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Quality of life and self-esteem of patients with venous ulcer

ABSTRACT | To assess the quality of life and self-esteem of patients suffering from venous ulcer. Method: Cross-sectional study regarding 75 patients, seen in the family health units in the Conselheiro Lafaiete municipality-MG. The individual basic care registration form, Rosenberg's self-esteem scale and the SF-36 quality of life survey were utilized for the data gathering. Results: Attested female predominance(60%), with a median age of 68,9 years. The Rosenberg's self-esteem scale attested an average of 9,7, the greatest average of the SF-36 test was 57,7. The Overall Health Status variable indicated the highest score among those evaluated, correlating to improvement, while the Physical Aspect corresponded to worsening, especially when associated with the female sex and the presence of comorbid conditions. Conclusion: The presence of venous ulcers interfered the self-esteem of both genders. Keywords: Varicose Ulcer; Stomatherapy; Nursing Care; Wounds And Injuries; Family Health. Mily Health.

RESUMEN Objetivo: Evaluar la calidad de vida y la autoestima de pacientes con úlceras venosas. Método: Estudio primario, exploratorio, observacional, transversal y descriptivo realizado con 75 pacientes atendidos en la Atención Primaria de Conselheiro Lafaiete-MG entre diciembre 2018 y mayo 2019 con la aplicación de la escala de autoestima de Rosenberg y el cuestionario de calidad de vida SF-36. Resultados: el sexo femenino tuvo mayor prevalencia (60%), con edad promedia de 68,9 años y predominio de enfermedades crónico-degenerativas. Los promedios de la escala de Rosenberg con mayor puntuación fueron los relacionados al género femenino, de raza blanca, jubilados, fumadores, usuarios de bebidas alcohólicas, con HSA y DM. Conclusión: la presencia de úlceras venosas interfirió negativamente en la autoestima de ambos sexos, sin embargo, el sexo masculino presenta mejores puntajes cuando comparados al sexo femenino.

Palabras claves: Úlcera varicosa; Estomaterapia; Cuidados de enfermeria; Heridas y traumatismos; Salud de la familia.

RESUMO | Objetivo: Avaliar a qualidade de vida e autoestima de pacientes com úlcera venosa. Método: Estudo primário, exploratório, observacional, transversal e descritivo realizado com 75 pacientes atendidos na Atenção Primária de Conselheiro Lafaiete-MG no período de dezembro de 2018 a maio de 2019 com a aplicação da Escala de autoestima de Rosenberg e o questionário de gualidade de vida SF-36. Resultados: O gênero feminino foi mais prevalente (60%), idade média de 68,9 anos e predomínio de doenças crônico-degenerativas. O levantamento das médias da Escala de Autoestima de Rosenberg teve maiores pontuações foram relacionadas ao gênero feminino, raça branca, aposentados, tabagistas, etilistas, com HAS e DM. Conclusão: A presenca de úlcera venosa interferiu negativamente na autoestima de ambos os gêneros, entretanto o gênero masculino apresenta melhores escores guando comparados ao gênero feminino.

Palavras-chaves: Úlcera Varicosa; Estomaterapia; Cuidados de Enfermagem; Ferimentos e Lesões; Saúde da Família.

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INTRODUCTION

he growth in life expectancy resulted in an increase in the occurrence of chronic diseases, including Chronic Ulcera, which affects 1% of the adult population. The lower limb venous ulcer represents 70 to 90% of the cases of chronic ulcers and occurs due to chronic venous insufficiency (CVI) and traumas in the lower third of the legs, mainly in the medial and lateral malleolar regions. ⁽¹⁻⁸⁾

According to the Scottish Intercollegiate Guidelines Network, Venous Ulcers, also called stasis ulcers or varicose ulcers, are the most serious lesions of Chronic Venous Insufficiency Syndrome of the lower limbs. Venous ulcers are a public health problem because they demand continuous care, generate high costs for health systems and restrict the individual's functional capacity, negatively interfering in the patients' quality of life. ⁽²⁻¹³⁾

