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REVIEW

Cuidado do enfermeiro aos portadores de síndromes demenciais: um levantamento bibliográfico

Nurses care for people with dementia: a literature review

Las enfermeras de atención para las personas con demencia: una revisión bibliográfica

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ABSTRACT

Objective: to identify the production literature about nursing care to people with dementia and identify the care performed with the carriers of these syndromes. **Method:** this study is a bibliographic review. **Results:** the actions are focused on the caregiver for the elderly and demented; the actions for the caregiver with the highest prevalence were to guiding and supporting. The action focused on the elderly mostly found was to take care of this elderly emotionally. **Conclusion:** the increasing elderly population in our country shows that actions are needed for specific and structured care. **Descriptors:** geriatric nursing, dementia, nursing care.

RESUMO

Objetivo: identificar a produção bibliográfica acerca do cuidado de enfermagem aos portadores de Síndromes Demenciais e identificar os cuidados realizados com os portadores dessas síndromes. **Método:** este estudo é uma revisão bibliográfica. **Resultados:** as ações estão voltadas para o cuidador e para o idoso demenciado, as ações voltadas para o cuidador com maior prevalência foram as de orientar e dar suporte. A ação voltada para o idoso mais encontrada foi a de cuidar emocionalmente deste idoso. **Conclusão:** o aumento da população idosa em nosso país mostra que são necessárias ações de cuidados específicos e estruturados. **Descritores:** enfermagem geriátrica, demência, cuidados de enfermagem.

RESUMEN

Objetivo: identificar la literatura acerca de la producción de los cuidados de enfermería a personas con demencia y determinar los cuidados realizados con los portadores de estos síndromes. **Método:** se realizó una revisión de la literatura. **Resultados:** las acciones se centran en el cuidador y para el idoso con demencia, para el cuidador con mayor prevalencia fueron para guiar y apoyar. La acción orientada al anciano más encontrada fue a hacerse cargo de este anciano emocionalmente. **Conclusión:** el aumento de la población anciana en nuestro país muestra que las acciones se necesitan cuidado especial y estructurado. **Descriptor:** enfermería geriátrica, la demencia, la atención de enfermería.

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INTRODUCTION

This study emerges from the hypothesis that there are sample nursing care to individuals with dementia based on structured and systematic actions.

Due to the growing need for attention to the elderly population in 2003 was established by Law 10.741 of October 1, the Elderly Statute which is intended to regulate and ensure the rights of people aged more than sixty years. ²The need for greater knowledge of the demands of the elderly implies educate the public and health professionals about the characteristics of this population and its impact on the social structure. Regarding the health issue, the Brazilian Ministry of Health focuses mainly their actions in children, youth and adults. This reality needs to change so that society accompany changes its composition and meets this population which gradually becomes significant. For this to occur, it is critical engagement of health professionals in the knowledge of onsets characteristic of the elderly population, in addition to being aware of academic production aimed at improving the quality of life of senior citizens.

In the context of care, nursing is the class of health professionals that is more in touch with patients, whether elderly or not. Concomitantly, there are clinics, nursing homes, and other services dedicated to elderly people, the activities of nurses on clientele. The elderly population has increased rapidly in Brazil making dementia a significant public health problem in the country, which characterizes the need for studies related to this topic. ⁴

When talking about aging, some diseases are highlighted by its high incidence and dementia, *delirium*, depression and the association of multiple diseases in a single patient, which is commonly associated with the use of several drugs simultaneously. ⁶The present study focuses specifically dementia. Define dementia is still an ongoing process. One possible definition would be the intellectual and cognitive deterioration associated with reduced overall functional capacity of an individual. What is observed in the consensus is the association of loss of various psychic functions. Importantly, a slight decrease is expected cognitive lifelong nevertheless crystallized intelligence and semantic memory should be preserved. ⁶The holder of a dementia syndrome has changes in memory associated with at least one of the following: aphasia, apraxia, agnosia or loss in the planning, organization and ability to sequence and abstraction turning it increasingly dependent. ⁷

From the above, this study has as its object the care of patients with dementia, and the following objectives: identify the production of literature about the care of patients with dementia and identify care actions performed with patients with syndromes dementia.

