Consultation of gerontological nursing associated to the scale of therapeutic adherence

Consulta de enfermagem gerontológica associada à escala de adesão terapêutica

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RESUMO

Este estudo objetivou identificar o grau de adesão ao tratamento de doenças autorreferidas segundo a Escala de Adesão Terapêutica de Morisky de oito itens versão português da Morisky Medications Adherence Scale - MMAS-8 e identificar os principais diagnósticos e intervenções de enfermagem em um grupo para terceira idade, a partir da consulta de enfermagem gerontológica. Estudo de abordagem quantitativa, do tipo descritivo, observacional e longitudinal, de amostra por conveniência, abrangendo 31 participantes. Os resultados totalizaram 48,39% (n= 15) de média adesão no MMAS-8, e 35,48% (n= 11) de alta adesão. Destacaram-se oito diagnósticos de enfermagem mais frequentes, distribuído nos domínios Segurança/Proteção (3), Promoção da Saúde (1), Nutrição (1), Atividade e Repouso (2), Percepção/cognição (1) e seguidos pelas intervenções correlatas. Conclui-se que o instrumento de consulta de enfermagem gerontológica fundido com outros instrumentos de avaliação de saúde e comportamento permitiu uma pluralidade de informações fundamentais, as quais orientaram a tomada de decisão diagnóstica e de intervenção de enfermagem.

Palavras-chave: Consulta de Enfermagem; Adesão à Medicação; Diagnósticos de Enfermagem; Questionário.

ABSTRACT

This study aimed to identify the degree of adherence to the treatment of self-reported diseases according to the Morisky Medications Adherence Scale - MMAS-8 and to identify the main nursing diagnoses and interventions in a group for the elderly, From the gerontological nursing consultation. A quantitative, descriptive, observational and longitudinal study of a sample of convenience, covering 31 participants. The results were 48.39% (n = 15) of medium adhesion in MMAS-8, and 35.48% (n = 11) of high adhesion. Eight of the most frequent nursing diagnoses were distributed in the areas of Safety / Protection (3), Health Promotion (1), Nutrition (1), Activity and Rest (2), Perception / cognition (1) and followed by related interventions. It was concluded that the gerontological nursing consultation instrument merged with other health and behavior assessment instruments allowed a plurality of fundamental information, which guided the decision-making process and nursing intervention.

Keywords: Office Nursing; Medication Adherence; Nursing Diagnosis; Questionnaires

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INTRODUCTION

Population aging grows exponentially in Brazil and in the world [1]. This population, in addition to being the fastest growing, is among the most prevalent in chronic non-communicable diseases (DCNTs) and high health costs. Such diseases have been the main cause of morbidity and mortality. Its evolution is usually slow, with long-term and unpredictable effects [2], highlighting systemic arterial hypertension, for it's responsible for an average of 40% of stroke deaths [3].

The importance of adherence to the treatment of these chronic diseases is emphasized, since low adherence or abandonment to treatment contribute to an increased risk of complications from the disease, hospital readmissions and public spending [4-5].

Therapeutic adherence is a multifactorial process. Frequency, commitment and determination in relation to the plan of care (6) or the taking of the prescribed medications are considered, as well as the doses taken and duration of treatment, which includes necessary changes in lifestyle [7, 8, 9].

In this way, elderly people with CNCDs need a complex therapeutic regimen, which justifies the importance of the adherence theme, and makes it essential to approach systematized and well-founded gerontological nursing consultation.

Nurses have the responsibility to develop and strengthen adherence in patients, based on the elaboration of interventions that favor the construction of healthy behaviors through educational practices and health promotion [10].

The Nursing Consultation is supported by law, being private to the nurse and using scientific method to verify health / illness situations, prescribe and implement measures that favor the promotion, prevention, health protection, recovery and rehabilitation of the individual, family and community [10]. This is composed of the following phases: 1st Nursing History, 2nd Nursing Diagnosis, 3rd Nursing Planning / Prescription, 4th Nursing Intervention / Implementation and 5th Nursing Evaluation / Evolution [10].

