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## ORIGINAL ARTICLE

### THERAPEUTIC ITINERARIES OF PERSONS WITH DIABETES MELLITUS: STRONG AND WEAK LINES

#### ITINERÁRIOS TERAPÊUTICOS DE SUJEITOS COM DIABETES MELLITUS: LINHAS FORTES E FRACAS

#### ITINERARIOS TERAPÉUTICOS DE LOS INDIVIDUOS CON DIABETES MELLITUS: LÍNEAS FUERTES Y DÉBILES

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#### ABSTRACT

**Objective:** to understand, from the theoretical framework of Institutional Analysis, the therapeutic routes and the experience of illness of persons those live with diabetes mellitus. **Method:** a qualitative study approach conducted with seven subjects with diabetes mellitus. The information was produced through a script for narrative interview, field journal, and non-participant observation. The theoretical framework of Institutional Analysis gave the analysis of the information. **Results:** in addition to the characterization of the subjects, the data were categorized into << Strong lines >> and << Weak lines >>, in order to show the power game, interests, and desires of the investigated group. **Conclusion:** the study highlighted the family and religiousness as important points in the management of diabetes mellitus. Subjects showed fragmented and punctual queries, the difficulty in feeding and physical activity and weaknesses in reference and counterreference in health services; for example, as weak points in their itinerary of therapy. **Descriptors:** Qualitative Research; Chronic Disease; Diabetes Mellitus; Health Care; Primary Health Care; Unified Health System.

#### RESUMO

**Objetivo:** compreender, a partir do referencial teórico da Análise Institucional, os itinerários terapêuticos e a experiência da enfermidade de sujeitos que convivem com o diabetes mellitus. **Método:** estudo de abordagem qualitativa realizado com sete sujeitos com diabetes mellitus. As informações foram produzidas através de um roteiro de encontro para entrevista narrativa, diário de campo e observação não participante. A análise das informações se deu pelo referencial teórico da Análise Institucional. **Resultados:** além da caracterização dos sujeitos, os dados foram categorizados em << Linhas fortes >> e << Linhas fracas >>, a fim de tornar manifesto o jogo de força, interesses e desejos do grupo investigado. **Conclusão:** o estudo destacou a família e a religiosidade como pontos importantes do gerenciamento com o diabetes mellitus. Os sujeitos apontaram as consultas fragmentadas e pontuais, a dificuldade na alimentação e atividade física e fragilidades na referência e contrarreferência entre os serviços de saúde, por exemplo, como pontos fracos no seu itinerário terapêutico. **Descritores:** Pesquisa Qualitativa; Doença Crônica; Diabetes Mellitus; Atenção à Saúde; Atenção Primária à Saúde; Sistema Único de Saúde.

#### RESUMEN

**Objetivo:** entender, desde el marco teórico del Análisis Institucional, las rutas terapéuticas y la experiencia de enfermedad del sujeto que convive con la diabetes mellitus. **Método:** estudio cualitativo realizado con siete sujetos con diabetes mellitus. La información se ha producido a través de un guion de entrevista narrativa, diario de campo y observación no participante. El análisis de la información procedió del marco teórico del Análisis Institucional. **Resultados:** además de la caracterización del sujeto, los datos se categorizaron en << Líneas fuertes >> y << Líneas débiles >>, para el juego de poder, intereses y deseos del grupo investigado. **Conclusión:** el estudio ha considerado la familia y la religión como puntos importantes en la administración del diabetes mellitus. Los sujetos mostraron consultas puntuales y fragmentadas, la dificultad en la actividad física y alimentación, y las deficiencias en la referencia y la contra-referencia en los servicios de salud; por ejemplo, como puntos débiles en el itinerario terapéutico. **Descriptores:** Investigación Cualitativa; Enfermedad Crónica; Diabetes Mellitus; Atención a la Salud; Atención Primaria de Salud; Sistema Único de Salud.

