



RESEARCH ARTICLE

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## REPERCUSSIONS OF VASCULAR ULCERS ON THE PERSONAL, SOCIAL AND ECONOMIC DIMENSIONS THROUGH PATIENT DISCOURSE

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### ABSTRACT

**Objective:** To analyze the repercussions of vasculogenic ulcers on the personal, social and economic dimensions through discourse of patients. **Method:** Descriptive, exploratory study with a qualitative approach, realized at the João Pereira dos Santos Polyclinic, located in the city of Barbalha, Ceará, Brazil. The sample was composed of 08 patients with vasculogenic ulcers. The instrument used was a structured interview script, and the speeches of participants were recorded and transcribed in full. Data were analyzed through content analysis and eloquent data were presented in thematic categories. **Results:** It can be seen from the results that the study population is predominantly male, aged over 51 years, brown, single, retired, with incomplete elementary school and low purchasing power. According to the reports of participants, three categories were constituted, namely: Interference of ulcers vasculogenic in daily activities, acceptance of society in relation to wounds, and financial aspects related to the treatment of vasculogenic ulcers. **Conclusion:** It is essential that the patient be accompanied by a multidisciplinary team, so that these professionals have the opportunity to monitor the results of their interventions through a constant evaluation, as these injuries cause compromises in their personal and social context, which causes limitations and changes in your life.

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## INTRODUCTION

Vasculogenic Ulcers (UV), or leg ulcers, are chronic wounds that affect the lower limbs, and may be of venous, arterial or mixed origin, predominant the venous origin which corresponding to about 60% to 90% of cases<sup>1</sup>. With the process of demographic transition, and consequently decrease

in birth rates and child mortality, associated with increased life expectancy, there was an inversion between the percentiles of the Brazilian population, which culminated in the increase of population aging, this aspect which predisposes the development of various pathologies, such as UV. Pathology is due to changes in blood vessels that can impair the normality of cellular processes that occur in the body, thus causing the formation of ulcers<sup>2</sup>. It is estimated that approximately 3% of

the Brazilian population is affected by ulcers, and this incidence is up to 10% if the patients are diabetic. It predominantly affects females, with a relapse of 60% to 72%. Its incidence has been increasing as life expectancy increases, bringing with it new challenges, as its therapy is arduous and there are different causes, which leads to a differentiated treatment according to etiology<sup>3</sup>. Such situation represents a serious public health problem, because to its chronicity and recurrent relapses, not to mention the high financial cost generated from the therapies that refer to the need for care and monitoring by a multiprofessional team, which increasingly burdens the Unified Health System (SUS). While it causes a high socioeconomic impact, interfering in the quality of life of affected patients and their families<sup>1</sup>.

The commitment to perform the Activities of Daily Living (ADL) and the loss of mobility leads to biopsychosocial complications, which interfere with the development of their work activities and may therefore refer to work absenteeism<sup>1</sup>. In the routine of health services, the patient with UV is limited to medical care, dressing changes, changes in topical therapy, and sometimes, associations of compression therapies, which may last for years without healing<sup>4</sup>. The emergence of UV can result in difficulties with regard to self-care and social life, as there is a change in their daily routine because the pathology, resulting in impairments in their quality of life, which may compromise their biopsychosocial well-being. The presence of the lesion modifies a whole image pattern established by society, making it different from the others and becoming excluded by this group<sup>2</sup>. The research is of significant relevance, given the research about UV, which is a disease that increasingly affects the population. Ulcers are considered a serious public health problem that directly affect both the quality of life of the affected and the financial burden that the SUS has to bear for expenses with therapy<sup>5</sup>.

The contribution of this research is through the possibility of providing a qualitative look at patients affected by UV, from a holistic view, and not only of the pathological process in which they are. In the scientific field, the study will serve as a search source for academics and health professionals who are interested in this subject. In this form, the realization of this study is important to broaden knowledge and enable further research. Thus, the objective of the study was to analyze the repercussions of UV on the personal, social and economic dimensions through the speech of the patients.

