

Patients with venous ulcers: Biopsychosocial characteristics

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Abstract

To describe the biopsychosocial profile of patients with venous ulcers treated at the Angiology and Vascular Surgery Clinic, Hospital de Base in São José do Rio Preto. Thirty patients completed a semi-structured interview to identify: duration of the disease, activities no longer performed, difficulties encountered during treatment, hard-to-follow medical guidelines and the amount of social support they received. Most participants were women (70%). The ages of the participants ranged between 46 and 72 years (mean = 56.5), participants were predominantly married (61.9% of women, 44.5% of men), Catholics (71.44% of women, 67.7% of men) and had incomplete elementary schooling (81% of women, 55.5% of men). The duration of the disease for a large number of participants was over 10 years (42.2% of women, 66.7% of men), they had problems in their social lives (81% of women, 88.9% of men), difficulty to rest (80.95% of women, 88.9% of men) and had support from their families (81% of women, 88.9% of men). Data were found compatible with the literature thereby demonstrating the negative impact of venous ulcers in the lives of sufferers. Venous ulcers interfere in the overall functioning (biopsychosocial) of patients under treatment.

Key words: Venous ulcer, biopsychosocial characteristics

Introduction

Venous ulcers affect a significant portion of the population and deserve special attention from healthcare professionals. Accurate data on the prevalence are difficult to obtain due to the different diagnostic methods used and the different age groups studied. Most studies report however, that at least 1% of the population has or has had venous leg ulcers.^{1,2,3,4}

About 50 to 75% of venous leg ulcers are associated with venous disease. Women are the most commonly affected at a ratio of 3:1; the incidence increases with age and the presence of arterial disease or rheumatoid arthritis. No results were found linking this problem to specific ethnic groups.¹

Although rarely life threatening, venous ulcers may have a negative impact on the quality of life due to pain, discomfort and the secretions associated with problem.

¹ It also entails significant costs and frequent use of healthcare services due to the chronic nature of the disease that disables patients for a long time with potentially devastating economic, social and psychological consequences.^{1,5,6,7}

Thus, appropriate management of the problem requires, in addition to medical treatment, an understanding of the patients' perception of their status, as well as the social, cultural and psychological conditions in which they live.⁸

The aim of this study was to describe the sociodemographic and clinical profile of patients with venous ulcers treated at an Angiology and Vascular Surgery Service in a university hospital in the State of Sao Paulo.

Patients and method

This study included 30 adult male and female patients being treated in the Angiology and Vascular Surgery Service of Hospital de Base in São José do Rio Preto. The inclusion criterion was that the patient was being treated for a venous ulcer and the exclusion criteria were the existence of neurological or psychiatric disorders.

After the study was approved by the Research Ethics Committee of the institution, patients were invited to participate when they went to the Outpatient Clinic for treatment. Those who agreed signed a consent form after an explanation of the nature of the study and then

completed a sociodemographic questionnaire (gender, age, marital status, education, disease status, occupation, family income and religion). Additionally, the participants were submitted to a semi-directed interview that elicited information about the activities abandoned after the onset of the illness, difficulties encountered during treatment, difficult-to-follow medical recommendations and support from their family.

Data were analyzed descriptively (frequency and percentage).

Results

Most participants (70%) were women and were married. The ages of participants ranged between 46 and 72 years (mean = 56.5).

Regarding schooling, 14.3% of the women were illiterate, 81% had incomplete elementary education and 4.7% had completed further education courses. For the men, 44.5% were illiterate and 55.5% had elementary education.

A minority worked (9.5%) and many received an invalidity allowance (47.8%) or had retired due to the disease (79.4%). The family income ranged from less than one to five minimum wages (one minimum wage = US\$ 295).

An analysis of the occupational status of the participants showed that 9.5% of the women performed some kind of work, 14.5% were receiving sickness benefit, 23.8% were retired due to disability, 9.5% were unemployed and 42.7% were housewives. For the men, none were working, 33.3% received sickness benefit, 11.1% were retired due to age and 55.6% were retired due to the disability.

Patients reported that they had abandoned several activities after the onset of the disease. The most cited among the women was their profession (57.14%) and among men it was leisure activities (55.6%). According to the interviewees, social life was impaired for 81% of women and 88.9% of men. The disease had an important impact on the social life of most participants and most relied on family support.