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## INTRODUCTION

Historically, the first studies about therapeutic itinerary (TI) came under the purview of a concept known traditionally as the behavior of the sick (illness behavior), a term created by Mechanic and Volkart in 1960.<sup>1</sup>

These studies had a strong pragmatic coloring: the sick individuals rationally oriented their conduct for the satisfaction of their needs, i.e., took it as a principle the fact that the subjects patients faced in a market as producers and consumers of health care services, and each sought the greatest possible advantage in their transactions. It was, therefore, a theory based on an understanding of proactive, rationalist and individualist, based on the assumption that people evaluating their choices in terms of cost-benefit analysis.<sup>2</sup>

This premise of utilitarian and rationalist model, from an early age, has been the object of criticism and, currently, anthropological perspective, it has as main objective to interpret the processes by which individuals or social groups choose, evaluate and adhere (or not) to certain forms of treatment. This issue is based on the evidence that the subjects, to identify that their health is impaired, seek different ways to solve this problem. In actuality, this fact assumes greater proportions and significance, because the subject is usually faced with greater possibilities of choice, since they are available to a wide range of therapeutic services, referred by the authors as "medical pluralism".<sup>2</sup>

TI is relevant approach to research on diseases, sufferings, afflictions and disturbances of subjects in concrete situations of illness,<sup>3</sup> in particular to "diseases of long duration"<sup>4</sup>. It allows one to recognize the various health practices and the paths travelled in search of care, in which we highlight different trajectories (clinicians or not, including different systems of care), depending on the needs of health, availability of existing resources - in the form of formal and informal social networks - and resolubility obtained. Besides that, it enables the understanding of how the disease process and the experience of sickness interpreted by subject and by family.<sup>5</sup>

Anthropology of health has highlighted the experience of sickness considering that all disease is involved in a network of meanings that are constructed intersubjectively. The significance of this experience is relevant, because it takes into account the ways the

subjects express, organize and understand their disease.<sup>2</sup> The quest for health attention starts from the moment in which the subject interprets the united socially devalued (which is not necessarily restricted to disease) as a health problem that requires therapeutic help.<sup>6</sup>

Among the long-term diseases, diabetes mellitus (DM) has been presented as one of the main problems of public health in Brazil and in the world, since it leads to the development of acute and chronic complications and high rates of morbidity and mortality, especially in adulthood. In addition, the costs with DM are not only economic, we highlight the pain, loss of quality of life and the anxiety as intangible costs that cause great impact on the lives of the ill and his family. Many subjects with DM are prevented from exercising any occupation in the job market because of chronic complications or present limitations in their professional performance.<sup>7</sup>

It is important to highlight that the coexistence with a long-term illness as DM and the aim for seeking care in health services puts the subject in a very delicate, plenty of many "not known".

The "unspoken" may be understood as all those information that are distorted or omitted in the discourses, attitudes, texts, behavior or any other form of expression or manifestation. This omission or distortion can be voluntary or involuntary, consciously or not, assumed or not, but it is invariably considered a source of misunderstandings and conflicts that affect the coexistence, or causes or effects of a lack whose overcoming is assumed enriching.<sup>8</sup>

As mentioned, the "unspoken" refers more to the ideas of the instituting (new) that established (what is) think to forget. In this sense, the "unspoken" is characterized as manipulation of power and as against production.<sup>8</sup>

Considering the peculiarities involved in seeking care by the subject with DM, it is important to know how to seek health care and living with the disease.

## OBJECTIVE

- To understand, from the theoretical framework of Institutional Analysis, the therapeutic itineraries and the experience of sickness of individuals who live with diabetes mellitus.

## MÉTODO

A qualitative study approach having as theoretical-methodological framework the Institutional Analysis.

Institutional analysis uses a method formed by an articulated set of concepts that provides a toolbox for managing organizational processes in collectives, seeking to position themselves in the elucidation of the social practices in institutions from actions of these same collectives. With it, it is possible to reveal the relationships that individuals and groups establish between themselves, while relations in the field of institutions.<sup>9,10</sup>

The universe of this study was a set composed of six subjects with DM residents in the territory of health of the municipality of Serra-ES.