## METHODOLOGY

This is a descriptive, exploratory research with a qualitative approach, realized at the João Pereira dos Santos Polyclinic, located in the city of Barbalha, Ceará, Brazil. It is a reference in macroregion of health in Cariri in secondary health care, which includes assistance to patients with UV. The study sample was composed of 08 patients with UV. Inclusion criteria were: having a vasculogenic ulcer, followed up at the referral health unit, and being between 45 and 80 years old. While it was listed as exclusion criteria: the participants attended at the João Pereira dos Santos Polyclinic who were not present at the time of data collection. The instrument used was a structured interview script, with the speeches of participants recorded and transcribed in full. The research happened from February to November 2017. Data analysis was performed through content analysis through three stages: pre-analysis, material exploration and treatment of results. Thus,

the eloquent data were exposed as thematic categories<sup>6</sup>. The research complied with the ethical aspects established by Resolution nº 466, of December 12, 2012, of the National Health Council, which regulates the norms and guidelines of research involving human beings<sup>7</sup>. The anonymity of the participants was guaranteed by replacing their names with representative pseudonyms of flowers such as: Daisy, Lily and others. The research project was approved by the Research Ethics Committee of the Doctor Leão Sampaio University Center - UNILEÃO with CAAE: 70517317.0.0000.5048 and the consubstantiated opinion nº 2.192.610.

## RESULTS

The study sample was composed of 08 patients with UV, which were 06 men and 02 women, of which 04 were between 61 and 70 years old, and 04 between 51 and 60 years old. Regarding ethnicity/race, 06 participants declared to be brown and 02 white. Regarding the marital status of respondents, 05 said they were single. Given the professions presented, 04 participants declared to be retired and/or perform small activities at home. Regarding education and family income, it was evidenced that 06 participants had incomplete elementary education and low purchasing power, with income of up to a minimum wage. Through content analysis three categories were constituted, in order to better dispose and discuss the study data, namely: interference of ulcers vasculogenic in daily activities, acceptance of society in relation to wounds and financial aspects related to therapy UV, as described follows:

### Category 01: Interference of vasculogenic ulcers in daily activities

UV directly affect directly the development ADL of patients, being able to change their common social routine. When asked about the interference of ulcers in the performance of their daily activities, the answers obtained showed that the lesions directly and significantly interfere in the development of their activities, according to the following statements:

“It interferes so that it gets worse, I can no longer stand up. [...] getting weak, weak, without eating [...]” (*Daisy*).

“It interferes with many things in my life, walking indoors, doing laundry, cleaning the house, doing everything. It interfered with every work in my house” (*Lily*).

“Interferes that I can't walk anymore, my whole leg hurts and I can't even do like this (he raised his leg up) it hurts, it's always leaning against a corner, I've never seen anything like that!” (*Passion Flower*).

“[...] it hurts a lot when I force my foot, I am taking some medications, doing the treatment, but it gets in the way of walking there, it hurts a little” (*Cornflower*).

“I can't do much thing, no, I sit more, when I don't sit down, I'm lying down. [...] I don't even go out on the street to exercise because it hurts” (*Sunflower*).

“I always lived from the fields, but now I can't longer work because of the wound, it hurts a lot, and I am very agonized with such pain” (*Alpinea Rose*).

## Category 02: Acceptance of society in relation to wounds

When asked the participants about the acceptance of people in society with regard to wounds, it was observed in their monologues that society still has prejudice, and are very concerned about the profile of beauty standard pre-established by it. It was seen that the population is lay and have erroneous thoughts about the pathology, however, only one speech reports no glimpse of the way it is treated because of this lesion, as expressed in the reports:

“A look of prejudice, right? Thinking it will pass to the person, but it is not so! [...] It's been ok for 05 months, something that was supposed to be 15 days to be good, is already 05 months. [...] people are asking if these wounds do not catch”(Daisy).

“[...] in the corners that I frequent never! Never noticed me looking at band no. [...] I go to the hospital, to every corner with this thing, it's the same way indoors, on the street, with the neighbors, no difference with me, thank God” (Lily).

“I have a family of mine who even don't give me sleep at Exu. [...] because of this wound, don't give, no one sleep, sometimes they give it to a stranger, and I have to pay, right !?” (Açucena).

“People look at me crookedly, as if afraid of me passing on the disease to them, other people ask what happened to my leg” (Amarilis).

“There are people who sometimes don't like to get close” (Cornflower).