The majority of participants had had the disease for over 10 years. When asked about major problems encountered during treatment, 33.3% reported difficulties to buy medicines, 43.9% complained of having to travel for treatment and having to spend the day in hospital waiting for transport back to their homes or difficulties with mobility. Many patients under treatment are from cities of the region as Hospital de Base is a referral center.

The most difficult medical recommendation to follow for 80.95% of women and 88.9% of men was to rest.

Most patients said they were Catholics. Additionally, 76.2% of the women said they turn to God as a source of support, while only 55.6% of men reported this behavior.

Another source of support was the family. The data showed that 81% of women and 88.9% of men had some kind of help from their families.

Table 1: Sociodemographic and Clinical Data

Variable	women	men
1-Marital status		
Married	61.90%	44.50%
Single	9.52%	33.30%
Divorced	14.28%	11.10%
Widowed	14.30%	11.10%
2- Profession		
Worked	9.50%	0%
Received sick benefits	14.50%	33.30%
Retired for invalidity	23.80%	55.60%
Retired for age	0%	11.10%
Unemployed	9.50%	0%
Housewife	42.70%	0%
3- Religion		
Catholic	71.44%	67.70%
Evangelical	28.56%	22.20%
Spiritual	0%	11.10%
4- Family income		
Less than 1 minimum salary	14.30%	11.10%
1-2 minimum salaries	81%	66.70%
3-5 minimum salaries	4.70%	22.20%
5- Duration of the disease		
Less than 1 year	9.50%	11.10%
1-4 years	14.30%	0%
5-9 years	23.80%	22.20%
More than 10 years	52.40%	66.70%
6- Difficulties in treatment		
Buy medicine	33.30%	33.30%
Travel to the hospital/ difficulties in traveling	43.90%	22.20%
7- Abandoned activities		
Profession	57.14%	33.30%
8- Family support		
yes	81%	88.90%
9- Harm to social life		
yes	81%	88.90%
10- Difficult medical recommendations		
Rest	80.95%	88.90%

Discussion

This study shows that venous ulcers more frequently affect women. The highest prevalence of the problem among women seems to be related to pregnancy and hormones.^{1,9,10}

The age of study participants is consistent with that observed in some studies. Others, however, report that the disease is more common in over 65-year-old individuals.^{2,4,9}

Marital status is an important factor in chronic diseases. Patients who live alone have higher levels of depression and social isolation and do not have anyone to share household chores, which may influence behavior

related to self-care and adherence to treatment. The result of some publications that patients with venous ulcers often have no companions was not observed in this study as here most patients were married.¹¹

Studies indicate that venous ulcers are frequently a recurring problem and treatment is usually difficult and prolonged.^{2,9} Data here confirm this, as over 50% of the participants have had the disease for more than 10 years.

A long-term illness such as this has a negative impact on the lives of individuals resulting in adverse physical, social, economic and emotional conditions. This type of disease also interferes in the quality of life of patients, leading to reduced pleasure in daily activities; the disease increases the burden on the health and social security systems.^{2,4}

The social and economic impact was evidenced in this study with a large number of unemployed patients. The inactivity can be attributed to limited mobility and the need for frequent care, causing individuals to be frequently absent from work or to retire early.^{2,11,12}

This fact reduces the family income and increases the difficulties encountered during treatment. This result is consistent with the literature; most patients of this type have incomes below three minimum wages. 9 The low income makes treatment more difficult because in addition to drug costs, there are often transportation expenses or food on days, usually once or twice a week, the patients need to go to the clinic for treatment.

The economic problem can affect adherence to treatment, since they cannot pay someone to do household chores or they need to find other ways to support themselves, which makes resting difficult. Studies show that 62.5% of patients do not rest even when its importance has been explained to them. 8,11 This study identified a high percentage of patients who report difficulty in complying with this medical advice.

As a result of the difficulties associated to this problem, social isolation and low self-esteem associated with loss of functional capacity of the affected limb and the consequent feeling of uselessness is common in patients.^{11,13,14} This study confirms this as impairment of social life was reported by over 80% of participants.

Such difficulties mean that patients seek different sources of support to cope with the disease. Among these is religion, as was observed in this study. However, not all people make use of religious coping strategies, only those whose religious beliefs and practices are an important part of their general orientation in the world.¹⁵

In addition to support from religion, another important source of support is the family; a common feature reported in this study.

Conclusion

Venous ulcers have consequences in physical, social, psychological and professional functioning, leading people to seek religious and family support to address problems.

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