In the United States of America, about one billion dollars are spent annually on treating patients with the wound. In the UK the amount spent on these patients is almost £ 200 million a year. In Western countries, studies have shown that the estimate of the prevalence of UV is 1,0% in the general population and 2,0% in the elderly aged 80 and over. Venous Ulcer presents a recurrence of almost 80% in the first year of healing and about 1,0% of the resources destined to health treatment are spent on treating patients. ^(1,3,5,9,14)

About 3% of the Brazilian population has Ulcera Venosa, so she is the 14th cause of absence from work in the country and the 34th cause of retirements; this fact may be related to the low rate of adherence to compression therapy. Scientific studies portray the patient's difficulty in adhering to treatment, lack of adoption of healthy eating habits for weight control, little practice of physical exercise and rest. The low adherence due to the long treatment

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Venous ulcers are difficult to manage clinically and heal by second intention. In addition to physical signs and symptoms (pain, itching, unpleasant odor and impaired mobility), psychological complaints such as anxiety, depression, sleep disturbance, social isolation, loneliness and loss of independence are common reports of patients with UV and can interfere with Quality of Life (QOL).

time and constant dressing changes can imply the maintenance of the injury and the high rate of wound recurrence in 62,2% of the cases. ^(4,7,8,13,15)

Venous ulcers are difficult to manage clinically and heal by second intention. In addition to physical signs and symptoms (pain, itching, unpleasant odor and impaired mobility), psychological complaints such as anxiety, depression, sleep disturbance, social isolation, loneliness and loss of independence are common reports of patients with UV and can interfere with Quality of Life (OOL). The presence of the lesion causes changes in daily and work activities, changes in self-image and in the ability to perform work activities, stimulating social isolation. (1,2,3,4,57,8,9,13,14)

In Conselheiro Lafaiete, a mediumsized city in the interior of Minas Gerais, located about 100 kilometers from the capital Belo Horizonte, the prevalence of chronic wounds in patients treated at Family Health Units (USF) is 0,164% and 50% of ulcers treated in the USF have a venous etiology. ⁽¹⁶⁾

The aim of the study was to assess the quality of life and self-esteem of patients with venous ulcers treated at Family Health Units in the municipality of Conselheiro Lafaiete - Minas Gerais.

METHOD

The research was approved by the Research Ethics Committee (CEP) of the Federal University of São Paulo - Unifesp with CAAE 00462818.2.0000.5505.

This is a primary, exploratory, observational, cross-sectional study with descriptive analysis of the results, carried out in the Primary Care of Conselheiro Lafaiete-MG, a city with 116.000 inhabitants, composed of 28 teams from Family Health Units (USF) and 06 Posts responsible for covering 87,05% of the population according to the Department of Primary Care.

The survey had a sample of 90 patients identified during the data collection period and 75 of these agreed to participate in the study. All were over 18 years old. Data collection took place from December 2018 to May 2019 and the following instruments were used: individual Primary Health Care registration form, Rosenberg's self-esteem scale and the SF-36 quality of life questionnaire.

The Rosenberg Self-Esteem scale is composed of 10 statements that revol-

ve around how much the person values himself and satisfaction with himself. The score result gives an idea of the interviewee's self-esteem status, so a score below 15 indicates a very low self-esteem. Between 15 and 25 points, it demonstrates a healthy self-esteem and that is within the parameters of what is considered "balanced", since a score greater than 25 shows us a strong and solid person. ⁽²⁾

The SF-36 consists of 36 questions, which are grouped into eight

Table 1: Score for SF-36 domains and Rosenberg's Self-Esteem Scale in patients with venous ulcers in Conselheiro Lafaiete/MG (N = 75) 2019

