

Profile of diabetes carriers assisted in family health unit i of the district of camela municipality of ipojuca-pe

Abstract

Introduction: Diabetes mellitus is a chronic degenerative disease that is characterized by a lack of insulin or inability of insulin to adequately affect its effects, causing chronic hyperglycemia with lipid and protein metabolism disorders. Diabetes has increased markedly, showing high epidemiology rates, leading to severe multisystem diseases, leading to frequent hospitalizations and consequently high costs for treatment.

Objectives: To identify the profile of Diabetes patients assisted in the Family Health Unit I of the district of Camela Ipojuca-PE.

Methods: This is a descriptive, exploratory, cross-sectional study with a quantitative approach. It consists of 161 people older than 18 years, with diabetes, enrolled and followed up in the Hiperdia program in the 2014 period of a Family Health Unit in October / 2014.

Results: Through the studies it can be identified that the majority are female (83.72%) aged 36-55 years (42.55%), white (44.06%) with fundamental education to the 9th year (49.23%).

Conclusion: Diabetes remains a health problem, so it is important to draw a profile of individuals so that measures can be taken in a clear manner. In order to make health professionals reopen without the practice of prevention, early diagnosis and timely treatment of promoting Diabetes.

Keywords: diabetes mellitus, profile, public health, health professionals, several organs, epidemiological proportions, diabetic patients, lifestyle, metabolic control

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Introduction

Second Days et al.,¹ diabetes mellitus (DM) is a disease of prolonged periodicity that affects several organs of the human body and of increasing importance in the population. The numbers of new cases and the numbers of current cases have been increasing reaching epidemiological proportions. Research indicates that in the world, carrier numbers in 2000 are estimated at approximately 180 million and which will double by the year 2030. The prevalence of DM is increasing as a result of population growth and aging, increasing urbanization, increasing prevalence of obesity, sedentary lifestyle and greater survival of the diabetic patient.² In Brazil, in 2011 surveys showed that the prevalence of diabetes in the population over 18 years increased from 5.3% to 5.6% between 2006 and 2011. According to the gender in 2006 there was an increase in the incidence of the disease in men which was 4.4%, to 5.2% in 2011. Women had a higher proportion corresponding to 6% of this population. In people with low schooling, who have up to eight years of schooling, 7.5% have diabetes, compared to 3.7% of those with more than twelve years of schooling, a difference of more than 50%.³ Studies on the beneficial impact of glycemic self-management report that daily glycemic control, physical activity practice, frequent visits to the health service to receive guidelines are some indispensable actions in the follow-up of the individual with DM.⁴ Since DM modifies and interferes in all scopes of the individual's life, forcing him to change his whole habit and routine; the commitment, the drug therapy, the food plan, the physical activity is necessary for a good metabolic control. The ability to cope, the desire to follow and to stop treatment is always present in the life of the patient with diabetes.⁵

It should be noted that the low adhesion commonly found in DM patients may be associated with a lack of responsibility for the treatment and the chronicity of the disease (ASUNCTION and URSINE 2008). Faced with this, the chronicity of the disease requires changes that last a lifetime requiring nutritional medical therapy, blood glucose monitoring, body care and permanent education. The individual's awareness of the importance of knowing the disease is fundamental so that he can have a better relationship with the disease, becoming the protagonist of its treatment, controlling the disease and even comorbidities. Studies indicate that there are risk factors for the development of complications, which are related to poor therapeutic education, metabolic disorders, obesity, age, sex, heredity, time to diabetes, difficulty accessing the health system, use of footwear smoking, among others.⁵ Whereas, government programs have been created, such as the Family Health Program, which aims to develop educational actions and prevention practices with regard to risk factors, to improve the quality of life of individuals, and encouraging health strategies.^{6,7} The performance of basic, objective care, in the individual and collective scope, attending to individuals who need health promotion and protection, preventing diseases, diagnosing them in a timely manner and treating them, reducing damages to health, aiming effectively the development of comprehensive care.

Facing this, there is a need to develop teamwork, by means of practical and democratic management and care exercises directed to the defined territory population, assuming sanitary responsibilities. It is emphasized that the nurse's role in the family health program aims to prevent, evaluate, monitor risk factors, guide the practice of self-care, conduct nursing consultations, request tests, transcribe routine

medication according to protocols and develop health education.⁷ Studies on the importance and performance of nurses in the Family Health Strategy (ESF) report that the nurse is the one who leads, supervises and coordinates the ESF and without the presence of the ESF, many activities would not be performed.⁸ The importance of the role of the FHR nurse should denote the seriousness of a good relationship between the professional and the patient. The nursing consultation is fundamental, since the individual is oriented to change behavior and habits of life and to high-care.⁹ The nurse performs a work of comprehensive and humanized care, articulated with the team, taking into account the social and economic and cultural situation of the families in order to promote and improve the health and quality of life of the population.¹⁰ For this, the study aims to t Racar the profile of patients with diabetes assisted in one of the D Family Health Unit istritooof Camela, Ipojuca, and the couple that it was necessary characterizer the sample as the socio-economic parameters; List the conditioning factors for diabetes in the individuals studied. To verify the periodic and behavioral conditions of people with diabetes.

