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ORIGINAL ARTICLE

CHARACTERIZATION OF CHRONIC INJURIES IN THE ELDERLY ASSISTED IN THE FAMILY HEALTH STRATEGY

CARACTERIZAÇÃO DAS LESÕES CRÔNICAS NOS IDOSOS ATENDIDOS NA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

CARACTERIZACIÓN DE LAS LESIONES CRÓNICAS EN ANCIANOS ATENDIDOS EM LA ESTRATEGIA DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to know the reality of chronic injuries in the elderly assisted in the Family Health Strategy (ESF). ***Method***: this study is exploratory, descriptive with a quantitative approach. Participants were 20 elderly individuals, aged between 60 and 99 years old, most of them were females, affected by chronic lesions, referred by ESF. ***Results***: lesions type are of pressure, varicose, diabetic, arterial, and neoplastic wound ulcers, all of them due to non-transmissible chronic diseases, where all the elderly had their dressing changed at home by the nursing team or by family caregivers. It was observed that the technique used was aseptic and the substances were unsuitable for specific treatment of some lesions. ***Conclusion***: in the face of care revealed to the elderly with chronic injuries, the need to implement a care protocol that guided self-care was observed. ***Descriptors***: Nursing Care; Old Man; Injuries; Injuries.

RESUMO

Objetivo*:** conhecer a realidade das lesões crônicas nos idosos atendidos na Estratégia de Saúde da Família (ESF). ***Método: estudo exploratório, descritivo, com abordagem quantitativa. Participaram 20 idosos, com idade entre os 60 aos 99 anos, a maioria do sexo feminino, acometidos por lesões crônicas, referenciados pelas ESF. ***Resultados***: as lesões são do tipo úlceras por pressão, varicosa, diabética, arterial e ferida neoplásica, todas advindas de doenças crônicas não transmissíveis, onde todos os idosos faziam troca do curativo em domicílio pela equipe de enfermagem ou por cuidadores familiares. Observou-se que a técnica utilizada se distanciava da asséptica e as substâncias eram inadequadas ao tratamento específico de algumas lesões. ***Conclusão***: diante da assistência revelada aos idosos com lesões crônicas, observamos a necessidade de implantar um protocolo de atendimento que orientasse o autocuidado. ***Descritores***: Cuidados de Enfermagem; Idoso; Ferimentos; Lesões.

RESUMEN

Objetivo*:** conocer la realidad de las lesiones crónicas en los ancianos atendidos en la Estrategia de Salud de la Familia (ESF). ***Método: estudio exploratorio, descriptivo, con enfoque cuantitativo. Participaron 20 ancianos, con edad entre 60 y 99 años, la mayoría del sexo femenino, acometidos por lesiones crónicas, referenciados por las ESF. ***Resultados***: las lesiones son del tipo úlceras por presión, varicosa, diabética, arterial y herida neoplásica, todas advindas de enfermedades crónicas no transmisibles, donde todos los ancianos cambiaban el curativo en domicilio por el equipo de enfermería o por cuidadores familiares. Se observó que la técnica utilizada se distanciaba de la aséptica y las sustancias eran inadecuadas al tratamiento específico de algunas lesiones. ***Conclusión***: frente a la asistencia revelada a los ancianos con lesiones crónicas, observamos la necesidad de implantar un protocolo de atendimiento que orientase el autocuidado. ***Descriptors***: Cuidados de Enfermería; Ancianos; Heridos; Lesiones.

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INTRODUCTION

The number of elderly people in the world increases every day. In Brazil, there are about 22 million elderly people, and 6.5 million of them are fully active.[1] This estimate is related to the increase in the conditions of care for the elderly about the prevention, promotion, and rehabilitation of the population´s health in general.[2] Therefore, they currently represent an important part of the Brazilian and world population with a tendency to growth.

Also, the physiological aging of the skin interferes with the functions of protection, excretion, thermoregulation, sensitivity and metabolism, culminating in cutaneous fragility with diminished ability to act as a barrier against external factors.[3]

It should be noted that Chronic Noncommunicable Diseases (NCDs) often favor the installation of chronic lesions, as well as complications that include amputations, and most of the elderly face difficulties in the treatment of these diseases that come together with the third age.[4]

Knowing the anatomical and physiological changes occurring in the elderly becomes essential to most healthcare professionals who, each day, will have more contact with this population. Knowing how to distinguish between aging and health - senescence, aging with diseases - senility, assisted in health care, providing action in prevention, early detection, and treatment of conditions so common in this group.[2]

For the World Health Organization (WHO), old age has the right date to arrive: this stage of life officially begins at 65 years old or older for individuals from developed countries and 60 years old or older for individuals from underdeveloped and developing countries like Brazil. It is a stage of life in which people need special care because of the diminished functional fragility and the number of elderly people that grows every day.[5]

The Brazilian Institute of Geography and Statistics[1] reports that this growing number of elderly people is mainly explained by the reduction in fertility rate, advancing in preventive medicine (with the creation of programs focused on the quality of life) and the reduction of mortality rates infant or premature, increasing life expectancy, resulting from adequate nutrition, sanitation and water treatment, and the use of vaccines and antibiotics.

