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INTEGRATIVE REVIEW OF THE LITERATURE

Diagnósticos de enfermagem em pessoas com a síndrome da imunodeficiência adquirida: uma revisão integrativa da literatura

Nursing diagnoses in people with acquired immune deficiency syndrome: an integrative review of the literature

Diagnósticos de enfermería en las personas con síndrome de inmunodeficiencia adquirida: una revisión integral de la literatura

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ABSTRACT

Objective: To synthesize the knowledge produced in the scientific literature about the most frequent nursing diagnosis in people with Acquired Immunodeficiency Syndrome. **Method:** it is an integrative literature review conducted in the databases SCOPUS, PubMed, LILACS and BDEF. **Results:** seven nursing diagnosis were identified of which 04 were cited in 66% of the articles: lack of knowledge, fear, and imbalanced nutrition: less than body requirements and risk of infection. The ND anxiety, ineffective management of therapeutic regimen and diarrhea were cited in 50% of the articles. **Conclusion:** there are gaps in the studies analyzed, because the nurses did not describe in some developed diagnosis which defining characteristics and related factors of ND established by them. **Descriptors:** Acquired immunodeficiency syndrome, Nursing diagnosis, Nursing process.

RESUMO

Objetivo: Sintetizar o conhecimento produzido na literatura científica acerca dos diagnósticos de enfermagem mais frequentes em pessoas com Síndrome da Imunodeficiência Adquirida. **Método:** trata-se de uma revisão integrativa da literatura realizada nas bases de dados SCOPUS, PUBMED, LILACS e BDEF. **Resultados:** foram identificados sete diagnósticos de enfermagem dos quais 04 foram citados em 66% dos artigos: déficit de conhecimento, medo, nutrição desequilibrada: menos do que as necessidades corporais e risco de infecção. Os DE ansiedade, controle ineficaz do regime terapêutico e diarreia foram citados em 50% dos artigos. **Conclusão:** há lacunas nos estudos analisados, pois os enfermeiros não descrevem em alguns diagnósticos elaborados quais as características definidoras e os fatores relacionados dos DE por eles estabelecidos. **Descritores:** Síndrome da imunodeficiência adquirida, Diagnóstico de enfermagem, Processos de enfermagem.

RESUMEN

Objetivo: Sintetizar el conocimiento producido en la literatura científica acerca de los diagnósticos de enfermería más frecuentes en las personas con Síndrome de Inmunodeficiencia Adquirida. **Método:** se trata de una revisión integradora de la literatura realizada en las bases de datos SCOPUS, PubMed, LILACS y BDEF. **Resultados:** siete diagnósticos de enfermería fueron identificados de los cuales 04 fueron citados en el 66% de los artículos: la falta de conocimiento, el miedo, la nutrición desequilibrada: menos que las necesidades corporales y el riesgo de infección. La ansiedad DE, la gestión ineficaz de régimen terapéutico y la diarrea fueron citados en el 50% de los artículos. **Conclusión:** existen lagunas en los estudios analizados, debido a que las enfermeras no describieron en algunos países desarrollados que diagnostica las características definitorias y factores relacionados de DE establecidas por ellos. **Descritores:** Síndrome de inmunodeficiencia adquirida, Diagnóstico de enfermería, Procesos de enfermería.

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INTRODUCTION

AIDS (Acquired Immunodeficiency Syndrome) is a disease caused by the HIV virus (Human immunodeficiency virus), which weakens the immune system and weakens its wearer, favoring the occurrence of opportunistic infections.¹

Despite all the advances in diagnosis and therapy, HIV infection and AIDS are still considered public health problems.¹⁻² In Brazil, since the beginning of the epidemic in 1980 until June 2012, 656,701 cases of AIDS have been reported. On average, there are 36,000 numbers of new cases of AIDS per year, reaching approximately 11,500 cases of annual deaths caused by this disease.³

With the production and the free distribution of anti-retroviral drugs (ARV), there was a significant contribution in increasing the life expectancy of people with HIV/AIDS, for example, in the 80s, the average survival rate of people living with HIV/AIDS was five months, in 1996, was fifty-eight months and, in 2002, was found seven years of survival. Thus, the infection passes to acquire prospects for chronicity.⁴ On the foregoing, the actions in the field of health care of these individuals must also be redirected and professionals need to know how to handle this reality increasingly present at health services.

