



PRACTICES AND LIMITATIONS OF USERS WITH HANSEN'S DISEASE IN CARE OF SKIN LESIONS

PRÁTICAS E LIMITAÇÕES DE CLIENTES COM HANSENÍASE NO CUIDAR DAS LESÕES CUTÂNEAS

PRÁCTICAS Y LIMITACIONES DE LOS CLIENTES CON LEPROA EN EL CUIDADO DE LAS LESIONES DE PIEL

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ABSTRACT

Objective: to know the practice of users with leprosy regarding care inherent in primary and secondary lesions (palmar and plantar ulcers). **Method:** an exploratory and descriptive study with a quantitative approach, performed with 20 users who responded to a questionnaire on a referral center for treatment of infectious-contagious diseases in the city of João Pessoa/Paraíba/Northeastern Brazil. The responses were analyzed using descriptive statistics, presented in tables and discussed in the light of literature. The project was approved by the Ethics and Research Committee, CAAE nº 011040000126-11. **Results:** there were highlighted the multi-bacillary cases, and presence of ulceration in only 15% of the sample. A considerable number of the sample did not report caring with the hands, compresses performing incorrectly, and do not perform proper care in the presence of calluses, cracks and crevices. **Conclusion:** there was a need for better strategies for ulcer prevention and care of hands and feet. **Descriptors:** Nursing; Leprosy; Secondary Prevention.

RESUMO

Objetivo: conhecer a prática dos clientes com hanseníase quanto aos cuidados inerentes às lesões primárias e secundárias (úlceras plantares e palmares). **Método:** estudo exploratório-descritivo com abordagem quantitativa, realizado com 20 clientes que responderam a um questionário em um centro de referência para o tratamento de doenças infectocontagiosas, na cidade de João Pessoa/PB/Nordeste do Brasil. As respostas foram analisadas pela estatística descritiva, apresentados em tabelas e discutidos à luz da literatura. O projeto foi aprovado pelo Comitê de Ética e Pesquisa, CAAE nº 011040000126-11. **Resultados:** destacaram-se os casos multibacilares, e presença de ulcerações em apenas 15% da amostra. Número considerável da amostra não referiu cuidados com as mãos, realização de compressas de forma incorreta, além de não executarem cuidados adequados na presença de calos, fissuras e rachaduras. **Conclusão:** verificou-se necessidade de melhores estratégias de prevenção das úlceras e dos cuidados com as mãos e os pés. **Descritores:** Enfermagem; Hanseníase; Prevenção secundária.

RESUMEN

Objetivo: conocer la práctica de los clientes sobre el cuidado de la lepra inherente a las lesiones primarias y secundarias (las úlceras plantares y palmares). **Método:** estudio exploratorio y descriptivo, con abordaje cuantitativo, realizado con 20 clientes que respondieron a un cuestionario en un centro de referencia para el tratamiento de enfermedades infecciosas y contagiosas en la ciudad de João Pessoa/Paraíba/Nordeste de Brasil. Las respuestas se analizaron mediante estadística descriptiva, presentadas en tablas y discutidas a la luz de la literatura. El proyecto fue aprobado por el Comité de Ética e Investigación, CAAE nº 011040000126 - 11. **Resultados:** se destacan los casos multibacilares, y la presencia de ulceración en sólo el 15% de la muestra. Número considerable de la muestra no informó cuidados con las manos, la realización de compresas de forma incorrecta, y no realizar el cuidado adecuado en presencia de callosidades, grietas y hendiduras. **Conclusión:** había una necesidad de mejores estrategias de prevención de las úlceras y cuidado de las manos y los pies. **Descriptores:** Enfermería; La Lepra; La Prevención Secundaria.

