

DELAY OF DIAGNOSIS OF TUBERCULOSIS IN ELDERLY: ADDRESS OF THE MANAGING SUBJECTS

Retardo do diagnóstico da tuberculose em pessoas idosas: discurso dos sujeitos gestores

Retardo del diagnóstico de la tuberculosis en personas idosas: discurso de los sujetos gestores

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ABSTRACT

Objective: To analyze the discourse of management subjects related to the delay of the diagnosis of Tuberculosis in elderly people in municipalities of the Curimataú-Paraíba region. **Method:** This is a qualitative study whose sample had nine health managers from municipalities belonging to the 4th Health Region of Paraíba. The data were collected by the interview technique and analyzed based on French Discourse Analysis. **Results:** For managers, the factors leading to the delay in the diagnosis of Tuberculosis are related to the delay in seeking health services and to perceive illness, lack of knowledge about the disease, prejudice, difficulties in accessing health services and lack of perception of professionals in identifying suspected cases. **Conclusion:** It is necessary that managers and health professionals create actions aimed at both the family and the elderly, which needs to be seen as a group at risk of tuberculosis.

Keywords: Geriatric nursing; Tuberculosis; Aged; Nursing care; Health management.

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RESUMO

Objetivo: Analisar o discurso de sujeitos gestores relacionado ao retardo do diagnóstico da Tuberculose em pessoas idosas em municípios da região do Curimataú-Paraíba. **Método:** Trata-se de um estudo qualitativo, cuja amostra contou com nove gestores de saúde de municípios pertencentes a 4ª Região de Saúde da Paraíba. Os dados foram coletados pela técnica da entrevista e analisados com base na Análise de Discurso de matriz francesa. **Resultados:** Para os gestores, os fatores que levam ao retardo do diagnóstico da Tuberculose relacionam-se a demora em procurar os serviços de saúde e perceber o adoecimento, à falta de conhecimento sobre a doença, o preconceito, dificuldades no acesso aos serviços de saúde e a falta de percepção dos profissionais em identificar os casos suspeitos.

Conclusão: Faz-se necessário que gestores e profissionais de saúde criem ações direcionadas tanto para família quanto para o idoso, o qual necessita ser visto como grupo de risco ao adoecimento de Tuberculose.

Descritores: Enfermagem geriátrica; Tuberculose; Idoso; Cuidados de enfermagem; Gestão em saúde.

RESUMÉN

Objetivo: Analizar el discurso de sujetos gestores relacionado al retraso del diagnóstico de la Tuberculosis en personas ancianas en municipios de la región del Curimataú-Paraíba. **Método:** Se trata de un estudio cualitativo, cuya muestra contó con nueve gestores de salud de municipios pertenecientes a la 4ª Región de Salud de Paraíba. Los datos fueron recolectados por la técnica de la entrevista y analizados con base en el Análisis de Discurso de matriz francesa. **Resultados:** Para los gestores, los factores que llevan al retraso del diagnóstico de la Tuberculosis se relacionan con la demora en buscar los servicios de salud y percibir el enfermo, la falta de conocimiento sobre la enfermedad, el prejuicio, dificultades en el acceso a los servicios de salud y la falta de percepción de los profesionales en identificar los casos sospechosos. **Conclusión:** Se hace necesario que gestores y profesionales de salud creen acciones dirigidas tanto para la familia y para el anciano, el cual necesita ser visto como grupo de riesgo al enfermarse de Tuberculosis.

Palabras-clave: Enfermería geriátrica; Tuberculosis; Anciano; Atención de enfermería; Gestión en salud.