Progress made in the treatment of HIV infection and AIDS are evident, however the virus persists as a critical health issue. Prevention, early detection and treatment remain as important aspects of care of people infected by this virus. The nurse in the provision of care to the patient with AIDS need to understand the disorder, improving the routine behavior, to have the knowledge about the physical and psychological consequences associated with their diagnosis and have experienced skills regarding the history and clinical treatment in order to provide effective care for people with HIV infection and AIDS.⁴⁻⁵

For decades, nursing has sought to systematize its own knowledge and organize its practice and process of care, so as to encourage assistance based not only on the biological dimension of the human being, but essentially in the understanding of man as subject and social health-illness process, being at the hospital, either in collective health, offering a holistic care.⁶

Thus, with the aim of improving the quality and process of care, Systematization of Nursing Care (SNC), in recent years is being used by some health institutions as an assistance methodology, which can make use of the nursing process (NP).⁷

One of the phases of the nursing process which deserves attention due to their complexity of elaboration is the Nursing Diagnosis (ND), which configures decision-makers and guides for clinical trial by scientific basis and experience of nurses.

The use of DN in nursing care is important, since it individualizes the care provided to the patient, facilitates the establishment of goals, the adoption of behaviors of nursing,

subsidizes the execution and evaluation of assistance based on a registered clinical reasoning in an organized way.^{4,8}

Given the complexity and morbidity of AIDS and in view of the importance of identification of nursing diagnoses to direct the care according to the needs of the patient, which provides subsidies for decision-making of the nurse in a proper way, the objective of the study was the identification of nursing diagnostics directed to AIDS patients in the literature.

Based on the foregoing, the study aims to synthesize the knowledge produced, in the scientific literature about the nursing diagnoses more frequent in patients with acquired immunodeficiency syndrome.

METHOD

This is a descriptive study, based on an integrative review of literature, which is a research method allowing the synthesis of multiple published studies and enables general conclusions regarding a particular area of study. This method includes the analysis of relevant research to support decision-making and to improve clinical practice, enabling the synthesis of the state of knowledge of a given subject, in addition to point knowledge gaps that need to be filled with new studies.⁹

The following steps were used for the construction of this review: identification of the topic; selection of the research question; data collection by searching the literature, electronic data bases, with establishment of inclusion and exclusion criteria to select the sample; development of a data collection instrument with the information to be extracted; assessment of studies included in the integrative review; interpretation of results and presentation of the evidenced results.⁹

The guiding question of this research was: what are the most frequent nursing diagnosis in patients with HIV/AIDS?

To answer such questions, a search in September 2013 was executed, in the following data bases query order: SCOPUS, PUBMED (National Library of Medicine and National Institutes of Health), LILACS (Latin American literature and Caribbean Center on health sciences) and BDENF (nursing database).

Each database was accessed and it's checking exhausted by two researchers at the same time on different computers, in order to ensure blinding and the selection of the most relevant articles for research.

The criteria for inclusion of studies were: articles freely available with full text; studies published in Portuguese, English and Spanish. There was no restriction on the date of publication. The criteria for exclusion was articles only available in abstracts; studies published in sources that are not available electronically, such as articles, books, monographs, dissertations and theses; comments and letters to the reader.

Keywords identified in MeSH (Medical Subject Headings) for the research were: Nursing diagnosis, acquired immunodeficiency syndrome, nursing process, used in the following matches: Nursing diagnosis AND Acquired immunodeficiency syndrome, Nursing process AND Acquired immunodeficiency syndrome.