The objective of this study was to identify the degree of adherence to the treatment of self-reported diseases according to the Morisky Medications Adherence Scale - MMAS-8 and Identify the main nursing diagnoses and interventions in a group for the elderly.

MATERIALS AND METHODS

A quantitative, descriptive, observational and longitudinal study. The sample was for convenience, we selected elderly participants of an Independent Seniors Program, an Open University for the Elderly, denominated Fluminense Federal University (UFF) - Advanced Space - UFFES-PA, located in Niterói, RJ. This Program is characterized by developing activities of interdisciplinary extension and acts in teaching, research and extension. In addition, it promotes various activities in workshops, cultural visits, courses and conferences in the social, educational, artistic, cultural, leisure and health areas.

The data collection period occurred from August to December 2014, twice a week, during the day shift.

Inclusion criteria were: age above 60 years old; referred by the social worker for needing health guidelines; have completed the Mental State Mini-Exam (MMSE), Geriatric Depression Scale (EDG), and Lawton's Daily Life Instrumental Activity Scale (AIVD) tests in the same year of the study; and be able to move independently to UFFESPA. Thirty-four elderly were eligible.

Exclusion Criteria: elderly people who did not attend subsequent consultations and who were unable to complete the data collection forms. At the end, 31 elderly people completed the study stages.

The Data collection instruments used were 4, mentioned below:

- Nursing Consultation in Gerontology (Figure 1) [11] composed of: Nursing history with identification data, previous history, family history, history of the current disease, and items referring to Nursing Diagnoses based on the 12 domains of NANDA-I [12]. It should be noted that the instruments for assessing adherence and those for evaluating the functional capacity of the elderly were inserted in each relevant NANDA-I domain to facilitate diagnostic reasoning.

- Morisky Medications Adherence Scale - MMAS-8 - addresses the most current self-report method and its sensitivity has been higher when comparing to the same scale of four items (13). It contains eight closed-ended questions, categorized as yes / no, that assess specific behaviors towards medication, and can be classified into unintended behaviors: forgetting to take medications; or intentional behaviors: to stop taking the medicine because they feel better, or worse. The degree of therapeutic adherence is determined according to the score resulting from the sum of all correct answers: high adhesion (8 points), medium adhesion (6 and 7 points) and low adhesion (<6 points) [13]. Its advantages are: short questionnaire; low cost; applicable in several scenarios; and allows the identification of factors related to adhesion. The disadvantages are related to sensitivity and accuracy [7-8].

- Diagnoses and Nursing Outcomes - these instruments identify the diagnoses from the instrument of the Gerontology Nursing Consultation, according to the related factors and defining characteristics of NANDA-I (second phase of the nursing process). Only the diagnoses with frequency above 5% were selected for analysis

CONSULTA DE ENFERMAGEM EM GERONTOLOGIA

1- *Histórico de enfermagem* Data : _____/_____/_____

1.1 *– Dados de identificação*

Nome:_____ Data de nascimento: _____/_____/_____ Idade: _____
Endereço:_____ Bairro:_____UF:____ Cidade:_____
Sexo: ( ) Masculino ( ) Feminino Telefone Res:_____ Telefone Cel.:_____ Pessoa p/ contato:_____
Mora com :_____ Cuidador :_____ Profissão :_____ Ocupação:_____
Estado civil: ( )Casado ( )Solteiro ( )Viúvo ( )Separado
Fonte de renda : ( )Aposentado ( )Pensionista ( ) Empregado ( )Sem renda
Escolaridade: Número de anos de estudo? _____ ( )Analfabeto ( )Fund. Completo ( ) Fund. Incompleto
( )Médio Completo ( )Médio Incompleto ( )Superior Completo ( )Superior Incompleto

Queixas (motivo): ----------

Domínio 1 – Promoção da saúde

História Pregressa

( ) HAS ( ) Cardiopatias ( ) Hepatite ( ) DM ( ) Dislipidemia ( ) Tuberculose ( ) AVE ( ) Obesidade ( ) Trauma ( ) DPOC
( ) Doenças Psiquiátricas ( ) Alergia _____ ( ) Cirurgias_____
( ) Hospitalizações _____ Última Internação:___/___/___Causa:_____

