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ORIGINAL ARTICLE

ASSESSMENT OF BIOPSYCHOSOCIAL ASPECTS OF PATIENTS WITH VENOUS ULCERS

AVALIAÇÃO DOS ASPECTOS BIOPSICOSSOCIAIS DAS PESSOAS COM ÚLCERA VENOSA

EVALUACIÓN DE LOS ASPECTOS BIOPSICOSOCIALES DE LOS PACIENTES CON ÚLCERA VENOSA

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ABSTRACT

Objective: to identify socio-demographic and behavioral characteristics, health history of patients with venous ulcers and to know about the perception of health and psychosocial characteristics of these patients. ***Method***: exploratory-descriptive study with cross-sectional approach, carried out in two vascular surgery clinics located in Fortaleza-Ceará, Brazil. The study population was conducted on 51 patients with venous ulcer followed in these clinics; they were conveniently selected ass they showed up for medical care. Data collection was done from August to November 2011. The project was submitted to the Research Ethics Committee of the Hospital Complex of the Federal University of Ceará, and approved under protocol No. 112/11. ***Results***: we identified a uniform distribution between the ages of 40 to 59 and the elderly, mostly women with 66.7%, 52% of participants quit working or studying because of the wound, 70% said they were harmed in daily and leisure activities, 40% of patients had hypertension, 20% had diabetes and 18.8% reported only venous insufficiency, justified by lack of knowledge on the disease, 54% rated their health as poor or very poor, 75% said the family was concerned with the care of the wound. ***Conclusion***: findings showed the possibility of further investigations in different scenarios, in addition they contribute to an incipient area of knowledge. ***Descritptors***: varicose ulcer; varicose veins; quality of life.

RESUMO

Objetivo: identificar as características sociodemográficas, comportamentais, o histórico de saúde dos portadores de úlcera venosa e conhecer a percepção de saúde e os aspectos psicossociais destes portadores. ***Método***: estudo exploratório-descritivo, de corte transversal, desenvolvido em dois ambulatórios de cirurgia vascular, em Fortaleza-Ceará, Brasil. A população do estudo foi composta de 51 portadores de úlcera venosa, acompanhados nos referidos ambulatórios, selecionados por conveniência à medida que compareciam para atendimento. A coleta ocorreu de agosto a novembro de 2011. O projeto foi submetido ao Comitê de Ética em Pesquisa do Complexo Hospitalar da Universidade Federal do Ceará, aprovado sob número 112/11. ***Resultados***: revelaram distribuição uniforme entre as faixas etárias de 40 a 59 anos e os idosos; prevalência maior de mulheres 66,7%; 52% dos participantes deixaram de trabalhar ou estudar por causa da lesão; cerca de 70% afirmaram ter tido prejuízos nas atividades do cotidiano e de lazer; 40% tinham hipertensão arterial, 20% diabetes e apenas 18,8% referiram a insuficiência venosa, justificada pelo desconhecimento da doença; 54% consideraram a saúde ruim ou muito ruim; 75% afirmaram que a família preocupava-se com os cuidados com a ferida. ***Conclusão***: os achados revelaram possibilidades de novas investigações em diferentes cenários, ademais contribuem para uma área do conhecimento ainda incipiente. ***Descritores***: úlcera varicosa; varizes; qualidade de vida.

RESUMEN

Objetivo: identificar las características sociodemográficas y de comportamiento, la historia de la salud de los pacientes con úlceras venosas y conocer la percepción de salud y las características psicosociales de estos pacientes. ***Método***: estudio exploratório y descriptivo, de corte transversal, realizado en dos clínicas de cirugía vascular en Fortaleza-Ceará, Brasil. La población de estudio consistió de 51 personas com úlcera venosa assistidas en estas clínicas, seleccionadas por conveniencia, cuando comparecieron para tratamiento. La recolección de datos ocurrió entre agosto y noviembre de 2011. El proyecto fue presentado al Comité de Ética en Investigación del Complejo Hospitalario de la Universidad Federal de Ceará, y aprobado con el número 112/11. ***Resultados***: mostraron distribución uniforme entre las edades de 40 a 59 años de edad y ancianos; mayor prevalencia demujeres con 66,7%, 52% de los participantes no trabajaban o estudiaban, debido a la lesión, 70% reportó haber tenido pérdidas de en las actividades cotidianas y de ocio, 40% de los pacientes tenía hipertensión, 20% diabetes y 18,8% sólo insuficiencia venosa, justificada por el desconocimiento de la enfermedad, 54% clasificaron su salud como mala o muy mala, 75% dijieron que la familia se preocupaba por la atención a la herida. ***Conclusión***: los resultados mostraron que las posibilidades de nuevas investigaciones en diferentes escenarios, contribuyendo aún más a un área emergente de conocimiento. ***Descriptores***: úlcera varicosa; várices; calidad de vida.

