación de intervenciones en consulta de Enfermería. **Descritores:** Cuidados de Enfermería; Enfermería Oncológica; Diagnóstico de Enfermería, Proceso de Enfermería.

¹Nurse. PhD in Nursing, Federal University of Health Sciences of Porto Alegre (UFCSPA). Porto Alegre, RS, Brazil E-mail: robwater@gmail.com - robwater@ufcspa.edu.br; ²Nurse. Master's Student in Nursing, Southern Methodist Education Network (IPA). Porto Alegre, RS, Brazil. E-mail: dayane.cicolella@gmail.com; ³Nurse. Resident of the Integrated Multiprofessional Residency Program in Health with Emphasis on Oncohematology. Federal University of Health Sciences of Porto Alegre (UFCSPA) and Santa Casa de Misericórdia Brotherhood of Porto Alegre (ISCMPA). Porto Alegre, RS, Brazil. E-mail: keronsanches@hotmail.com; ⁴Nurse. Specialist in Oncology Nursing, National Cancer Institute (INCA). Rio de Janeiro, RJ, Brazil, E-mail: livialiriocampo@gmail.com; ⁵Nurse. PhD in Medical Sciences. Federal University of Health Sciences of Porto Alegre (UFCSPA). Porto Alegre, RS, Brazil. E-mail: elianerabin@gmail.com - elianer@ufcspa.edu.br

INTRODUCTION

Cancer represents a serious public health problem worldwide, with a prospect of an increase in the number of deaths in low- and middle-income countries. According to data from the World Health Organization (WHO), it is estimated a high growth for the next years, and, for the year 2030, are expected 21.4 million incident cases and 13.2 million cancer deaths.¹ For the year of 2016, also valid for the year 2017, is expected to occur 600 thousand new cases of cancer. Excluding non-melanoma skin cancer, prostate, breast, colon and rectum tumors are the most prevalent in the Brazilian population. Of these types of cancer, prostate cancer is the most frequent among men, whose occurrence in 2016 will be 61,200 new cases, corresponding to an estimated risk of 61.82 new cases per 100 thousand men. For breast cancer, it is expected that by 2016, about 57,960 new cases will be generated, with a risk of 56.20 new cases, per 100 thousand women. Colon and rectum cancer appears as the third most frequent in men and the second in women, estimated 34,280 new cases, 16,660 new cases of colon and rectum cancer in men and 17,620, in women.¹

One of the factors that has contributed to this scenario is the progressive aging of the population and exposure to risk factors. In this way, prevention and its control have represented one of the challenges faced by health professionals, making it necessary to develop and implement strategies that are effective for modifying this framework. Approximately 80% of cancer cases are related to risk factors and changeable habits such as the use of tobacco and its derivatives, alcohol consumption, inadequate diet, physical inactivity and overweight / obesity.¹

Low-income individuals are often the most affected, as they are, usually, more exposed to the main risk factors and have greater difficulty accessing health services. The change in harmful behavior leads to a reduction in the risk of becoming ill and up to 40% of cancer mortality. The knowledge of these factors associated with cancer is fundamental to establish preventive practices both for the general population, and for the patients already treated and who are free of disease.² For prostate and breast cancers, the overall average survival in five years is 80%; for colon and rectum cancer the mean is 55%, although for this cancer, specifically, mortality rates are lower among women.¹ Adoption of healthy habits in life reduces the risk of developing hypertension systemic

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disease, diabetes mellitus and heart disease, as well as minimizing recurrence of some types of cancer.²

For this reason, the concern for the follow-up of patients treated for cancer is a recognized need and investment in most developed countries, including survival studies, mainly because they represent an important indicator for the monitoring and control of cancer, as well as for the evaluation of health programs.²⁻³ Follow-up is an important strategy of care that aims to identify changes in health that indicate recurrence or metastasis, late complications of physical and psychological treatment. It is emphasized that this monitoring is essential, since the main focus is on health promotion, prevention or early detection.⁴⁻⁵

However, for follow-up to have an impact on these issues, adequate conditions of time, space and communication must be created. This means conducting consultations lasting more than six minutes and with professionals qualified to identify the physical and psychosocial needs of patients. For this, alternative strategies that focus less on survival, and more on patient satisfaction, can be stimulated in the transfer of follow-up to basic health, especially Nursing consultations and the family doctor.^{4,6}

We identify a gap in the knowledge about the systematization of the Nursing consultation in the follow-up to this population, reinforcing the need for studies that best evidence its profile.

OBJECTIVE

- To identify the prevalence of Nursing diagnoses, interventions and results at follow-up Nursing consultations to post-treatment cancer patients for breast, prostate and colon cancer.