Methodology

This field study is descriptive, exploratory, cross - sectional, with a quantitative approach, consisting of people older than 18 years old, with diabetes enrolled and followed up in the Hiperdia program of a Family Health Unit in the district of Camela, municipality of Ipojuca - PE. According to Figueiredo (2009) the descriptive research aims, essentially, to describe characteristics of a certain population. Exploratory research gives us greater familiarity with the problem, that is, it is intended to make it more explicit. The cross-sectional study describes the patients in relation to their personal characteristics, quantitatively. It is characterized the quantitative approach to the collection of information, in order to submit them in statistical techniques. The study scenario was the Family Health Unit I, located at Rua Q no. 42 in Rurópolis, Camela district, Ipojuca - PE, where the rate of care for diabetic patients is quite considerable. The Unit was chosen because it is the gateway for patients with chronic diseases, to provide a good scientific and technological standard, to have an excellent infrastructure, to offer availability and access to research, and finally to be the first Family Health Unit. The Family Health Unit serves the population at the primary care level in its area of coverage. The following services are available: medical consultation (hypertensive and diabetic care of the Hiperdia program, including the evaluation of the results of the exams and general clinical consultation), nursing consultation, weekly home visits, among others.

The study population consisted of all users with DM enrolled in the Hiperdia program of the referred unit. The sample was non-probabilistic of the intentional type, since the elements of the sample were chosen, being related intentionally with the established characteristics. As inclusion criteria, the study uses: Being a DM patient, living in that locality, being over 18 years of age, being enrolled in the Hiperdia program and having other diseases associated with DM. And regarding exclusion: Individuals with diseases not related to DM. Data collection was performed through an interview, through the following steps: At the first moment, the City Hall of the municipality in question was asked to authorize the research, with the signing of letters of agreement. In the second moment, the individuals were informed about the study, the objectives and the content of the research, as well as their collaboration was requested to participate through the signing of the Informed Consent Term (TCLE). In the third moment, the data were collected through a structured questionnaire. The structured questionnaire contained 22 objective

questions distributed in three parts: characterize the sample regarding socioeconomic parameters, list the factors conditioning the diabetes of the individuals studied, and verify the clinical conditions of the patients. The data were processed in a computer in the Microsoft Office Excel 2007® program through Table 1 and analyzed with descriptive statistics, reflecting the profile of users with DM of that location. The present research was sent to the Research Ethics Committee involving Human Subjects, and the data were only collected after its approval, in accordance with the Resolution of the National Health Council (CNS) 466/12, being approved under number CAEE: 33878614.0 .0000.5289.

Table 1 PARAMETERS socioeconomic P s of the patient searched in the sample. Family Health Unit .Camela - PE / 2014

Variables	n . 161	%
Sex		
Female	109	83.72
Male	52	16 , 28
lity		
18 -35	4	13.01
36 -55	65	42.25
56-65	35	12.25
66 or +	57	32.49
Breed		
White	64	44.06
Black	54	40.96
Brown	43	14.98
Education	68	34.22
Illiterate	77	49.23
1st to 9th year	2	3.16
The high school incomplete	11	9.25
Complete high school	-	-
Incomplete higher	3	4.14
Graduated		

Results and discussion

The survey was carried out with 161 users, most of whom were female (83.72%). Regarding the age group, the 18-35 year old had a percentage of 13.01%, that of 36-55 years was 42.25%, from 56-65 years they obtained a percentage of 12.25% and to 66 years and over 32.49%. With regard to race, the white color had a percentage of 44.06%, the black color had 40.96% and brown 14.98%. As for the level of education, illiteracy had a percentage of 34.22%, education from the 1st to the 9th year with (49.23%), incomplete high school had 3.16%, high school 9.25% and no top-level users. Studies have shown a higher proportion of women with DM, being three times greater than men. Araújo et al, 2007 however Batista, Gamba et al. and Milman (2001) point to a higher prevalence of users with male DM, which is not corroborated by the present study. In Brazil, the Multicenter Study on the Prevalence of Diabetes Mellitus in people aged 30 and 69 years showed that the users were not aware of being carriers of the disease and, therefore, did not receive any treatment.⁴ Diabetics are more numerous in the age group of 50 and 59 years, predominantly hypertensive and diabetic. In this study a higher proportion was found

in whites, corroborating with the study by Silva et al.,⁹. There are authors who emphasize a higher prevalence of DM in blacks.⁹ The study was carried out with a differentiated population with regard to schooling, when compared to other studies that predominated the low education of the population.¹¹ It was verified that the majority of the respondents had complete secondary education, a condition that can characterize the population with good level of schooling.