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INTRODUCTION

The Hansen's disease accompanies the history of humanity through millennia, and many attempts have emerged to fight in order to minimize this disease. For a long time, the main concern was the search for a cure focused on skin lesions, in their evolutionary characteristics or remission.¹

Currently, most cases of leprosy focuses on developing countries of Latin America, Asia and Africa. It is estimated that five countries (India, Brazil, Indonesia, Myanmar and Nigeria) account for 82% of all leprosy cases registered worldwide. Brazil brings together about 87% of total leprosy cases on record in the Americas, with the highest rates of prevalence and incidence of this region, and the second country in the world in number of cases.²

In 2011 there were confirmed 31.533 new leprosy cases, notified in the Information System for Notifiable Diseases-Sinan Net. In the case of Paraíba there were 693 new cases of leprosy diagnosed. Data showing the significant power of contagious disease.³

The disease causes lesions in the peripheral nerves, which tend to generate deformities and disabilities, stressing therefore its importance to public health.¹ Physical disabilities exist in varying degrees, being determined by sensory changes, motor or nerve, and can interfere with the social and economic life of the patients, resulting in stigma and discrimination against them.⁴ Among the severe and socially relevant disabilities are the skin ulcers. The plantar region is considered as the place commonly affected by ulcers due to biomechanical changes and decreased sensitivity occurred in the patient. The incidence of ulcer in patients with leprosy plant is between 20% and 70%.⁵

Self-care is defined by the practice of activities initiated and carried out deliberately by individuals for their own benefit for the maintenance of life, health and well-being.⁶ In this view, disability prevention and health promotion are directly related to nursing practice, effect mainly through health education in order to obtain constant and conscious participation of the user programs of the national health system.⁷

Facing the shown aspects and the need to know about the best care for the skin lesions and skin ulcers, which affect patients with leprosy, have the following objectives:

- To know the practice of users with leprosy regarding care inherent in primary and secondary lesions (palmar and plantar ulcers).

- To investigate the existence of impediments or limiting factors in achieving the practice of self-care with hands and feet.

METHOD

An exploratory and descriptive study with a quantitative approach performed in a reference center for treatment of infectious and contagious diseases (leprosy, tuberculosis and HIV/AIDS) in the city of João Pessoa/Paraíba, Northeast Brazil.

The population of clients attended at the outpatient Hospital, in March and April 2011, for nursing consultation. There were used the following inclusion criteria: attendance at the service during the period of data collection; confirmation of the diagnosis of leprosy, regardless of the clinical form, and submit at least one primary lesion caused by leprosy, as an exclusion criterion new cases. Thus the sample studied comprised 20 patients.

For data collection a questionnaire was used in which the responses were analyzed using descriptive statistics (frequency and percentage), presented in tables and discussed in the light of literature.

In the process of investigation there were adopted ethical observances contemplated in Resolution 311/2007 and 196/96. The research project was considered by the Committee of Ethics in Research of the University Hospital Lauro Wanderley, approvingly as protocol CEP/HULW n. 029/11 and CAAE 0114.0.000.126-11.

RESULTS

The sample consisted of 20 clients with leprosy, who were characterized with a predominance of males, 14 (70%). With regard to age, in general aspects concentration was slightly more pronounced in the range 55-64 with 5 (25%) and 35-44 years old, with 4 (20%) of respondents.

There were observed concordance in population prevalence among the lowest educational levels (between uneducated and complete primary), totaling 13 (65%) of respondents. With reference to the operational classification of leprosy, only 3 (15%) present the paucibacillary form, of which 2 (10%) were male and 1 (5%) were female, while 17 (85%) have the multibacillary form, 12 (60%) males and 5 (25%) female. Only 3 (15%) of the sample had ulcerations plantar or palmar type.

All patients make use of multidrug therapy (MDT). Two (10%) also reported using sunscreen daily, 4(20%) some kind of dermatological ointment, among the 15%

representing other care find the use of moisturizer, mineral oil and action to avoid sun exposure.

