

Quality of Life of Diabetic patients with chronic wounds in Home Care

Calidad de vida de los pacientes Diabéticos con heridas crónicas en la Atención Domiciliaria

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Keywords— *Quality of life, Diabetes Mellitus, Chronic Wounds, Home Care.*

Palabras clave— *Calidad de vida, Diabetes Mellitus, Heridas Crónicas, Cuidados Domiciliarios.*

Abstract— *Chronic injuries are determining factors in the quality of life of diabetic patients, because besides causing physical weaknesses, they also affect the emotional and social aspects, providing the need to adapt to a new form of routine. The study aims to reflect about the relations between the presence of chronic lesions and the experience at home and to transcend a reflection related to family participation in the care of these patients. This is a study of the narrative literary review type, with a theoretical-reflexive aspect, of qualitative approach and exploratory bias, it was carried out through data obtained from the BDENF, LILACS via Virtual Health Library, and SciELO portal, using the descriptors combined with the Boolean operator And "Quality of life, Diabetes Mellitus, Chronic Wounds, Home Care". The following inclusion criteria were adopted for the studies in the search: articles published in scientific journals, books and book chapters, theses and dissertations in English, Spanish and Portuguese, related to the theme. Studies available in paid form were excluded. Fourteen studies were included. From the analysis, the following categories emerged: The presence of chronic injuries in diabetic patients in home care and its interference in their quality of life and the importance of the family in assisting diabetic patients with chronic wounds at home. Primary care through the family health strategy plays a key role, identifying diabetic patients with chronic wounds and susceptible to developing them, and thus, training their families and caregivers, always seeking to include family members in the care process, because it is proven that the family plays a key role in the implementation of care and health planning. Furthermore, the health education offered by family members and caregivers is little documented in the literature. In this perception, a need emerges for a greater number of scientific productions that focus on family action and home care, thus evidencing the importance of these publics.*

Resumen— *Las lesiones crónicas son determinantes en la calidad de vida de los pacientes diabéticos, porque además de causar debilidades físicas, también afectan a los aspectos emocionales y sociales, proporcionando la necesidad de adaptarse a una nueva forma de rutina. El estudio pretende reflexionar sobre las relaciones entre la presencia de lesiones crónicas y la vivencia en el hogar y trascender una reflexión relacionada con la participación familiar en el cuidado de estos pacientes. Se trata de un estudio del tipo revisión literaria narrativa, con aspecto teórico-reflexivo, de abordaje cualitativo y sesgo exploratorio, se realizó a través de datos obtenidos de la BDENF, LILACS a través de la Biblioteca Virtual de Salud, y del portal SciELO, utilizando los descriptores combinados con el operador booleano Y "Calidad de vida, Diabetes Mellitus, Heridas Crónicas, Atención Domiciliaria". Se adoptaron los siguientes criterios de inclusión para los estudios de la búsqueda: artículos publicados en revistas científicas, libros y capítulos de libros, tesis y disertaciones en inglés, español y portugués, relacionados con el tema. Se excluyeron los estudios disponibles en formato de pago. Se incluyeron 14 estudios. Del análisis surgieron las siguientes categorías: La presencia de lesiones crónicas en pacientes diabéticos en la atención domiciliaria y su interferencia en su calidad de vida y la importancia de la familia en la*

asistencia a pacientes diabéticos con heridas crónicas en el domicilio. La atención primaria a través de la estrategia de salud familiar juega un papel fundamental, identificando a los pacientes diabéticos con heridas crónicas y susceptibles de desarrollarlas, y por lo tanto, capacitando a sus familiares y cuidadores, buscando siempre incluir a los miembros de la familia en el proceso de atención, ya que está comprobado que la familia juega un papel fundamental en la implementación de los cuidados y la planificación de la salud. Además, la educación sanitaria ofrecida por los familiares y cuidadores está poco documentada en la literatura. En esta percepción, surge la necesidad de un mayor número de producciones científicas que se centren en la acción de la familia y los cuidados en el hogar, evidenciando así la importancia de estos públicos.

I. INTRODUCTION

In Brazil, with the increase in life expectancy and consequently the increase in the senescence process, it is a worrisome factor in relation to the population of diabetic patients and, consequently, for the health system, since the aging process also causes the appearance of chronic diseases (Dantas et al, 2017).