The municipality of Serra is the most populous in the State of Espírito Santo with 409,267 inhabitants and is located 27 km from the capital, Vitória. The territory in which the study took place is located in the periphery of the municipality. Its formation is given by intrusions from the mid-80's and has 14,052 inhabitants.<sup>11</sup> This territory has a varied trade, public schools and a Basic Health Unit (BHU) with five Family Health Teams (FHT) distributed in the same space, with attention to the health of the population by the Unified Health System (SUS).

The production of the material of this study took place through narrative interview, in which it was used a roadmap for meeting with characterization of the subject and an issue generative, and notes in a field diary, subsidized by the non-participant observation.

Each of the subjects in this study was chosen from the indication of nurses and community health workers (CHWS) of BHU site. The following inclusion criteria: 1) be registered in the system for clinical management of Arterial Hypertension and Diabetes Mellitus in Primary (SISHIPERDIA); 2) be older than 18; 3) have DM with confirmed diagnosis over a year ago, and 4) present some chronic complication - micro and macrovascular or DM.

The work field, implemented in May 2015, was divided into two stages. Initially, researchers sought to understand the process of living labor in the act of five teams from the Family Health Strategy, establish affective approaches with professionals, and clarify, for the same, gaps still exist about the project. Then, in the company of the health agents, researchers sought to extrapolate the limits of BHU, doing recognition of the territory of

health, not only as a geographical territory, but also as an existential space.

After careful analysis of records of those subjects, given the location of the backyard of each one from its microarea and joint visit of the researchers and health agents as previously defined schedule for specific areas.

The interviews narratives, with an average duration of forty-five minutes each, and recorded by means of a tape recorder, were held at the place chosen by each subject, one being held in the public square and the other in his own residence.

After the transcriptions of the interviews narratives, accurate reading of same and the notes of the field journal, the analysis of the material following the theoretical-methodological framework of Institutional Analysis, in order to follow the lines that formed in the course of its subjects with DM and experience of sickness, emerging, thus, circles that poured into "strong lines" and "weak lines".

The study was conducted by the favorable opinion of the Committee of Ethics and Research of the Health Sciences Center of the Federal University of Espírito Santo, on 29<sup>th</sup> April 2015, under the record CAAEE 41402114.4.0000.5060.

In order to maintain the confidentiality of the identity, each of the subject are referred to in this study as a precious stone, self-choice of same.

## RESULTS AND DISCUSSION

### ♦ Characterization of the subjects

Six subjects were interviewed, with only two males. The age of the same ranged between 63 years and 94 years. As to the point of view of ethnic/racial, four subjects self-reported themselves as whites, as a mulatto and one as black. On the marital status, three were married, two were widowed and lived in a stable union.

About the religion, three said they belong to churches of the evangelical denomination; others reported not having religion defined, in spite of the belief in God. Regarding schooling, all had incomplete primary education. On the monthly income, two stated live with two minimum wages and the other with less than a minimum wage.

### ♦ Strong Lines

The discovery of the diagnosis of DM is an event that comes with several changes in the subject's life ill and people who live with him. For the institutional analysis an event is the moment of appearance of the new absolute,



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the difference and uniqueness that appear as a result of unusual connections and provide substrates for processing large breakfast that revolutionize the history, or in this case the life of subjects, at all levels and areas.<sup>8</sup>

In this way, once diagnosed, it is recommended that health care to the subject with DM happen within a graduated system of assistance, taking as a basis the primary level of attention to health, prioritizing actions of great impact for reducing the complications of the disease. For this, all subjects with DM and their families need to be inserted in health education activities of the health units. These actions imply the guidance for the care: hygiene, cuts of nails, inspection of the feet, use of closed shoes, practice of physical activities, changes in supply,<sup>7</sup> as well as the pharmacological treatment, sexuality, the knowledge of his body and factors that connect the historical, social and cultural development of these subjects.

It is important to highlight that all configuration in the experience of sickness and it the subject with DM already begins in the screening and diagnosis of the disease. Having the diagnosis of this disease can be of great impact on subject's life, requiring the same, initially, a considerable psychological adjustment to deal with the new situation.<sup>12</sup>

The subjects with DM interviewed in this study pointed to family and religion as being strong lines to cope with the disease and aspects, which potentiate and assist in your IT.

