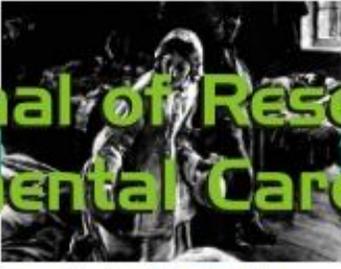


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RESEARCH

Estudo comparativo sobre a capacidade funcional de pacientes adultos e idosos com úlceras venosas

Comparative study about the functional capacity of adult and elderly patients with venous ulcers

Estudio comparativo de la capacidad funcional de los pacientes adultos y ancianos con úlceras venosas

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ABSTRACT

Objective: To compare the functional capacity of adult and elderly patients with venous ulcers. **Method:** cross-sectional observational study in Antônio Pedro University Hospital/UFF. The subjects are adult and elderly patients with tissue damage. The instruments were: protocol unit, Katz and Lawton scales with data processed statistically. **Results:** 35 patients have participated. Compared with adult clients, the data obtained in the scale of Lawton and Katz confirm that the elderly client has a lower degree of functional capacity. It is worth noting that the adult subjects have a worrying degree of dependence because of work activities that could be running in their daily lives. **Conclusion:** it is essential that the client also knows his illness and be a co-participant in the treatment process to know what to expect and when in every situation, contributing thus to their adaptation to the new reality as verified the results of the instruments used. **Descriptors:** Nursing, Nursing care, Injury, Wound healing.

RESUMO

Objetivo: Comparar a capacidade funcional de pacientes adultos e idosos com úlceras venosas. **Método:** estudo observacional do tipo transversal com cenário no Hospital Universitário Antônio Pedro/UFF. Os sujeitos são pacientes adultos e idosos com lesões tissulares. Os instrumentos foram: protocolo da unidade, escalas de Lawton e Katz com dados tratados estatisticamente. **Resultados:** participaram 35 pacientes. Comparado com a clientela adulta, os dados obtidos na escala de Lawton e Katz confirmam que a clientela idosa possui um grau de capacidade funcional inferior. Vale ressaltar que os sujeitos adultos possuem um grau de dependência preocupante em virtude das atividades laborais que poderiam estar executando em seu cotidiano. **Conclusão:** torna-se imprescindível que a clientela conheça também sua doença e seja um coparticipante no processo de tratamento para saber o que deseja e quando esperar em cada situação, colaborando, dessa forma, com sua própria adaptação à nova realidade conforme verificado nos resultados dos instrumentos utilizados.

RESUMEN

Objetivo: Comparar la capacidad funcional de los pacientes adultos y ancianos con úlceras venosas. **Método:** estudio observacional transversal con escenario en el Hospital Universitario Antônio Pedro/UFF. Los temas son los pacientes adultos y ancianos con daño tisular. Los instrumentos utilizados fueron: protocolo de unidad, escalas de Katz y Lawton con datos procesados estadísticamente. **Resultados:** 35 pacientes participaron. En comparación con los datos de la clientela adulta obtenidos en la escala de Lawton y Katz se confirma que el cliente anciano tiene un menor grado de capacidad funcional. Equivale señalar que los adultos tienen un grado preocupante de dependencia debido a las actividades de trabajo que podrían estar en ejecución en su vida diaria. **Conclusión:** es esencial que el cliente también conozca su enfermedad y ser un co-participante en el proceso de tratamiento, saber lo que esperar y cuando en cada situación, que contribuye a su adaptación a la nueva realidad que se han verificado. **Descriptor:** Enfermería, Atención de enfermería, Lesiones, Cicatrización de heridas.

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INTRODUCTION

Currently, Brazil and the world experience a time of demographic transition, resulting from the progressive increase in the population of elderly people. Thus, there is the transformation of the epidemiological profile of the population and increase the chronic degenerative diseases and the functional limitations that often compromise the autonomy of people with tissue injuries.