Despite all these advances in preventive medicine, health policies directed at the elderly are still restricted, with priority being given to the Family Health Strategy in the elderly, hypertensive and diabetic, and other health problems of this population, such as chronic injuries arising from CNCD.

The onset and stages of aging are based on sufficiently significant and evident structural and functional changes, the causes and nature still far from being understood, and the aging phase begins relatively early in the second decade of life, until the emergence of the first functional and/or structural changes at the end of the third decade.[6]

The physiological process of aging undergoes changes with depletion of the structures, leaving the elderly with fragility to internal and external aggressions. When an injury is installed, it is essential to identify the internal and external factors that interfere with the healing process and contributing to the delay of the healing process, since the age factor interferes with this process due to the metabolic changes that usually occur in the elderly, causing their remedial response to injury slow than the young person.[7]

Given the physiological changes due to aging, worsening and difficulty in controlling and caring for chronic-degenerative diseases, enabling the appearance of chronic lesions, the need arose to seek information about the elderly with chronic wounds and the performance of the nursing team of the Family Health Strategy in the care of these injuries. In this sense, the objective outlined in this study consisted in knowing the reality of the chronic lesions in the elderly attended at the ESF.

METHOD

This study is descriptive, exploratory with a quantitative approach, carried out in Primary Care Services in Family Health Strategies (ESFs) in the urban area of Picuí, Paraíba, Brazil. The population considered was all the elderly registered in the ESF who presented chronic lesions, totaling 30 elderly people. The n-sample was initially delineated with 30 elderly people, but during the data collection, 20 elderlies of both genders who were able to respond to the questions were found. The information collected was reported by the participants and, when not possible, by the caregiver. For inclusion in the research, we considered: individuals aged 60 years old or more, chronic injuries and registered in the Family Health Strategy of the municipality, who were in their homes. The exclusion criteria were those with cognitive alteration, the hospitalized ones, were weighted. We

emphasize that during the research four elderly patients died, being out of the sample.

An interview form was used, with two parts: the first part referring to the socio-demographic variables of the participants (gender, age group, education, occupation). The second part was concerning clinical data and injury care (basic disease, type of lesion, characteristic of the lesion, material and substance used in the dressing, professional executor in the treatment).

The research was formalized by the official referral of the Campina Grande Federal University, Campus Cuité, from the researcher responsible, to the Secretary of Health of the Municipality of Picuí - Paraíba, communicating the pretension to carry out the research and request authorization for the execution in the ESFs and then approval of the project by the Research Ethics Committee of the Nursing and Medicine School Nova Esperança - FACENE/FAMENE, through the CAAE: 0193.0.351.000-11. The ethical aspects of research involving human beings were obeyed, as recommended by the current resolution.[8]

Data collection was performed in January and February of 2012, in working days, in the morning and afternoon shifts, with the previous care to perform it in a private, calm, quiet environment to avoid interferences in the information provided by the participants of the research and taking the following steps: previous contact with the elderly affected by chronic injuries and scheduling the day and time for data collection; presentation of the objectives and purposes of the research, as well as the importance of their participation and signing the Term of Free and Informed Consent - TCLE.

The collected material was organized and registered in a spreadsheet in Microsoft Excel 2010 to favor the grouping of the answers and the analysis of data from the descriptive statistics.

RESULTS AND DISCUSSION

The sample group of the study consisted of twenty elderly individuals, ranging from 60 to 99 years old, in which they were 14 females and six males.

The occupation/profession of the interviewees was 11 farmers, four domestic and five with masonry professions, merchant, service assistant, washer/pensioner, and teachers. As to the level of education, six are illiterate, one has completed higher education, five have completed elementary school, and eight had incomplete elementary school.

