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PERCEPTION OF CARRIERS CARED FOR AT THE FAMILY HEALTH STRATEGY, ABOUT DIABETES MELLITUS TYPE 2

PERCEPÇÃO DE PORTADORES ATENDIDOS NA ESTRATÉGIA SAÚDE DA FAMÍLIA SOBRE DIABETES MELLITUS TIPO 2

PERCEPCIÓN DE PORTADORES ATENDIDOS EN LA ESTRATEGIA DE SALUD FAMILIAR SOBRE DIABETES MELLITUS TIPO 2

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ABSTRACT

Objective: to know the perception of patients with type 2 diabetes mellitus cared for at the Family Health Strategy. **Method:** descriptive study, performed with ten diabetics, randomly selected during follow-up. Data collection took place through a semi-structured interview script, and it was analyzed in a descriptive way by the presentation of analytical categories: Lifestyle; Educational Activities on Diabetes Mellitus; Knowledge about Diabetes Mellitus, Diabetes Mellitus Complications, Diabetes Mellitus Care, and Vision on Provided Nursing Care. **Results:** patients with diabetes reported contentment at the routine visit, because they received the medication. They could observe the deficiency of knowledge about their disease and the lack of health education activities with this public. **Conclusion:** there was a lack of educational activities, as well as the need to promote self-care, aiming at a better quality of life in order to increase the self-esteem of patients with the studied disease. **Descriptors:** Diabetes Mellitus; Nursing; Health Education.

RESUMO

Objetivo: conhecer a percepção do portador de diabetes mellitus tipo 2 atendidos na Estratégia Saúde da Família. **Método:** estudo descritivo, realizado com dez diabéticos escolhidos aleatoriamente durante o seu acompanhamento. A coleta de dados ocorreu por meio de um roteiro de entrevista semiestruturado, e os dados foram analisados de forma descritiva pela apresentação de categorias analíticas: Estilo de vida; Atividades Educativas sobre Diabetes Mellitus; Conhecimento sobre Diabetes Mellitus, Complicações do Diabetes Mellitus, Cuidados com o Diabetes Mellitus e Visão sobre a assistência de Enfermagem prestada. **Resultados:** os portadores de diabetes referiram contentamento na consulta de rotina, por receberem a medicação. Puderam-se observar a deficiência do conhecimento sobre sua doença e a carência de atividades de educação em saúde nesse público. **Conclusão:** verificou-se deficiência de atividades educativas, bem como necessidade da promoção do autocuidado, visando à melhor qualidade de vida a fim de aumentar a autoestima do portador da doença estudada. **Descritores:** Diabetes Mellitus; Enfermagem; Educação em Saúde.

RESUMEN

Objetivo: conocer la percepción del portador de diabetes mellitus tipo 2 atendidos en la estrategia de salud familiar. **Método:** estudio descriptivo, realizado con diez diabéticos escogidos aleatoriamente durante su acompañamiento. La coleta de datos se produjo a través de un guión de entrevista semiestructurada, y los datos fueran analizado descriptivamente por presentación de categorías analíticas: estilo de vida; Actividades educativas en Diabetes Mellitus; Conocimiento sobre Diabetes Mellitus, complicaciones de Diabetes Mellitus, cuidados con Diabetes Mellitus, y visión en la atención de Enfermería. **Resultados:** los pacientes con diabetes informaron contentamiento en consulta de rutina, por tener recibido medicamento. Se ha podido observar la carencia de conocimientos sobre su enfermedad y la falta de actividades de Educación de salud en este público. **Conclusión:** se ha verificado una carencia de actividades educativas, así como necesidad de la promoción del autocuidado, con el objetivo de mejorar la calidad de vida para aumentar el autoestima del portador de la enfermedad estudiada. **Descritores:** Diabetes Mellitus; Enfermeira; Educación en Salud.

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INTRODUCTION

Diabetes mellitus (DM) is a disease that is getting worse all over the world. This is due to the aging and the lifestyle of the population. It is estimated that at least 171 million people are diabetic and, that number can double by 2030. Each year, 3.2 million deaths occur worldwide and one in 20 deaths is attributed to diabetes. There are 8,700 deaths per day and six deaths per minute.¹

Diabetes, hypertension, cancer and rheumatism are among the chronic diseases that affected 29.9% of the Brazilian population.² Data such as this is important for planning actions to this population and directing the financing of the State. This situation demonstrates the need for public health services to implement actions aimed at reducing morbidity and mortality rates.