In this way, due to the aging process, the demand for care arises from the various physiological changes that occur in adulthood and the period of senescence, commonly associated with morbid conditions. In this process, the progressive reduction in functional capacity is the primary change found and which can lead to the so-called functional incapacity, which relates to the inability or difficulty to person basic physical tasks or other complex tasks necessary for living independently in the community, as well as tasks related to physical mobility.¹

If the functional capability is not preserved for activities of daily living mobility impairments, sensory perception and deterioration of nutritional state, make adults and elderly susceptible to complications.² Then, it is essential to detect early individuals vulnerable to this condition, in functional decline of physical mobility, in order to avoid the loss of skin integrity and/or their complications.³

Thus, to compare the functional capacity of adults and elderly appears as a necessity for nursing care, since the tissue injuries represent a public health problem due to the progressive deterioration of labor activities.

Nursing assignments for patient care within the nursing process, when planned from a standardized language, allow a better assess the effectiveness of care, reorganize the assistance and ascertain the results achieved.⁴

They will include technological sustainability conscious analyzing the responses of the individual and the standard of functionality related to skin lesion, in a full perspective of the subject, considering the variables involved in effectiveness and efficacy aimed at effective healing of the injury.

In this context, lesions care involves an area of complexity in health, including issues such as the wound evaluation and individual, choosing the products and processes of caring in nursing, associating the fundamental technology contexts for scientific and social development.

It is understood that other factors also act synergistically to the risk of injury in the subject of this study, such as his own biological aging, social and economic aspects, clinical conditions (which involve behaviors, underlying disease, medication), education for preventive care and evolutionary history of the lesion. Thus, to detect early individuals with indicative of functional incapacity, improves quality of life, reduce morbidity and even mortality in this population.

Thus, given the deficit of studies on functional capacity, we hope in this research awakening health professionals, especially nurses, a specific vision about the risk of negative development of tissue lesions, which focuses mainly on the elderly, as well as in adult patients with functional capacity taken and requiring continuous assistance.

It should be noted that this study belongs to the Transversal Action Number 06/2011-Casadinho/Procad, project: *“Innovation in Nursing in the Treatment of Tissue Injuries - Systematization, Technological Inclusion and Functionality”* through MCTI/CNPq/MEC/CAPES.

Therefore, the **objective** of this research is to compare the functional capacity of adults and seniors patients with venous ulcers.

As justification and relevance, it is realized that the changes related to age are the presence of risk factors and the occurrence of chronic degenerative diseases that determine the level of dependency, directly related with the loss of autonomy and difficulty performing basic activities of daily life, interfering with their quality of life for adult and elderly patients.

Functional capacity arises as a new paradigm of health, particularly an ideal value for adult and elderly live independently, being the ability of the individual to perform physical and mental activities necessary for maintaining their basic and instrumental activities (bathing, dressing, performing personal hygiene, moving, eating, preparing meals, medication, cleaning the house, going shopping, using public transportation, walking distance, among other activities).

Functional capacity, especially the motor dimension, is one of the important markers of a successful aging and quality of life of the elderly. The loss of that ability is associated with the prediction of fragility, dependence, institutionalization, increased risk of falls and problems to move, bringing complications over time and generating long-stay care and high cost.

Thus, to compare the functional capacity of adults and elderly patients with venous ulcers will allow us to act in a preventive way according to the results of both generations studied (adult and elderly). It is the ability to predict strategies of nursing care according to the reality of the assisted client aiming to social reintegration, as well as the development of their labor activities.

METHOD

Observational clinical research study of transverse type. The research local is Antonio Pedro University Hospital (HUAP), in Outpatient Wound Repair, and the Clinical Research Unit at the Fluminense Federal University, located in the municipality of Niteroi/RJ.

The study subjects were 35 adult and elderly patients with tissue injuries assisted at HUAP and health services in the fluminense region, randomized by simple statistical

calculation that meet the inclusion criteria of the study and who have given consent to participate in the research according to ethical precepts.

As inclusion criteria of the subjects, we have: female and male patients, adults and elderly who have venous ulcers, patients who accept to participate voluntarily in the research giving their written consent in accordance with the Resolution 466 of 2012, patients on health conditions for the application of the instruments. Exclusion criteria of the subjects were: patients who do not attend to the periodic treatment of venous ulcers and that they will not accept to participate in the research.