História Familiar

( ) IAM ( ) AVE ( ) Síndromes Demenciais ( ) HAS ( ) Cardiopatias ( ) DM ( )Outros_____

Tratamento ambulatorial : ( ) Cardiologista ( ) Clinica Médico ( ) Neurologista ( )Nutricionista ( ) Fisioterapia ( ) Fonodiólogo ( ) Geriatra
( )Outros:_____ Medicamentos: mais de 5 ( ) _____

Tem consciência do estado de saúde? ( ) Sim ( ) Não Se esforça para manter o bem estar? ( ) Sim ( ) Não
Tem adesão ao regime terapêutico? ( ) Sim ( ) Não A família segue o regime terapêutico? ( ) Sim ( ) Não
Escala de Morisky (MMAS-8): _____

( ) Tabagismo _____cigarros/dia Parou? ( ) Sim ( ) Não ( ) Etilismo ( ) Outras Drogas. Quais ? _____

Domínio 2 – Nutrição

Dieta especial: ( ) Sim ( ) Não Qual ? _____ Restrição dietética: ( ) Sim ( ) Não ( ) carboidratos ( )hipossódica ( ) hipolípidica
Dificuldade de deglutir / disfagia: ( ) Sim ( ) Não Ingesta de líquidos: ( ) 1 L ( ) 1,5 L ( ) 2 L ( ) 2, 5 ou mais
Falta de apetite ( ) Sim ( ) Não Perda de peso: ( ) Sim ( ) Não Quantos ? _____
Quantas refeições diárias: 3 a 6 ( ) 7 a 8 ( ) Peso:_____ Altura:_____ IMC:_____Circ. Abdominal: _____

Domínio 3 – Eliminação e Troca

Hábitos Intestinais: Frequência: ( ) diário ( ) 3 em 3 dias ( ) mais de 5 dias
( ) Constipação (fezes duras e secas) ( ) Uso de laxantes _____ ( ) Percepção de constipação ( ) Abd. distendido ( ) Massas palpáveis
( ) Diarréia ( )Ostomia ( ) Abd. normotenso ( ) Incontinência ( )Percussão timpânico ( ) Abd flácido ( ) Peristalse presente
( ) Fígado aumentado ( )Abd. tenso

Hábitos Urinários: Frequência: ( ) 3 ou menos ( ) 4 a 6x ao dia ( ) mais de 7 ( ) Espontânea ( ) Urina límpida ( ) Disúria ( ) Enurese noturna
( ) Urina turva ( ) Nictúria ( ) Retenção ( ) Oligúria ( ) Anúria ( ) Poliúria ( ) Hematúria ( ) Odor
( ) Incontinência: ( ) Funcional ( ) Por esforço ( )Urgência Outras observações : _____

Domínio 4 – Atividade e Repouso

Quantas horas dorme por noite? ( ) abaixo de 3h ( ) 4h ( ) 5 a 6h ( ) acima de 8h ( ) Dorme apenas com medicação Qual ?_____
( ) Insônia _____ ( ) Repouso pela manhã ( ) Repouso pela tarde Sente-se cansado ao acordar? ( ) Insatisfação com o sono? ( )

( ) Hemiparesia ( ) Hemiplegia ( ) Prejuízos músculo esqueléticas ( )Prejuízos neuromuscular ( )Amplitude limitada de movimento
( )Mudanças na marcha Deambula com Auxilio: ( ) Não ( ) Sim: uso de bengala ( ) andador ( ) prótese ( )

Ausculta Pulmonar: ( ) Normal ( ) Estertores ( ) Sibilos Dispnéia: ( ) Sim ( ) Não Ausculta cardíaca: ( ) B3 ( ) B4 ( ) Sopro
Ritmo cardíaco: ( ) Regular ( ) Irregular Perfusão periférica: ( ) Normais ( ) Sinais TVP ( ) Insuficiência arterial Edema: ( )
Tornozelos ( ) Tíbia ( ) Joelhos ( ) Coxas Sinais vitais: PA: _____ Pulso: _____ Freq. Resp.: _____ Temp.: _____