Family ties are important points that can stimulate, or not, the subject with DM, regarding the management of the disease, since the family organization strongly influences on health behavior of its members, and the state of health of each subject intervenes in how the family unit works.<sup>13</sup>

The care provided by families is relevant in today by a number of factors that favors the subject sick, being defined as important option in the conduct of the management of long-term diseases, such as diabetes, and pointed out in the following testimonies:

*Have you ever heard of a mountain? I was in the mountains six months hospitalized. My father sold some land to take care of me. I ended up in Belo Horizonte. (Beryl)*

*Yesterday was mother's day; I stopped by my daughter. I have seen my grandchildren, my great-grandchildren, my kids, and the pastor because they will go in her church. Did a very, very happy there for us yesterday, thank God. A very happy day. (Emerald)*

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*That is when my daughter looked, right? Because I am seeing very little. Moreover, she said, "mom, are you with feet full of pieces [...], feet are about to fall off." However, I felt no pain. "They're about to fall off those fingers of you, mother" (said the daughter). Therefore, I went there, General Custer, and the made after the doctor ordered [...]. Sent her to the Hospital, do [...]. Out of three times. Took a piece, there was a little bit [...] My daughter-in-law would take me. Every day was well 1 hour (waiting for service), right? (Ruby)*

However, it is important to highlight that the conflicts - tension, friction and strife, and/or lack of support within the family, it can be an obstacle to the self-care and self-management (of disease) of the subject with DM.<sup>14</sup> This is evidenced, for example, in the search for health care implemented by Jade - one of the subjects of this study - because the same, in addition to live alone, has compromised vision and will to health services without accompanying persons:

*[...] alone, because they (the family) do not care about me. I have only one son, but he didn't call me "[...] I'm going to tell you that I'm afraid of going blind, that sometimes girls (granddaughters) here, I'm not able to, because the girls were at his father's House and he lives in front like that, and they talk back too much when I see them doing stuff, I'm going to give advice and they curse me. [...] Community Health Agent, I want you to arrange these papers for me, to see if I am doing the scraping and get well soon. What's more troubling is this: the fear of going blind in the House and the girls there using bad thing. I ask both the God to be good. (Jade)*

Another important factor to be considered in coexistence with the DM, is perseverance and faith, evidenced by the significant value assigned to the religiosity, in coping with the disease and other problems. Faith in God is mentioned by study subjects as a solution, help and healing of health problems:

*[...] the little with God is very and many without God is nothing, [...] I had no salary, and today I have [...] I ask God so much for me to be good, go back to see. (Jade)*

*When I was in the ICU thought just by calling Jesus to help me. Just this: "Help Me, my Jesus. Will not let me go no. (Beryl)*

*I feel that hand numb. My God and my Jesus, [...] Jesus will not let me run out of my hand. (Emerald)*

*[...] because of foot problems, spent more than a year and a bit without going in the Church. Last Sunday I went to*

*church now. I couldn't wear, right? My foot [...] know the sole of the foot? I went Sunday and got Monday, Tuesday [...] until Tuesday with the swollen foot. (Ruby)*

*[...] with faith in God and in Jesus, my son, I am going to be cured of it. They say that there is no cure, there is no cure [...] the people having faith [...]. I have a lot of faith, but I am not in Church, you know? My prayers I do at home. I have faith in God, right? I ask many prayers to God, right? I do not think so any, you know? I just think so, huh? Taking the drug with faith and be cured, right? Not only I, but all [...] all who take the medicine. I get a lot is with God and Our Lady of Aparecida. (Sapphire)*

In a study named Health, Wellbeing and Aging in Latin America and the Caribbean (SABE), carried out specifically with elderly people from 60 to 90 years, in the city of São Paulo-SP, the authors concluded that religiosity represented an important instrument of support for the elderly subjects, in coping of everyday problems (such as the long-term diseases), promoting greater satisfaction with life and decrease the feelings of helplessness and hopelessness.<sup>15</sup>

In this way, as mentioned, it is understood that the family and the religiosity (understood as religion) are institutions that allow the fitting of devices that assist in IT and experience of illness of the subject with DM.