METHOD

Cross-sectional study, approved by the Ethics Committee of the UFCSPA, CAAE 20251013.8.0000.5345, carried out during Nursing consultations for outpatient follow-up of post-treatment patients for breast, prostate and colon cancer at a reference hospital for prevention, diagnosis and treatment of cancer recognized as a Center for High Complexity in Oncology (CACON), in the city of Porto Alegre / RS / Brazil. The systematization of the Nursing consultation was developed based on the assumptions of the Basic Human Needs Theory, of Wanda de Aguiar Horta.⁷ Nursing diagnoses, interventions and results were elaborated using the

taxonomy of the North American Nursing Diagnosis Association International (NANDA-I) 2012, the Nursing Intervention Classification-NIC (2010) and the Nursing Outcomes Classification-NOC (2010).⁸⁻¹⁰ For the diagnoses identified were delineated the expected results and constructed Nursing interventions, according to "Nursing Outcomes Classification "(NOC) and" Nursing Interventions Classification "(NIC), respectively.

The population of the study was 101 patients consulted from January 2014 to May 2015. The sampling was non-probabilistic. The data were obtained from the electronic medical record, Nursing history and Nursing process registration instruments developed for use in the follow-up consultation implemented in this same period from an extension project. These included: anamnesis, physical examination, complementary exams, clinical staging and treatments performed and in use. The data was entered into a database through SPSS, software version 21.0. Simple descriptive statistical analysis of quantitative variables for mean, median and standard deviation was used, and the categorical

variables were analyzed using absolute and relative frequencies, with a significance level of 5% ($p < 0.05$) and 95% CI. We studied the frequency relations between SDs and the variables listed in the characterization of the population studied. We included all the patients consulted in the year of implantation of the follow-up Nursing consultation and excluded only three (3) patients due to incomplete registry data. The development of the study met the national and international norms of ethics in research involving human beings.

RESULTS

In the population of 101 patients with cancer, women predominated and the mean age was 51,58 years. The diagnosis of breast cancer was the most prevalent (81.18%), followed by colon cancer (16.83%) and rectal cancer (1.98%). Most of the patients come from other municipalities, mainly from the interior. However, the most frequent are from Porto Alegre, RS (40.60%), according to table 1.

Table 1. Characteristics of the patients seen in the follow-up Nursing visits. Porto Alegre (RS), Brazil, 2015.

Characteristics	N (101)	%
Age average	51.58(+11.38)**	
40 to 49	17	16.80
50 to 59	31	30.70
60 to 69	23	22.80
70 to 79	23	22.80
> 80	7	6.90
Sex		
Female	90	89.10
Type of cancer		
Breast	82	81.20
Colon	17	16.80
Prostate	2	2.00
Origin		
Porto Alegre	41	40.60
Gravataí	12	11.90
Canoas	6	5.90
Cachoeirinha	3	3.00
São Gabriel	3	3.00
Esteio	3	3.00
Other locations*	33	32.67

* Total of 20 different locations; ** Average; + Standard deviation

In this study, 70 Nursing Diagnoses were identified. Of these, the most prevalent in the patients seen at the follow-up visit are related

to the sedentary lifestyle, the desire to improve health and overweight, according to table 2.

Table 2. Prevalence of Nursing Diagnoses. Porto Alegre, RS, Brazil, 2015 (N = 101 patients)

Nursing Diagnostics (70)	Number of patients with ND *
Sedentary lifestyle	36
Provision for improved health self-control	19
Unbalanced Nutrition: More Than Body Needs	19
Chronic pain	11
Risk-prone health behavior	10
Anxiety	9
Unbalanced nutrition: less than the bodily needs	6
Impaired physical mobility	5
Risk of unstable glycemia	5
Insomnia	4
Others (60)	-

* For each patient between one to six Nursing Diagnoses were proposed.

When considering the Nursing diagnoses, 86 expected Nursing Outcomes (NOC) were indicated. The most interesting are those related to behavior such as: Health Promotion

Behavior; Health Search Behavior, Adherence Behavior (1600) and Adherence Behavior - healthy diet, according to table 3.

Table 3. Expected Nursing Outcomes and Interventions. Porto Alegre, RS, Brazil, 2015 (N = 101 patients)

Nursing Results (86)	Number of Nursing Outcomes in patients *
Health promotion behavior	28
Health Search Behavior	23
Behavior of adhesion	21
Behavior of adherence: healthy diet	20
Knowledge: reducing the threat of cancer	13
Pain Management	13
Knowledge: disease process	12
Confrontation	11
Motivation	11
Knowledge: diet	9
Other (76)	-
Nursing Interventions (46)	Number of Nursing Interventions applied to patients **
Promotion of the exercise	36
Nutrition Counseling	30
Improving self-competence	29
Pain control	16
Reduction of anxiety	13
Strengthening self-esteem	8
Improving sleep	8
Sexual Counseling	7
Infection control	7
Health education	6
Other (36)	-

* For each patient, one to eight Nursing Outcomes were proposed, ** For each patient, between one and five Nursing Interventions

To reach the results, 46 Nursing Interventions (NICs) were constructed. Among the most prevalent, are Exercise Promotion, Nutrition Counseling and Self-Improvement, as shown in table 3.