“I am very ashamed to be too close to the people, I don't even go out very much, I don't walk well, I stay here more indoors, because of the bad smell, which is very” (Sunflower).

“[...] I feel that people don't like to get close because of the strong smell, right!?” (Alpinea Rose).

## Category 03: Financial aspects related to vasculogenic ulcer therapy

When asked about the financial situation, it is noticeable that they are required to bear all expenses related by the treatment, as health services do not support them in this regard, as stated in the reports:

“Very difficult, everything changed, the light, the water, a lot of cloth to wash, every day I wash 05 cloths, then you get 1 minimum wage, pay water, light, pay the funeral plan, and pay the supermarket. In the end left over zero, people say you do magic with a minimum wage, I have to control myself. So, in general, we are living for a minimum (thrilled), at least there is no hunger thanks to God [...]” (Daisy).

“It's too bad, too bad. Some months I spend 800,00, 900,00, 1.000,00 reais [...]” (Açucena).

“[...] The expense has increased a lot, because the post in my neighborhood does not give me the material to make

the dressing, so I have to buy everything” (Passion Flower).

“The financial part shook, right, because you have to spend on bandages. [...] my income is low, then it weighs a lot, because my gain is very little, then it is very difficult for me” (Amarilis).

“Everything has changed, everything has become more difficult, now I turn around as I can to eat and take care of the bandages for this wound, the situation is difficult [...]” (Cornflower).

“I spend a lot of money on this wound of mine, the dressings are very expensive and the conditions are few, you know, nowadays everything is expensive and the government doesn't help us anything, the worker who turns around” (Sunflower).

“Here is just a salary for everything, spent a lot on dressing, has a month that paid 800,00 reais at the pharmacy, very little left to eat” (Alpinea Rose).

## DISCUSSION

Although the literature shows the predominance of women affected by UV, this study presents a divergent result, since its population consisted of six men and only two women. This result also differs from a study conducted in the city of Teresina - PI, about the quality of life of patients with UV on ambulatory treatment, which showed no significant differences between genders<sup>8</sup>. Given the age variable, results similar to those of a research conducted in the state of Goiás were obtained among the population treated in dressing rooms of municipal health units, with the objective of analyzing the socioeconomic, demographic and clinical characteristics of people with UV, found that most of the study participants were between 50 and 70 years old<sup>9</sup>. Age is a contributing factor to health problems, chronic and degenerative comorbidities, from which arise numerous economic and structural challenges with regard to public health. Technological and scientific advances make it increasingly possible to increase life expectancy, and with this, the emergence of pathologies such as UV. Therefore, it is necessary that the affected learn to live with the wound, because according to the type of injury, the treatment may last months, causing difficulty in locomotion because to the pain it causes, which makes it difficult to perform their AVD<sup>10</sup>.

The black and brown ethnicity/race is expressed as predominant in studies of national and international nature, with regard to UV involvement<sup>9</sup>, as presented in this study. Similar results were listed in a comparative study on the functional capacity of adult and elderly patients with venous ulcers, which denotes the involvement, in similar percentiles, among black, brown and white individuals<sup>11</sup>. In relation to marital status, studies indicate that the majority of patients affected by UV are married, as is the case of the study realized by<sup>12</sup>, about the influence of care and clinical characteristics on the quality of life of patients with venous ulcer. This result differs from those obtained in this study, since most participants were single, an aspect that can generate even greater difficulties in performing their ADL, and it is important to have a partner who helps in their daily activities<sup>13</sup>. Chronic lesions are pathologies that worsen with advancing age, because to the increase in chronic degenerative diseases. In

this sense, the difficulties presented by them in performing the basic activities of daily living are evident, so it is essential that patients do not live alone, thus needing a caregiver<sup>14</sup>. Regarding occupation, there was a higher prevalence of activities that have a lower level of mobility, since most participants were retired. This result resembles a study that aimed to characterize the sociodemographic and health profile of people with venous ulcers in ambulatory care<sup>15</sup>.