It is important to consider that for institutional analysis, an institution is a decision tree that regulates human activities, pointing to what is suppressed, allowed, or indifferent. Every institution is understood as a movement that generates (the Instituting) a result (imposed) in a process called institutionalization.<sup>8</sup>

On the device, also called freight is a fitting or fireworks producer of innovations that generates events and devires, refreshes the potentialities, and invents the new radical. In the device, the objective to be achieved and the process that generates are inherent among themselves, i.e., happens to be one of the other with natural processes and inseparable, for example. In this study, we can highlight the festivities in family worship with members of the church, the act of praying at home, among others, as examples of devices.<sup>8</sup>

### Weak Lines

Although the family and religion present themselves as strong lines on experience with DM and your IT, the subjects showed the consultations fragmented and punctual, the difficulty in eating and physical activity, the

use of medications, the complications of the disease, concomitant diseases and weaknesses in reference and contrarreferência between health services as weaknesses in the management of the disease. These issues are crossings, i.e., an entanglement, interpenetration and articulation of conservative orientation that serves of domination, exploitation and mystification, presenting them as beneficial and necessary.<sup>8</sup>

The population of this study, in addition to live with diabetes and other problems, was elderly and, for this reason, it needed a special attention to health, configuring, thus, a challenge for the Family Health Strategy.

In this regard, the Family Health Strategy constitutes an important space for qualified attention to the health of the elderly, because the approximation with the population and the homecare has enabled act so contextualized in the reality lived by the elderly within the family. Furthermore, the insertion of the elderly in basic health units, in particular those under the Family Health Strategy represents for him an important link with the Single Health System.<sup>16</sup>

Despite that, currently, it has been observed that the attention paid to the subject with DM has been "eminently prescriptive, normalized and centered on the disease and not the experience of illness experienced".<sup>17:773</sup> subjects interviewed in this study complained of practices fragmented and sparse, as indicated below:

*[...] I will (on drive), do the query and she (medical) brand name for three month. Put the leaf (prescription) that she scored, it has not to put anymore, it is over now, which is to mark new. (Jade)*

*[...] the doctor who has attended me, (said that blood glucose) is very out of control. [...] I have a recipe for four months. I never received a prescription for four months [...] so much so that the maximum is three; two-three, two-three. So, by the time she gives me the recipe, in time, understand? Then she marks the day for me to go back in time. I have come home knowing that in two months, on this day, I have to go. (Onyx)*

With the established diagnosis, subjects with DM in this study found themselves in a dilemma, i.e., in a complex choice between maintaining the previous habits or modify them to be able to obtain a better quality of life.<sup>18</sup> The changes caused by the discovery of the disease evidenced primarily by the nutrition, physical activity, and drug therapy are pointed out by the subjects researched as a difficulty for the management of the disease and low line in your IT.

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About nutrition and physical exercises, Onyx accounts that:

*[...] life has changed a lot. [...] Look, skim milk, salt bread. The more light bread. The integral, without being too light I like, but the most prevalent is the light. I like two loaves a week, this big guy like this (demonstrates the packet size with the hands), right? I buy two, right? And contained the two next week, because I eat a lot of bread; and lunch and dinner ". (Onyx)*

*I work out lying still [...] in the morning, the night lying. I ride. Who taught me? No, I asked [...] No, I did, huh? O, I pedaled, pedaled and then did things here and then go with the foot and then over here, huh? Get it, do you? Moreover, drop and pull that leg, right? After I do, huh? Here, huh? A little bit, right? Why can't it be right and strong? There will increase until I go there and come back here and back [...] got it, right? (Demonstration of the exercises) [...] hard, huh? Only if the person calling me, huh? Nevertheless, when I wake up, I have to do, right? I asked the doctor if worth doing these exercises "Yes, go ahead!" the doctor said to me. I have no way to exercise outside the home. (Onyx)*

