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PREVENTION STRATEGIES FROM ULCERATION ON THE PERSON WITH LEPROSY

ESTRATÉGIAS DE PREVENÇÃO DE ULCERAÇÃO NA PESSOA COM HANSENÍASE

ESTRATEGIAS DE PREVENCIÓN DE LA ULCERACIÓN EN LA PERSONA CON LEPRA

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ABSTRACT

Objective: identifying strategies for prevention of ulcerative lesions in people with leprosy used by nurses and community health workers. ***Method:*** a descriptive study with a qualitative approach, conducted in Basic Health Units of the Municipality of Pipirituba / Paraíba, Brazil. A questionnaire was used in the months of July and August 2010. For data analysis was used the discourse of the collective subject. The research had the project approved by the Research Ethics Committee, CAAE 2495.0.000.349-10. ***Results:*** discourses are presented in four key ideas: 1. Preventive measures for risk of ulceration, 2. Approach to the patient with a lesion in the feet; 3. Guidance about the shoes; 4. Pipelines relating to rehabilitation. ***Conclusion:*** first of new strategies grounded in principles that are actually respected, will be able to cause transformation required for reorganization of health actions and services, promoting the reduction of prevalence of leprosy in Brazil. ***Descriptors:*** Leprosy; Nursing; Primary Health Care.

RESUMO

Objetivo: identificar as estratégias para prevenção de lesões ulcerativas na pessoa com hanseníase utilizadas pela enfermagem e agentes comunitários de saúde. ***Método:*** estudo descritivo, de abordagem qualitativa, realizado em Unidades Básicas de Saúde do Município de Pipirituba/PB, Brasil. Foi usado um questionário nos meses de julho e agosto de 2010. Para análise dos dados utilizou-se o Discurso do sujeito coletivo. A pesquisa teve o projeto aprovado pelo Comitê de Ética em Pesquisa, CAAE 2495.0.000.349-10. ***Resultados:*** dos discursos são apresentados em quatro ideias chaves: 1. Medidas preventivas para risco de ulceração; 2. Abordagem ao paciente com lesão nos pés; 3. Orientação quanto aos calçados; 4. Condutas relativas à reabilitação. ***Conclusão:*** é primordial novas estratégias alicerçadas em princípios que, se realmente respeitados, serão capazes de provocar a transformação necessária para reorganização das ações e serviços de saúde, promovendo a redução das prevalências de Hanseníase no Brasil. ***Descritores:*** Hanseníase; Enfermagem; Atenção Primária à Saúde.

RESUMEN

Objetivo: identificar las estrategias para la prevención de lesiones ulcerosas en las personas con lepra utilizados por las enfermeras y los trabajadores de salud comunitarios. ***Método:*** estudio descriptivo, con abordaje cualitativo, realizado en Unidades Básicas de Salud de la Municipalidad de Pipirituba / Paraíba, Brasil. Se utilizó un cuestionario en los meses de julio y agosto de 2010. Para el análisis de datos se utilizó el discurso del sujeto colectivo. La investigación fue aprobada por el Comité de Ética de la Investigación, CAAE proyecto 2495.0.000.349-10. ***Resultados:*** los discursos se presentaron en cuatro ideas fundamentales: 1. Medidas preventivas para riesgo de ulceración, 2. Aproximación al paciente con una lesión en los pies; 3. Orientación sobre los zapatos; 4. Tuberías en relación con la rehabilitación. ***Conclusión:*** ante nuevas estrategias basadas en principios que son respetados en realidad, será capaz de provocar la transformación requerida para la reorganización de las acciones y servicios de salud, la promoción de la reducción de la prevalencia de la lepra en Brasil. ***Descriptores***: Lepra; Enfermería; Atención Primaria de Salud.