INTRODUCTION

The increase in life expectancy, the natural aging process and the senescent immune system make the elderly more susceptible to the development of infectious diseases, especially the respiratory tract, among them tuberculosis (TB). As clinical manifestations of TB in the elderly are atypical, they cannot present classic signs of diseases such as fever and cough, are similar and confused with other diseases, or make early diagnosis of TB difficult.¹

In Brazil, in 2016, 4,426 deaths from TB were registered, resulting in a mortality coefficient equal to 2.1 deaths / 100 thousand inhabitants. About 41% of reported deaths occur in people aged 60 and over.² In this same group, a mortality rate was 9.4 cases per 100,000 inhabitants, much higher than that observed when analyzed or overall mortality coefficient. deaths from TB (2.4 cases per 100,000 inhabitants).³

In 2017, 69,569 new TB cases were reported corresponding to an incidence of 33.5 cases / 100,000 inhabitants in the country. Brazilians aged 60 and over represent 19% (13,281

of all new TB cases reported, representing an incidence coefficient of 51 cases / 100,000 inhabitants.²⁻³

In a study on TB control, we identify the number of individuals affected by the population and the risk factors for older people who become more susceptible to TB treatment, requiring differentiated care and effective action by the health care network. Among the elderly who sought the Primary Health Care (PHC) service, only slightly more than half of the TB diagnosis result changed the change in the TB diagnosis. Barriers such as opening hours, transfer of responsibilities and lack of competence to assign diagnoses, hindering people's access to health services, causing users to seek special attention most often⁴, or which may contribute to delayed diagnosis TB in this population.

According to the researched literature, there are two factors that contribute to the return of the diagnosis of TB, related to the user and health services. In the case of users with difficulty, poor knowledge about the disease is presented and presented with the same presentation in a soft way, so that the user does not recognize the symptoms presented as being of TB. Regarding health services, the difficulty of access and the incapacity of professionals suspected of diagnosis also contribute to the delay in diagnosis.⁵

It is believed that besides the mentioned factors, the delayed diagnosis of TB in the elderly may also be related to the work aspects of managers, since there is some lack of knowledge of some managers about TB control actions and their attributions to the work. triggering these actions,⁶ aggravated by the non-recognition of this group as vulnerable to TB disease. From this perspective, there is a need to further investigate the discourses of managing subjects for TB control, especially in relation to the elderly.

There are few studies that deal directly with the delayed diagnosis of TB with emphasis on the elderly population, while no studies were identified that addressed managers as an active subject in the process of controlling TB actions in the investigated population. In addition, studies focus on capitals and / or large cities. As the elderly population is more vulnerable to illness and the risk of death increases about fourfold compared to the general population, there is a need for expansion in TB studies, especially in small cities.

Given the specific clinical and biological characteristics of the elderly and the lack of preparation of health services to serve this population, making them more vulnerable to the delay in the diagnosis of TB, the present study aims to analyze the discourses of management subjects related to the delay of the diagnosis of TB in the elderly in municipalities of the region of Curimataú, state of Paraíba (PB).

METHODOLOGY

This is a qualitative approach study that analyzes the discourse of managers involved with TB control, by identifying factors inherent to the delayed diagnosis of elderly people with TB, in the municipalities of Curimataú / PB.

The study scenario was the municipalities belonging to the 4th Health Region of Paraíba State (Curimataú Region). The forecast was the participation of twelve study collaborators, but only nine interviews were conducted, considering that the managers of three municipalities were not found and / or could not schedule the interview.

Therefore, the sample consisted of nine health managers who worked in one of the municipalities belonging to the 4th Health Region of BP. Inclusion criteria were: health professionals working in the Tuberculosis Control Program (PCT) teams of each municipality; and those who worked as Health Surveillance coordinators and Primary Care coordinators during the study collection period.

The collection was carried out from February to May 2016, and the interview technique was used to produce empirical material. They were recorded and transcribed in full. For the analysis of the constituted corpus was used the theoretical-methodological foundation in the Discourse Analysis (AD) of French matrix. In AD, a transition from raw material, such as transcribed interviews, to the discursive object is undertaken through the steps presented by Orlandi: from the linguistic surface to the text (discourse); from the discursive object to the discursive formation and from the discursive process to the ideological formation.⁷

The concept-analysis present in the research is related to the “delayed diagnosis of TB”. Once the concept-analysis was established, as well as obtaining the discursive corpus through the guiding question “What reveals the discourses of the managerial subjects about the aspects that influence the delayed diagnosis of TB in the elderly?”, The identification of the textual marks that highlight the senses in relation to the concept-analysis. From the textual marks emerged the Discursive Training (FD): Organization of services for access to the elderly TB patient. The process of elaboration of the FD led to the third heuristic question that sought to know to which discourse the linguistic marks that determine the actions of the managers facing the factors that lead to the delayed diagnosis of TB in the elderly population.