The data collection instruments were: the search Protocol that contains the identification data of patients and performs the evaluation of patients with venous ulcers; the scale of Lawton (DLIAs), which evaluates the level of dependency for Instrumental activities of daily living and has conditions that the elderly have to answer the phone, getting around outside the home, shopping, preparing meals, performing domestic work, administration of medications and use of money. Values with scores above 21 are classified as independents and below this value are related to dependence. It is important to note that the individual may be able to perform certain functions, but not by option, whether by environmental factors, whether by cultural issues taken during life, as it would be in the case of men carrying out domestic activities.⁵

Katz scale (DLA)⁶⁻⁷ was also used - being a more descriptive evaluation, which is assessed the performance in activities of daily life. That is, their functional capacity, dividing it into routine activities, such as bathing, dressing, eating, personal hygiene, continence and moving.⁶ The result is given by letters that represent the number of missed activities, representing the letter A to any lost activity, B one activity lost, until the letter G representing loss of seven daily life activities.

After the completion of data collection, they were statistically treated on percentages so they do not miss the importance of results in numbers through quantitative analysis. Therefore, in this research, the answers were grouped and categorized for database, using simple percentage frequency and Microsoft Office Excel 2003.

The statistical analysis was carried out through the suitability of the informational content at the expense of clients assisted in the research place. Subsequently, the data were introduced in Microsoft Office - Excel/Windows - and presented through tables and graphs, as well as organized by group of variables depending on the objectives of the study.

This project was submitted and approved with number 04826812.4.0000.5243 and registration opinion 128,921 by the Ethics Committee of the University Hospital Antonio Pedro, promoter institution, where the Nursing School and the Academic Master's program in Health Care Sciences are linked.

This study is in accordance with the Resolution 466 of 2012 from the National Health Council.

RESULTS E DISCUSSION

For better understanding of the data collected and analyzed in this research, to achieve the proposed objectives, we chose to share this item in four times, which later were discussed: first - analysis of the distribution of subjects according to the socio-demographic characteristics of the adult and elderly patients with venous ulcers according to the adapted protocol for the evaluation of patients with venous ulcers. For analysis, data were divided into three tables for better visualization and description.

Then, in the following table, it was observed a predominance of female patients (57.1%). More than half of the respondents were elderly patients (60%). As for the race factor, it was noticed a homogeneity between black and white patients, the values were the same.

Table 1-Distribution of subjects according to the socio-demographic characteristics of gender, race and age group. Niterói, 2013.

Characteristics	N=35	%
Gender		
Female	20	57,1
Male	15	42,9
Race		
White	12	34,3
Black	12	34,3
Brown	11	31,4
Age group		
45-55	10	29
56-65	13	37
66-75	12	34
Adults (45-59)	14	40
Elderly (60-75)	21	60

In the second time, we measured the functional capacity of the subjects of this research through the scale of instrumental activity of daily living - Lawton - DLIA, with autonomy and functional independence. In this table, we identified that the item relating to the use of the telephone, 91.4% (32) of the subjects were able to see the numbers, dial, receive and make calls without help. In the trip item, we can observed that most subjects cannot travel alone, but 37.1% (13) of them cannot travel without being accompanied. In shopping items and preparation of meals, it was realized that only one subject (2.8%) was completely unable to shop and prepare any meal.

In housework, which demands effort, it was noted that the majority of subjects 74.3% (26) is able to perform only light housework, because they need help on heavy tasks. In item of medications, 88.6% (31) are able to manage the dosage and certain schedule to

take the medications. And in the item about money, it was possible to check also that the subjects are able to manage their shopping needs, payment of bills, as well as filling of checks alone, in a total of 71.4% (25) of the subjects interviewed. Furthermore, the data below confirms that the elderly clients have a lower level of functional capacity than the adult clients. See the table below.

Table 2- Evaluation the functional capacity of adults and elderly people with classification through the scale of instrumental activity of daily living - Lawton - DLIA. Niterói, 2013.