Índice de AVDs de KATZ: _____ Índice de AIVDs de LAWTON: _____

Domínio 5 – Percepção /Cognição

Mini Exame do Estado Mental (MEEM): _____ Estado Mental : ( ) Alerta ( ) Confuso ( ) Orientado ( ) Agressividade ( ) Queixa de perda de memória
Fala: ( ) Normal ( ) Arrastada ( ) Murmurada ( ) Agnosia Habilidade para comunicar-se: ( ) Sim ( ) Não
Habilidade para compreende-se: ( ) Sim ( ) Não
Audição: ( ) Dentro dos limites ( ) Prejudicada Visão: ( ) Dentro dos limites ( ) Prejudicada

Domínio 6 – Autopercepção

EDG :_____ Percepção de si mesmo: ( ) Positiva ( ) Negativa Autoestima: ( ) Baixa: { [] < 6 m. [] > 6 m.} ( ) Alta
Imagem corporal: ( ) Positiva ( ) Negativa Comportamento de não reconhecer o próprio corpo: ( ) Sim ( ) Não
( ) Isolamento social ( ) Isolamento físico ( ) Isolamento afetivo

Domínio 7 – Relacionamento de Papel
Relacionamento com a família: ( ) conflituoso ( ) crises situacionais (saúde, separação) ( ) incapacidade de suprir as necessidades emocionais
( ) negação de problemas Relacionamento com o cuidador: ( ) Estresse e tensão do cuidador
Relacionamento com amigos: ( ) frequenta outros espaços: igreja ( ) _____
Conflito no papel Pai/Mãe: ( )Relato de preocupação em relação a mudança no papel pai/filho

Domínio 8 – Sexualidade
( ) Padrão sexual alterado ( )Disfunção sexual Freqüência sexual: _____/ ( ) semana ( ) mês
Parceiro único: ( ) Sim ( ) Não Uso de preservativo: ( ) Sim ( ) Não

Domínio 9 – Enfrentamento / Tolerância ao estresse
Mudança ambiental recente? _____ ( ) Estresse pós-trauma Ansiedade: _____ ( ) Leve ( ) Moderada ( ) Grave
( )Ansiedade em relação à morte ( )Antecipação de sofrimento ( ) Morte de pessoa significativa ( ) Medo _____
( ) Sentimento de pesar ( ) Manutenção da conexão com o falecido ( ) Sentimento de impotência ( ) Relato de falta de controle
( ) Relato de frustração Negação: ( ) Recusa assistência a saúde ( ) Minimiza sintomas ( ) Desloca a fonte dos sintomas ( ) Ao falar sobre acontecimentos angustiantes faz gestos de mandar embora ( ) Tristeza crônica > de 6 meses ( ) Tristeza recorrente ( ) Relatos de sentimentos negativos
( ) Dificuldade de adaptação ( ) Relato de incapacidade física social

Domínio 10 – Princípios de vida
Crença religiosa: ( ) Sim ( ) Não Bem estar espiritual: ( ) Sim ( ) Não Barreiras para praticar a religião: ( ) transporte ( ) doença

Domínio 11 – Segurança / Proteção
Quedas recentes? ( ) Não ( ) Sim _____ Residência: ( ) Tapetes ( ) Escada ( ) Ausência de barra de proteção
( ) Ausência de piso Antiderrapante Vacinação / Imunização: ( ) Completa ( ) Incompleta Qual ?_____
Dentição prejudicada: ( ) Uso de próteses ( ) Ausência de dentes ( ) Halitose Cavidade oral: ( ) Integra ( ) Com lesões ( ) Higiene insatisfatória
Mucosas: ( ) Desidratadas ( ) Hipocoradas ( ) Hiperemia ( ) Língua saburrosa ( ) Paladar diminuído ( ) Diminuição da salivação
Pele: ( ) Turgor Diminuído ( ) Mudança na pigmentação(skin tears) ( ) Rompimento da pele ( ) Proeminências ósseas
Feridas: ( ) Úlcera de pressão ( ) Úlcera venosa ( ) Dificuldade de cicatrização de feridas ( ) Cicatrização de feridas preservado
( ) Plano suicida ( ) armazenamento de remédios, arma e distribuir suas posses ( ) Abuso e maus-tratos doméstico