During the research, through the different matches combinations, there were: Nursing diagnosis AND Acquired immunodeficiency syndrome (SCOPUS=190, PUBMED=312, LILACS=51, BDNF=23); Nursing process AND Acquired immunodeficiency syndrome (SCOPUS =146, PUBMED= 447, LILACS= 29, BDNF= 15).

To perform the evaluation of the sample, an adapted instrument was used,¹⁰ which contemplated the following aspects: Reference articles, study type and evidence level¹¹, region of study and subjects of research, nursing diagnosis established in more than one article related to the number of times it appears in articles.

Table 1 - Levels of evidence applied in the description of the publications.

Level of evidence	Methodological delineation	Evidence power
I	Evidence from systematic reviews or meta-analysis of relevant clinical tests	Strong
II	Evidence derived from at least one randomized controlled well delineated clinical test	
III	Streamlining clinical tests without randomization	Moderate
IV	Well delineated cohort studies and case-control study	
V	Systematic review of descriptive and qualitative studies	Weak
VI	Evidence derived from a single descriptive or qualitative study	
VII	Opinion of authorities or expert committees report	

Source: Melnyk e Fineout-Overholt (2005).

The results were analyzed descriptively and presented in tables. This was followed by the discussion of the results based on scientific literature.

RESULTS E DISCUSSION

In this integrative review, six articles that met the criteria for inclusion and exclusion previously established were analyzed. In table 2, the characterization of the studies is presented.

Table 2-Distribution of articles according to the reference, the type of study and level of evidence, the study region and subject of research.

Id*	Reference	Type of study/Level of evidence	Study region	Subject of research
A	Sena CA, Carvalho EC, Rossi LA, Ruffino MC. Estratégias de implementação do processo de enfermagem para uma pessoa infectada pelo HIV. Rev. Latinoam Enferm, 2001.	Case study/VI	Southeast	Male Adult
B	Vaz MJR, Barros SMO. Gestantes infectadas pelo HIV- caracterização e diagnósticos de enfermagem. Acta Paul Enferm, 2002.	Cross-sectional study /VI	Southeast	Pregnants
C	Caetano JÁ, Pagliuca LMR. Autocuidado e o portador do HIV/AIDS: sistematização da assistência de enfermagem. Rev. Latinoam Enferm 2006.	Convergent-assistance study /VI	Northeast	Adults
D	Silva MR, Bettencourt ARC, Diccini S, Belasco A, Barbosa DA. Diagnósticos de enfermagem em portadores da Síndrome da Imunodeficiência Adquirida. Rev. Bras Enferm, 2009.	Cross-sectional Study/VI	Southeast	Adults
E	Cunha GH, Galvão MTG. Diagnósticos de enfermagem em pacientes com o vírus da imunodeficiência humana/Síndrome da imunodeficiência adquirida em assistência ambulatorial. Acta Paul Enferm, 2010.	Cross-sectional Study/VI	Northeast	Adults
F	Brasileiro ME, Cunha LC. Diagnósticos de enfermagem em pessoas acometidas pela Síndrome da Imunodeficiência Adquirida em terapia antirretroviral. Rev Enferm UERJ, 2011.	Longitudinal study/VI	Central-West	Adults

* = Article Identification.

Having intended to characterize the profile of patients with diagnosis of Acquired Immunodeficiency Syndrome, here there is the description of eleven nursing diagnosis that were cited in more than one article and the identification of articles in which these diagnosis are cited, as Table 3.

Table 3-distribution of eleven nursing diagnoses related to the articles in which they were cited.