METHOD

This study is a review of scientific literature which seeks to inspire new research ideas and also provide a basis for further studies. The literature review follows a sequence of steps which will be described below. The first step is to formulate and refine the primary question or research hypothesis. This study was developed the following hypothesis: there are nursing care to individuals with dementia based on structured and systematic actions. The second step is to develop a research strategy. For this the Virtual Health Library; BIREME were selected databases Sibradid - School of Physical Education, Physiotherapy and Occupational Therapy - UFMG; Edubase - Faculty of Education, BDEFN - Database of Nursing, LILACS and CEPEn. The keywords used were: Dementia and Nursing Association.⁸

The third step of a literature review is to search, identify and store materials that could potentially be the primary sources.⁸ Thus, the 3915 works found, the primary criterion for exclusion were elected only works in full totaling 246. The second exclusion criterion was the temporal boundary then going to 189. The third exclusion criterion was the language being selected publications in Portuguese only going to work 26.

The fourth step of the literature review is to examine the relevance of the sources, discarding irrelevant sources.⁸ Through the reading of them were selected 17 studies that met the issue being addressed, with 12 papers, four monographs, a doctoral thesis. The papers were located in the Brazilian Journal of Human Sciences of Aging, Journal of Nursing from the State University of Rio de Janeiro, School of Nursing Alfredo Pinto, Brazilian Journal of Nursing, Journal of Nursing Gaucha and Aging Magazine. The monographs concerned the work completion of post-graduate lato sensu Specialization in Pharmaceutical Care and Specialization Course in Psycho, Institute of Psychiatry, Federal University of the State of Rio de Janeiro (IPUB). The doctoral thesis was presented at the Federal University of Santa Catarina, for the degree of Doctor of Nursing.

The fifth step involves the encoding of information studies to the sixth step is possible to analyze and integrate information seeking themes. Thus, the selected papers underwent a matrix containing analysis: Year, Title, Journal, Local (state publication), type (article, thesis or monograph), and Author Shares (nursing actions highlighted by the study to the demented elderly). The findings on the subject were grouped and subsequently subjected to a process of analysis. The seventh step of a literature review is to prepare a critical summary which was held in discussion results.

This is a qualitative descriptive study. Nursing actions to elderly patients with dementia were observed, counted, outlined, elucidated and classified, thus characterizing a descriptive study.⁹

There was chosen the year 2003 as the starting point delimitation of time to be the year of creation of the Elderly and the year 2011 by the end of March to be a year since

termination to the period of data collection. It is then a cross-sectional study to involve data collection at any given time point.⁹

RESULTS AND DISCUSSION

From the analysis of data collected from 29 April to 7 May 2012 found 16 texts. The actions described in the texts were grouped into two broad categories: those related to the caregiver, family and facing the demented elderly. Of 107 listed stocks, 37 were directed to the caregiver-family, 45 to 25 and older were several actions that do not fit into any of these categories.



Graph 1. Receptor actions. (Other; Caregiver; Elder.)

Among the actions for family caregivers, the most cited was racing to guide and instruct the nurse-family caregiver. In this sense, it emphasizes the important task of caring for the elderly with dementia, which is characterized as a chronic and progressive disease, which can lead to caregiver burden. Note that in most cases the care falls on the female member of the family and the elderly may have more than one caregiver who requires nursing attention not only provide direct care to the client, but also the emotional burden which are exposed to deal with this old.

Secondly found two nursing actions directed toward the caregiver. One was to support psychotherapy and the other was the participation in the organization of domestic engineering. How to support psychotherapeutic means as relevant host effective caregiver-family, realizing them as a collaborator in the daily care of patients with dementia.

It is possible to implement actions to reduce the stress levels of family caregivers, such as offering psychological support, include them in the planning of group actions,

observe and respond to intense feelings, encourage them and show them how important they are in this scenario.⁹

Regarding participation in domestic engineering, it has been aimed to guide and assist in planning the structure of the home to the demented elderly. In this sense, one can cite the furniture in such a way that they are visible, ambient lighting, installing handrails access to facilitate the mobility of the elderly, and other care to prevent falls.

Among the 37 actions for caregivers, six were related to direct and instruct, five support to the family caregiver, five involved the domestic engineering, four relating to encourage participation in support groups, and four indicated the importance of home visits.

There were found 13 stocks that were grouped in the category titled other, involving the help and care of the caregiver by telephone in emergency situations, knowing the caregiver and what their needs are, taking into account the psycho-affective between the caregiver and the elderly.



Graph 2. Actions for caregiver. (Other, To guide; To support; Domestic eng.; Group of support; Domiciliary visit)

Among the actions directly to the elderly, the most cited in the texts studied was on the emotional care through observation, verbal and/or nonverbal with the elderly. The body language of the elderly may be a relevant factor in data collection and planning of nursing. It is up to the nurse to have technical skills of observation, as well as developing reflective listening and refined.