Although the hereditary influence of DM is controversial, the development of the disease, the prevention or treatment among the population that have risk factors, represent a relevant factor in the quality of life of the patients, besides minimizing the costs of care, treatment and of the complications due to the evolution of the disease.³ A study on hospitalizations found that government spending attributed to diabetes mellitus is significant: 2.2% in the budget executed by the Ministry of Health.⁴

DM is a metabolic disease characterized by hyperglycemia and associated with complications, dysfunctions and insufficiency of various organs, especially eyes, kidneys, nerves, brain, heart and blood vessels. It may result from defects in insulin secretion and/or action, insulin resistance, insulin secretion disorders, and others. Although there are several specific types of diabetes, types 1 and 2 are the best known.⁵⁻⁶

In type 2 diabetes, there is the inability of glucose absorption by the tissues of the body, usually associated with a resistance to the action of insulin. This causes pancreatic beta cells to increase insulin production, which in the long run contributes to the exhaustion of insulin-secreting cells.³

It is worth mentioning that 5,904 new cases of DM2 were registered in the State of Ceará in 2007, and 340 cases in Fortaleza. There were 19,806 clients assisted in nursing consultations with diabetic clients. The number of clients served doubled from 2004 to 2006.⁷ Study on 91 countries on the prevalence of diabetes mellitus, reports that, between 2010 and 2030, there will be a 69% increase in new cases of this disease, currently having a population of 285 million

young adults with the disease and that, by 2030, this number reaches 439 million young adults with the disease.⁸

The importance of diabetes is unique in evidencing the increase of research in databases related to the subject, however, it is worth emphasizing that one should not only research and collect data, but also outline goals and action plans to prevent and treat the disease, as well as complications. Therefore, there is relevance in monitoring these cases with the participation of a multidisciplinary team is due.

Thus, the nurse is of fundamental importance for the treatment of diabetes, since it assesses the deficit of knowledge and social aspects; guides to the development of survival skills; carries out continuous, in-depth and up-to-date education; and guides the practice of adopting behavior change strategies. Whether at the primary level, at the BHU - Basic Health Units, whether at the secondary or tertiary level, nurses have their share of contribution to the quality of life of these clients.

In the face of the context of this study, this study is of great value because, through studies like this one, it is possible to better know the vision of the diabetes bearer about their disease and to set goals to make health professionals aware of the importance of Health Education for the knowledge and treatment of complications of diabetes, in order to minimize possible diseases and thus reduce the high cost of care for these clients. Thus, the objective is:

- To know the perception of patients with type 2 diabetes mellitus seen in the Family Health Strategy.

METHOD

A descriptive, exploratory study with a qualitative approach developed at a Basic Family Health Unit in the western area of the city of Fortaleza (CE), Brazil, under the administration of the Regional Executive Secretariat V SER V.

The population consisted of ten patients with type 2 diabetes mellitus. Sampling was of the intentional type and saturation of the data, with the following inclusion criteria: to be a patient with type 2 diabetes mellitus, to be over 18 years old, independent of sex, however, the contrariness of these characteristics was understood as exclusion criteria.

Data collection was performed on the occasion of the follow-up of the diabetic mellitus carrier by the FHS - Family Health

Strategy team at the Health Unit. A semi-structured questionnaire was used with objective and subjective questions related to the study objectives, divided into: data identification of people with diabetes - age, marital status, schooling; questions about the perception of patients with type 2 diabetes mellitus.

The questionnaire was used for the semi-structured interview. For the subjects who did not know how to read, the researcher read the instrument, transcribing the answer exactly as it was given, without inducing any kind of response. The FHS nurse's room served as the setting for the study. The nurse of the study interviewed patients with type 2 diabetes mellitus, who, in addition to answering the structured questions of the questionnaire, were able to express their ideas and opinions on the subject under study.

Data regarding the identification of patients with type 2 diabetes mellitus were presented in a descriptive way, aiming at the characterization of study participants. As for the study questions, they were divided into six categories: Lifestyle; Educational Activities on Diabetes Mellitus; Knowledge about Diabetes Mellitus; Complications of Diabetes Mellitus; Caring for Diabetes Mellitus; And vision on Nursing care provided, then analyzed in light of relevant literature. To maintain the anonymity of patients with type 2 diabetes mellitus, the letter D was used, followed by an ordinal number.

After the approval of the Research Ethics Committee of the National Reference Center for Health Dermatology Dona Libânia, under protocol No. 042/2010, the data was collected based on Resolution 196/06 of the National Health Council. Given the information about the objectives, relevance and mode of development of the study, patients with type 2 diabetes mellitus signed the Free and Informed Consent Form.

RESULTS AND DISCUSSION

♦ Characterization of patients with type 2 diabetes mellitus

The study population was ten diabetics who were followed up at a UBASF in Fortaleza-CE. The subjects' ages ranged from 49 to 65 years, being pertinent to the literature, in which some studies have shown that Diabetes mellitus and arterial hypertension have a higher prevalence in individuals over 35 years. As for sex, the number of female participants (6) was predominant, as compared to males (4).