Nursing diagnosis	n/%	Articles in which they were cited
Knowlodge deficit	04 (66%)	A,B,D,E
Fear	04/ (66%)	B, C, D, E
Imbalanced nutrition: less than body requirements	04/ (66%)	B,C,E,F
Risk of infection	04/ (66%)	B, D, E, F
Anxiety	03/ (50%)	D,E,F
Ineffective therapeutic regime control/Self-control ineffective health	03/ (50%)	B,C,E
Diarrhea	03/ (50%)	C, E,F
Sexual dysfunction	02/ (33%)	B, E
Insomnia	02/ (33%)	E, F
Imbalanced nutrition: more than body requirements	02/ (33%)	E,F
Risk of loneliness	02/ (33%)	C,F

Analyzing the six articles selected about the year, it was observed that gradually there was an interest by nurses in search on the subject despite being a health problem debated long time ago.

Scientific publications that talk about ND in wearers of the acquired immune deficiency syndrome have been published in recent periods. More than 60% of the articles analyzed kept the diagnosis risk of infection, fear, knowledge deficit and imbalanced nutrition: less than body requirements over the years.

As for the location of the research, three studies were developed in the Southeast. This fact probably reflects the existing imbalance in the distribution of graduate courses in regions of the country, which are more concentrated in the Southeast, which promotes a large number of published research from this region.¹²

By analyzing the delineation of the studies, only publications with low level of scientific evidence, were identified which shows the need to perform further research using well-defined methodological delineation and allowing greater levels of evidence to strengthen knowledge about the object of study proposed.

Regarding to the subjects of research, the investigation with adult patients predominated. This fact is probably a result of the higher rate of incidence of AIDS, between 20 to 59 years old, over the years, according to the Epidemiological Bulletin.¹³

For the purpose of discussion of nursing diagnoses only those who performed in at least 50% of the articles of the review are considered.

Knowledge deficit

Four articles cited the “Knowledge deficit” which is defined as absence or deficiency of cognitive information related to a specific topic.¹⁴

The defining characteristics of ND are: inadequate performance on a test, inadequate follow-up instructions, exaggerated behaviors, inappropriate behaviors (e.g., hysterical, hostile, agitated, apathetic) and verbalization of the problem. As for the related factors there are: lack of ability to recall and exposure, cognitive limitations, misinterpretation of information and lack of interest in learning and familiarity with information resources.¹⁴

The first paper for ND presented the following defining characteristics: inappropriate or exaggerated behavior, verbalization of the problem and incorrect performance test, specifying the lack of interest in learning as a related factor.¹⁵ It is interesting to note that some anti-retroviral drugs can trigger neuro-psychiatric changes, such as amnesia, confusion, restlessness and difficulty to concentrate, which can contribute to the identification of ND wearers of AIDS.¹⁶

The second article did not present defining characteristics and related factors, in accordance with NANDA¹⁴, describing that most pregnant women informed about the lack or deficiency of knowledge of aspects relating to binomial HIV/pregnancy that could hinder the achievement of the expected results with the assistance. Also they stated that there was insufficient knowledge of some necessary aspect for self-care during pregnancy, puerperium and care with the NB. It is assumed that the defining characteristic in this case is the verbalization of the problem.^{14,17}

The third article presented as main defining characteristics: the exaggerated misconducts (apathy, hostility), and related factors identified in this study were: lack of familiarity with information resources and cognitive limitations.⁴ Finally, the fourth article pointed out that ND was characterized by a not accurate follow-up of instructions about the treatment of illness associated with the lack of interest in learning, low grade at school and lack of familiarity with the capabilities of information.⁵ It is worth pointing out that the defining characteristic cited by that article⁵ is not in nursing diagnoses cited by NANDA.¹⁴

HIV presents rather sharp neurotropism, leading often to the appearance of specific neurological syndromes, particularly in the later stages of the infection. Most frequent neurological manifestations include peripheral neuropathies and progressive dementia.¹⁸ Another point that contributes to this, it is the fact of being very present anxiety in patients with AIDS, once the diminished capacity to learn, trouble focusing and impaired attention, as well as the oblivion are defining characteristics of anxiety, which, consequently, can relate it directly with the emergence of the Knowledge deficit.¹⁴