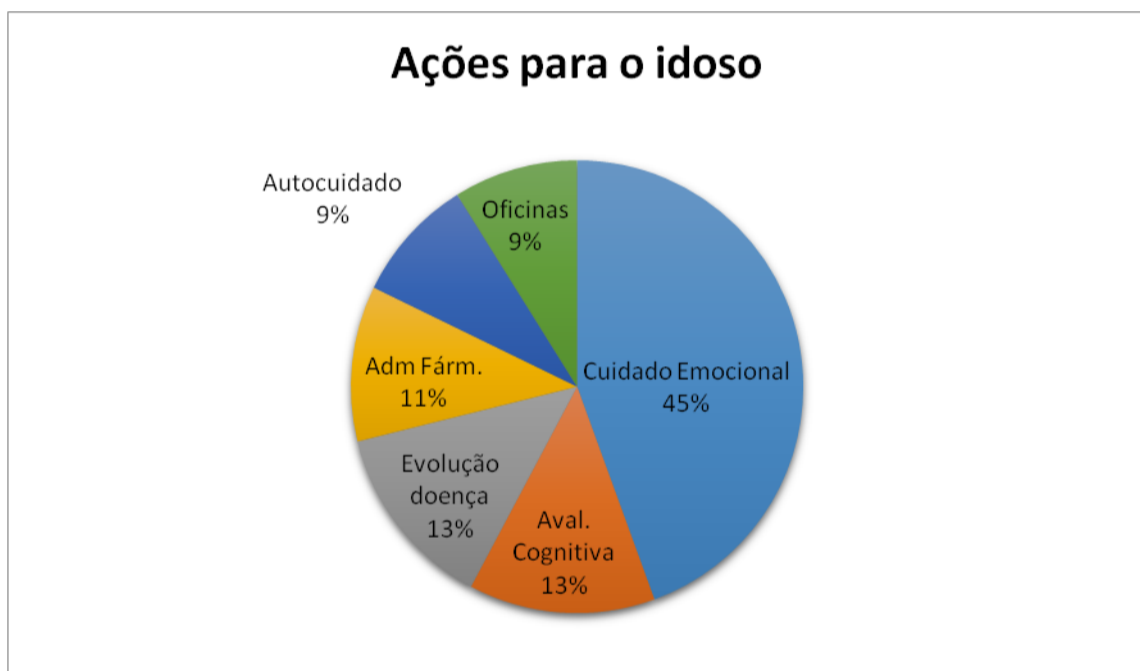
For reflective listening and functional means to empathize with the customer which can be realized by understanding the feelings of others, make use of a vocabulary intelligible and use nonverbal language through reading body and behavior, building a relationship of trust and lack of trials.¹⁰

These actions that arose in second place were those related to the stimulation of cognitive functions and assessment of disease progression. The cognitive assessment allows us to see changes in mental status of the elderly. The first signs of cognitive function deficits are loss of memory and ability to calculate. The most common scale used in this

assessment is the Mini Mental State Examination for its speed and ease of application. This test is a screening test to assess quickly cognitive function, it evaluates various domains such as spatial orientation, temporal, memory, calculation, comprehension, writing, and copies of drawings.¹¹

Actions aimed at the elderly occupying third place were those related to drug administration followed by stimulation of self-care and participation of therapeutic workshops. The task of administering drugs also involves observation on the use of multiple drugs and possible interactions between them as well as adverse reactions and side effects. With respect to stimulating self-care will be provided by encouraging actions such as brushing teeth, combing hair, feeding and dressing when possible.

Of the 45 actions turned to the elderly, 20 involved emotional care, six, cognitive assessment, six, assessment of disease progression, five, medication administration, four, four stimulus to self-care and encouraging participation in therapeutic workshops.



Graph 3. Actions for the elderly. (Self-care; Therapy workshops; Emotional care; Cognitive evaluation; Evolution of the illness; Pharmaceutical management.)

There were detected four possible care techniques applied in elderly care and caregiver-family, they are individual appointments, home visits, workshops and therapeutic support group. A home visit aims to verify the characteristics of health problems, collect data about the caregiver, check social deficits and physical as well as helping the elderly to include even demented elderly in the family context.

The stimulus for the elderly to participate in therapeutic workshops, seeks to arouse confidence, making him feel important component of your family. Were cited in the texts workshops dealing with activities of daily living, sewing, dance or other affinity or hobby that the elderly have.