In the approach to caring for the prevention of hand injuries, it was noted that a significant number, 9 (45%) does not perform the necessary precautions to prevent injuries, fissures and ulcers, which highlights the risk of hand injuries, and 11 (55%) performs due care. Of those admitted to doing so 11 (100%), 9 (81,9%) performs hydration, 6

(54,6%) lubrication, 2 (18,2%) compresses and 5(45,4%) exercises.

Respondents 14(70%) examine hands looking for any abnormalities. Among those who perform self-care to inspect them 14 (100%), 7(50%) are concerned to do it daily and the other 7(50%) do when remember, the care is not systematic. Among the "abnormalities" most wanted are redness and injuries, both with 8 (33,3%) of the responses, as shown in Table 1.

Table 1. Distribution of variables related to inspection of the hands by users with leprosy. João Pessoa/PB, 2011.

Variables	n°	%
Examines the hands (n=20)		
Yes	14	70
No	6	30
Total	20	100
What looks for inspection		
Redness	8	33,3
Injuries	8	33,3
Corns	3	12,6
Fissure/cracking	2	8,3
Numbness	2	8,3
Swelling	1	4,2
Total	24	100

Among the respondents 13(65%) do not conduct any care in relation to fissures/cracks and calluses on hands. For those who perform some type of care 3(15%), 1(5%) lubricates and then sands, 1(5%) applies dripping hot candle on the callus and the other starts with their own nails. Four users (20%) reported never having calluses or cracks/crevices. It is evident; therefore, that the probability of these leprosy patients in developing palmar ulcerations is quite broad, since care is non-existent or inadequate.

In relation to foot care (according to Table 2), 5(25%) of respondents perform minimal foot care, ie only wash. 7(35%) wash and hydrate/grease and 6 (30%) wash, dry and hydrate / grease. Of the 13(100%) indicated that hydration/lubrication, 4(30,8%) using moisturizer, 6 (46,2%) mineral oil, and 3 (23%) reported both products. Besides these necessary care, 7 guests mentioned the practice of holding pads on the feet, and of these only 1(14,2%) correctly, while 6 (85,8%) improperly.

Table 2. Distribution of respondents due to care provided for the feet. João Pessoa/PB, 2011.

Variables	n°	%
Care with the feet (n=20)		
Washes	5	25
Washes and dries	2	10
Washes and hydrates or lubricates	7	35
Washes, dries and hydrates or lubricates	6	30
Total	20	100

Regarding the cutting of nails, 16 (80%) of the sample take a wrong course, keeping the rounded shape of the nails, so inadequate and prone to injury, considering that the bulging nail tends to smite them (nail pathology).When asked about the instrument to perform the cutting of nails were 9(45%) using nail clippers, 8(40%) with scissors tip and 1(5%) with pliers nails, all considered inadequate for the risks of drilling offer. One respondent cut the nails using a knife and another tearing - the with their own teeth.

We found that a high number of 15 respondents (75%) consider their feet looking for abnormalities and of these, 7 (46,6%) do so daily and the remaining 8(53,4%) at lower

frequencies. As for the elements seeking when examining the feet, the most cited by respondents were: corns, with 7(22,6%), fissures/cracks and wounds, both with 6(19,3%), red dots, with 4(13%) and bubble points hurt when pressed, both 3(9,7%) and edema 2(6,4%). None of the components of the sample is concerned with all the items listed, although some have referred to more than one item.

We found that the majority of users, ie 16(80%) responded wear shoes like sandals, while 6(30%) use closed shoes or closed soft respectively. It should be noted that some users have reported the use of more than one type of shoe. Among the 12 who reported

using closed shoes, 11(91,7%) always use half and only 1(8,3%) never use. When asked about the examination of footwear and the frequency with which this occurs, we found that 17 (85%) have the habit of examining the shoes and 3 (15%) do not.

In the context of the factors impeding or limiting to practice self-care , as noted in Table 3, 12(60%) of respondents believe they have no physical factor which limits their self-

care , while 8(40%) report that yes. Of those who have physical limitations, two clients have vision problems, two and two mobility problems mentioned both types of limitation, totaling 4(50%) of occurrence for each. Regarding family support, 7(35%) never receive help in developing the care with hands and feet, and 6 (30%) indicated that this help is always or sometimes each.