Commonly, a person who has a chronic wound needs to take time off work and retire early, and restrict ADL. Individuals who were previously active in their work activities face the need to reduce them, which causes considerable economic damage to family income<sup>16</sup>. This fact, evidenced by the study of<sup>9</sup>, which showed that two thirds of his sample were no longer performing work activities. Given the level of education, it was seen in this study that most participants had incomplete elementary school, given this similar to that found by<sup>12</sup>, in which, in their research on the quality of life of patients with venous ulcers, which included 100 participants, 83 had a low level of education. Regarding education, it is evident that the lack of knowledge directly interferes in the care of patients with injuries. The level of education is undoubtedly an important condition when correlated with self-care, as poor instruction can difficult the concretization of effective treatment<sup>17</sup>. According<sup>8</sup> the most prevalent family income among the participants in their research was up to 950,00 reais. This data similar to the one found in this research, it was evidenced that, almost entirely, the participants had low socioeconomic conditions, living with values below and/or equal to a minimum wage. The UV have a major socioeconomic impact on the lives of patients. The precarious income associated with the onset of these injuries compromises the entire financial stability of the family, considering the treatment expenses<sup>18</sup>.

On the other hand, these wounds substantially interfere with the development of the daily activities of the affected individuals, considering the damage caused by physical mobility, to the detriment of the injuries, according to monologues presented by the participants. In this way, the simple activities of daily, such as walking, doing housework, bathing and others, become difficult tasks to perform. The VU cause significant interference in the daily lives of affected patients. In this context, as mentioned above, decreased physical mobility and pain are the main difficulties that users report, implying a negative effect on their lives. According to the reports of the study participants, it is notorious that UV compromise their lives, regarding functional capacity, physical limitations, pain, vitality and psychosocial aspects. Thus, the assessment of quality of life of patients is based like result indicator, regarding of the lesion healing process and as an alternative method for understanding the feelings and perception of patients about their clinical condition<sup>19</sup>. The wounds also cause immense damage to the well-being of the patient, since there is the presence of odor, exudate, and others, which can promote their self-exclusion from their common social environment, by the embarrassment and fear of comments that people may do in relation to the injury.

According to the reports of participants, distrust is one of the biggest obstacles faced by the bearer of UV in relation to social life, because they think that people can see them differently because to the injury. These perceptions may lead to the development of negative feelings of inferiority, which may

hinder the proposed therapy and the desired results. People affected by these injuries are very embarrassed and feel ashamed of the wounds because to their perception of self-image, starting to wear clothes that cover the lower limbs, which also influences the relationship issue, as shame predominates because to the aspect of the injury. , and sometimes culminates in the breakup of affective relationships<sup>16</sup>. The current society attaches great importance to aesthetic conceptions. The existence of the injury alters all pre-established body image pattern, creating a negative perception of self-image, which results in a mixture of several feelings that involve stress, depression, sadness, among others, linked to the lack of support, by family and friends, which tends to negatively affect the quality of life of these patients<sup>19</sup>.

In general, UV affects the quality of life and productivity of people affected. The economic situation is very complicated because to the care that is needed with the injury in order to favor wound healing<sup>20</sup>. The occurrence of injuries has a negative impact on the financial issue, since most of the interviewees had a family income of up to one minimum wage to cover all personal expenses and to pay for therapy, affecting mainly the poorest population. To make it even more difficult to treat these injuries, their healing time is prolonged, there are several relapses, and the costs for a reduced financial capacity are very high, since high cost dressings and dressings are used and are not commonly provided by the health services attendance.

## Conclusion

This research allowed understanding the repercussions that vasculogenic ulcers cause to the life of the affected. It is essential that the patient be accompanied by a multidisciplinary team, so that these professionals have the opportunity to monitor the results of their interventions through constant evaluation, as these injuries cause personal and social compromises that cause limitations and life changes. Effective care planning ensures quality care, which consequently favors healing, generating positive impacts on patient functionality, which benefits their well-being and increased quality of life to mingle with these chronic ulcers. Given this context, given the complexity of the theme, it is essential to understand that vasculogenic ulcers are chronic health problems that affect numerous dimensions in the life of patients, and it is necessary to follow a holistic approach, not only meeting the needs related to the process physiological, but also, the various aspects that involve the human being, such as the social, psychological and economic issues of individuals. Thus, it is needed care that to improve the quality of therapy, aiming the recovery of patient and relapse prevention.

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