As of June 2015, eight patients had been discharged, with follow-up in the basic health care network; two patients had recurrence of tumor and were referred again for treatment with specialists. The others were followed up.

DISCUSSION

It is highlighted in scientific research guidelines and articles that, among the modifiable risk factors for the development of

breast, prostate and colon cancer, are sedentarism, a diet rich in carbohydrates and sugars.¹¹⁻⁵ In this study, it was possible to identify that the patients, even in a follow-up and disease-free situation, maintain life habits that constitute a risk factor for the development of new cancer and / or relapse. In the Nursing consultations the most prevalent ND is related to the sedentary lifestyle, that is, little or no physical activity. Clinical studies reveal that sedentary lifestyle is an important risk factor for the development of some cancers such as colon, breast and prostate. However, encouraging the change in habits and the more active

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lifestyle contributes to the reduction of the risk of developing these cancers.¹⁵⁻⁶

Faced with health education in Nursing consultations, the patients showed a willingness to self-control their health, according to the most evident ND. As the risk factors for the development of cancer, are mostly, modifiable and related to habits and lifestyle, it is imperative that the nurse identifies, in individuals, the willingness to change. This is achieved through the awareness of the subject itself, that is, of their perception of the need to change and the decision making process. Studies on lifestyle changes in patients with prostate, breast, and colorectal cancer have shown that physical activity and healthy eating are the habits that have the most patient adherence.^{11,13-1,16} In cases of cancer patients breastfeeding adherence to change was more related to those with a family history.¹³ Changing lifestyles and decision making should be a concern and a well-deserved focus of study and intervention, however challenging, since knowing how to implement change in the style of life goals such as healthy diet, exercise and weight control are still the gaps related to prevention and treatment priorities for breast cancer.¹⁷

Associated with the sedentary lifestyle, inadequate food habits such as excessive consumption of foods considered unhealthy (fried foods, no or low consumption of vegetables / fruits and fruits, carbohydrates) was another identified need and related to the third most prevalent ND. Consumption of foods low in fruits and vegetables and high in fats, proteins and carbohydrates is another risk factor that contributes to the development of cancer. In a documentary study, that compares the dietary intake of two groups of women with breast cancer, treated in two different periods, it was verified that the eating habits in the two groups were similar.¹⁸ The consumption of fruits and vegetables, by the two groups of women, was low, evidencing a gap in the educative approach of the patients both in the past, and in the present day, highlighting the need to encourage greater consumption and variety of vegetables and fruits, as well as lower consumption of refined cereals, fats, sugar and soft drinks.

Poor diet in fruits and vegetables / vegetables, rich in carbohydrates and fats associated with sedentary lifestyle are also factors that can lead to overweight / obesity, another factor considered to be a risk factor for the development of cancer.¹⁹⁻²⁰ The number of cases of cancer is caused by obesity

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is estimated at 20%, with an increased risk for malignancy due to diet, changes in weight and distribution of body fat associated with physical activity.²² Although the recommendations for reducing the risk of cancer, are not yet clear, the authors conclude that overweight is associated with an increased risk of cancer recurrence, decreasing survival rates among breast, prostate, and colorectal (colon) cancer patients, and, possibly others.²²⁻²³ Overweight is associated with inactivity and an inadequate diet. A population survey of risk factors for breast cancer among women aged 40-69 years, found that the majority of these were overweight.¹¹

From the Nursing diagnoses during consultations, the proposed interventions aimed at the promotion of exercise, nutritional counseling and improvement of self-competence, through the evaluation of individual beliefs and the encouragement to start or continue regular self-care actions, offering positive feedback for each individual effort achieved.

The change in lifestyle requires an individualized and, long-term, planning that is possible during the follow-up in the Nursing consultations. For these survivors, establishing lifelong goals, to achieve and maintain a healthy weight, and practice physical activity is among the most important health-related goals to decrease the chances of developing cancer.²⁴⁻²⁵ In this way, the planned Nursing outcomes with the patients turned to the change of attitudes toward health promotion through maintenance of healthy diet, nutritional status assessment and physical activity on an ongoing basis.

CONCLUSION

In this study, from the most prevalent NDs, it is possible to affirm that patients are at risk for the development of relapse or a new cancer because they are exposed to modifiable risk factors observed in their lifestyle. For this reason it is understood that the follow-up Nursing consultation contributes to the awareness of this population about their health condition and the adoption of new habits of life, through the planning of interventions and results that can be achieved. The limitations of this study are inherent to the cross-sectional design, because it does not allow establishing a cause and effect relationship. The main contribution is in the generalization of the data for the practical application in Nursing, as well as the stimulus to the development of future investigations.

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Federal University of Health Sciences of Porto Alegre (UFCSPA)

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Corresponding Address

Roberta Waterkemper
Rua Sarmiento Leite, 245, sala 401^a
Bairro Centro
CEP: 900501-70 – Porto Alegre (RS), Brazil