In compliance with Resolution No. 466/12 of the National Health Council (CNS), the project was submitted to the Research Ethics Committee (CEP) of the Federal University of Campina Grande (UFCG) - Center for Biological and Health Sciences (CCBS). The research was approved with the opinion No. 1,350,573 and CAAE No. 47483015.1.0000.5575.

The subjects’ authorization to record and use the information was obtained by signing the Informed Consent Form (ICF). To guarantee the anonymity of the subjects, all managers were identified with the letter G and following the interview (G1 to G9).

RESULTS AND DISCUSSIONS

Organization of services for access to the elderly TB patient

In their speeches, managers report that the delayed diagnosis of TB in the elderly is mainly related to the delay of the family and the elderly to seek health services and also the family to realize the illness of the elderly.

I think it really is, what contributes is, the question of not seeking service, from someone in the family [...] there ends up delaying treatment and early diagnosis. (G1)

It is the lack of search from the sick [...] I think these are the difficulties. (G3)

I think this is the question of the look, right? The look of the family, the look, because there are people like that who do not like to go to the unit, so they do not like to go to the doctor, so yeah, I think that makes it a little difficult, because this way tuberculosis does not always arise with a lot of cough [...]. (G4)

The resistance of the elderly and their families to seek health services may be related to the lack of knowledge about the disease. Ignorance of the characteristic signs of TB and the difficulty in accessing information related to the disease tend to delay the search for health services.⁸

In Mongolia, a study on TB knowledge found that farmers, students, rural residents and people with low education and income are the population groups with the lowest knowledge on TB. Thus, the lack of knowledge about signs and symptoms of TB is one of the factors that lead to a delay in diagnosis and treatment⁹ and, consequently, favoring its spread. It must be understood that access to health services will only happen when the patient recognizes that they need to seek specific care.¹⁰

The managers point out that not seeking the elderly for the health service and the lack of information are factors that may cause delay in diagnosis, however, there is no evidence in the discourse of managers that point to alternatives adopted in order to minimize this situation, only the blaming the family and the elderly for not seeking services.

Managers G5 and G8 also report that one of the barriers to seeking health care is that TB signs and symptoms are similar to other diseases, causing the elderly and family to not recognize these signs and symptoms as being of TB.

Prejudice, the issue of symptoms being similar to other diseases there, really, makes the diagnosis difficult, it gets harder, the elderly person has symptoms similar to other diseases there becomes more difficult [...]. (G5)

[...] Sometimes people have a dry cough for more than a fortnight, they think it is an allergy, they think it is, and the elderly the resistance to go to the health unit [...]. (G8)

Corroborating the results of this research, a study indicates that managers believe that the lack of information contributes to the non-recognition of TB signs and symptoms, being confused with other respiratory system pathologies and consequently delaying the search for diagnosis, causing in turn, an aggravation of symptoms, making treatment more difficult and increasing the spread of the disease to others.¹¹

There is silence in the discourse of the managerial subjects related to the prejudice regarding TB, since it is very present because it is directly linked to the lack of knowledge and the historical factor of the disease. The prejudice and stigma experienced in the past regarding TB are still present today, being an obstacle in the control of the disease. The withdrawal of family and friends experienced by some TB patients has impacts on their quality of life and social life.¹² Thus, from the managers' discourse, the elderly population is still influenced by this time, believing that it will be stigmatized. This delays the search for health services for fear of being diagnosed with TB, compromising early diagnosis and treatment.¹³

The speeches of managers reveal that TB in the elderly population is not seen as a priority disease, so that there is no position on the part of managers facing the reversal of this situation, such as the elaboration of measures that bring knowledge to the elderly and the community, aiming at demystifying TB as an incurable disease.

Another barrier reported by managers to obtain early diagnosis of TB is related to the access of these elderly to health services. The most affected elderly are those who live in rural areas, because they need to travel to the city for consultations or examinations.