Instrumentos	Média	Mediana	Desvio Padrão	Min	Max
SF-36					
Capacidade Funcional	37,9	30	29,6	0	100
Aspecto Físico	26,3	0	37,6	0	100
Dor	49,1	50	29,1	0	100
Estado Geral de Saúde	57,7	55	17,2	25	95
Vitalidade	52,9	55	13,6	20	95
Aspecto Social	33,8	37,5	20,9	0	87,5
Aspecto Emocional	33,3	0	42,1	0	100
Saúde Mental	54,1	56	11,2	28	80
Escala de Autoestima de Rosenberg	9,7	9	5,8	0	22

Source: author, 2020

Table 2: SF-36 and Rosenberg scores according to gender in patients with venous ulcers in Conselheiro Lafaiete -2019.

lu chuine cu ta c	Feminino		Mascu				
Instrumentos	Média (DP)	MínMáx.	Média (DP)	MínMáx.	p-valor		
SF-36							
Capac. Funcional	35,00 (26,99)	0-90	42,33 (33,03)	0-100	0,296		
Aspecto físico	22,22 (34,63)	0-100	32,50 (41,60)	0-100	0,249		
Dor	50,67 (28,48)	0-100	46,67 (30,32)	0-100	0,563		
Estado Geral de Saúde	59,00 (15,80)	30-95	55,67 (19,11)	25-90	0,413		
Vitalidade	51,00 (11,95)	20-70	55,67 (15,52)	30-95	0,146		
Aspecto Social	34,72 (20,62)	0-75	32,50 (21,68)	0-87,5	0,656		
Aspecto Emocional	32,59 (41,13)	0-100	34,44 (44,19)	0-100	0,853		
Saúde Mental	53,60 (11,61)	28-80	54,93 (10,76)	32-76	0,618		
Rosenberg	9,80 (5,22)	0-21	9,67 (6,61)	0-22	0,923		
(DP) = Standard deviation (Desvio padrão)							

Source: author, 2020

domains. Scores vary from 0 to 100, where 0 = worse and 100 = better, higher scores indicate better health status⁽¹⁷⁾

For the statistical analysis, the Two Proportions Equality Test, the Chi-Square Test for Independence, the ANOVA Test (Analysis of variance), the Pearson Correlation and the Confidence Interval for the Mean were used.

RESULTS

Among the 75 survey participants, the female gender predominated (60%), with an average age of 68,9 years (min. 38 and max. 94), 57,3% declared themselves brown, 26.7% black and 16 % white. Regarding the situation in the labor market, 72% were retired/pensioners, 17,3% did not work, 6,7% worked and 2,7% were unemployed. Among preexisting diseases, 73,35% were diagnosed with hypertension and 32% diabetes mellitus. Alcohol users were 6,7% and smokers 14,7%.

For the Rosenberg Self-Esteem Scale, the average was 9,7 (min. 0 and max. 22). Table 1 shows the distribution of the mean scores for each SF-36 domain. The highest mean and standard deviation was 57,7 (17,2) for General Health, followed by Vitality with mean and standard deviation of 52.9 (13,6). The lowest mean and standard deviation was 26,3 (37,6) for the Physical Aspect domain.

The comparison of SF-36 scores according to gender is shown in Table 2. For five of the eight domains (Functional Capacity, Physical Aspect, Vitality, Emotional Aspect and Mental Health) the male gender had higher scores than the female, and for the Pain, General Health and Social Aspects domains, the female gender had higher scores than the male. For the Rosenberg Self-Esteem Scale, the average was 9,80 (min. 0 and max. 21) for females and 9,67 (min. 0 and max. 22) for males. Although there are differences in scores between genders, they did not show statistical difference.

Table 3 shows the scores on the Rosenberg and SF-36 self-esteem scale scores in relation to the presence of Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM). The mean value followed by the standard deviation for the Rosenberg scale was higher in patients with DM, with a score of

Table 3: Comparison of the SF-36 and Rosenberg scores for Diabetes Mellitus (DM) and Systemic Arterial Hypertension (SAH) in patients with venous ulcers in Coselheiro Lafaiete-2019.