Old age is a significant part of society, a fact that can be explained by the increase in the life expectancy of the population, which, according to the Brazilian Institute of Geography and Statistics (IBGE), shows a new reality, since, today, the Brazil has about 22 million elderly people. Of them, 6.5 million (about 30%) are in full activity.[1]

Regarding the clinical data of the lesions of the elderly, several types of chronic wounds were identified: pressure ulcer (7), neoplastic wounds (5), varicose ulcer (4), diabetic ulcer (2) and arterial ulcer which seven respondents were in the condition of bed restriction. Corroborating with this data, most inpatients develop PU in their homes, before hospitalization, especially for long periods of local compression.[4]

In the time of development of the lesions, it was observed that in eight elderly people were installed less than six months, in five between six to 12 months, seven with more than 12 months. The lesions developed in the elderly participants of the study are all chronic, since, despite the time of onset of the lesion, healing can last from months to several years and cause in the elderly an important loss of self-esteem as a result of the incapacities such as pain, deficits in the quality of self-care, shame and embarrassment to socialize.[9]

In the secretion, a good result was observed in which 15 of the interviewees had no exudate. In contrast, research[10] on leg ulcers showed the presence of exudate in more than half of the ulcers evaluated, with serous appearance and absent odor. The presence of this, as well as its characteristics, is an important data in the clinical evaluation of ulcers, as it may be indicative of complications such as infection. However, its absence indicates an improvement of lesions, with granulation and healing tissue formation, characterized by changes in shape, size, and resistance of the neoformed skin.

Table 1 shows the types of tissues found in each wound, knowing that each could have more than one type of tissue. Thus, 10 had an epithelial tissue, 11 were in granulation phase, nine exhibited devitalized tissue and two had a necrotic lesion.

Table 1. Sample distribution (n = 20), according to the tissue characteristics of the lesions. Picuí (PB), Brazil, 2012.

Types of Tissues	N	%
Epithelialized	10	31.2
Granulation	11	34.4
Devitalized	06	18.8
Feeling	03	9.4
Necrotic	02	6.2
Total	32	100

According to Table 1, the characteristics of the tissues found are epithelization and granulation competing in balance 31.2% and 34.4%, respectively. The devitalized tissues, sphincter, and necrotic tissues are in smaller proportion, leaving the lesion with a viable appearance. Corroborating this in a survey[10] with elderly patients suffering from leg ulcers, it was evidenced that most of them evaluated did not have necrosis and infection. These data are significant because both the presence of necrosis and infection interfere in the healing process. Removal of devitalized tissue called debridement should be performed by a technically skilled professional.

For a case study[11], the success of the healing process of pressure ulcers and chronic wounds is achieved by a set of systematized actions implemented according to each case, involving the evaluation of the general state of the patient, the investigation of the risks for PU, the specific evaluation of the wound up to the treatment indicated for each one, being possible to demonstrate the importance of the competence of the nurse in the management of complex wounds.

To adopt alternatives for preventive care, as well as to control the increase in incidence, that is, to prevent the emergence of new cases of ulcers, is indispensable with the involvement of the caregiver/family member in the continuity of the care directed by the nurse, the patient in its entirety and plan his topical treatment in the case of wounds.[11]

Table 2. Distribution of the sample (n = 20), according to the diseases and comorbidities in the elderly with chronic lesions. Picuí (PB), Brazil, 2012.

Diseases and Comorbidities	n	%
Arterial hypertension	15	34.1
Impaired physical mobility	09	20.4
Poor nutrition	07	15.9
Diabetes	07	15.9
Smoking	05	11.4
Immunosuppressive drugs	01	2.3
Total	44	100

Table 2 shows the types of diseases and comorbidities of the chronic lesions, highlighting that 15 had arterial hypertension, nine had impaired physical mobility, deficient nutrition, and diabetes with seven, respectively, five were smokers and only one used immunosuppressive drugs.

Impaired physical mobility and deficient nutrition lead to the appearance of lesions and difficulties in treatment because they are related to oxygen deficiency and nutrients that reach the tissues due to poor circulation and chronic degenerative diseases, also interfering with the healing process.[12]

It is known that an elderly person can present more than one pathology. In a study[13] on the evaluation of risk for pressure ulcer of the descriptive type, with a quantitative approach, carried out in the medical clinic of a general hospital in Santa Catarina/SC/Brazil, 18 (60%) presented cardiopathy, followed by 10 (33%) with autoimmune diseases, nine (30%) with neoplastic disease, three (10%) patients with endocrine diseases and two (7%) with neurological disorders.