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INTRODUCTION

Venous Ulcers (VU) is the most present type of wound in the world and it represents about 80% of all leg ulcers, mainly affecting people over 65 years old, and it is the result of venous valves alterations. The diagnosis is usually based on clinical examination of the wound and the current and past history of the patient. [1-6]

The rate of VU is 0.06% to 3.6% in the world's population. In the UK, the rate is 0.18% for leg ulcers, from which 81% are venous cause. In the United States, it is estimated that the population over 65 has a 10% increase in the rate of venous ulcers from 1998 to 2030. In Brazil, we identified about 1.5% rate of active or healed venous ulcer. [1-6]

Several risk factors are associated with the development of VU, among them are obesity, age, gender and lifestyle. [2,6-7]

VU starts slowly, generally beginning after a trauma, it has irregular shape and prominent edges, it develops mostly along the distal leg or the medial malleolus. The affected limb, commonly presents itself with varicose veins and edema, and the patient, often mentions that pain is reduced with the elevation of the limb. [1-6]

Patients with VU live with difficulties caused by the wound such as severe pain, impaired mobility, long-term treatment, which can last for years, and it has frequent recurrence. The patient suffers, even with the loss of autonomy to perform activities such as walking, getting dressed, among others that are part of everyday activities. [8] In addition, the odor coming off the wound, the frequent wound dressing, being far from family and friends, the costs related to materials and medicine, emotional factors, such as low self-esteem and ceasing work activity, can negatively influence the psychological, social and economic aspects, affecting the quality of life. [2-3,6,9]

The venous ulcers constitute serious public health issue, not only by its disabling feature that affects the patient, but also by the social impact of early retirements and public and private spending on specialized health care. [2-3,6,9]

Due to the initial publication observed in the literature, joined with the importance of VU as a public health issue, research applied to the social and clinical area is required, involving factors such as treatment, disease recurrence, clinical and drug therapy, and psychological and socioeconomic conditions of patients.

In this sense, research on the aspects related to behavior of patients with VU should be encouraged to contribute with data information, in order to improve knowledge and skills of health professionals who deal directly with venous ulcer, thus justifying the completion of this study that aims to identify the socio-demographic, behavioral and health history of patients with venous ulcers; knowing the perception of health and psychosocial features of patients with venous ulcers.

METHOD

Exploratory-descriptive cross-sectional study, conducted in two vascular surgery clinics, located in Fortaleza, Ceara, which meets the demands of the entire state of Ceara.

The study population consisted of patients with venous ulcers, attended in the mentioned clinics. Inclusion criteria were: being a patient with venous ulcers, no presence of dementia or other changes which entail impairment regarding verbal communication. Exclusion criteria were: being in the clinical care unit for emergency. The subjects selected for the study sample were 51 patients with VU, with medical supervision at the nursing room of those clinics

Data collection was conducted through interviews with the aid of a patient form. The collection period was from August to November 2011. The participation was voluntary, by means of a signature of the Free and Clarified Consent Term.

Database was developed, using the *Access* program with double data entry. Subsequently, the information data collected were exported and organized in the Statistical Package for Social Sciences program (SPSS Inc., Chicago, USA), version 18.0, in order to conduct the descriptive statistics. The data was organized using tables and analyzed according to the literature concerning the subject.

The study was submitted to the Ethics Committee in Research of the Hospital Complex of the Federal University of Ceara, and it was approved under protocol number 112/11. The ethical aspects of research involving humans were considered, according to the criteria of Resolution 196/96, highlighting the signature (or fingerprints) of the Free and Clarified Consent Term from all study participants.

RESULTS

The results were organized in two tables that bring up data regarding socio-demographic description, health perception and psychosocial data, health history and behavioral characteristics of patients with venous ulcers.