		DM		p-va-	HA	HAS	
Instrumentos		Média (DP)	Min-Máx	lor	Média (DP)	Min-Máx	p-va- lor
SF-36							
Capac. Funcional	Não	33,73 (27,03)	0-85	0,072	36,00 (31,69)	0-90	0,735
	Sim	46,88 (33,16)	0-100		38,64 (29,02)	0-100	
Aspecto físico	Não	27,45 (38,16)	0-100	0,711	22,50 (40,47)	0-100	0,598
	Sim	23,96 (37,21)	0-100		27,73 (36,85)	0-100	
Dor	Não	51,57 (29,21)	0-100	0,281	50,50 (34,86)	0-100	0,799
	Sim	43,75 (28,71)	0-90		48,55 (27,04)	0-100	
Estado Geral de Saúde	Não	57,25 (17,59)	25-95	0,764	54,75 (16,26)	25-80	0,378
	Sim	58,54 (16,52)	30-85		58,73 (17,49)	25-95	
Vitalidade	Não	52,16 (14,36)	20-95	0,513	56,25 (13,46)	30-95	0,195
	Sim	54,38 (11,92)	30-85		51,64 (13,54)	20-85	
Aspecto Social	Não	33,33 (21,89)	0-87,5	0,765	35,00 (20,52)	0-62,5	0,773
	Sim	34,90 (19,15)	0-62,5		33,41 (21,25)	0-87,5	
Aspecto Emo- cional	Não	33,99 (41,89)	0-100	0,846	30,00 (44,46)	0-100	0,682
	Sim	31,94 (43,38)	0-100		34,55 (41,56)	0-100	
Saúde Mental	Não	52,31 (10,82)	28-80	0,040	56,20 (8,65)	36-72	0,340
	Sim	58,00 (11,31)	28-76		53,38 (12,01)	28-80	
Rosenberg	Não	9,49 (5,70)	0-22	0,578	9,40 (6,32)	0-22	0,756

(DP) = Standard deviation (Desvio padrão)

Source: author, 2020

10,29 (6,00) and SAH with a score of 9,87 (5,61). In DM patients, higher averages were presented in four of the eight domains: Functional Capacity (46,88), General Health Status (58,54), Vitality (54,38), Social Aspect (34,90) and Mental Health (58,00). In patients with SAH, the mean scores were in four domains, two in common with those diagnosed with DM: Functional Capacity (38,64), General Health Status (58,73), Physical Aspect (27,73) and Emotional Aspect (34,55).

There was a statistical difference in relation to the SF-36 score in the Mental Health domain in the analysis of DM, where people without DM had an average of 52,31 compared to 58,00 on average for people with DM (p-value = 0,040).

Regarding lifestyle habits such as alcoholism and smoking, the Rosenberg Self-Esteem Scale showed higher averages for smokers (10,91) and alcoholics (12,80). In the SF-36 domains, higher averages were described in the Functional Capacity (38,59), Vitality (52,89) and Mental Health (54,44) domains in non-smoking patients. In patients who are not alcoholics, the highest averages were in the Functional Capacity (38,14), Physical Aspect (26,43), Social Aspect (34,11), Emotional Aspect (33,81) and Mental Health (54,29).

DISCUSSION

The limits of the results of this study refer to the cross-sectional design that does not allow the establishment of cause and effect relationships, but points out important associations.

In characterizing the population, in relation to age, an average of 68.9 years was observed, corroborating with studies that point to a predominance of people over 60 years of age with venous ulcers (18,13), which confirms the fact that with the increase in life expectancy, the predominance of chronic-degenerative diseases and their complications, are challenges for both society and the health system. $^{\scriptscriptstyle(16,8)}$

Through the survey of the Rosenberg's Self-Esteem Scale averages, it was possible to observe that higher scores were related to the female gender, white race, retirees, smokers, alcoholics, with SAH and DM. Better self-esteem is highlighted in retirees/ pensioners, however, the opposite was observed in studies that showed positive associations with the occupation, since it makes them feel useful, capable, inserted in a social cycle and, consequently, presents a better judgment of themselves. ^(2,7,19,20)