Fear

The ND of fear is defined as a reaction to the perceived threat that is consciously recognized as a danger. It can be characterized by reports of increased tension, apprehension, nervousness, to be scared, of diminished self-security and be related to separation of the support system in potentially stressful situation (e.g., hospitalization, medical procedures).¹⁴

Four articles have cited this ND, among them, two did not defined, according to NANDA¹⁴, the characteristics and related factors. The first cited that related to the evolution of the disease there was the establishment of “fear”, characterized by verbalization of fears of illness and rejection. There was also fear of family and verbalization of friends discovering the sero-positivity at the time of childbirth or by not breastfeeding.¹⁷ Maybe that article does not present currently defining characteristics consistent with the fact of having been used in NANDA of 1996, on the occasion of its study, and in the current research is used NANDA 2012-2014.

The second article stated that the diagnosis of fear based on declaration of feelings of apprehension about the disease, death and the vision loss that can be one of these long-term consequences arising from AIDS. The fear was also present in the discovery of sero-positivity, in moments of imminent death of loved ones and in situations of visual loss of someone known to the group.¹⁹

A report of apprehension, increased tension and nervousness were defining characteristics cited by the third article, setting as main factor related to the separation of the support system in potentially stressful situation.⁴ The fourth article reported that the “fear” was characterized by increased tension reporting related to the separation of the support system in potentially stressful situation.⁵

A study with patients with HIV/AIDS hospitalized showed that despite these receive instructions, guidelines and support, they feel fear related to the disease progression and death. The hospitalization of these patients also generates insecurity and fear for what will happen due to the permanence in a new and stressful environment.⁴ There is also the aforementioned factor related to the fear of death, since the disease shows an aggressive character to cause immunosuppression in the individual.

Imbalanced nutrition: less than body requirements

The ND, imbalanced Nutrition: less than body requirements, cited by four articles, is characterized by insufficient intake of nutrients to meet the metabolic needs and presents as defining characteristics: aversion to eating, diarrhea, abdominal pain, lack of interest in food and weight loss with proper intake of food, among others. As related factors there are, for example, biological, economic and psychological factors.¹⁴

Only one article presented clearly the defining characteristics of that diagnosis according to NANDA¹⁴, being: weight loss with proper food intake, lack of appetite and diarrhea related to biological and psychological factors arising from the disease.⁵ In the second article, there is no distinction between related factors and defining characteristics.

As the basis for establishing the ND already mentioned, this article cites that customers have a diet high in carbohydrates and low in vitamins and proteins, characterized by eating habits, besides the decreased desire of food, characterized by anorexia and nausea, personal stress and diarrhea.¹⁷

The third article also did not specify the defining characteristics and related factors of the ND, only stated that customers have submitted inadequate intake of nutrients, especially vitamins, irregular eating habits and snacks in replacement to regular meals; complaining of loss of appetite and weight loss. Also it cited another aspect of diagnosis is the lack of care with food, which results in insufficient intake of nutrients.¹⁹ The fourth article that cites this ND, does not describe the evidence leading to that conclusion.²⁰

Several factors, such as the social, economic, cultural, family history, medicinal products in use, emotional condition, conditions of the digestive tract, among others, directly or indirectly influence the nutritional status of the person with HIV/AIDS. However, significant nutritional changes in people with AIDS are likely to own HIV infection characterized by involuntary weight loss, weakness, diarrhea and fever, with picture of malnutrition, until a series of metabolic and physical disorders, such as changes of glucose metabolism of lipids, body fat distribution, osteopenia etc. Physio-pathogenic mechanisms of these changes are not yet well known, the main hypotheses are the very action of HIV in the human body and/or the side effects of the antiretroviral drugs.²¹

Infection risk

The ND, "infection risk" is defined as an increased risk of being invaded by pathogenic organisms,¹⁴ cited by four articles. The risk factors that an individual with AIDS can introduce and lead to this are several, among them: chronic disease, invasive procedures, malnutrition and inadequate secondary defenses.¹⁴