Regarding the stimulation of adherence to family support groups, focuses on encouraging the exchange of experience in the daily care of the elderly and demented sense of solidarity among the participants.

Several articles highlight the importance of the systematization of nursing care and the benefits of establishing a care plan and put it into practice. The need care as

interactive, complementary and multi refers to SAE (systematization of nursing assistance) as a system of care as the relational and interconnected, it needs to go beyond nursing, ie, it needs transcend the limits of knowledge disciplinary and walk in the light of the joint work. Nursing is a communication link between other health professionals. Since nursing is continually client side it is the most appropriate to recognize the changes to it. The nurse is also responsible for continuing and complete assistance identifying the need and referring the client to other professionals.¹²

Increasingly see the importance of multidisciplinary work not only through the increase of publications on the subject, but in practice has been increasing nurses' work in conjunction with other categories.

CONCLUSION

With the increase in life expectancy of the population growth is observed in the incidence of chronic diseases, such as dementia syndromes. The demented elderly need a person who can provide you care, the caregiver may be a family member or not. During disease progression the elderly is no longer able to meet their basic needs alone. The need arises caregiver is often the next of kin.

The increasing elderly population in our country shows that actions are needed and specific structured care to this population, as well delineated actions help in the process of welfare of the elderly. The intent of these actions should not be a dependency of the elderly caregiver. It is necessary that health professionals, especially nurses, to develop actions to improve the quality of life of the elderly, so that it feels important element of society.

However, it is not only important to include actions that enhance the quality of life of the elderly, since the caregiver is inserted in this process daily care and suffers a financial burden, physical and emotional. For the elderly person who is suffering care actions feel good in the insertion of this process, it is important that the caregiver is satisfied. The quality of the action brings positive results in the best practice of care.

REFERENCES

1. Ministério da Saúde, Guia Prático do Cuidador. Brasília (DF); 2008. 64 p.
2. Ministério da Saúde, Estatuto do Idoso. 2ª edição: Brasília (DF); 2009. 70 p.

3. Ministério da Saúde, Envelhecimento e Saúde da Pessoa Idosa. Brasília (DF); 2006. 192 p.
4. Garrido P, Menezes RP. Impacto em cuidadores de idosos com demência atendidos em um serviço Psiquiátrico. Rev. Saúde Pública. 2004;38 (6):835-841.
5. Tavares A. Compendio de Neuropsiquiatria Geriátrica. Rio de Janeiro: Editora Guanabara; 2005.
6. Gomez JA. Neuropsicologia do envelhecimento cognitivo normal e patológico e sua relação com a deficiência mental. In: Anais do I Congresso sobre envelhecimento e Deficiência Mental; 2004; São Paulo, BR. São Paulo: Instituto APAE; 2004. P. 12-15;
7. Souza PA, Santana RF, Sá SPC, Robers LMV. Oficinas de estimulação cognitiva para idosos com demência: uma estratégia de cuidado de enfermagem gerontológica. Rev. Brasileira de Ciências do envelhecimento Humano. 2009; 6:362
8. Polit DF, Beck C. Fundamentos de Pesquisa em Enfermagem. 7 Edição. Porto Alegre: Editora Artmed; 2011.
9. Mello R. A Construção do Cuidado à família e a consolidação da reforma psiquiátrica. R Enferm UERJ Acesso em 6 de agosto de 2011. v. 13 p 390-5. 2005. Disponível em: <http://www.facenf.uerj.br/v13n3/v13n3a15.pdf>
10. Lopes MJM, Silva JLAS. Estratégias metodológicas de educação e assistência na atenção básica de saúde. Rev. Latino-Am. Enfermagem. Acesso em 6 de agosto de 2011. v.12 n.4 Ribeirão Preto jul./ago. 2004. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692004000400015&lng=pt&nrm=iso
11. Ministério da Saúde (Brasil) Secretaria de Atenção a Saúde. Portaria nº 491, de 23 de setembro de 2010. Aprova o protocolo clínico e diretrizes terapêuticas - doença de alzheimer. Brasília. 2010. Disponível em: http://portal.saude.gov.br/portal/arquivos/pdf/pcdt_alzheimer.pdf
12. Alacoque LE, Dirce SB, Keyla CN, Magda SK. Sistematização da assistência de enfermagem: vislumbrando um cuidado interativo, complementar e multiprofissional. Rev. Escola de Enfermagem USP. 2008; 643-648.

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