In regards to socio-demographic data, 47% were over 40 years old. From the study participants, 34 (66.7%) were women, 29 (56.9%) never attended school or studied less than five years. The dominant religion was Roman Catholic, represented by 36 (70.5%), followed by Christians of other religions, 12 (23.5%). With regard to marital status and to living with family, twenty-five (49%) of participants were married and most of them, 46 (90.1%) lived with relatives, only five (9.7%) lived alone or with others, unrelated.

Regarding the socioeconomic aspect, most of them, represented by 25 participants (49%) were either retired or received some benefit from the Federal Government, only 16 (31.3%) reported being in labor activity, and the remaining reported either having an unpaid job or being unemployed, 10 (19.5%). The predominant family income comprised a range of up to three minimum wages, 5 participants (88.2%). Regarding housing, 42 (82.6%) lived in their own house and nine (17.5%) paid rent or lived in a house provided by someone, 30 participants (58.8%) lived in houses lacking basic sanitation.

Table 1. Distribution of patients with venous ulcers, according to behavioral characteristics and health history.

Variables	nr	%
Number of hospital admissions		
None	25	49,0
One	12	23,5
Two	05	09,8
Three	06	11,7
Four	01	01,9
Over four	02	03,4
Smoking		
No	44	86,7
Yes	07	13,7
> 10 units day	04	57,1
≤ 10 units day	03	42,8
Smoked		
Yes	22	43,1
< 20 years	08	36,3
20- 30 years	06	27,2
>30 years	08	36,3
No	29	56,8
Alcoholism		
No	44	86,2
Yes	07	13,7
Drank before		
Yes	16	31,3
Less than a year	01	06,2
From one to ten years	02	12,5
More than ten years	13	81,2
No	35	68,6
Chronic Diseases		
Hypertension	22	43,13
Diabetes	11	21,5
Venous Insufficiency	10	19,6
None	14	27,4
Others	12	23,5
Daily use of medicine	26	50,9
More than one	13	25,4
None	12	23,5

It was found that 26 of the participants (50.9%) were admitted to hospital at least once as a result of VU, and two participants (3.4%) over four times. In regards to the use of tobacco and alcohol, most denied smoking, 44 (86.7%), however, 22 (43.1%) had smoked for over twenty years. Regarding the consumption of alcohol, 44 (86.2%) denied drinking, however, 16 (31.3%) had drank, 13 (81.2%) of these had drank for over ten years. As for chronic diseases, 22 (43.13%) reported hypertension, 11 (21.5%) mellitus diabetes and 10 (19.6%) venous insufficiency. As for medication, 38 (74.5%) were using one or more types of medication per day.

Table 2. Distribution of patients with venous ulcers, according to the perception of health and psychosocial data.

Variables	nr	%
Current perception of their own health		
Poor	25	49,0
Good	20	39,2
Excellent	03	05,8
Very poor	03	05,8
Quit working or studying due to the wound		
Yes	27	52,9
No	24	47,0
A ferida afetou o desempenho das habilidades do dia a dia		
Sim	38	74,5
Não	15	29,4
The wound affected performance of daily skills		
Yes	36	70,5
No	15	29,4
The wound affected participation in leisure activities		
Yes	34	66,6
No	17	33,3
The family is concerned about the wound care		
Yes	39	76,4
Children	23	58,9
Partner	09	23,0
Parents	04	10,2
Others	08	20,5
No	12	23,5

When investigating the perception of health of the subjects, twenty-eight (54.8%) considered poor or very poor health and 23 (45.2%) good or excellent. The harm caused by the wound in daily activities, 27 (52.9%) said they quit studying or working, 36 (70.5%) had some daily skills affected, 36 (70.5%) were affected in leisure activities.

With regard to the interference of VU in family relationship, seventeen (33.3%) stated that the wound affected it negatively, 34 (66.6%) mentioned no changes in the relationship, but 39 (76.4%) identified positive interference, because there was a greater concern from family members in the care of patients, of whom 23 (58.9%) were children.