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INTRODUCTION

The object of this study is focused on the actions of nursing staff (nurses and community health workers) active in the Family Health Units - USB, prevention of ulcers of leprosy users. Leprosy since the beginning has been heavily linked to the conditions of lesions that affect the skin. It is an infectious disease that is an important public health problem, not only by the large number of people reached, also by producing disabilities, these being mainly the features that makes the focus on primary health care.[1,2]

According to the Information System Diseases and Notification (SINAN), leprosy is a reportable disease and should therefore be directed by an Individual care units Notification Form (FIN) to be forwarded to the departments responsible for the information and / or surveillance of the Municipal Secretariats, which in turn must pass weekly files on magnetic media, to the State Departments of Health (SES).[3]

In 2011 there were confirmed 31.533 new cases of leprosy reported in the Information System for Notifiable Diseases - Sinan Net. Regarding Paraíba, there were 693 new cases.[4] Estimates suggest that approximately 2 to 3 million people worldwide have some degree of physical disability as a result of leprosy.[6] In Brazil, 89,3% of patients have some degree of disability at diagnosis already. In Paraíba, this data is present in 83,4% of the reported cases.[5]

There are two types of lesions caused by leprosy: primary - directly attributed to the involvement of the bacillus in the tissues or inflammatory processes; and secondary - due to the presence of anesthesia integument or alterations in motor paralyzes.[7]

The lesions in peripheral nerves tend to generate deformities and disabilities, emphasizing therefore its importance to public health.[1] Physical disabilities exist in diverse levels, being determined by sensory, motor or nerve changes and can influence the social and economic life patients, resulting in stigma and discrimination of those.[8] Among the serious and socially relevant disabilities caused by leprosy are skin ulcers, and the plantar site commonly affected due to biomechanical alterations and decreased sensitivity occurred in the patient. The incidence of ulcers in this region ranges from 20% to 70%.[9]

Among the measures adopted for prevention and treatment, there is health education, assuming an important role in early diagnosis, thereby preventing physical disabilities, through the information to patients about their disease, treatment and self-care, and reducing stigma and prejudice caused by the disease.[10-1]

A ranking of public services and care provided by multidisciplinary teams is critical in the control and treatment of leprosy strategy. The primary goal is to interrupt transmission of the disease, breaking the epidemiological chain, as also to prevent disabilities and to promote healing and physical and social rehabilitation of the patient, resulting in decreased morbidity and mortality.[11]

With the decentralization process, based on the Basic Operational Norm of 1996 (NOB/96), it becomes of municipal responsibility, the development of actions for Leprosy Control Programme. For municipalities to actually take measures to control the disease, it is necessary to train professionals in primary health. [12]

Maintaining the vertical model of care to leprosy does not favor the population's access to diagnosis and treatment in the early phase of the disease and also complicates the implementation of active search, search contacts, educational activities, because the reference center does not have professionals who can perform such activities, contributing to the existence of hidden prevalence in those regions that have teams FHS limitations that cause leprosy programs, integrated into primary health care, are more appropriate to strengthen the activities of disease control compared with vertical programs. [10]

Regarding the aspects reported before, it was questioned: which prevention strategies are being adopted by nursing teams of Basic Health Units in the City of Pirpirituba (PB) for the prevention of ulcerative lesions in leprosy patients? In this sense, the following objectives were set:

- Identifying strategies used by nurses and Community Health Agents (CHA) for prevention of ulcerative lesions in people with leprosy;
- Describing the care that is offered by multidisciplinary teams for patients with leprosy;
- Describing the actions of multidisciplinary teams to reduce leprosy cases in the city mentioned.

METHOD

This is an exploratory descriptive study with a qualitative approach taken in the municipality of Pirpirituba, Eastern Paraíba. It was developed in Basic Health Units I, II, III

and IV comprising the said municipality, covering the downtown neighborhoods, water tank and Ranch Pau D'arco, in the countryside.

The sample consisted of nurses and active CHA in the Family Health Program (FHP). The sample consisted of five nurses and 15 CHA team members and involved with the promotion, prevention, treatment and rehabilitation of leprosy patients. Professionals linked to the FHP and who agreed to participate, through informed consent participated in the study.