Chronic lesions are conceptualized as lesions in skin tissues that are independent of size or shape, characterized by a delay in the physiological process of repair of tissue layers in a period of three months or more, the most common being: pressure injuries and ulcers of neuropathic and ischemic origin, occurring in greater proportion in patients with diabetes mellitus (Werdin et al, 2009).

Diabetes mellitus (DM) is a pathology characterized as a metabolic syndrome of multiple origin, which results from high rates of glucose in the bloodstream. The patient with DM, when not treated properly, has deficits related to circulatory and neuropathic aspects, thus providing the appearance of injuries and hindering the healing process, thus resulting in high rates of chronic injuries, directly affecting the quality of life of these publics (Armstrong, Boulton & Bus, 2017).

The term quality of life is described by the World Health Organization (WHO) as the perception that the individual has about his or her situation in the environment, encompassing all aspects of life, including social, environmental, cultural, economic and emotional aspects, i.e., it is the harmonic complexity between all these aforementioned factors. Thus, diabetic patients with chronic wounds have high rates of developing these deficits (Vieira & Araújo, 2018).

Chronic injuries are determining factors in the quality of life of diabetic patients, because besides causing physical weaknesses, they also affect the emotional and

social aspects, providing the need to adapt to a new form of routine, which implies the emergence of negative feelings such as sadness, fear, loneliness, anguish and anxiety, also making it impossible to perform activities of daily living at home (Joaquim et al, 2018).

Home care is a crucial factor in assisting patients with DM and chronic wounds, and it is essential to encourage self-care, because the feelings expressed at home interfere directly in the acceptance and adherence to pharmacological and non-pharmacological treatment, being essential the activities developed by health professionals in the field of home care, i.e. qualified listening and guidance not only to the patient, but also to all family members (Araújo et al., 2020).

Therefore, the relevance of the study emerges, which applies to the fact that the theme enables a critical reflection, based on scientific research, to achieve a description of the quality of life of diabetic patients with chronic wounds at home. Therefore, it aimed to reflect about the relationship between the presence of chronic wounds and the experience at home and transcend a reflection related to family participation in the care of these patients.

II. METHODOLOGY

This is a study of the narrative literary review type, with a theoretical-reflexive aspect, qualitative approach and exploratory bias. The narrative review describes and discusses the development of a given theme, and allows readers to acquire knowledge about a given subject (Rother, 2007).

This research was conducted using data obtained from the bases, Database on Nursing (BDENF), American and Caribbean Literature on Health Sciences (LILACS) via the Virtual Health Library (VHL), and the portal of the Scientific Electronic Library Online (SciELO), using the

descriptors combined with the Boolean operator (And) "Quality of Life, Diabetes Mellitus, Chronic Wounds, Home Care".

The following inclusion criteria were adopted for the studies in the search: articles published in scientific journals, books and book chapters, theses and dissertations in English, Spanish and Portuguese, related to the theme. Studies available in paid form were excluded.

Fifteen studies were excluded for being off-topic in the databases, 8 duplicates, and 14 studies were included. No temporal clippings were used.

From the analysis, the following categories emerged. The presence of chronic wounds in diabetic patients in home care and their interference in quality of life and the importance of the family in the assistance to diabetic patients with chronic wounds in the home setting.

Since this is a reflective-theoretical review study, it was not submitted to the Research Ethics Committee (CEP), and the guarantee of ethical precepts in the construction of the study is reaffirmed.

III. RESULTS AND DISCUSSION

The presence of chronic lesions in diabetic patients in home care and their interference in the quality of life.

In daily practice, there are several interferences related to the care of people with chronic injuries at home, and, consequently, affect the quality of life. In the research conducted by Figueiredo & Zuffi (2012), the families' economic condition, the lack of training of caregivers and primary care professionals, the lack of supplies for wound treatment and failures in the referral and counter-referral system contribute directly to the ineffectiveness of care and the worsening of these patients' clinical status.

Primary care, in this context, has a primordial role in the provision of home care, where due to the lack of population, it is necessary the multiprofessional performance together with the family. Health promotion contributes as the main action offered by health professionals, which culminates in significant improvement in the quality of life of diabetic patients with chronic wounds in the short, medium and long term (Bedin et al., 2014).