Some chronic diseases such as diabetes and hypertension favor the development of lesions and compromise the healing of wounds, as they reduce the capacity of collagen synthesis and, in the case of diabetes, the inflammatory response occurs more slowly, favoring the infection process.[12]

Table 3. Distribution of the sample (n = 20), according to the place of the dressing, who performed the dressing and its changes in the elderly. Picuí (PB), Brazil, 2012.

Where they are performed	n	%
Residence	16	80
Family Health Strategy	04	20
Professionals who performed the dressings		
Nursing technicians	15	70
Nurses	05	30
Dressing changes		
Daily	16	80
Every other day	04	20

Table 3 shows who are the professionals of the ESF who perform the dressings in the health unit and at home. In only five elderly patients, the dressing was performed by the nurses at home, while in 15 elderly people, these dressings were performed by the nursing technicians of the ESF. In the absence of these professionals on holidays and weekends, the elderly and caregivers were instructed to perform the dressing. However, they did not have enough material and scientific knowledge to perform the dressing adequately and aseptically. We emphasize that dressings were performed daily in 16 elderly and on alternate days for four elderly.

Table 4. Distribution of the sample (n = 20), according to the materials and substances used in the dressing of the lesion of the elderly. Picuí (PB), Brazil, 2012.

Materials Used	n	%
Gazes and Bandages	17	33.3
Gloves	16	31.3
Tweezers	11	21.5
Cotton	04	7.8
Masks	03	5.9
Substances Used		
Saline	17	36.9
Ointments	13	28.3
Water and soap	13	28.3
Others (oils and herbs)	03	6.5
Total	46	100

Table 4 shows the materials and substances used by health professionals, caregivers and the elderly to perform the wound dressing, understanding that in each lesion more than one of these materials was used, represented by 17 gauze and bandages; 16 gloves; 11 tweezers; four kinds of cotton and three masks.

The use of personal protective equipment is very important both to protect who is performing the dressing and who is receiving care in treating the wound. The professional who accompanies the client with wounds should pay attention to the suffering and appearance of complications such as infection, fistulas, tunnels and production of exudate. Therefore, it must intervene properly and use aseptic technique to perform the treatment.[9]

Table 4 shows that 0.9% saline is the most used substance for 36.9% (17) in the treatment of chronic ulcers, followed by ointments 28.3% (13), water and soap 28.3% (13). Other substances such as some oils and herbs in the treatment of the lesion, by 6.5% (3).

There is no best product for wound healing or the only one in the entire healing process. It is necessary the scientific knowledge identify and know the best indication and contraindication in the treatment of injuries, seeking the benefits of the product. The 0.9% saline is still the world´s choice for wound cleaning, using carefully not to attack neovascularized tissues.[11]

Table 5. Distribution of the sample (N = 20), according to health professionals' guidance for the elderly and their caregivers. Picuí (PB), Brazil, 2012.

Guidance	N	%
Home	09	30
Change of decubitus	09	30
Elevation of the MMII	06	20
Massage	05	16.7
Can not answer	01	3.3
Total	30	100

Table 5 shows the rest and change of decubitus as the most important, both represented by 30% (9), elevation of limbs 20% (6), massage 16.7% (5) and 3.3% (1) of the individuals did not answer because they did not know.

It is of fundamental importance the guidelines given to patients with chronic wounds, considering that the aggressions suffered by the integumentary system require a variety of actions to achieve good results, pondering the time given to the specific treatment for the recovery of the skin.

Measures for the improvement of venous return were recommended by the team when the rest and elevation of the lower limbs were indicated, which are known by all the ESF. Adequate rest orientation is very valuable for the healing of ulcer because it reduces the effects of venous hypertension and elevation of the ulcers above the heart level about three to four times during the day and for 30 minutes presents satisfactory results.[14]

CONCLUSION

Thus, this study became important for knowing the socioeconomic profile of the elderly with chronic ulcers and for identifying the real assistance offered by the ESF in the city of Picuí- PB.

The third age is a phase of life in which a specialized care is needed as a result of the physiological process of the elderly person in which part of the organic systems loses its functions and vitality, especially in the integumentary system, appearing wounds more easily.

In the elderly phase, the risk of lesions appearing in the integument increases every day, in which the skin becomes thinner and fragile, resulting in loss of subcutaneous fat layer and sensitive capacity, generating a profound impact on the functioning of all physiological body systems. In this sense, chronic ulcers constitute an important health problem for the elderly and cause a public health problem for the primary care service, because it is a long-term and often recurrent disease, associated with other comorbidities that affect the elderly person.

The results allow reflecting on the praxis in the Family Health Strategies, evidencing the need for more studies on the theme and training the caregivers of the population with this condition.

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