Data collection took place in two months with a questionnaire divided into two parts: the first covers the demographic data and the second containing the relevant objectives of the study questions. The analysis of socio-demographic data was performed based on the absolute frequency and percentage for qualitative data analysis used the technique of the Collective Subject Discourse (CSD). This proposal is the analysis of verbal material collected by extracting the central ideas testimonials and / or anchors and their corresponding expressions key. Thus, the CSD aims to give light to the number of significant figures who are part of the social imaginary.[13]

The research project was approved by the Research Ethics Committee, protocol No. 2495/10, CAAE: 2495.0.000.349-10.

RESULTS

In this survey 75% (15) of the participants were female and 15% (5) males. Regard to age, this ranged from 29 to 49 years, with 45% (9) was in the range of up to 29 years, 45% (9) 30-39 years and 10% (2) over 40 years; terms of schooling, 100% (5) of the nurses were postgraduates; already among the ACS, 90% (14) had secondary education and only 10% (1) higher education. In terms of training time, 75% (3) of the nurses had 2-4 years of training. Among the CHA, 20% (3) had 4 to 6 years of formed 47% (7) of 8 to 10 years, 27% (4) 6 to 8 and 6% (1) had more than 10 years' graduation.

The analysis of the subjects, nurses and CHA was held in order to present comparisons of the results between the two professional categories, highlighting similarities and differences. The results are expressed according to the discursive excerpts, and core content is presented in four central ideas (IC) that reference the following questions: What are the preventive measures for leprosy patients at risk of ulceration and / or disabilities? Performs up approach to the patient with lesions on the feet? Carried out guidance on the appropriate use of the patient's shoes? Carried out some conduct on the rehabilitation of the patient?

To facilitate the reader's approach to each of the actors involved it was decided to present the subject as follows: nurses - Subject I; professional community health workers - Subject II.

IC I: Preventive measures for skin ulcers and disabilities.

> *The guidance, as a measure of prevention, [...] avoids tight shoes and uncomfortable [...], the patient must observe the wound and legs frequently and make use of moisturizer [...]. Hygiene is reported as a measure of prevention (Subj. I).*
>
> *Inform the shapes of self-care, the patient and family members, to perform and observe respectively certain self-care with the nose, eyes, hands and feet [...] How to prevent make use of saline in the nostrils, wearing goggles, eye drops and physiological performance of daily self-examination of the eyes; protect your hands and moisturize your feet* (*Subj. I*).

IC II: Health education to patients with foot injuries.

Performs an assessment of that injury and from this, shall be guided as to the care, regarding footwear, making hygiene for consultation with the doctor, forwarding to the dermatologist for a deeper approach (Subj. I).

It would attract to a conversation where I'd show you the problem, then guided to have good hygiene and take the correct medication and for consultation with doctor, forwarding to the Centre of reference as soon as possible, for a deeper and more specific treatment approach (Subj. II).

IC III: Prevention and guidance regarding shoes.

> *In the speech the central idea III, stresses once again that the CHA did not know answer to question proposed, and therefore this idea composed only by analysis of speeches of professional nurses.*
>
> *Explained about exercises to keep joints mobile and improve muscle strength and use special shoes or insoles. Adjust the shoes relieving the pressure on the affected area, walk with short steps and slow, avoiding tight shoes for not forming calluses and walking barefoot (*Subj. *I).*

IC IV: Rehabilitation and reintegration of the patient community.

> *According to the working conditions offered by the municipality, where lectures are held are clarified doubts of patients, stimulated adhesion and expanded the early diagnosis of the disease with the purpose to rehabilitate users and reinsert them in the community and on your desktop, providing*

*comfort in your physical and mental state (*Subj. *I).*

*Lend themselves basic health care; apply intervention procedures, reference, monitoring and home visits (*Subj. *II).*

DISCUSSION

In the central idea I, as noted in the results, the CHA, no answer to the question, considering that unaware of leprosy cases in the region and therefore did not perform any preventive measure to injuries and disabilities caused by leprosy. So, the speeches refer only subjects I.