Domínio 12 – Conforto
Dor: ( ) Não ( ) Sim: ( ) Aguda < 6 meses ( ) Crônica > 6 meses Localização: ( )MMII ( )MMSS ( ) Lombar Outros _____
Intensidade: Leve Moderada Incômoda Intensa Insuportável
[ ] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10
Tipo: [ ]Queimação [ ] Pontada [ ] Constritiva (aperto) [ ] Contínua [ ] Repentina [ ] Lentamente [ ] Cíclica (periódica)

Assinatura: _____

FIGURE 1 – Gerontological Nursing Consultation Instrument, Niterói, Rio de Janeiro, 2009 (11)

Source: Created by Dr. Ana Carla Cavalcanti and adapted by Dr. Rosimere Ferreira Santana.

and discussion, eight of the most frequent nursing diagnoses were highlighted. The expected results (third stage of the nursing process) and the nursing evaluation (fifth phase of the nursing process) adopt the suggested and / or additional results based on the NOC [14] and related to the Nursing Diagnoses, followed by the indicators (1, 2, 3, 4 and 5).

- Nursing Interventions - this is an instrument used to select the interventions (fourth stage of the nursing process), according to the NIC [15] and that fit / connect to the nursing diagnoses and results identified from the instrument of the Gerontological Nursing Consultation.

To analyze the data, the Excel 2010 program was used to include the data referring to variables: age; sex; schooling; blood pressure; medical monitoring; medicines used; self-reported diseases; result of the Morisky Medications Adherence Scale - MMAS-8, the MEEM test, and the EDG and AIVD scales; diagnosis; initial results; interventions, and results obtained in the evaluation.

Regarding the ethical aspects, it is emphasized that the study was approved by the Research Ethics Committee under opinion n° 250.132 / 13. The participants were informed orally and in writing of the voluntary nature of the signing of the Informed Consent Term, guaranteeing the confidentiality and anonymity of the data, observing Resolution 466/12 [16].

RESULTS AND DISCUSSION

The sample had a mean age of 71.29 years, the minimum being 60 years old and the maximum of 83 years old, mostly women with 93.55% (n = 29). Regarding education, 38.71% (n = 12) reached up to nine years of schooling; 35.48% (n = 11) up to 13 years and 25.81% (n = 8) up to 18 years of studies.

Regarding the clinical history, it was found: Blood pressure of 61.29% (n = 19) was 110-139 / 70-89mmHg, which characterizes a low overall cardiovascular risk [16]; 61.29% (n = 19) were followed up by two different medical specialties, 38.71% (n = 12) used up to two medications and 35.48% (n = 11) used more than five medications. Thus, it is considered that polypharmacy may increase the risk of developing adverse reactions, may disguise geriatric syndromes or generate confusion, incontinence and falls [17]. Regarding the self-reported dis-

eases, the following stand out: Systemic Arterial Hypertension 74,19% (n = 23), Dyslipidemias 51,61% (n = 16) and others with less frequency.

In relation to MMAS-8, 48.39% (n = 15) of the interviewees reached 6 to 7 points, resulting in average adherence, while 35.48% (n = 11) achieved high adherence with 8 points and 16.13 = 5) were considered non-adherent, as they obtained less than 6 points in the scale. These data corroborate with other studies [19-20], and it should be noted that failure to adhere to the treatment of hypertension, for example, can cause failures in blood pressure control.

With the MMAS-8 tool, it was possible to identify the barriers to adherence, and it was possible to identify unintended behaviors, such as forgetting to take medications, or intentional behaviors, such as stopping the medication because it feels better or worse, [9 , 20] and thus direct the nursing intervention, in order to stimulate adherence to treatment.

In this study, the participants were characterized with average adherence, so it was necessary to reinforce health education, the importance of taking the prescribed medications along with a change in lifestyle in an attempt to stabilize the symptoms of the disease.

The evaluation of the therapeutic adherence associated with the multidimensional evaluation scales of the elderly allowed a wide evaluation, and when associated with the work process and the proper language of the nursing, they ensured an integral care.