The difficulty in the management of drug therapy, comes here highlighted by Beryl:

*[...] sometimes (drink) on Sunday. In the week, I don't drink at all. If I take on Sunday, Saturday I take my medicine for diabetes and Sunday I just take my heart, don't take diabetes when I drink. (Beryl)*

The triad of self - diet, physical activity and/or physical exercise and medication - the subject with DM is marked by the idea of a necessary inner strength of tenacity and obstinacy or a state of spirit of appreciation of something essential to achieve the necessary control of the disease.<sup>14</sup>

In this way, the health professional to highlight the change of habits as an imposition, without negotiation among the subjects, the suffering caused by this levy is disregarded. The subjects may not understand restrictions in the diet, leading them to situations of theatrics, game room and transgression, as a form of resistance to the practices established, normalized and domination.<sup>17</sup>

It is therefore a process called on Institutional Analysis of management i.e. "managed" by "others".<sup>19</sup> Breakage of this process of submissiveness would through the horizontality of the relationships between the diseased and professional subjects of health, namely the co-management, defined as a type of organizational management different segments produce a pact or agreement or

joint administration to accomplish a task without enunciating the categories mentioned above.<sup>8</sup>

It is important to consider that the DM with gaps in their management can promote the long-term failure of various organs, notably the kidneys, eyes, nerves, heart and blood vessels;<sup>20</sup> thus, evidenced by complications arising from the disease:

*[...] now see you almost can't see, almost nothing. Just snow. (Emerald)*

*[...] the vision? Forgotten. People, I mean, I see people here [...] sometimes. (Jade)*

*[...] stepped on shards of glass, it's just that I didn't see in time [...] entered under the finger and entered in my legs and my fingers with broken glass. There then I have lack of movement, huh? Because of diabetes and your feet are numb, numb. [...] I was there (in the hospital) over three days. Then I went away and came back with 15 day. Then I went back and took a bite. Then another 15 days and took another piece and thank God now healed. (Ruby)*

*[...] my legs began to "damage" fingers. Tried to look after, but it didn't. Then the doctor came and said: "you own Emerald, I am doing everything not to let the Lady without leg, but I'm not going to give. I'll take my chances. " [...] I was still struggling for, if God bless, don't ruin the other foot. Nevertheless, the doctor said: "I'm going to get, but the other foot will ruin". I was always in the drive to make dressing. Washing, bathing, ointment, but there was no way [...] Now I see that my hand's ruined. Started a black spot here, but now it's not very black. Was black that hand and nail got dark [...] this one (right hand), but [...] fell asleep that hand. (Emerald)*

Vision loss, is the most feared disabilities among people in General. This is justified because, associated with it comes the fear of loss of functions and important capabilities.<sup>21</sup> This change entails "conflicts and the subject of their distances spheres of belonging and the severing of ties until then shared",<sup>22:34</sup> However, the subjects who participated in this study were not blind, but reported having low vision, leading to, in this way, considerable anxiety about the status of your visual acuity and changes in the way of living. About it, it should be noted that:

Individuals with partial view (low vision) has fewer adjustment problems than those who are totally blind, and in fact may have more difficulty adjusting because your partial view presents an ambiguous situation to the other. In addition, individuals with partial vision can present high levels of anxiety, because they are not sure about if or when they're going to lose your residual vision.<sup>23:137</sup>



It is clear that the advance of age and exposure to diseases of long duration, such as DM, can provide the subject, even if belatedly, the experience with visual impairments.