The literature shows a higher occurrence of venous ulcers in elderly women, demonstrating that their prevalence increases with age and that women are more likely to develop them, due to the repercussions of pregnancy, neuroendocrine disorders, presence of varicose veins and chronic venous insufficiency. ^(7,13,19) In addition, there is a greater demand from women for the health service when compared to men. ^(8,14)

A review that assessed the impact of venous ulcers on several psycho-emotional characteristics identified depression, low self-esteem, self-loathing, social isolation and low quality of life as the most common. ⁽²¹⁾ National authors, when assessing the intensity of symptoms of depression in patients with venous ulcers, found varying levels of depressive symptoms. ^(2,4,15)

In other studies, ulcers may not only be a physical damage, as, for their wearer, they can have different meanings: something that hurts without necessarily having sensory stimuli, a mark, an irreparable loss or, even, an incurable disease. The significant factors for the satisfaction of living in relation to health problems are social relationships, financial resources and self-esteem. ^(4,22,23)

The SF-36 instrument assesses, in its domains, issues such as functional capacity, limitations due to physical aspects, pain, general health, vitality, "

In other studies, ulcers may not only be a physical damage, as, for their wearer, they can have different meanings: something that hurts without necessarily having sensory stimuli, a mark, an irreparable loss or, even, an incurable disease. The significant factors for the satisfaction of living in relation to health problems are social relationships, financial resources and self-esteem.

social aspects, emotional aspects and mental health. The SF-36 domain that showed the most impairment in this study was Physical Aspect, evidenced in prospective studies in patients with traumatic ulcers with the application of the questionnaire. ^(4,8)

In this study, when comparing the domain of the SF-36 Functional Capacity, better results are noticeable in the male, brown race, non-smoker, non-alcoholic, with SAH and DM. Regarding the Physical and Emotional Aspects, the best results occurred in males, brown people, smokers, non-alcoholics, with SAH and without DM. When Pain and General Health Status are evaluated. better results are noticeable in females, blacks, smokers, alcoholics, differing only in the occurrence of SAH and DM (for the General Health State domain, the presence of SAH and DM was proportionally opposite what occurred for the Dor domain). Analyzing the domains Vitality and Mental Health, the highest scores occurred in males, browns, non-smokers, without SAH and with DM. Social Aspect, on the other hand, presented better results in females, mixed race, smoker, non-alcoholic, without SAH and with DM. (4,8,24)

International studies indicate that the occurrence of venous ulcers increases with age. Some previous studies in Brazil have shown an association of venous ulcers with low income and education, single and recurrent injuries and the presence of a pain process. However, we can see little statistical data on the prevalence of this type of ulcer in the country and in different regions, as well as the factors associated with the history of the wound and its treatment, which implies an underestimation of the problem. ^(9,24)

The high number of lafaietenses with UV (1,64 per 1000 inhabitants) points to the need for health actions to assist these residents. In this perspective, the investigation on the QOL of these patients can corroborate in the

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formulation of public policies and assist professionals in the formulation of the proposed therapy for the treatment of patients.

CONCLUSION

The study made it possible to observe that there was a greater impairment related to the domain Physical aspect, while Functional Capacity and Physical and emotional aspect presented more satisfactory results in men, non-smokers and non-alcoholics. It is noted that the Social Aspect domain presents better results in women, of mixed race, smokers

In general, it is clear that the diagnosis of venous ulcers represents a negative impact on the self-esteem of both



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male and female people; however, men have better scores related to improved quality of life.

Contributions to the field of nursing, health or politics

The main contribution of this study to the field of scientific research on venous ulcers and to nursing was to identify what are the factors that affect quality of life and functional capacity in patients with chronic venous ulcers. Based on the characterization of these factors, it is possible to carry out an assistance plan for the promotion and prevention of aggravations. The performance of multidisciplinary care allows greater adherence to treatment and the healing of venous ulcers in less time to reduce financial costs.

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