ITENS	OPTIONS	Adult N=14	%	Elderly N=21	%
Telephone	ABLE to see the numbers, dial, receive and make calls without any help (3pts)	14	100	17	81
	ABLE to answer the phone, but requires a special phone or help finding the numbers or to dial (2pt)	0	0	4	19
Trips	ABLE to drive their own car or traveling alone by bus or taxi (3pts)	12	85,7	10	47,6
	ABLE to travel only accompanied (2pt)	2	14,3	11	52,4
Shopping	ABLE to shopping, if transportation is supplied (3pts)	9	64,3	8	38
	ABLE to shopping exclusively accompanied (2pt)	5	35,7	12	57,2
	Completely UNABLE to shopping (1pt)	0	0	1	4,8
Prepare of meals	ABLE to plan and cook full meals (3pts)	7	50	10	47,6
	ABLE to prepare small meals, but unable to cook full meals alone (2pt)	7	50	10	47,6
	Completely UNABLE to prepare any meal (1pt)	0	0	1	4,8
Housework	ABLE to perform heavy housework (3pts)	4	28,6	5	23,8
	ABLE to perform light domestic work, but need help in the heavy tasks (2pt)	10	71,4	16	76,2
Medications	ABLE to take the medication at a dose and at the right time (3pts)	13	92,9	18	85,7
	ABLE to take his medication, but requires reminders or somebody to prepare (2pt)	1	7,1	3	14,3
Money	ABLE to manage their purchasing needs, writing checks and paying bills (3pts)	11	78,6	14	66,7
	ABLE to manage their daily shopping needs, but need help with checks and paying bills (2pt)	3	21,4	7	33,3

We can see through the table below of classification, that none of the subjects assessed was unable to accomplish their tasks, being as total dependent, but 88, 6% (31) of the subjects needed help, partial dependency, to perform some tasks. It is noticed that the level of partial dependency in adults was greater than in the elderly. However, the total dependence of the elderly was superior in relation to adult clients.

Table 3 - Level of dependency in adults and elderly with classification through the scale of instrumental activity of daily living - Lawton - DLIA. Niterói, 2013.

Classification	Score	Adult		Elderly	
		N=14	%	N=21	%
Total dependency	< or= 5	0	0	0	0
Partial dependency	> 5 < 21	13	92,9	18	85,7
Total independency	21	1	7,1	3	14,3

For best viewing and comparison among adults and elderly subjects, we chose this moment to bring a single table with separate instrumental evaluation data of daily life with classification so that we can understand the level of dependency of the subjects.

We realize through this separation that although there is an equivalence of partial dependence among adults and elderly to perform instrumental activities of daily life, we can see that one of the elderly (4.8%) was completely unable to shopping and one elderly (4.8%) was also completely unable to prepare any of his meals, since they are activities that demand some time standing and require strength in the lower limbs to support the body. Follow the table below.

Table 3 - Evaluation of the functional capacity in adults and elderly with classification through the scale of instrumental activity of daily living - Lawton - DLIA. Niterói, 2013.

AREA	OPTIONS	Adult		Elderly	
		N = 14	%	N=21	%
Bathing	Does not receive assistance, in and out of the shower without help	14	100	20	95,2
	Receives assistance for wash only a single part of the body (legs)	0	0	1	4,8
Dressing	Dress up completely unassisted (take their clothes out of the closet and wear them, including underwear and walking clothes, such as the use of zippers, straps and brackets)	12	85,7	19	85,7
	Dresses without assistance, receiving help only to tie their shoes	2	14,3	2	14,3
Personal Hygiene	Go to the bathroom without assistance, cleaning and tidying the clothes	14	100	21	100

Moving	Get down and up from bed, and sit down and get up from the chair without assistance: objects may be used to help them such as a cane or walker	14	100	21	100
Continenence	Toilet control (urinary and fecal) completely alone	12	85,7	13	62
	Occurrence of occasional "accidents"	2	14,3	8	38
Food	Eats without assistance	14	100	21	100

We realize that the level of dependency of the elderly is bigger than of adult's sampling. However, it is worth mentioning that subjects still have adults a worrying level of dependency because of labor activities that they could be running.