The first article analyzed cited the presence of chronic disease, inadequate eating pattern, hematologic changes and smoking as risk factors for this ND.¹⁷ The second article mentioned invasive procedures, inadequate secondary defenses and immunosuppression.⁴ Other risk factors, such as immunosuppression, inadequate secondary defenses, lymphopenia and insufficient knowledge were cited in the third article.⁵ the fourth article made no mention of any risk factor.²⁰

Thereby, invasive procedures including access peripheral and central venous puncture, vesical probe, as well as his own immune-depression of the client, which once worsened facilitates the emergence of opportunistic infections, constitute risk factors for infection in people with HIV/AIDS. Many opportunistic diseases are associated with AIDS, they are: Cytomegalovirus, herpes simplex, tuberculosis, Pneumocystis, candidiasis, toxoplasmosis, among others.¹⁸

It is important to note that tuberculosis (TB) is currently considered the most important opportunistic infection among individuals infected with HIV in Brazil, being one of the leading causes of morbidity and mortality in these individuals. It is necessary to early diagnosis and treatment, whether from HIV infection or TB in order to minimize the problems generated by this Brazilian population with AIDS infection.²²

Anxiety

The ND anxiety, is defined as a vague and uncomfortable feeling of discomfort or dread, accompanied by an autonomic response (the source is often non-specific or unknown to the individual); feeling of apprehension caused by the anticipation of danger. Defining features that assist in identifying this diagnosis are: signs and/or symptoms, such as nervousness, apprehension, uncertainty, impaired attention, diminished capacity to learn, confusion, forgetfulness, decreased productivity, insomnia, among others. Among related factors for death threat, stress, situational crisis and threat to health.¹⁴

Three articles mentioned the ND "Anxiety". Regarding that diagnosis, the first article mentioned as defining characteristics anxiety, being evidenced by the following related factors: death threat and threat and/or change in state of health.⁴ The second article stated that the ND was characterized by insomnia, nervousness and decreased productivity related to health state.⁵ The third article presents no defining characteristics, but stated that the ND found would be associated with the fear of death.²⁰

Anxiety is the most common psychological manifestation and is present since the discovery of the diagnosis of HIV infection until the manifestation of AIDS and can endure for a lifetime of HIV wearer. It may be present in some specific situations, such as the fear of having infected partners and/or children, fear of disclosure of diagnosis and of implicit and explicit rejections, the therapeutic scheme changes, change in CD4 and viral load after running blood tests.¹⁶

It is known that the beginning of anti-retroviral therapy (ART) or of new schema may trigger tension and apprehension in the patient leading to more intense symptoms of anxiety.¹⁶

Ineffective therapeutic regime control

In three selected research articles one DE was identified in this field entitled "ineffective therapeutic regimen Control" that corresponds to the former nomenclature used by NANDA in 1992, being replaced later by "Self-control ineffective health" and currently used.

This ND is defined as a pattern of adjustment and integration to the daily life of a therapeutic regimen for treatment of diseases and their sequels that is unsatisfactory to achieve specific health goals. As defining characteristics there are, among others: choices in daily life ineffective to achieve health goals, expression of difficulty with the prescribed regimes, failure to take action to reduce risk factors, failure to include treatment regimes to daily life. This ND cited sixteen related factors, some of these being: complexity of the treatment regimen, complexity of the health care system, family conflict, emotional support deficit, knowledge deficit, economic difficulties.¹⁴

Of the three articles that ND has cited, only one presented in accordance with the current NANDA defining characteristics, being: failure to include treatment systems in daily

routines and verbalization of difficulty as to the prescribed regimes. As factors related the same article showed the complexity of the treatment regimen and knowledge deficit.⁵

One of the articles reported that the group of customers under study did not follow the drug therapy instituted, was the lack to consultations and examinations and presented as a defining characteristic for the verbalization of the lack of financial resources. It was also reported the use of condom during sexual relations of these customers.¹⁷ The defining characteristic presented by the article does not match what is currently described by NANDA of 2012-2014, because economic difficulty refers to the related factors of ND.¹⁴ This divergence, probably, is due to the fact that it was used as a reference for the study Edition of NANDA befitting the research period of the authors.