Peripheral neuropathy and the processes of amputation, which can affect the subject with DM can mean suffering in the face of the loss of a body segment. This implies two possibilities: that of the subject entering a process of impotence or even create, as ideas defended in Institutional Analysis, a new way of living in which WINS power for production, invention and generating forces transformation life.<sup>8</sup>

It is important to note that, in addition to the coexistence with the DM and its complications, the subject of this study still had other concomitant diseases that possibly made dynamic the TIs, for they need more attention, medication, and frequency services of health:

*[...] one time I fell there behind a class there. The boys saw and called the ambulance. Give a business, a business that I get dizzy so [...] I don't know anyone else. Now since I'm taking this thing (medicine) of pelepsy. I take medication properly, never came back. [...] Often fell. Cut the whole tongue. (Jade)*

*I have heart problem, I almost I left. I stopped in the ICU at the Hospital. Thanks to my good God, today I'm good. I couldn't stand up the ladder here (points to your stair House). (Beryl)*

To the dynamics of ITs happening so paid and the experience of illness is less painful, it is necessary that subjects with DM have a network of health services to keep a reference system and effective counterreference. However, what we see in this study is that there is fragility among the services, as pointed out in the following statement:

*People, I mean, I see people around here that I know, a lot of time out here [...] sometimes. It's all white. It was there at the clinic. There was there. There in Orange. Said I'm with cataracts [...] that was cause of urgency. I did (query) private. Particular to know when the cause of the urgency of this. To know why I had this all [...] and he sent the paper and I took her there and they (professionals in the health unit) mark, but now they see a. I spoke there with the girls. Nevertheless, even today they haven't scored yet. Well, I gave the role to mark and to be able to do the scraping. Joins all white. So [...] of this close I see, from a distance, in a view. No, all white. (Jade)*

The complementary role of the different levels of health care refers to the guarantee

of the right to access the subject to actions of services of different levels of complexity, with streams organized especially to ensure continuity of health care.<sup>24</sup>

In a study conducted in the reference system and counterreference in support of the family health strategy in the municipalities of Duque de Caxias (RJ) and Rio de Janeiro (RJ), pointed out that the limited offer of consultations and tests, poor organization of the activities of Regulation and the significant political influence in the management of the units assisted the deficiencies in the subject to access healthcare.<sup>25</sup>

In this way, one of the challenges of the current paradigm of think/do/act on health is the effectiveness of attention to people with long-term illnesses, and to this end, the preparation of studies on ITs present as a chance to understand how the services offer full responses (or not) to the subject. This implies in the deconstruction of a model established-organized reminiscent of a past marked by a conservative orientation.

## CONCLUSION

DM is a disease of long duration, has been firming in contemporaneity as one of the major problems/challenges for the SUS, the increase in life expectancy, change of habits and sedentary, among other factors, of society. It is a disease that triggers serious complications in subjects such as retinopathy, nephropathy, neuropathy, and involvement of distal lesions with occurrence of ulcers with difficult healing, leading, many times, the amputation of body segment.

Because it is a disease that leads the subject to changes in your life, such as the use of medication and stimulus for physical activity and proper nutrition, this illness implies on the part of health services a horizontal management in relation subject fallen ill, their families and health professionals.

Configuring it as a long-term illness, the DM requires on the part of health professionals, the adoption of new devices, such as ITs, able to unveil the ways of life of each subject and relationship that it establishes with the health services in the search for the resolution of their problems.

In addition to the adoption of new devices as ITs, it is necessary that health professionals have the field of theoretical frameworks capable of potentiating their practices at work in the act. In this study, the option given by Institutional analysis, since the same has as purpose to promote self-managerial processes

and self-analytically circumscribed; however, in a way that always tend, and increasingly, your own growth until it reaches widespread aspect and revolutionary.

In this way, this study, based on the concepts of Institutional Analysis, allowed to know the strong and weak lines that formed during the ITs and experience of illness of subjects with DM. It was evident that there are some points that contribute to the barriers in day-to-day - consultations fragmented and punctual, the difficulty in eating and physical activity, the use of medications, for example, of these ill subjects; however, despite the problems faced, the same cannot, especially if it keeps the family bound and religiosity, one way to overcome the problems of everyday life, reinventing new ways of living.

Health professionals need to establish a greater attention by narratives undertaken by individuals who seek health services for that dialog made with them about the changes in your life and incorporation of therapeutic means cease to establish by means of management and pass to happen by means of management, with recovery of different subjects involved in the process of production of health and the promotion of autonomy and the role of these subjects.

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