Table 5 - Level of Dependency in adults and elderly with classification through the scale of activity of daily living - Katz-ADL. Niterói, 2013.

ADLs Index (Katz)	Type of Classification	Adult		Elderly	
		N=14	%	N=21	%
A	Independent for all the activities	12	85,7	13	62
B	Independent for the activities except one	2	14,3	8	38
C	Independent for all the activities except bathing and one more activity	0	0	0	0

We observe through these comparisons that there is no difference between the adult and elderly population with regard to the activity of daily living. Both of them need assistance in at least one activity of their daily lives, which reflects some kind of impact on the process of self-care in this subject with venous ulcer.

Leg ulcers are considered a problem that affects predominantly women.⁸ They are three times more likely than men to develop venous ulceration of lower limbs. The data obtained support in relation to female predominance to develop UV. This fact is also proven in this research, in which N=35, 57.1% (20) of the subjects were female.⁹⁻¹⁰

As for the age, we checked that 21 (60%) of the subjects were elderly, and that the average age ranged from 56 to 65 years old, 13 subjects (37%) were of the targeted population. Much of the existing literature on the subject reports that most cases of UV happens in the age group above 60 years old.⁹

Advanced age makes people more susceptible to lesions because of the physiological systems changes arising from modifications, nutritional, metabolic, vascular and immune disorders that affect the function and appearance of the skin.¹¹

Then, the physiological changes that occur in this aging process, especially to changes in blood flow, decreasing mobility and the decline of muscle tone make elderly more susceptible to develop chronic ulcers.¹²

Despite the variations found in the study population, it can be described with the marital status of married people 60% (21), 4 (11.4%) singles, 3 (8.6%) divorced and 7 (20%) and widows.

As regards the level of education, low education predominated (45.7%), 16 subjects had high school incomplete. It is shown that there is a larger number of patients with less education, which can interfere directly in the understanding and assimilation of relevant to their health care, in particular relating to injuries, as well as in changing behaviors and attitudes at home and in health consciousness development.¹³⁻¹⁴

For us nurses, it is essential that to develop with our team, a teaching-learning process that consider this profile of low education. It is important that the subjects learn to control the factors that can interfere with the healing process, such as diet, blood pressure, blood glucose control, external factors that cause aggression to the injured tissue, in addition to other physiological factors already mentioned. A study conducted in 2002 showed that the higher the education level of the client, the better their understanding in the actions of the self-care.⁸

It was also verified that the subjects with venous ulcer with family income between one and two minimum wages, 25 (71.4%) have predominated. For a patient, the presence of venous ulcer is considered as an additional source of economic expenses, primarily for the care that it demands as regards the fulfilment of the pharmacological treatment (analgesic and antibiotic), travel for treatment, and materials for carrying out the bandages, which are not always provided by the Unified Health System (SUS), among others. In a poor economic situation, the presence of the wound and the care that it required are thereby, as a destabilizing factor in the family's financial balance.⁹

These findings added to the average age of 56 to 65 years old also confirm, however, the socioeconomic implications involved in this problematic, since these individuals should still be in labor phase.¹⁵

Through the scale of Lawton, which evaluates the issue of autonomy and functional independence, we found that 88.6% (31) of 35 subjects needed help, partial dependence to perform some instrumental activities of daily living, such as travel, shopping, preparing meals and banking procedures, which demand time standing, forcing the injured leg, and heavy domestic work activities, since they also require muscular strength.

The data obtained in the scale of Lawton confirmed that the elderly client has a lower level of functional capacity than the adult client does.

In general, people lose more strength in the lower limbs with the advancing age. However, with the presence of a leg ulcer, this strength is likely to increase. With this, there is a tendency of the subject decrease locomotion, making these people, especially the elderly, stay most of the day at home, restricting the movements of the physical limitations of the internal environment. This fact proves the assistance for some instrumental activities of daily living. Light household chores, such as washing dishes, dusting, sweeping house utensils, among others, because the muscles of the upper limbs be in constant movement, thus preserving their strength, which facilitates the development of these activities.¹⁶

Thus, to light housework, the subjects of the research are able to carry out all them, but for heavy tasks, we require the assistance of another person.