Professionals use up health education to disseminate knowledge of self-care that are important in the prevention of disabilities arising from leprosy, where the individual is seen holistically, being described all the areas that are at risk for the onset of disability. However, it is realized that there is emphasis in the approach to feet.

Patients need to know their disease and how to treat it properly. The right to information is critical in the process for prevention of deformities and disabilities.

Changes in the disabling process, leprosy involves more frequently the nerves: facial (cranial nerve VII), tri Twin (cranial nerve V), ulnar, median, radial, common peroneal and tibial. Facial involvement is very frequent, and the nose a structure that can easily lead to ulcers that infect. Regarding the hands, the skin becomes dry, non-elastic and readily cracks; if untreated, may deepen and turn into ulcers those occur in the palms. Already in the lower limbs, the basic cause of plantar ulcer is the loss of protective sensation or anesthesia in the plantar region of the tibial nerve injury. Thus, all the prevention and treatment of disabilities and deformities are essential in monitoring the person maintaining their independence, protection, and physical and social integrity.[9]

Concerning the central idea II, in addition to health education we realize that health professionals bother to refer the patient to the specialist service. The UBS are limited and lacks physical and human resources for a specific service. However, it is up to the nurse to have knowledge to discern the degree of patient need and so reference it, prevented injuries while being careful not to overload the system with problems that can be solved in primary care.

An appropriate and efficient decentralization process requires the primary care strategy that works properly trained and qualified to undertake activities of disease control.[14]

Concerning the central idea III, it is clear that nurses have knowledge of the appropriate information regarding care regarding footwear of patients, however, in practice; the approach is still far removed, since there is no reference in the discourse on how such guidelines are socialized and / or distributed.

Regarding the idea IV, when questioned about conduct on the rehabilitation of patients, the answers are not clearly presented, evidencing no connection between the questioning and replicas of professionals. This shows a ratio of disinformation by the same. Among the hypotheses for this fact we can entertain the lack of knowledge among professionals addressed.

This fact is not isolated as the major shortfall identified as failure information that reaches the population is the scarce dissemination of information among health professionals, about the primary care programs, which offer treatment for this pathology.[15]

The decentralization of health care provides that actions rehabilitation beginning in municipalities or regional references. The teams in turn urgently to quantify patients who have sequels and what they are, given that it is not possible to claim for dressing materials or manufacture of orthoses, footwear adapted if there is no knowledge of how many have the problem and what kinds of problems.[16]

Given the above, we can see that a part of the duties of nurse FHS also provide continuing education to community health workers, and especially nursing consultations that provide, among other functions, the identification of risk factors and treatment adherence in leprosy.[17]

CONCLUSION

Leprosy is a public health problem, and among the disability entailed by it, to leprosy ulcers have high power of physical limitation, and therefore requires special attention from the professionals involved in the care process for patients at risk of developing them. Accordingly, we observed that the grievances should be reduced through public policies that aim to control and / or elimination of the disease and thus the Family Health Strategy (FHS) shall be the main links responsible for performing these preventive and curative measures, based on multiprofessional health care for the population enrolled their area by entering the first level of activities and services of the local system of care: primary care.

Based on this study, we highlight that the professionals interviewed in the municipality of Pirpirituba-Paraiba, demand for training and development in order to enhance the recognition about leprosy and early detection of cases. Education should serve to fill gaps and transform professional practices and the organization of work itself, especially enriching the team so that it is capable and attentive to new cases of leprosy, considering the limitation of their responses. Although aware of the importance of health education, this was the only strategy mentioned by the sample still in a disconnected way, without much detail or specifications.

It is essential that new strategies are born grounded in principles, if you really respected, will be able to lead the transformation needed to reorganize health actions and services, promoting the reduction of prevalence of leprosy in Brazil.

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