Thus, concerning the global functionality of the elderly: cognitive function was evaluated through the MMSE, in which 77.42% (n = 24) of the participants reached between 26 and 30 points, which is considered normal; EDG aims to analyze mood and inclination to depression, which 87.10% (n = 27) obtained from 0 to 4 points, within normality; The autonomy of the participants was examined from the AIVD and 61.29% (n = 19) received a maximum score of 21 points, being classified as independent.

Concerning the main nursing diagnoses identified during the nursing consultation, 22 distinct diagnostic categories were found, with an average of 4.87 [minimum of 2 and maximum of 8] diagnoses for each elderly person. The most recurrent domains, namely Safety / Protection, Health Promotion, Nutrition, Activity and Rest, Perception / cognition.

The most frequent diagnoses are: Risk of falls 100% (n = 31), defined as the risk of increasing susceptibility to falls that can cause physical damage [12]. Risk of impaired skin integrity 90.32% (n = 28), established by risk of alterations in the epidermis and / or dermis [12]. Ineffective self-management of health 58.06% (n = 18), which refers to ineffective adherence to drug treatment, being one of the main themes of this study, and can be defined as the standard of regulation and integration into the daily life of a therapeutic regimen for the treatment of diseases and their sequelae, unsatisfactory to reach specific health goals [12]. Impaired Dentition 54.84% (n = 17) refers to a change in developmental patterns / eruption of teeth or fundamental integrity of teeth [12]. Unbalanced nutrition 32.26% (n = 10), refers to the situation in which the individual ingests amounts of nutrients exceeding their metabolic needs [12]. Impaired physical mobility 25.81% (n = 8), which is conceptualized as a limitation in the physical body movement, whether independent or voluntary, of one or more extremities [11]. Impaired sleep pattern 19.35% (n = 6), which is defined by interruptions for a time limiting the amount and quality of sleep due to external factors [12]. Impaired memory 16.13% (n = 5), determined by inability to remember or recall some behavioral information or ability [12].

The corresponding interventions were: Fall prevention - suggested prescriptions: provide handrails and non-slip surfaces and guidance on the use of appropriate footwear [15]. Skin Supervision - suggested prescriptions: use of moisturizers, sunscreen and supervision of the skin for redness and shear [15]. Establish Mutual Goals - activities, determination of recognition of the problem by the elderly themselves; help them set realistic goals and deadlines [15]. Oral Health Maintenance - suggested prescriptions: strengthen good oral hygiene habits such as brushing their teeth with soft bristles after meals, flossing daily, using non-alcoholic oral rinses [15]. Control of Nutrition - Assistance to Reduce Weight - activities, stimulate changes in living habits as alternatives to salt reduction (seasonings and condiments); insert high-fiber foods, increase water intake and reduce sugar consumption; encourage the participation of the elderly in at least one energy expenditure activity three times a week [15]. Exercise Promotion: Strengthening Training - suggested prescriptions: assist in developing a muscle strengthening program compatible with musculoskeletal limits and its goals in conjunction with the physical education professional of the UFFESPA program [15]. Sleep Improvement - suggested prescriptions: establish a bedtime routine facilitating the transition from wakefulness to sleep; avoid foods and beverages that interfere with sleep before going to bed, and adjust medication schedules that help with the sleep / wake cycle [15]. Memory Training - Suggested Prescriptions: Encourage participants to participate in memory training groups offered by UFFESPA (Memory Workshop) [15].

Therefore, an integral approach in the evaluation of elderly health is vital because it has several interfaces that need to be considered during the nursing consultation diagnostic process and the establishment of goals and interventions.

CONCLUSION

The use of the adherence scale made it possible to identify the behaviors that made adherence difficult and so it was possible to carry out the necessary guidelines.

The instrument of consultation of gerontological nursing, merged with other health and behavior assessment instruments, allowed a plurality of fundamental information in the visualization of the priority problems, which guided the diagnostic decision making and nursing intervention.

There is a need to deepen this theme, since there are few published papers in the nursing field relating nursing consultations with drug adherence.

In view of the above, the need to continue with the study is evident, taking into account a longer period of evaluation in order to analyze subsequent interventions, besides studying a larger population in order to achieve a better consistency.

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