[...] Sometimes we still have a difficulty. For example, [...] access, [...] also to perform examinations, especially the elderly in rural areas, right? Especially so, for example, x-ray, when you have to do x-ray that is not just bacilloscopy, is sometimes accompanied by x-ray, so it has to move from the countryside to perform that x-ray. x here, so mainly this issue of access is, the rural area, I think the urban area not so much, I think I do not find a certain difficulty is, the elderly do not, I think more of the city not, I think it is more of the zone rural. (G2)

On the other hand, studies have shown that although patients did not find barriers to access to health services, assessing them as satisfactory because they had fast access, it was not enough to guarantee an early diagnosis of TB, as 41,9 % of TB patients were diagnosed within five or more weeks of symptom onset.¹⁴

Even with the decentralization of TB control actions to PHC services, users prefer to look for a referral hospital for TB diagnosis and treatment rather than the Family Health Unit, as they end up with various difficulties regarding access, consultation, exams and treatment. This finding shows that the performance of this service as a gateway is flawed.¹⁵

Therefore, the result of this study points as a barrier to access to the diagnosis and start of treatment of the disease the place of residence of the elderly, which contrasts with the results of other studies with the same theme, which show organizational and operational problems of TB control.

In their speeches, managers also report difficulties related to the perception of the Community Health Agent (CHA) in identifying and reporting to the physician suspected TB cases, the delay in obtaining test results and also the lack of planning, which reflects the way the health service is organized.

I think it's really what contributes is the question of not seeking the service of someone in the family or the agent, the community health agent himself does not seek the doctor to make this visit and then ends up delaying treatment and early diagnosis. (G1)

It is the lack of search for the sick, that is, the lack of mechanisms within a municipal or state level for the discovery of cases and the lack of access to exams more easily, I think these are the difficulties. (G3)

In Uganda it was found that one of the reasons for the underdiagnosis of TB is related to the failure of the health system to diagnose and treat TB in individuals seeking health services. The opening hours of the services, the waiting time to be attended, the type of professional available, low personal motivation, lack of training, high workload, difficulty in accessing exams and receiving results, quality of care provided and poor coordination of health services are some of the characteristics that can make TB access and assessment difficult in health centers.¹⁶

Among the obstacles found for the early diagnosis of TB, the main one is the lack of capacity of the health professional to diagnose the disease, since both in the unit and in the community he will face possible cases of TB and will not be able to identify.¹⁷ A study in Tanzania showed that health professionals have poor knowledge

for diagnostic suspicion of TB, as nearly half of the study participants had to seek health care more than twice before being diagnosed with TB.¹⁸

In this study, managers' discourse is linked to a traditional management model. Managers do not see themselves as responsible in the process of developing activities to avoid delaying the diagnosis of TB in the elderly population, since each sector and employee are responsible for a specific assignment, and the responsibility is transferred to the other, whether the team of health, the family or own elderly patient who did not take care and / or did not seek health services.

In this traditional management model, decision-making becomes more bureaucratic and slow, whose care provided to users by health services happens in a fragmented and centralized way only in procedures, diseases or body parts, instead of being offered holistic care.¹⁹

FINAL CONSIDERATIONS

There is a need for reorganization of health services in order to identify early the elderly with TB. This process is necessary, since the disease manifests itself differently and more severely in the elderly due to the situation of functional decline due to aging, which compromises the cure of the disease.

The limitations of this study include the inclusion of managers only and the research was carried out in only one Paraíba microregion. Therefore, it is suggested to conduct studies on the theme with health professionals working in the Family Health Strategy, and involving other micro regions of Paraíba, so that you can have a broader view of the actions that are developed to avoid the delayed diagnosis of TB in the elderly.

In addition to the qualification of health professionals for the diagnosis, monitoring and treatment of TB, there is a need to provide information on the disease in order to promote demand for services and reduce prejudice about TB.

It is necessary that managers and health professionals work together to create strategic actions aimed at both the family and the elderly to overcome the barriers identified in the speeches, and for the elderly to be seen as a risk group for TB disease. , enabling an adequate and resolute service.

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