In the world, the female population is larger than the male population, according to the world data. This explains, in part, the greater proportion of women affected, as well as the greater frequency of these to health services. A study in 91 countries on the prevalence the age claculation and sex in diabetes mellitus disease, found that the disease is more characterized in young adults, between 20 and 79 years of age, with a higher prevalence in women.⁸

Diabetes is a serious public health problem that is affecting women of all ages. Historically, women seek health care more than men and it is they who, in some way, transmit information about the care that should be given to family and friends.

Diabetes mellitus affects women more, as they are more sedentary and obese. On the other hand, it is known that women are more concerned with their health, therefore, they seek more assistance and experience more self-care in relation to men. Studies show differences in this aspect, allowing uncertainty in relation to the explanations about the tendency of the female gender to be more prone to diabetes.⁵

Regarding the marital status, it can be observed that nine subjects were married and only one, widower. Marital status is important in the history of chronic-degenerative diseases. This study refers to the married patients as the main ones affected by the disease, representing nine sampled, corroborating a study in which about half of the sample was included in this civil status⁹.

According to the source, five of the diabetics interviewed were from the interior of the State of Ceará, three were born in the State capital and two from other Brazilian states. Their professions varied between drivers (2), retired (3), merchant(1), cook (1), seamstress (1) and "house wives" 2.

In the classification of family income, a minimum number of monthly wages received per family, were adopted as a criterion, being categorized in up to one minimum wage two participants, from one to three minimum wages seven and more than three minimum wages one.

Regarding race, half (5) of the diabetics were white and the other half (5), brown. With regard to schooling, it was noticed that: Incomplete Elementary School: (4), Complete Elementary School (3), Full High School (3). It is elucidated that adherence to treatment tends to be lower in individuals with low levels of education, which increases the

responsibility of FHS programs to develop health education activities.²

As a result, a study of the prevalence of Diabetes Mellitus and associated factors in a low-income urban adult population in the Brazilian Northeastern sertão revealed that 81.3% of the individuals earned less than one minimum wage, 16, 7%, between one and two minimum wages, and 2.0%, more than two minimum wages.¹⁰

It is also worth mentioning that the issue of schooling raises the level of knowledge of the individual, which may contribute to the planning of health education activities, combining the family of DM patients with drug and non-drug treatment, aiming at improving its quality of life.

♦ Lifestyle

Of the individuals interviewed, eight had a confirmed diagnosis of Diabetes Mellitus and Systemic Arterial Hypertension and two were only DM patients. Regarding food, eight answered they have a hypoglycemic and low sodium diet, one had only a hypoglycemic diet and one stated not to adhere to any diet. Concerning the practice of physical activity, five reported being sedentary; four practiced physical activity regularly, three to seven times a week; and one reported exercising only once or twice weekly.

In relation to alcoholism, eight reported not consuming any alcoholic beverage, one consumed once to twice weekly and one reported sporadic use. Smoking was not reported by any of the interview participants.

Results of a study on the prevalence of hypertension in adults and associated factors, urban population based in Pelotas, Rio Grande do Sul, Brazil, showed that individuals who reported being carriers of diabetes mellitus had a higher prevalence of arterial hypertension.¹¹

Adequate diet is a fundamental part of the treatment of diabetes, so, several studies have indicated low follow-up of patients to the recommended diet.¹²

The risk of type 2 diabetes increases as the (BMI) increases and faced with the intensity/duration of physical activity expressed in weekly caloric intake increases.

The Family Health Center has as one of the objectives of the treatment of Diabetics, the proper control of blood glucose. Regarding this control, what was observed is that eight of the subjects presented glycemia between 120 and 196 mg / dL; and two of them from 232 to 318 mg / dL.

♦ Educational Activities on Diabetes Mellitus

At this stage of the interview, the diabetic was asked if they had already participated in educational activities on Diabetes, and by which professional they would have been advised.

It was noticed, in the interviews, that the users lacked activities in health education, since most affirmed not to have attended a talk about diabetes, and revealed to have received some information often in the routine consultations. It was also observed that they confused the role of the nurse in the unit with that of the physician.

Yes, on television. The Dr. Nurse at the clinic explained something D1. No, The doctor gave some information. The first was the doctor, then the nurse too D3. No, the nurse always talked about the disease in the consultations. The nurse told me not to eat coke, buchada, things like that D4. Yes, in the Hospital[...] the lecture is always in general, for hypertensives and diabetics. A multidisciplinary team[...] even the nutritionist has already guided us D5.