Table 2 Correlation between the factors conditioning the diabetes of the interviewees in the Family Health Unit, Camela - PE / 2014

Variables	n. 161	%
Income		
From 1 to 2 salaries	93	66.45
From 2 to 3 salaries	63	16.55
Above 3 wages	5	17
Diabetes		
Type I	7	13.06
Type II	154	86.94
The tivity Physics		
Perform	37	18.58
Does not perform	126	81.54
Ethicism		
It has	9	14.46
Does not have	152	85.54
Smoking		
It has	12	19.32
Does not have	149	80.68
BMI		
Under weight	4	8.68
Ideal weight	21	13.16
Overweight	69	33.25
Moderate obesity	48	22.85
Severe Obesity	12	10.82
Morbid obesity	7	11.24

Table 2 shows that 66.45% of respondents receive between 1 and 2 minimum wages. Regarding DM type II, the female sex had 86.94%, and 82.42% did not perform any physical activity. It was found that 85.54% use alcohol and 80.68% are smokers. As a result of these conditioning factors, 33.25% are overweight. According to the United Nations Development Program (UNDP 2000), the main economic activities of the municipality are agriculture and livestock with per capita income between 1 and 2 wages. According to Peres et al. (2007), the prevalence of type II DM is ten times higher than that of type I DM. Studies show that in the establishment of the diagnosis of type II DM people already have some kinds of complication. That regular physical activity and weight reduction may reduce the incidence of DM. In addition to the strong genetic predisposition, this pathology is associated with increased age and sedentary lifestyle.¹² The increased waist, overweight, sedentary lifestyle and the presence of cardiovascular family history in women are highlighted as

cardiovascular risk factors.² Regarding the nutritional status, the BMI analyzed shows that men present a higher percentage of low weight.¹³

Table 3 Conditions clinical patients surveyed in the sample Family Health Unit. Camela - PE / 2014

Variables	n. 161	%
Periodic examinations		
Perform	113	78.85
Do not do	49	21,15
Medications		
Uses	154	88.75
Do not use	7	11.25
Systematic follow-up		
It has	134	66.55
Does not have	27	33.45
Health Education Groups		
Participate	55	32.45
Does not participate	106	67.55

Table 3 shows that 78.85% performed periodic exams and 88.75% used medications. It also shows that 66.55% are systematically followed and 67.55% do not participate in any health education group. The elevation of LDL cholesterol and the reduction of high density lipoproteins (HDL) are factors that influence the development of chronic non-transmissible diseases. The frequency of blood tests (glycemia) was equal to one per year.¹⁴ In the treatment of DM, medical resources are usually used at a second moment of therapy, when there was no control of glycemic levels through lifestyle modifications. Thus, medications such as insulin and / or oral hypoglycemic agents are used. For Dórea, e Silva (2004), the physician should initially choose to change the lifestyle of the carrier, together with the work of a multiprofessional team and, if glycemia is not controlled, drug treatment is chosen. According to Abujamra (2002), clinical treatment is based on a healthy diet, regular physical exercise, proper blood glucose control and blood pressure. The sample users were monitored on average by three physicians who theoretically would increase the transmission of information about the disease.¹⁵ Among health education strategies, group dynamics are highlighted.¹⁶ Intermediated communication through health education activities can be seen as a mechanism for exchanging scientific and popular knowledge, providing the socialization of knowledge and the recognition of popular knowledge.¹⁷

Conclusion

Although the analysis was performed in a small municipality, the significant and representative quantitative of the study population stands out. The results show a predominance of Type II DM in the female sex, with low income and schooling. It was noticed that in most cases the treatment is performed with the use of medications, and few perform physical activity, thus discarding, the improvement in quality of life and the reduction of body mass. Although many report dieting, few follow it under the guidance of a specialist. It is noticed that there is a need for more studies, with the implementation of tactics that meet the main needs of users. From the data obtained in this study, it is necessary a multiprofessional intervention, through the creation

of projects and educational activities that can raise awareness, better the quality of life and prevent future complications in the population studied.

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Conflict of interest

The author declares there is no conflict of interest.

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