As a result of these changes, there is a decrease in muscle strength, especially in the lower extremities, which is associated with lower walking speed, lowest balance, less ability to climb and descend stairs and rising from a seated position, which contributes negatively to the performance of instrumental activities of daily living.¹⁷

Functional capacity is fundamental to the well-being of the individual. The autonomy to live is an integral part of human nature, when such a component is threatened or deteriorated, the human dimensions in physical, social and psychological fields are affected negatively. Thus, the evaluation of the condition to do daily tasks is important in determining people's health conditions, especially for the elderly.¹⁸

The importance of muscular function in the autonomy of the subject is undeniably associated with force to everyday activities. That is, their ability to perform instrumental activities of their day to day.¹⁶

In a study on evaluation of functional capacity in elderly, using the scale of Lawton, it was observed that 52.6% of the people interviewed had some level of dependency. Functional capacity arises, therefore, as a new paradigm of health, particularly relevant for determining the quality of life of this population.¹⁹

The evaluation of functional capacity through the Katz scale, we identified a low impact regarding limitations for self-care. We observe that most of the subjects 68.6% (24) are independent for all activities. In this study, subjects reached only index A (independent for all activities), B (independent for all activities except one) and C (independent for all activities except bathing and one more activity) and in the latter index only one subject (2.8%).

It is noticed that the level of dependency in partial adults' clients was greater than the elderly. However, the total dependence of the elderly was superior in relation to adults'.

We realize that the level of dependency of the elderly is bigger than the adults' sampling. However, it is worth mentioning that adults still have a worrying level of dependency because of labor activities that could be running.

Functional losses usually determined by advancing age and by the basic diseases involve multiple factors, since the inability of self-care to sensory losses and physical mobility, joints, predispose the person to the risk of functional decline and consequent dependence for daily life activities.²⁰

When an impairment of functional capacity of the adult and elderly, preventing their self-care, the workload on the family and on the health system increases, generating not only disorders in the support system, but mainly in his own individual, when he realizes his level of dependency. This evaluation allows then, developing strategies of care relevant to this group, as a parameter to determine the effectiveness and efficiency of future interventions proposals.²¹

It is important the patient's orientation and competence of nursing staff assisting this client to learn to recognize the different structures and defining characteristics of different clinical conditions in the wound.²²

Then, with the results measured by the Katz scale, we can identify the level of dependency of early subjects and from this information, propose strategies for the

development of self-care for the bathing, clothing and continence needs, strengthening the participation of family members in the process of development of self-care of venous ulcer.

To live with any type of injury interferes in social relations, in the workplace and even in the family living. These situations cause in human beings, feelings such as sadness, anxiety, anger, shame, interfering with their state of balance, on self-image, in their self-esteem, becoming a phenomenon that is relevant to the development of nursing care.¹⁵

CONCLUSION

According to the results of this study, it can be seen that the elderly, due to physiological changes of the skin associated with frailty and difficulty of mobilization, they become susceptible to the development of skin lesions.

As for the adult client, the data obtained in the scale of Lawton and Katz confirm that elderly client has a lower level of functional capacity. However, it is important to note that the adults still have a worrying level of dependency because of labor activities that could be running.

In the case of a chronic disease, it becomes imperative that the clients see also his illness and is a co-participant in the treatment process to know what they want to expect and when in every situation, collaborating in this way, with his own adaptation to the new reality as verified on the results of the instruments used (research protocol, ADL scale, scale of DLIA).

Another aspect observed in patients with chronic diseases is that often they are away from their labor activities because of their health conditions, among the very presence of tissue injury. This remoteness tends to generate financial difficulties that reflect on health care, since, in many cases, patients fail to assist to health units for lack of financial value to move to the location of the consultation. This generates commitment of care and difficulty to monitor effectively the therapeutic behavior.

The nurse can plan activities that should be developed for the subject of this research in order to nursing care allowing to help and therapeutic accompaniment with the potentiation of the levels of health, resulting in the prevention of complications related to venous ulcers.

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