In the characterization of chronic injuries that relatively interfere with quality of life, a greater constancy is observed in some etiologies. According to Vieira et al.

(2017), it was found that pressure ulcers and neuropathic "diabetic foot" ulcers were more frequent, located mainly in the lower limbs, more specifically in the calcaneus and sacral region.

According to the evaluation of chronic injuries, it was observed that specificities that influence the worsening of the quality of life at home. According to the studies of Oliveira et al, (2019), the amount of exudate, foul odor, healing time, and pain are the main factors declining quality of life. Being the collagenase ointment and essential oils, the most used treatment at the home level of care.

Pain is a symptomatology present in almost all diabetic patients with chronic wounds, and can present itself in acute and chronic forms, and when not properly controlled, it interferes with the quality of life of these patients. The main aspects impaired are changes in mood, sleep, mobility, ambulation, and delaying the healing process (Brito et al., 2017).

However, there are factors that help increase the quality of life of diabetic patients with chronic wounds during home treatment. It was evidenced that there was a greater satisfaction when the clinical picture was related to the patient's faith and spirituality, and personal and family relationships were also another important factor in improving quality of life. Individuals present benefits related to emotional and psychological aspects, which becomes important in the treatment and rehabilitation process (Evangelista et al., 2012).

The importance of the family in assisting diabetic patients with chronic wounds at home.

It should be noted that living at home has an important impact on helping and stimulating the improvement of quality of life, but the lack of development of health-promoting actions to these home caregivers can negatively affect and culminate in the management of chronic wound care, thus leading to the occurrence of possible complications, such as non-adherence to treatment and the emergence of negative feelings like sadness and loneliness (Barros et al., 2016).

Currently, the action of caring for people with chronic wounds is assumed by their families and informal caregivers, and empowering actions related to the management of chronic injuries are increasingly necessary (Carvalho, Sadigursky, & Viana, 2006).

In this context, primary care, through the family health strategy, plays a key role in identifying diabetic patients with chronic wounds and susceptible to

developing them, and thus empowering their families and caregivers, always seeking to include family members in the care process, since it is proven that the family plays a key role in the implementation of health care and planning (Figueiredo & Zuffi, 2012).

In a manner directly related to family inclusion in care, it is essential for the treatment to encourage the development of patient autonomy by the family members. Family dependence is also a worrying factor in the reduction of the quality of life of these patients (Sousa et al., 2010).

In this sense, it is necessary to encourage self-care, an incentive that stems from a stable family relationship, in which the family and the health team play the role of influencers of self-care. Autonomy emerges as an alternative of care at home, generating as benefits, the reduction of complications related to the non-hygiene of the wound bed and a faster healing process (Piropo, 2012).

Thus, when properly trained, the family plays a key role in health education and prevention of complications. The preventive practices should not be limited to just knowledge exchange, but mainly there is to strengthen the interactions between the carrier of the injury, family members and health professionals. That is, even if the patient is aware of the educational process, it is essential to observe the facts during home life, and for this reason, family members play such an important role in this therapy (Domansky & Borges, 2014).

Therefore, in order to improve the quality of life of these patients in home care, it is necessary to take into account the family preparation, the environment in which the family is inserted, the support of family members and friends, the understanding of the needs of diabetic patients with chronic wounds, and the adaptation of these patients to this means of care.

IV. CONCLUSION

It was concluded that diabetic patients with chronic wounds in home treatment go through several difficulties that hinder the effectiveness of therapy, and it was proven that the chronic lesions are mostly developed in the lower limbs, and having their etiology related to diabetic neuropathies and pressure injuries in the sacral region.

In relation to quality of life, the research concluded that diabetic individuals with chronic lesions present a decrease related to environmental, emotional and physical aspects, being the amount of exudate, foul odor

and chronic pain the main debilitating factors of quality of life.

Moreover, health education offered by family members and caregivers is little documented in the literature, and its need is more frequently evidenced. Being primordial the understanding about caring, that is, the implementation of self-care.

In this perception, a need emerges for a greater number of scientific productions that focus on family action and home care, seeking to raise awareness and bring the importance that this public plays in the clinical improvement and quality of life of diabetic patients with chronic wounds at home.

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