Health education is a set of knowledge and practices oriented towards disease prevention and health promotion.¹⁴

In this perspective, the Nursing professional must be critical and active, performing his functions together with the other members of the health team in order to provide the patient with what he needs, be it regarding healing and recovery, guidelines, as well as assisting in the control of complications.¹⁵

Undue control of diabetes causes a series of chronic complications, such as end-stage renal failure, blindness, lower limb amputations, among other complications¹⁶.

The implantation of educational activities in the Health System is an integral part and essential to guarantee the minimum and necessary conditions for an adequate treatment for the diabetic and, the sooner they develop motivational actions of self control, the better and faster will be the adaptation of the patient to their Health condition, thus allowing full integration into society.

♦ Knowledge about Diabetes Mellitus

The interviewees were asked about their knowledge about the disease. It was found that their knowledge of diabetes was limited.

Illness that kills a little, leaves the person blind, if the person has a wound, they can lose their limb. Just do not do anything crazy D1. Diabetes, we start to urinate a lot, drink lots of water, do not eat too much, eat every three hours, because if we do not feed ourselves, it hurts. D9. It's just that if we do [...] we get blind, cut our leg, cut our finger [...] in me I have already had

an itchy vagina, toe, cut the corner of my mouth, tingling D2. It is the sugar in the blood, it can reach the pancreas, the kidneys [...] the pancreas does not produce insulin, it can affect the vision D5.

◆ Complications of Diabetes Mellitus

Diabetics were asked about the complications that the disease could cause. For all of them, the complications were easy to report, they may have, already been compromised by some complication of DM.

Diabetes mellitus can be an incurable disease, however, adopting some behaviors and following some guidelines given by health professionals, it can be controlled, thus, having a better quality of life of the patient..

It leaves us blind, I do not know if it's another diabetes, or it's the same one I have, but if you have a wound you can even lose your arm D2. In the sexual relation, it fell to zero; to have your legs amputated; blindness can also happen D3. Affects the vision [...] may even lead to glaucoma. Kidney problems, which causes [...] can reach the other organs D5. I know [...] I've even had a stroke D8.

◆ Caring for Diabetes Mellitus

In this category, diabetics were asked about the care they should take with their illness. These were aware of basic care regarding maintaining quality of life while ill.

First of all, do not eat anything with sugar [...] Eat less dough [...] Do not eat fat D4. Avoid cuts, hygiene care. Eat little sugar, avoid overeating D5. Keep the introduction [...] on the diet. Practice sports [...] These things like this [...] Know how to control and live D6.

◆ Vision about Nursing care provided

In this stage of the interview, it was possible to observe how the client qualified the service in the routine consultation, in good or bad, detailing the reason. Thus, it was possible to understand how these clients felt before the professionals who cared for them.

Well, it's not great [...] It's a lot to be desired [...] It could be better. Lack of information, we go to one side, to another D5. Bad. Boy [...] there are many questions, do not explain directly about the disease, lack more attention of public service [...] D7.

Most respondents were satisfied with the assistance offered, citing medications as a major part of the treatment, evidencing the incipient interest in appropriate and quality treatment, often, because they did not know the need for a holistic follow-up of the disease.

Good. Both the care of the doctor and the nurse is good, it's great [...] I get the

medicines also D4. Good. The medicines are well taken care of, everything, everything D8.

It was observed, in some statements, that diabetics should receive more information and guidance about the disease, in order to raise awareness about the relevance of self-care. For it is known that the consultation is a moment in which the health professional has the opportunity to succinctly explain his knowledge on the subject. It should be added that the patient's best communication with the professional is through effective communication¹⁷.

CONCLUSION

Among the public health problems in Brazil, one of the highlights is Diabetes Mellitus, responsible for the morbidity and mortality of a large part of the population. It is known to health professionals that most of the complications caused by diabetes could be avoided.

This work may provide information about the vision of the patient with diabetes mellitus type 2 on the disease, as well as observe the knowledge they acquired, the afflictions and difficulties related to the disease.

The study found that, most interviewees lamented the inadequate explanations for disease and treatment, and among those who considered themselves informed, there was little awareness of the need for personal changes in lifestyle and health promotion practices.

Differences were observed in respondents' responses, with a predominance of reports of lack of activities and group education, which negatively affects the health control of these individuals. However, it is known that the efficacy of diabetes mellitus treatment depends on factors such as healthy eating, physical activity, drug treatment. Achieving patient adherence to treatments requires behavioral changes, an often arduous task for healthcare professionals.

It is urgent to implement health education services for diabetic patients, both in the group, and in the routine consultation, because, at the time of the consultation, there is a greater opportunity to raise awareness about changing life habits, which may result in better adaptation to the disease and greater stimulating of self-care actions, providing a happier coexistence within the family and in the social context.

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