The other article does not distinguish between related factors and defining characteristics, it only cites that complexity of treatment regimen and side effects, as well as the misuse of medication or its resistance, of forgetfulness, the consumption of alcohol, missing the consultations previously appointed and not carrying out the examinations of control led to the nursing diagnosis ineffective therapeutic regime control.¹⁹

According to all mentioned by the articles used in this research, one of the factors that contributed most to establish this in the AIDS wearers is the non-adherence to drug treatment, in case the ART, due to side effects or for fear of even suspect other discovering his sero-positivity that made use of certain drugs. In this way, omit the diagnosis could mean help: go to consultations, tests, taking medicines and take them in time and recommended dosages.¹⁶

It is known that the economic situation also complicates the adherence to the treatment regimen. The lack of financial resources for transport causes sometimes absences medical consultations, subsidiary exams and difficulty acquiring prescription drugs.¹⁷

Diarrhea

The ND "Diarrhea" is defined as elimination of loose and not formed fesses. As defining characteristics there are: cramps, abdominal pain, at least three times per day having liquid fesses, bowel sounds hyperactive and urgency to evacuate. It can be related to infectious processes, parasites, adverse effects of medications, anxiety and high levels of stress etc.¹⁴

The first article cited that the verbalization of soft and liquid fesses take to the ND diarrhea, not presenting the defining characteristics in full in accordance with NANDA 2012-2014 and specified as a factor related to this ND of the side effects of antiretroviral drugs.¹⁹ The second article presented as a defining characteristic, according to NANDA, three evacuations of liquid fesses per day and presents as related factor infectious processes and adverse effects of drugs.⁵ The third article does not cite the defining characteristics and related factors that induced this ND.²⁰

In the context of HIV and AIDS, gastrointestinal symptoms are very common. The diarrhea is often associated with enteric parasites, but can also be caused by antiretroviral, the virus action in the body of the individual, through contaminated food or intolerance to certain foods, such as milk, candy aplenty, fatty foods, among others.²¹

It is important to remember that diarrhea is present in the defining characteristics of anxiety, so this symptom can be caused gastrointestinal in individuals very eager, having the emotional factor as the primary reason.¹⁴ It is imperative that the causes of its appearance be investigated for the treatment of this diagnostic to be effective.

CONCLUSION

The literature review was appropriate for the purpose of the research, but it was observed that there were few studies found, which limited a better integration of knowledge on the phenomenon.

On this study, it was evidenced that the articles presented a weak level of evidence, but that the publications in this area have increased in recent years. However, it is suggested that new guidelines for research involving nursing diagnosis and systematization of nursing care in patients with AIDS are conducted aiming at a better understanding of the object of this study.

In relation to nursing diagnosis, four were present in 66% of selected articles on research, being imbalanced nutrition: less than body requirements, knowledge deficit, risk of infection and fear. Three were present in 50% of the articles, which were anxiety, ineffective therapeutic regimen and control diarrhea.

This finding is relevant, since through the establishment of coherent interventions will be chosen with the needs of people with HIV/AIDS through the individualization of care and ease of communication within the professionals.

Thus, before the research, it was found that there are gaps in the development of some of the ND since the nurses sometimes do not describe the defining characteristics and related factors of ND, because, at the time of the studies was probably the nomenclature used.

Given the above, there is a need for nursing enhance their care using of coherently and defining clearly and objectively as the obtained. To this end, it is suggested that there is a continuous updating of knowledge in the area in order to facilitate the performance of nurses both in research and with regard to assistance in AIDS patients. It should be noted that, in this way, it could pay attention to the need for the elaboration of new nursing diagnosis consistent with contexts and specific needs of the client.

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