Table 3. Distribution of variables related to the factors preventing or limiting the practice of self-care. João Pessoa/PB, 2011.

Variables	n°	%
Presents physical limitation for self-care (n=20)		
Yes	8	40
No	12	60
Total	20	100
Kind of physical limitation (n=8)		
Vision problems	4	50
Mobility problems	4	50
Total	8	100
Frequency of family help for self-care (n=20)		
Always	6	30
Sometimes	6	30
Rarely	1	5
Never	7	35
Total	20	100

DISCUSSION

Self-care when related to the control of leprosy involves a process of adaptation of the carrier to a new way of living and coexisting with the need for active participation in drug treatment, disability prevention and control contacts.¹⁰

For the prevention of cracks, traumatic ulcers and consider the following actions: moisturizing and lubricating the skin to compensate for the functions sweat and sebaceous damaged, massage, to enable and improve circulation and skin conditions, active and passive exercises, to improve muscle strength and functionality; adaptation of tools and daily life, and conducting compresses to moisturize hands.^{8,9}

Self-care of a patient with leprosy includes performing procedures, techniques and exercises that can be done at home or at work to prevent disability or prevent them from getting worse. Therefore, for its realization is necessary to learn how to moisturize and lubricate your hands, how to proceed properly with callosities, fissures, cracks and wounds and how to do stretching and strengthening exercises for the hands.⁹

No injury should be considered trivial in the neuropathic foot, so that minimal injuries can lead to ulcers and act as a gateway to one; such lesions should never be underestimated. So, to avoid pathologies nail (ingrown toenails) nails should be cut in square format, sanding the edges and not letting them close

to the skin and does not delve into the corners.

At work and daily activities, it is necessary to avoid situations that put them at risk of foot injuries, such as burns, cuts, punctures, etc. Thus, the first task is to look at your feet every day to see if there is injury.⁹

Prevention activities should be performed emphasizing those that are possible to be performed at home (self-care). To perform self-care, it is necessary that the patient has knowledge, skills and appropriate support. For it to reach this knowledge and this skill needs to be guided by the health professional responsible for their rehabilitation. The support for him to perform self-care will come from the host and continuous encouragement not only of the health service, but family members and friends.⁵

In the approach of self-care, professionals need to be alert to the problems of the foot on all clients served, even those who do not complain. Still in the evaluation process, each step needs to be discussed and clarified so that the patient can understand the how and why of each activity required treatment. These activities should be performed with the patient, guiding him on how to prevent or treat the changes that may perchance present, encouraging them to self-care.⁵

The adoption of self-care habits is not always easy, which increases the responsibility of the health care team with the guidance and monitoring. After all, do not just teach self-care practices, one needs to know if you are doing it correctly.

The knowledge and information about the disease and its symptoms help promote early diagnosis, appropriate treatment with high chances of cure and the patient will hardly present physical disabilities or deformities caused by the disease.¹¹

CONCLUSION

It is undeniable the need to provide users with information about the strategies ulcer prevention and care of hands and feet, as there were more pronounced weakness in actions relating to the care of cracks and calluses, in the form of cutting nails and in conduits with compresses and drying the feet.

After analyzing the results of this study there was showed the importance of education for self-care and encouragement to these practices with clients affected by Hansen's disease, considering that it comes to simple actions, when performed daily, can prevent or reduce the appearance of palmar and plantar ulcerations.

Aware of the actions recommended for the care of the skin lesions, the nurses can be characterized as fundamental parts trained and experienced support system of support and education for preventing ulceration and disabilities in the management of patients with users leprosy. From this perspective, it is estimated that other work can be performed on this subject, so that the remaining gaps can be filled and so new doors are open to the development of actions aimed at improving the quality of life of the leper.

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