DISCUSSION

Regarding personal characteristics, research found a uniform distribution among VU patients with age groups from 40 to 59 years old and in elderly participants, which differs from studies on the same theme, which reported a higher rate in the elderly.[10] However, concerning gender, research data was reinforced identifying higher rate of women with severe venous insufficiency. [11-12]

In this sample, we observed a low education level, more than half of the participants never studied or had less than five years of study. In Brazil, there are high rates of illiteracy, and it is highlighted that more than half of patients with venous problems had not completed basic school. [13] The low education level may affect the understanding and learning of relevant health care for patients, especially in the treatment of wounds, which require special care, as in the case of patients with VU.[11]

The results showed a majority of Catholics among patients with VU, mostly composed of elderly. The Catholic religion is the largest in Brazil, its rate increases according to age, focusing among the elderly.[14]

In this finding, there was a high rate of marriage among patients, a similar result occurred in a study carried out in the city of Maringá, Paraná state, where it was found that the family core is highly important for the quality of life of such patients, a key factor for a favorable health condition.[15]

The participants were retired or not engaged in paid activities. Research conducted at University Hospital in Rio Grande do Norte, also found that more than half of patients with VU were retired or on work leave.[11] The venous ulcers cause great socioeconomic impact, since it may distance

the patient from work and motivate early retirement of an individual who is in full activity, due to the disabling nature of the disease.[2,13]

The data relating to income corroborate other studies that generally shows low income for VU patient.[11,16] Regarding housing conditions, a significant number of patients had no basic sanitation. In Brazil, there is a high rate of private households in urban areas, especially in the Northeast of the country. With regard to basic sanitation, even though the majority of Brazilian households currently have access to basic sanitation services, in the northeastern of Brazil, still, there is a large number of people with no sewage services.[14]

Most participants had records of hospital admission due to VU. It is pointed out that venous disease is a public health problem that leads to frequent hospital admissions and negatively affects the quality of life of the patient.[17]

As far as smoking and alcohol consumption, the findings of this study were similar to other studies on the subject, since studies are unanimous in associating these habits with the occurrence of VU.[18]

The most common chronic diseases in this study were diabetes mellitus and hypertension, pathologies which directly interfere in the healing process.[19]

A relevant finding was the lack of knowledge in VU patients regarding the underlying pathology, since all study participants had a medical diagnosis of VU and, therefore suffered from venous insufficiency, and only few participants reported having this condition. The literature describes venous insufficiency as the main physiological factor for the development of ulcer.[20]

Denying or ignoring this clinical condition implies little chance of successful treatment, because its success is directly related to the knowledge of the conditions that favor the emergence of VU, since this requires the use of compression therapy and, rest with the elevation of the limb among other things.

Regarding the use of medicines, half of the participants made use of at least one drug per day, considering as relevant data, since the use of some drugs can interfere on wound healing. This suggests that further investigations toward the identification of these medicines become interesting as a research subject.[19]

Relevant aspect that enables future research, especially qualitative research, refers to the perceived health of VU patients, since the majority of study participants considered poor or very poor health. Health perception is influenced by biopsychosocial aspects. In this sense, most participants quit working, studying or participating in daily and leisure activities. Therefore evaluating the quality of life of patients with chronic venous disease it is possible to realize the seriousness of the damage in their socioeconomic ability and psychological aspects.[13]

With regard to the interference of VU in the family, the majority reported no changes in family relationships, pointing to increased concern among family members with the care of the wound. The children were the most frequently mentioned as caregivers. This finding contradicts the argument that aesthetic factors and odor exhaled by the wound keeps the patient away from family environment.[21] This research did not show such situation, however the family is essential for the life of participants, and family members are integrated into the process of patient care and referred to as the support for the patient.[15]

CONCLUSION

Faced with this biopsychosocial assessment of patients with venous ulcers presented in this study, it is emphasized that the number of elderly was similar among VU patients up to 59 years old; as to socioeconomic aspects, a large number of them received some benefit from the Government and there were cases of hospital admissions at least once due to venous ulcers, besides having diseases associated with hypertension and diabetes mellitus.

When asked about the perception of health, a significant number said that they considered it very poor, furthermore the presence of venous ulcer was a reason for quitting work or study, but most of them reported having no negative interference with family.

Therefore, it is possible to state that VU interfered negatively on the quality of life of the patient, such as disability for performing daily and leisure activities. Thus, the existence of VU affected biopsychosocial control of study participants, in particular regarding the dependency for performing routine activities.

Another aspect observed was the support of family, one of the positive points for

emotional balance, beyond the assistance with sharing multi-professional performance for comprehensive and thorough assessment.

When considering the above description and after the completion of this work, it is believed that the data revealed motivate further investigations in different settings, and contribute to a still incipient area of knowledge.

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